Indiana's Plan for Behavioral Health

Youth Justice Oversight Committee

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Under HEA 1359-2022, the Indiana General Assembly tasked the Youth Justice Oversight Committee (YJOC) to execute the following deliverables related to behavioral health services for justice-involved youth:

- Develop criteria for the use of diagnostic assessments as described in Ind. Code 31-37-19-11.7 (permits the use of telehealth services as a juvenile court alternative to traditional diagnostic assessments); and
- Develop a statewide plan to address the provision of broader behavioral health services for youth in the juvenile justice system.

To assist in completing this task, the YJOC created the Behavioral Health Workgroup, comprised of experts in this field to review current laws, policies, and initiatives. The workgroup convened in August 2022 and met seven (7) additional times. The following sub-committees formed and provided information for consideration: 1) Service Availability; 2) Workforce; 3) Parental and Community Engagement; and 4) Grants Coordination.[1]

This report details tasks and activities to begin implementing to help improve behavioral health services for justice-involved youth in Indiana. While implementation may take several years to accomplish, these proposed plans will promote collaboration across youth-serving agencies, maximize funding and existing resources, and ensure youth have effective and appropriate behavioral health services that meet their needs.

Background

Before addressing the deliverables and recommendations, the YJOC believes it is important to give some background context on the current Indiana behavioral health system, agencies working within that system, and how diagnostic assessments are currently being referred.

[1] The Grants Coordination subcommittee contributed to the recommendations submitted by the Grants Workgroup in December 2022.

Diagnostic Assessments

Pursuant to Ind. Code § 31-9-2-39.8, "diagnostic assessment" means a clinical evaluation provided by a certified professional in order to gather information to determine appropriate behavioral health treatment for a child. Diagnostic assessments may be more commonly referred to as "psychological assessments" or "evaluations."

In 2021, the Indiana Juvenile Justice Reform Task force issued proposed policy recommendations to the General Assembly after an assessment of the Indiana Juvenile Justice System by the Council for State Governments (CSG) was conducted.[2] The recommendations helped form the deliverables that YJOC was tasked with addressing. One recommendation was to limit Department of Corrections (DOC) facilities being used solely for the purpose of conducting a diagnostic assessment, limiting that usage to situations where no other community-based option exists.

In 2021, there were 62 admissions to the DOC Division of Youth Services (DOC-DYS) for the sole purpose of a predispositional psychological evaluation.[3] In 2022, there were 88 admissions. Prior to the formation of the YJOC, DMHA reached out to each county to gather more information as to why youth were sent to DOC-DYS for this evaluation and why community-based services were not utilized. The overarching themes were:

- Ability to address complex cases: sometimes youth have aggressive behaviors and or other complex needs which preclude them from being sent to a non-DOC related facility or utilizing community based services because of a concern for public safety.
- Speed of assessment completion: other facilities or community-based organizations often have long waiting lists or deny the youth based on capacity limitations or the youth's behavior.
- Quality of assessment: DOC's assessments are thorough, well-written, and have well thought out recommendations. DOC compiles collateral information from multiple sources to create a comprehensive report.
- Observation of youth: with youth being in DOC during the assessment period, the evaluator and other staff are able to observe the youth's behavior in conjunction with the diagnostic testing for a longer period of time.

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[2] *See* Indiana Juvenile Justice Reform Task Force Proposed Policy Recommendations.

[3] A DOC-DYS evaluation consists of (but is not limited to): a mental health intake assessment/clinical interview, a psychiatric evaluation, substance abuse assessment, nursing intake, medical provider visit, dental visit, a review of the child's history including current and past adjudication, interviews with family members, and/or a review of behavior reports while at the facility.

- Cost: DOC provides this service to local counties with no financial obligation. Youth in secure detention cost the county a per-diem rate every day the youth is waiting for a community-based evaluation.

In accordance with Ind. Code 11-10-2-6, a court may order a youth to be temporarily committed to the DOC for evaluation and proposed treatment needs for a period not to exceed fourteen (14) days (excluding weekends and holidays).

