



Youth Justice Oversight Committee

Behavioral Health Work Group

October 4, 2022

1:00 PM - 3:00 PM

Indiana Government Center South, Conference Center Room 14

Agenda

1. Call to Order
2. Take Attendance & Minutes
 - Establishment of quorum
 - Roll call vote on minutes from September meeting
3. Survey Reflections
 - Round table feedback/additions
 - Follow up questions:
 - How are behavioral health services provided in detention centers?
 - Does 988 include service deliver care to detention centers?
4. Subcommittee Overview
 - Review of Work Group charge and Role of Subcommittees
 - IC 2-5-36-9(6)(D) – develop a statewide plan to address the provision of broader behavioral health services to **children in the juvenile justice system**
 - Expectations moving forward, review of timeline – speakers, resources, etc
 - Subcommittee Assignments
 - Service Availability
 - Workforce
 - Parents + Community
5. Next Meeting: Thursday, November 17, 11am-1pm (Conference Room F)
6. Adjourn

BH Workgroup Subcommittees

IC 2-5-36-9(6)(D) – develop a statewide plan to address the provision of broader behavioral health services to ***children in the juvenile justice system***

Consider:

- What are the perspectives that must be considered?
- What additional information is needed to learn more?
- What are the opportunities you know of that may not be known broadly?
 - How do you learn about this information?
- What other models are out there or being used in other states?
- What is the best solution?
 - What are the goals of this solution?
 - What characteristics should the solution exhibit?
 - Who should benefit from this solution? Community considerations/support?
 - What informs this solution?
 - When and where should this solution be used?
 - How can the solution become sustainable?
 - What would be needed to enhance coordination of care?
- Is there a state level (executive, legislative or judicial) opportunity?
- Is there an informal or community based opportunity?

Subcommittee: Behavioral Health Service Availability

Chair(s):

Members:

- Limited Available Services – too few providers; overwhelmed providers; not enough specialization (substance use; sexually maladaptive behaviors; Autism; youth with disabilities)
- Creative Programming – finding providers that can do more in-home care due to lack of transportation; using telehealth to shorten timespan that juvenile is held; more outside-the-box mental health services and programming; school-based opportunities.
- Quality of Services – minimum requirements of reports, broadly-written or generic reports that lack specificity and are repetitive.
- Space Issues – not enough beds; inpatient services lack availability for acute and residential.
- Wrap-around services – finding providers and facilities that can help with more than just mental health needs. Detention center is not a mental health institution – providing services but not as a “treatment provider.”
- Payor Source Options – Medicaid or private insurance could pay; juveniles in detention center can apply for PE for inmates and get assessment covered by Medicaid incarceration rules.

Subcommittee: Behavioral Health Workforce

Chair(s):

Members:

Personnel and Staffing Issues – overwhelmed system (not enough beds – inpatient hospitals not taking youth from detention when suicidal, homicidal, or grossly impaired); moving children between systems (dually-diagnosed children); county size determines amount of personnel; lack of understanding of mental health with custody staff; lack of communication.

Subcommittee: Parental & Community Engagement

Chair(s):

Members:

Lack of Parental Support for Follow-Up – children returned to a harmful environment on return; parents may also not bring their children to treatment or lack transportation/childcare; role of DCS engagement when a dual status youth is detained, parents might also be reluctant to utilize services and lack of consistent procedures between counties.