



Youth Justice Oversight Committee

Behavioral Health Work Group Minutes (January 5, 2023)

I. MEETING DETAILS

January 5, 2023 from 11am-1pm ET
IGCS Conference Center, Room F
Minutes By: Nick Parker, Staff

II. ATTENDEES

Members present in-person: 12

- Baumer, Keena – Indiana Medicaid (FSSA)
- Becker, Amber – Division of Mental Health & Addiction (FSSA)
- Blackmon, Serrilla – Division of Mental Health & Addiction (FSSA)
- Dauss, Dr. Kristen – Indiana Department of Correction
- Davis, Ann – Indiana Association of Resources & Child Advocacy
- Frantz, Zoe – Indiana Council of Community Mental Health Centers
- Frazer, Rebekah – Indiana Department of Education
- Harlan-York, Jessica – Division of Disability & Rehabilitative Services (FSSA)
- James, Waylon – Indiana Department of Child Services
- Mehta, Dr. Crystal – Indiana Department of Correction
- Pratt, Alicia – Tippecanoe County Public Defender
- Simmons, Brittany – Indiana Office of Court Services

Members present electronically: 2

- Bartnick, Cheryl – Allen County Probation
- Drapeau, Dr. Chris – Division of Mental Health & Addiction (FSSA)

Members absent: 1

- Hulvershorn, Dr. Leslie – Indiana University School of Medicine / DMHA (FSSA)

Staff present: 2

- Nick Parker, Indiana Office of Court Services
- Mindy Pickett, Indiana Office of Court Services

Guests or speakers present: 2

- Leslie Dunn, Indiana Office of Court Services
- Julie Whitman, Indiana Office of Court Services

III. APPROVAL OF MINUTES

December 8, 2022 minutes approved by consent of committee
Posted to Teams Site (Meeting 5)

IV. PRESENTATIONS

- N/A

V. GROUP DISCUSSION

- Subcommittee Report-Out
 - Each subcommittee detailed their work from the last meeting, including any written materials they provided to staff.
 - Future subcommittee meetings may occur; however, the team will now generally be working collaboratively on the draft of the workgroup report (which will be made available as soon as possible and will incorporate all submitted work from the subcommittee chairs).
 - Notes from Subcommittee Discussion:
 - Children do not lose Medicaid eligibility until they are in DOC care for thirty (30) days.
 - Telehealth has to be audio and video, according to Medicaid.
 - DCS has service agreements with agencies that can do evaluations. Local service agreements needed with local agencies, and agreements must have time parameters (currently twenty-one (21) days).
 - Creative programming can be sought through Behavioral Health grants (which go live this year).

- Workforce – could have a pathway to behavioral health in high school before graduation or adolescent peer coaching with people with lived experiences. This could include ways to get youth interested in careers in behavioral health. It should be inclusive to people with ID/D.
 - There are antiquated things in the behavioral health code, including licensing. We have “created our own beast” for licensing requirements.
 - Wayne Township (Marion) had a program that hired youth to be peer mentors.
 - Data collection will be an important part of the future plans (there is currently fragmented data, no statewide databased, and lack of uniform data).
 - Discussions included references to “Better Future for Every Hoosier” and “Family Care Council.”
- Priorities for the Recommendations:
 - Intervention
 - Utilize critical intervention mapping to catch youth prior to interaction with the system, focusing on schools and communities.
 - A focus on high acuity cases / high risk cases / special education is needed..
 - Diagnostic Testing
 - Youth should not be sent to IDOC solely for a diagnostic assessment or to “buy time” or as a “scare tactic.”
 - Creating connections between institutions and the agencies
 - Who should not be sent – youth with ASD/Autism
 - Training and definitions of a “diagnostic assessment” – not equating it with DOC (and community assessments)
 - Workforce and engagement
 - Lack of providers to provide the necessary services and conduct assessments.
 - Focus on youth with lived experience – letting them take a lead
 - Parental engagement and connection to institutions (like school)
 - Licensures – deep dive into what other states are doing
- Group Discussion on Missing Pieces
 - The group went through a list of missing pieces for the draft report.
 - Definitions in the final report – evaluation vs. assessment vs. screening should be defined for those who might not know.
 - Agency collaboration – representatives from each agency will be crucial, including the courts and providers.

- Multidisciplinary team – case coordination funding will be needed; everybody brings their own resources and leaves together on the same page.
 - DOC and DYS could take the probation side and work with DMHA and DCS.
 - Agencies will need training on particularly aggressive kids and earlier prevention (upstream). Even if a plan is not followed, we should have an escalation policy for dealing with crises.
 - There is not a clear rule for who pays for care coordination (between schools, DCS, and DOC).
 - Final report could recommend that there is a task force or committee that is set up on the complex cases– this bleeds into the multidisciplinary team model (above).
- Telehealth – discussion on how it was widely acceptable to use, but rules might prevent agencies from doing so by “getting in their own way.”
 - Indiana is too strict on licensures – Zoe Frantz has an intern who is working on this issue and might be able to provide what other states are doing.
- Children detained without a mental health provider – discussed as a potential issue.
 - Prosecutors are going through law enforcement and not getting cases from other sources (like schools or churches).
 - Discussion on who is responsible for mental health services in detention.
 - Kids are going to DOC pre-adjudication, which is an issue.
- Children not on Medicaid – the report should focus on them as well. Access and availability of services for those without Medicaid is a huge issue.
- Rural Communities – report should focus on communities who might not have detention centers or other resources. They might not have internet for telehealth.
- Other issues discussed:
 - Kids not taking medication when detained.
 - DCS not able to go to detention centers to provide services (detention centers will not let them do it).
 - Recommendation for minimum standards for detention centers to utilize – if they are not providing minimum standards, they must do so.
- The group declined to look into demographics of children because the Data workgroup is working on that.

- Some tabled discussions include: agencies that will be responsible for oversight/staffing; training for stakeholders; standards for detention and obligation for mental health services; benefit of old vs. new model; and timeline for recommendations.
- Next Steps
 - Staff is compiling a report draft to disseminate – if you have any written materials that should be included, please email them to staff.
 - The workgroup will review the draft report, add information, and suggest additions or feedback to the group.
 - Youth Advisory Group – all workgroup members are invited to attend the virtual meeting on February 4; details will be sent by email.

VI. UPCOMING MEETINGS

Saturday, February 4, 2023 – optional Youth Advisory Group Meeting – details TBD

Thursday, February 23, 2023 from 11am-1pm ET

Monday, March 13, 2023 from 11am-1pm ET

Thursday, April 20, 2023 from 11am-1pm ET

Monday, May 8, 2023 from 11am-1pm ET

All Workgroup Meetings at IGCS Conference Center, Conference Room F