Juvenile detention facilities in Indiana are required to follow written policies, procedures, and practices regarding mental health.[4] An initial mental health screening at the time of admission to a facility should be conducted. This initial screening must be done by a qualified mental health professional or mental health care trained personnel. The MAYSI-2[5] or another evidence-based mental health screener is recommended. If a youth scores either a "moderate probability/caution" or "high probability/warning" then the facility should immediately take emergency action to protect the life of the young person, including the completion of a mental health assessment. A full assessment will be completed unless a secondary screener indicates that the follow-up assessment is not warranted or there is clearly documented evidence that it is not warranted. If a comprehensive mental health assessment has recently been completed within the previous ninety (90) days, a new mental health assessment is not required unless it is determined to be required by a qualified mental health professional. Youth who are referred for an evaluation or treatment (or both) shall receive a comprehensive evaluation by a qualified mental health professional as soon as possible, but definitively within a thirty (30) day period.

Only some professionals are considered qualified to conduct a full diagnostic evaluation and official diagnosis. Finding such qualified personnel can be difficult given workforce shortages and staff turnover.

Telehealth is currently available as an option for youth to receive an evaluation or other behavioral health services but is not often utilized. This would allow the youth to be seen in a setting that is not the same physical location as the person conducting the assessment or service. The assessment must include audio and video components. However, telehealth

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[4] See 210 IAC 8-9 *et al.*

[5] Massachusetts Youth Screening Instrument (MAYSI-2) – a brief behavioral health screening tool designed especially for youth justice programs and facilities. It identifies youths 12 through 17 years old who may have important, pressing behavioral health needs. Its primary use is in juvenile probation, diversion programs, and intake in juvenile detention or corrections.

generally may not be available or accessible in all areas of the state or for all families involved in the youth justice system.

Behavioral Health System

In Indiana, the youth justice system can regularly serve as a pathway to obtain mental health and substance use treatment or services. Some studies state that half of youth who come in contact with the justice system have a mental health disorder.[6] That is why the structure of the behavioral health system itself is so important to outcomes for youth. Below are some of the agencies that serve justice involved youth:

- Department of Child Services
- Family and Social Services Administration
    - Bureau of Developmental Disabilities Services (BDDS)[7]
    - Division of Mental Health and Addiction (DMHA)
    - Office of Medicaid Policy and Planning (OMPP)
    - Division of Disability and Rehabilitative Services
- Community Mental Health Centers (CMHCs)
- Department of Education (DOE)
- Indiana Criminal Justice Institute (ICJI)

A wide variety of tools are utilized by the agencies listed above, courts, and mental health professionals to assess youth safety and risk and behavioral/mental health needs. In addition to what has already been mentioned, below is a sample of some of the tools utilized:

- Biopsychosocial Assessment
- Child Adolescent Needs and Strengths (CANS)
- Child and Adolescent Symptom Inventory (CASI-5)
- Dual Status Screening Tool and Assessment
- Indiana Youth Assessment System (IYAS)
- Psychological Testing

[6] *See* NCSC Juvenile Justice Mental Health Diversion Guidelines and Principles.
[7] BDDS will be known as "Bureau of Disability Services (BDS)" after July 1, 2023.

Recommendations

Our current behavioral health system for justice-involved youth is very complex, and the recommendations below will not address every unique situation. However, the proposed plans for both diagnostic assessments and broader behavioral health will address the most pressing and widespread issues in the system, creating increased communication and collaboration between agencies and leading to better outcomes for youth and families.

Diagnostic Assessments

In accordance with the Indiana Administrative Code on Juvenile Detention Facilities, the YJOC believes the following key questions should be considered by the court before making a referral to DOC-DYS for a diagnostic assessment:

- Does the youth have a current mental health diagnosis? If yes, what is the current course of treatment and has it been effective?
- Is a diagnostic assessment (or psychological evaluation), summary, and recommendations already available from a recent previous assessment?
- To what extent does the youth's mental health appear to be connected to the youth's delinquent behavior? Collateral information should be used from the IYAS or another reliable screening instrument.
- Has the DCS Probation Services Consultant been consulted to explore the availability of the service array, specifically, psychological, or diagnostic assessments in the area?

