Youth Justice Oversight Committee

Behavioral Health Work Group
Minutes (March 11, 2024)

I. MEETING DETAILS

March 11, 2024 from 1pm-3pm ET
IGCS Conference Center, Room 1 & 2
Minutes By: Nick Parker, Staff

II. ATTENDEES

Members present in-person:

- Blackmon, Sirrilla – Division of Mental Health & Addiction (FSSA) (Co-Chair)
- Dolehanty, Hon. Darrin – Senior Judge (Co-Chair)
- Baumer, Keena – Indiana Medicaid (FSSA)
- Dwenger, Dr. Deanna – Indiana Department of Correction
- Fisher, Rachael – Riley Children's Hospital
- Frantz, Zoe – Indiana Council of Community Mental Health Centers
- Frazer, Rebekah – Indiana Department of Education
- George, Kory – Wayne County Probation
- Harlan-York, Jessica – Division of Disability & Rehabilitative Services (FSSA)
- Maqsood, Sadia – Indiana Office of Court Services
- Wieneke, Joel – Indiana Public Defender Council

Members present electronically:

- N/A

Members absent:

- Becker, Amber – Division of Mental Health & Addiction (FSSA)
- James, Waylon – Indiana Department of Child Services

Staff present:

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

Guests or speakers present:

- Dunn, Leslie – Indiana Office of Court Services
- Kenworthy, Hon. Dana – Indiana Court of Appeals

III. APPROVAL OF MINUTES

N/A

IV. PRESENTATIONS

N/A

V. GROUP DISCUSSION

- Update / Introductions of New Members
    - Members went around the room and introduced themselves; the group welcomed six (6) new members (Dolehanty, Dwenger, Fisher, George, Maqsood, and Wieneke)
- Diagnostic Assessments
    - In 2022, there were 88 assessments – DOC has a high waiting list because they have the ability to address complex cases
        - Speed, quality, comprehensiveness, direct ability to observe youth, and low financial costs are other reasons
    - Only one reference to diagnostic assessments in the Code (Title 11) – vague referrals are happening and children are ending up with the general population at DOC
    - DOC is pushing back on some of the referrals being made – there are "assumptions that might not be reality" for cases being sent to DOC, but for reasons stated before, DOC is able to perform this better than other services
        - DOC does not like variability and no clear standards for who is sent for diagnostics – prison is not the proper location for some, and a prison environment could lead to negative influences; environment of prison not conducive for diagnostics
        - Other services might not be available – perception that the "safest place" is DOC

- If there were better documentation and data, there might be justifications to refer to DOC vs. referring elsewhere
    - If we have a form, we should be cognizant of the data component – differentiate between connector vs. driver for the cause of the crime; look at mitigating circumstances
    - Test
- Potentially three questions from the court – do you think you need a diagnostic assessment? Are you sure? Why us (the court)?
    - Judges are playing catch-up on a case; probation officers are forced to make decisions with limited info, especially for detentions (snapshot decision)
    - Turnover in the judicial world – benchcard could help with future generations of judges – templates from NCSC or National Traumatic Child Stress Network
- There are 14-18 juvenile detention centers in Indiana
    - Research is needed on what counties are doing, particularly doing diagnostics in the juvenile detention centers
    - Indication that Damar had been handling some diagnostics in this way; residential should handle, and if they cannot, it could go to hospital
    - 210 IAC 8-9-1 requires JDC to have mental health screening – outlines what to be inquired about
- CMHCs involved with diagnostics – lots of diversity in membership, but some have the ability to do it
    - Others have concerns about being witnesses; depends on market and staffing concerns
    - Psychologists at CMHCs might be aware of dispositional alternatives – some communities work very well together
    - Recognition that workforce issues affecting DOC as well – sending diagnostics to DOC (from a judicial angle) might "steal away" DOC resources from other areas
- Next steps – members discussed low-hanging fruit and longer-term goals related to diagnostic assessments
    - Creation of document with key questions to consider (by the court) before making a referral to DOC/DYS (vetted by courts/judges)
    - Protocols with outcomes – a guide with primary reasons to show what to do with a referral
    - Clear distinctions on role of the juvenile delinquency court – decision tree on when to refer, with accompanying documentation to tell what to do when you get a referral
    - Potential survey to judicial officers about usage of assessments

        - Research on what is being done in county juvenile detention facilities and with state hospitals
- Behavioral Health Plan
    - Connections are important – there are times that mental health is connected – if we could provide something to de-escalate (mobile crisis; stop a child from entering the system) we may better off
    - Behavioral health grants are coming back out – this includes telehealth grants
        - Though telehealth might not be the "first" option, it is maybe becoming "one" option for previously underserved areas
        - Quality problems with telehealth – is it better than zero options?
    - Early intervention – CMHCs could play a role in preventing kids from entering the system
        - Courts "don't see the kids they don't see" – by the time they come to court, it may be too late
        - Probation consultants could gatekeep who goes to CHMCH or picking where they need to go
    - Next steps – members discussed low-hanging fruit and longer-term goals related to behavioral health plans
        - Checking on updates for telehealth and Medicaid providers
        - Centralized approach to help communities that did not apply for behavioral health grants – similar to diversion workgroup, who is putting together a video about what is being done in other communities
        - Identifying "off ramps" from putting children in prisons for diagnostics – which offramps are broken, and how do we fix them? Examples: if it is telehealth, it needs to be viable; if it is MST, it needs to be sustainable, etc.
        - General list of programs that were funded from ICJI
- General "homework" for the group:
    - Look at the benchcard that is being sent out to the group
    - Sending out documents related to grants and behavioral health from last year's YJOC BHWG (Dr. Drapeau)
    - Sub-groups – preference of the group is to meet as a whole for now, but may form sub-groups later – thinking about needs
    - Having a semi-regular Indiana Behavioral Health Commission update (Frantz is on that commission)

VI. UPCOMING MEETINGS

Tuesday, April 30 from 1pm – 3pm
All Workgroup Meetings at IGCS Conference Center – Room TBD