Indiana Behavioral Health Commission

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Children and Families Subgroup

April 28, 2021, 3:30 pm – 5:00 pm EDT

Join Virtual Meeting: https://us02web.zoom.us/j/87628519123?pwd=Y1hUSmwrNXJEdHE1dEN4VXBsK083UT09

Minutes

Members Present: Rachel Halleck, Jay Chaudhary, Donna Culley, Brooke Lawson, Chase Lyday, Leah McGrath, Christy Berger

DMHA Staff: Bethany Ecklor, Elaine Trepanier

Introductions

• Please include your name, title, and job description
• Opening Question- What is your interest in this topic? What is your expertise?
    o Donna Culley – Director of Child and Family Services, Southwestern Behavioral Health – by training, licensed clinical psychologist, children and families, juvenile justice, children with special needs, excited to shake things up a bit, current position – 4 teams for DMHA services, school-based/DCS, High Fidelity Wraparound, outpatient services/psychiatry (standard clinical treatment services)
    o Brooke Lawson – Mental Health and School Counseling Coordinator at HSE – oversee all MH services in the school district
    o Chase Lyday – Chief of Police for Avon schools, IN resource officer's association, access to services
    o Jay Chaudhary – Director, DMHA
    o Leah McGrath – parent volunteer, community representative, mom of 3, technology company in Indianapolis, marketing and public affairs, Fishers youth assistance program, community partners help bring resources (MH often) to help stabilize the home
    o Rachel Halleck – licensed MH counselor, mom of 4-year-old, family focused treatment programs, home and school-based counselor, mothers with substance use disorder/criminal justice system; family focused, nature programs, noticing opportunities for intervention with families in clinical settings, funding can be reactive in nature, looking at holistic approach
    o Christy Berger – Director of Social Emotional and Behavioral Wellness, IDOE – team of 5 supports schools with SEL/MH/trauma responsive practices, partnering with local mental health providers, school social worker by training, leads the Education Outcomes Task Force for the Commission on Improving the Status of Children – addressing gaps with students

Welcome & Purpose
• Review legislation and assessment areas for subgroup

- Goals Discussion
  - Identify broad ideas to be formulated as final recommendations for the Commission.
    - R. Halleck: this is not just necessarily for DMHA clients (lower income spectrum) – issues with parity and access to services, insurance coverage, etc.
      - Recommendation to focus on intervention points throughout the life trajectory
      - Call to group members: Don't be afraid to think big!
    - D. Culley: recommended need to review all areas of legislation for youth/family impact areas, larger group has talked about workforce/funding – would like to focus on the kids part of those large umbrellas
    - L. McGrath: recommended borrowing from local successes demonstrated in partnerships between school systems and community partnerships – allows for early intervention, supports youth and family system
      - Success in Fishers with collaboration between HSE schools and Fishers youth assistance program (YAP) – having those frameworks in place that allow for collaboration and communication – would love to see those frameworks put in place across the state, helping stand the frameworks up; community partnerships and connections
      - Shared Hamilton County YAP model and insights
        - Provides resources for areas of need not covered by insurance or those under/uninsured
        - Allocates counselors to every school, done through the judicial system, prevention program, social workers employed by the court, early intervention advocates, connecting to resources that already exist
      - Shared Project Hope
        - Nonprofit collaboration between foundations and school system, provides scholarship funding to fill gaps/needs.
    - B. Lawson: recommended a combined approach with school counselors and mental health therapists in all the schools has been effective
      - YAP helps fill all gaps, focus is on relationship building, provided additional insights and description on Hamilton County YAP model
      - Recommended Social-Emotional Learning (SEL) throughout education journey, "mental health for everyone", how do we raise mentally healthy kids in Indiana?
        - IDOE has done a lot of work to support SEL in schools, recommendation to have this group help include community organizations to meet the tier 3 needs
      - C. Berger noted IDOE funded YAP pilots in four counties, used CJI funds to support
    - C. Lyday: noted the YAP is what other schools aspire towards
      - Recommended a need for a model like YAP for schools to individualize is needed, along with funding to support early intervention – consider the gaps to clearly identify a comprehensive model or multiple appropriate models
        - Addresses the school to justice system pipeline need
        - Strong correlation of connectedness to positive academic outcomes and behavioral issues
        - Without a model ideas become disjointed
    - R. Halleck: hearing that many schools have their list of needs but don't have a way to implement