Youth entering the justice system may often have an array of evaluations that can be used to inform next steps, and protocols should make clear which types of additional information are needed. Any protocols created should emphasize that inter-agency evaluations must be evidence-based and trauma-informed, as well as culturally appropriate and responsive to the needs of the community. Protocols should emphasize an acceptable timeframe to use these evaluations to inform decision-making.

Create a Comprehensive Plan and Policies, Including Data Collection

Local counties should develop and adopt a comprehensive plan and policies regarding the use of court-ordered diagnostic or psychological assessments. The plan should include requiring documentation of utilizing the least restrictive setting to conduct an assessment, an overview of what community resources were exhausted, reason for denials (for example,

no practitioner available, too long of wait time), whether telehealth options were considered or utilized, and previous psychological assessments. At a local level, it is important to track data related to court ordered pre-dispositional psychological assessments to inform decisions and tracking trends over time. It is important to ensure that the data collected and analyzed is done so in a consistent and standardized way throughout the state. Clear policies should be put in place to protect privacy and confidentiality. Examples of what can be tracked:

- Number of diagnostic/psychological assessments conducted
- Demographic information of youth
- Outcomes of evaluations
- Length of time from referral to completion of assessment
- Length of time in secure detention pending evaluation
- Number of youth who go home after evaluation vs. how many stay in secure detention following evaluation
- Location of evaluation (i.e.: secure detention, telehealth, DOC-DYS, community-based, etc.)
- Alleged delinquent act

The plan should also articulate broad guidance for when a diagnostic assessment should be sought, and what the goals of the resulting report should be. Additional language in the juvenile code could be helpful to guide courts who order, and the practitioners who complete, those assessments.

Mandate an Annual Assessment by an Oversight Body to Analyze Current Data/Trends

The YJOC recommends that the general assembly consider a legislative change to mandate, on an annual basis, a statewide assessment by an oversight body to analyze current data and trends from the suggested data listed in the paragraph above. The annual data analysis should have a special focus on the ability to provide assessments to youth in rural areas.

The YJOC, or a designated oversight body should use the data to:

- Inform recommendations for policy and practice changes.
- Improve the efficiency and effectiveness of the youth justice system and timeliness of court-ordered evaluations.

- Determine whether targeted technical assistance may be needed to support local youth justice systems and/or practitioners in providing high-quality evaluations and making informed decisions regarding treatment and placement.
- Provide local counties with guidelines or a template on how to provide a clear, uniform plan so data can be collected and presented in a clear and concise manner, along with the appropriate contextual information.

Partner with DCS to Expand Availability of Assessments

Using DOC-DYS has become the default option for diagnostic assessments due to a lack of other viable options for courts and timely turn-around requirements that are legislatively mandated. DCS is the state agency responsible for funding services for justice-involved youth. DCS utilizes a network of contracted service providers to provide a wide variety of services and supports. Referrals for psychological evaluations are already available and courts need to carefully consider the need for a formal diagnostic assessment. However, when a diagnostic assessment is needed, courts (especially in rural communities) need options to have these assessments completed without sending youth to DOC. Expanded funding, if needed, should be provided to DCS so they can offer additional assessments in the community, whether at detention centers or utilizing telehealth instead of sending youth to DOC. DCS needs to expand their ability to provide the assessments in a timely manner by engaging with and incentivizing providers to complete these assessments. Probation consultants need to work to ensure the assessments can be completed in a timely manner in the least restrictive environment. Local communities (in coordination with DCS) should be encouraged to utilize behavioral health grants to help with this coordination and expansion of available resources.

As an alternative to expanding DCS availability and/or contractors, counties may have the option to create local service agreements with professionals and/or local agencies (for example: CMHCs) who have appropriate credentials and expertise to administer the evaluation. There may be times where a local provider does not have a contract with DCS, or securing a provider through DCS may be time prohibitive. The agreements should include time parameters for successful completion of the evaluation.

