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# Youth Justice Oversight Committee

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## Behavioral Health Work Group Minutes (August 21, 2024)

### I. MEETING DETAILS

August 21, 2024 from 10am-12pm ET

IGCS Fourth Floor, W451A

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)
- 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
- Gouty, Ref. Anah – Lawrence County Circuit Court (Juvenile)
- James, Waylon – Indiana Department of Child Services
- 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)
- Baumer, Keena – Indiana Medicaid (FSSA)
- George, Kory – Wayne County Probation
- Harlan-York, Jessica – Division of Disability & Rehabilitative Services (FSSA)

Staff present:

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

Guests or speakers present:

- N/A

### **III. APPROVAL OF MINUTES**

Minutes from July 2024 meeting were approved by unanimous consent.

### **IV. GROUP DISCUSSION**

- Diagnostic Assessments Discussion
  - Questions were provided to probation consultants/probation officers for feedback; there was no consistency to the feedback, which varied across the board on why a youth would be sent for a D&E.
    - Same questions were provided to CMHC child & adolescent committee – CMHC does not do med-only services (have to be tied to full services) – difficulty defining what people need and terminology used.
    - Questions were also provided to DOC – again, definitions and terminology need to be more clear – some concern that probation is saying to do a new diagnostic, but the child is already in treatment.
  - Takeaway is that education is a huge piece to resolving these issues.
    - Education should focus on issues of medication switching and the disruption it has on the child, plus a child not receiving education during the time they are being evaluated.
    - Standardization of terms would also be helpful.
  - From a judicial standpoint, the group discussed how it might be helpful to have a checklist explaining the types of testing and the choices.
    - Some brought up that the providers, not the judge, should be the one saying what is needed in this context.
    - Instead of a “menu” of options for a judge, it might be helpful to have a list of potential options for the child to allow the court to consider the right next course of action. This could include a list of testing protocols that might be beneficial.
  - Discussion on diagnostics that might not be necessary – particularly diagnostics when a child is already in therapy.

- Subsequent discussion on access of information – some psychologists/psychiatrists might not have access to the full evaluations/record.
    - Recognition of funding that is being spent on these evaluations.
    - Lack of a proper “continuum of care” means that kids are being sent to DOC as a default because there is not an interim place for them to be stabilized – systems issue.
  - Subacute care – as a systems issue, Indiana might not have a place for these kids, so they end up in DOC care.
    - Issues with acceptance of kids with high behavioral needs and conduct issues – only solution may be to send them to a subacute facility out-of-state.
    - Issue with child receiving some care, facility being out of options, child is released, and then there is not substantial improvement.
    - Training needed on difference between acute and subacute.
  - Even if standardized terms are being used, there is still a threshold issue on whether somebody needs assessed, what should be ordered, when it should start, and other logistics before it begins.
    - Likely cannot do a broad evaluation for every child – maybe there needs to be a funding mechanism for that.
    - What is the purpose of the evaluation? For DOC assessment, it is to determine eligibility for DOC.
  - Middle-level care – not acute or subacute – could include full robust day treatment programs, coming for care for just the day, schooling done and therapy, respite care, and crisis stabilization.
- Benchcard Discussion
  - Benchcard was sent to judges for feedback – wanted alternate choice (not to have to depend on DOC) and helpful list of referral questions.
  - Should this be called a “benchcard?”
    - The group said that they would like to continue calling it that.
    - Alternative options included “checklist” and “decision tree.”
  - Usage of the benchcard by other entities – could be used by probation officers and other parties.
- Logistics Discussion
  - Getting standardized definitions and terminology.
  - Wrapping-up and finishing the benchcard.

## V. UPCOMING MEETINGS

Tuesday, September 24 (IGCS Conference Room 15) from 10am-12pm ET

Thursday, November 14 (IGCS Conference Room 2) from 10am-12pm ET