To help with funding, the behavioral health grant pilot program may allow counties (particularly rural counties) to apply for funds to support mental health evaluations and strengthen community-based treatment and/or management services. The funds may be

able to be used to incentivize providers to participate in local agreements. This alternative will likely have to be expanded further as the work of the YJOC continues in the future.

Utilize Telehealth Options to Alleviate the Need for Youth to be Sent to DOC-DYS

Effective July 1, 2022[8], juvenile courts now have the option to recommend telehealth services as an alternative to a child receiving a diagnostic assessment. In addition to utilizing telehealth for mental health services, telehealth can also be used for a diagnostic or psychological assessment in any setting outside of DOC-DYS.

Telehealth is defined as the delivery of health care services using interactive electronic communications and information technology, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA), including:

- Secure videoconferencing,
- Store and forward technology, or
- Remote patient monitoring technology

These services are between a provider in one location and a patient in another location. The term does not include the use of electronic mail, instant messaging, fax, internet questionnaire, or internet consultation unless the practitioner has an established relationship with the patient.[9]

Telehealth services may be rendered in an inpatient, outpatient, or office setting. The provider and/or patient may be in their home during the time of services. For Medicaid reimbursement of telehealth services, the member must be physically present at the originating site and must participate in the visit. All services delivered through telehealth are subject to the same limitations and restrictions as they would be if delivered in-person. Assessments rendered are required to have a video component; "audio only" is not allowed.

Medicaid timeframes and parameters should be considered when referring youth for a psychological evaluation, either in-person or via telehealth. Reimbursement is available without prior authorization for one unit of psychiatric diagnostic evaluation interview examination per member and provider in a rolling 12-month period. [10]

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[8] Ind. Code § 31-37-19-11.7.
[9] Ind. Code § 25-1-9.5-6.
[10] 405 IAC 5-20-8(14).

If a youth has Medicaid and has been in secure detention for less than thirty (30) days, telehealth options may be available for psychological evaluations, with some exceptions. However, beginning January 1, 2025, states will have the option to provide Medicaid and CHIP coverage for youth in public institutions during the initial period pending disposition of charges and receive financial participation under Medicaid for eligible youths. The Indiana Office of Medicaid Policy and Planning has started to research what legislative changes need to be addressed to be eligible for these additional monies.[11] If adopted by Indiana, this will provide great flexibility in ensuring justice involved youth can receive assessments or any other service pre-disposition without losing Medicaid coverage.

The following criterion should be considered when utilizing telehealth as an alternative to an in-person diagnostic assessment:

- If conducted in the juvenile detention center, is the area where the youth connects to the telehealth session private or confidential?
- How can the provider be assured the individual on the other end is the individual they should be assessing? (for example, consider identity-related issues and possibly have a probation officer send a photograph of the youth to the provider prior to the assessment)
- Are the youth's behaviors and/or diagnosis better observed in an in-person setting? (for example, Autism Spectrum Disorder or high acuity youth may not be able to conduct an assessment via telehealth)

While telehealth services may be a great option, particularly for rural areas who may be in a service desert, there are some barriers to consider. Some of the barriers and options to address these issues include:

- Provide a private space in probation offices or a detention center to allow youth to utilize those facilities for internet access. Courts can apply for behavioral health grants and/or grants available through the Indiana Office of Court Services that may be able to assist with equipment and space issues.
- Encourage parents to look into the federal Affordable Connectivity Program[12] to see if they might qualify for internet assistance.

[11] 2023 Consolidated Appropriations Act – Section 5122.
[12] *See* FCC Affordable Connectivity Program.

- Check with the local school district to see if the Department of Education may be able to assist with internet connectivity and/or provide a private space in the school with internet access/equipment to connect to telehealth services.
- Utilizing behavioral health grants to obtain equipment, such as laptops and required software, to engage in telehealth services.
- Statewide funding to make broadband, fiber, and other high-speed internet options available to underserved areas at a reduced or zero cost (possibly through subsidies to telecommunications providers).
- Encouraging underserved areas to apply for behavioral health grants or seek other funding for telehealth services.

Behavioral Health Plan

Youth with behavioral mental health needs are particularly vulnerable to being exposed to stress, trauma, and serious harm. These issues could become compounded when justice involvement is present. That is why all stakeholders must be aware of the challenges of handling these justice-involved youth overall. The YJOC envisions a state behavioral health system where every child and family have access to the gold standard level of prevention and treatment for disruptive behaviors, which impact the majority of youth in the justice system. The broader behavioral health system can be made more effective through cross-state agency collaboration and consensus. The system requires new and strengthened coordination by all relevant agencies caring for youth including those youth with high-needs and high acuity[13]. Creative programming and promising practices will better streamline agency performance, preventing duplication and better addressing needs. Other formal supports (such as schools and CMHCs) can play impactful roles in implementing local, community-centered programming overseen and empowering parents and family members as involved supporters. Subject matter experts or groups in pediatric behavioral health should lead this effort, as their knowledge, training, and experience can direct the needed vision moving forward.

[13] Although high acuity is not defined by Indiana law, it typically includes children who frequently have multiple diagnoses (including mood disorders), a history of placement disruptions, intellectual and/or developmental disabilities, and behavioral and/or mental health concerns.

YJOC Supports the Efforts and Continued Work of the Indiana Behavioral Health Commission

In considering recommendations for a behavioral health plan for justice-involved youth, the YJOC acknowledges that other groups have laid the groundwork for systemic change in Indiana. To not duplicate those efforts, the YJOC reviewed the Indiana Behavioral Commission Final Report published in September 2022. While the recommendations in this report may not specifically focus on youth, many of the same recommendations apply to youth in the justice system. This includes the following:

- Part I: Build a Sustainable Infrastructure
    - Using 988 to Build a Crisis Response System – youth with access to cell phones can have one easily-accessible number to call for help, which can provide a lifeline that may save lives and/or prevent escalation of behaviors that lead to justice system involvement.
    - Certified Community Behavioral Health Clinic (CCBHCS) Implementation – The transition from a CMHC model to CCBHC will greatly impact the availability and access to services for youth with mental health and substance abuse treatment needs. The reimbursement rates available to providers under this structure will also assist with availability of qualified providers for these services.
    - Behavioral Health and the Criminal Justice System – Utilizing the sequential intercept model and/or critical intervention mapping for the juvenile justice system will allow for identification of gaps and strengths across the continuum and identify opportunities for improving responses. The YJOC recommends that in the future the state designate an agency or oversight body to map the juvenile justice system and provide recommendations for system improvements.
- Part II: Overall Hoosier Mental Health/Well-Being
    - Improving Mental Health Literacy for all Hoosiers – Working with schools, juvenile courts, state agencies and other relevant entities to increase awareness and coordination between programs that already exist in the state. Half of the battle for youth and their parents on seeking help is knowing where to go and where to start. Agencies should be tasked with creating memoranda for the public and other stakeholders that specifically address programs they oversee that address behavioral health services for justice-involved youth. These materials should not only identify resources available but also how individuals can access these services easily and effectively. The memoranda

and/or information should be placed on a public website or in-person at a public location all in one place to make it easily accessible for all.

- Part III: Workforce – The existence of workforce shortages as it relates to justice-involved youth is widespread. Workforce challenges are likely the biggest barrier to implementing any significant change. Staffing issues can lead to youth being held in secure detention for longer periods of time without access to services and/or necessary evaluations. Youth may linger longer in the justice system because they cannot complete court ordered services in a timely fashion when there are long waitlists. Increasing Medicaid reimbursement rates, streamlining the process for professional licensure, reducing barriers to employment (such as criminal records), and loan repayment or tuition reimbursement programs are impactful initiatives that can lead to a robust workforce. A diverse workforce, including those who have had previous experience with the youth justice system, should be considered.
- Part IV: Additional Recommendations – Developing a data sharing program for all levels of care across multiple entities would allow for a streamlined treatment approach. Services that were recently completed would not need to be re-referred when a youth enters the justice system. Probation departments would have access to recent treatment and evaluation records and could tailor dispositional recommendations accordingly.
- Part V: Funding – The YJOC supports the increase in funding as outlined in the Behavioral Health Commission Report. Should such funding become available, the YJOC welcomes the opportunity to work with the Commission to prioritize funding for youth centered programs and reforms. The YJOC will also promote and encourage applications for behavioral health grants to address funding gaps throughout the behavioral health system.

The YJOC should collaborate and coordinate with the Indiana Behavioral Health Commission to ensure the recommendations are tailored to the unique needs of justice involved youth. It is important that stakeholders with juvenile justice expertise are consulted and involved in determining how to best meet behavioral health needs of these youth.

Implement a Multidisciplinary Team Model for High Needs/High Acuity Youth

A multidisciplinary team is a group of people, typically with different expertise, working toward a common goal. A multidisciplinary team[14] would allow for streamlined coordination

[14] This could look like the Child Fatality Review team, which is a similarly structured multidisciplinary team.

and interfacing between multiple agencies to increase connections between systems, especially to address the complex needs of high-needs and high-acuity youth with behavioral challenges. Youth with high needs require the identification of timely and specialized locations for treatment and services, and often the availability of these services or placements is limited or nonexistent. While each youth's needs and experiences differ, many children with high acuity needs often present with one or more of the following behaviors: violence (including towards peers, adults, and family), aggression, elopement, defiant behavior, maladaptive sexual behavior, self-harm, property destruction, and substance use disorder. Children with high acuity needs also frequently have multiple diagnoses (including mood disorders), a history of placement disruptions, intellectual and/or developmental disabilities, and behavioral and/or mental health concerns.

Some state agencies, including DCS, FSSA and others, have taken the initiative to create an internal model to discuss the most challenging cases at the local level first, followed by higher-level discussions at a regional office or central team to help find appropriate services and/or placements. If an agency cannot address a youth's needs through internal escalation it could result in the child becoming involved in the youth justice system solely due to lack of appropriate alternatives.

Implementing a centralized control mechanism for state leaders to step in and address the challenges to locating services and/or placements for these youth may lead to decreased wait times, less frustration from courts and local staff, and less reliance on the youth justice system. The formalized multidisciplinary team would oversee the process including creation of a formalized membership, escalation process, and voting procedures. This would be a centralized collection of agencies and stakeholders that take referrals directly from multidisciplinary teams, particularly when those teams are stuck on the next steps for a particular youth. Members should include all relevant stakeholders, including but not limited to: DOC-DYS, DCS, DMHA, DOE, BDDS, CMHCs, prosecutor's offices, public defenders, and probation and judicial officers. A checklist should be created prior to escalating to the state level multidisciplinary team that includes a list of all resources utilized and exhausted before a case is referred.

The YJOC recognizes that an agreement and collaboration between state agencies will be crucial. However, this is an opportunity for Indiana to work together to ensure that our youth with the highest needs receive the adequate behavioral health care they deserve. Courts and probation need to have a clearly established process to obtain services and placements for

high needs and high acuity youth so they do not end up in the juvenile justice system by default.

Expand Existing Programming to Include Evidence-Based Treatment that Encourages Youth and Parental Engagement

Expansions to established and evidence-based treatments, alongside new and creative programming, will be necessary to address the issues facing justice-involved youth with behavioral health needs. Indiana should develop a continuum of evidence-based treatment and practices via additional funding streams made available by state and federal sources. Indiana needs to address ways to keep youth engaged in treatment that prevent justice contact, including parental engagement and connection to schools, mentoring, and family supports. Positive parental and caregiver engagement can be key to improved outcomes for youth at risk for or involved in the youth justice system. The barriers to engaging families include misconceptions about processes and purposes along with underdeveloped policies that lack support for family participation. Structural barriers include limited forms of communication, lack of transportation options, and limited visitation times that consider family work schedules. It is vital that family and youth perspectives are taken into consideration to better understand the concerns of those involved in the justice system.

The following is a list of suggested programming that should be encouraged and properly funded:

- Multi-Systemic Therapy (MST) – MST is an effective, well supported program to prevent youth who exhibit serious delinquent behaviors from entering out-of-home placements. Therapists can work in the home, school, and community and are on-call 24/7 to provide caregivers with the tools they need to transform the lives of the youth served. Research has demonstrated that MST reduces criminal activity and other undesirable behaviors. The following is a list of benefit and or parameters that should be encouraged:
    - This plan could help add to growing data collected on effectiveness of MST.
    - Stakeholders should encourage an enhanced Medicaid reimbursement rate and allow providers to bill for specific codes/share billing codes. This will promote fidelity to evidence-based model of MST.
    - MST should be available to youth across our state.

        - Grants from the behavioral health competitive grant program could be used to fund and support that level of programming (which would then be accessible to youth regardless of payor source).
- Mentoring programs – Create robust and full-funded mentoring programs or support those already in existence that are aligned with best practices for youth mentoring. The following unique types of mentoring programs should be encouraged:
    - Youth-to-Youth Mentoring – allows youth to make meaningful connections to their peers. A formal system could be housed within a government agency or could be created as part of a regional team.
    - Adult-to-Adult Mentoring – a way to strengthen relationships between parents (guardians, or other adults who may be caring for youth), particularly from parents with lived experience to parents (guardians, or other adults who may be caring for youth) who are going through the process anew. Funding could be provided for pre-existing similar programs, or a new pilot program could be created.
    - Family Mentoring – based on Family Support Providers (FSP) or Navigators; FSP are individuals who work with families in the juvenile justice system. A range of services can be provided depending on the need (i.e.: referrals, advocacy, and support). The goal is to help families navigate the complexities of the juvenile justice system. Having access to an FSP can be especially important for youth/families who are unfamiliar with the juvenile justice system or who may face other challenges (for example: mental health, substance abuse, intellectual and/or developmental disabilities).
    - Credible Messengers[15] - A transformational process where individuals from similar backgrounds, especially individuals who were themselves system-involved, engage youth in structured and intentional relationships that help them change their attitudes, beliefs, and actions. This approach has demonstrated outcomes for system-involved youth, including increased engagement with programs and services, reduction in youth re-arrests, violations and anti-social behavior(s), increased compliance with court mandates, improved relationships between system stakeholders and community, and community capacity to support system involved youth.

[15] *See* Credible Messenger Justice Center.

- Church/Faith-Based Peer Leagues – promoting pro-social behavior through educational or recreational activities, such as sports leagues.

There should be an emphasis on resources available to youth at the front-end of this continuum and strong support for those programs which may prevent entry into the justice system. All coordination efforts for new programming should utilize the principles of sequential intercept/critical intervention mapping and aimed at encouraging reentry into the community.

Youth and Family Advisory Group

A draft of these recommendations were shared with the YJOC's Youth and Family Advisory Group. The Group provided the following input:

- Better system coordination between DOC, the schools, and others who have provided services to the youth.
- Focus on earlier intervention and use of diversion to minimize system involvement.
- Continue to expand the access to providers in rural areas to decrease time to be able to access mental health treatment.
- Increase efforts at parental engagement before and after system involvement.
- Enhance partnerships with community partners in the youth's local communities.

Conclusion and Next Steps

There is clearly an identified need to increase behavioral health services for justice involved youth particularly in rural areas. Additional funding and partnership between key state agencies are the critical components of improving the behavioral health needs of these youth. This work to improve the system will need to continue beyond this report in collaboration with the Indiana Behavioral Health Commission.

Next steps include:

1. Formalizing the multidisciplinary group with written policy and procedures.
2. Working with DCS to expand accessibility to diagnostic assessments through contracted providers and telehealth.
3. Providing guidance and support for behavioral health grant review.

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