- C. Lyday: Avon example – massive amount of resources (community resources) but to galvanize them and recommend them to be funded, need a model, seek to champion the YAP like Hamilton County has done; need a model and plan on what to follow
  - C. Berger: agreed that many schools have variety of competing initiatives on top of testing/academic standards
- C. Berger: YAP was partnership with a senator – discussed the YAP with Chief Justice Rush – pilot sites (4)
  - Priority (YAP) is not listed in current administration so not funded currently, but using partnerships with IDOH to find funding to continue pilot communities' work
  - Project AWARE grant – create demonstration sites (10) – focus is SEL and Mental Health
    - Hope to share out with other schools what that model looks like, applied for additional round of funding to expand to additional school sites
  - Challenges - students not qualifying for funded services (Medicaid), but data shows students complete more treatment if done in schools
    - Advocated for a Medicaid revision to include prevention, rather than just being reactive and providing services throughout the school day
      - Marion county – school clinics, one stop shop, way to support schools in supporting students
    - Resistance that this area is not the schools' role; resistance from schools is finding time,
      - IDOE working to show how SEL can be done in line with academics
      - Big push from parents and legislators currently that this is a home issue, stigma around mental health
- R. Halleck: generating buy-in in a group of people who are already really maxed out is difficult – capacity could be one of the biggest barriers to consider
- B. Lawson: regarding capacity – scope and sequence that every school is following
  - Teachers having less issues in the classroom because they have the language – used to send them to the counselor but don't need to as often anymore because they have the language; many teachers are supporting students' social/emotional needs naturally
  - Community push back is the bigger issue right now
- R. Halleck:
  - What research exists around trends in familial push back in rural settings, city settings? How funding of the schools impacts that?
  - YAP – What are the primary gaps that the program is bridging?
    - B. Lawson: food insecurity, rental assistance, IEP supports, resource referrals, childcare location, linking with enrichment activities
    - L. McGrath noted referrals can be self, counselors, or police; YAP acts as a triage, can be anything from a resource referral to long term support
      - 2 FT staff, 1 PT staff, 18 Board Members, >100 volunteers
      - 200-250 active student files
      - Funding from city/local government and schools as well as the non-profit board
    - C. Lyday noted there are three model types programming can be based off
      - Public-private
      - School based

            - Court-based
                - Challenge – need to avoid a prosecutor referral based on arrest
- J. Chaudhary/R. Halleck: regarding youth beds (inpatient, respite care), what is the scale or scope of the issue?
    - B. Lawson: not only inpatient, huge gap between outpatient and inpatient
        - IOP for example – not much available and many students don't qualify for wraparound services
        - Specifically, 8-13 age range – hardly any options or programs, serve teenagers mostly – not taking younger children
    - D. Culley noted the above was a result of a trend to move away from institutionalization
        - Locally Evansville Psychiatric Children's Center (EPCC) for children 12 and under
            - Lack of intensive supports, lack of PRTFs, lack of group homes
        - Advocated for a network of short-term assessment settings
            - R. Halleck – why doesn't the gap get filled?
                - D. Culley acknowledged the administrative burdens, lack of adequate funding, licensing and liability issues, payment structures
                - Keeping kids at least restrictive option that meets their needs within the continuum of care – unsure the gap needs to be filled within the confines of a CMHC
    - B. Lawson advocated historically providers could coordinate partial hospitalization and day groups, with Medicaid changes can now do 1:1 only
        - D. Culley noted partnerships between CMHC and schools work to fill this gap/need
            - Challenge – do you keep youths in same school and support them there or pull them out for a behavioral health focused education?
            - Philosophical changes and funding changes have shifted that type of programming
- J. Chaudhary: plan to dive deeper at next subgroup meeting
- R. Halleck: identified main buckets from discussion
    - SEL
    - Need for statewide model/access tailored to the community
    - Increased need for inpatient/group home/respite
    - Addressing the gap between outpatient and inpatient
    - Question – where are teachers at with being able to identify MH/Bx health needs?
        - Subgroup members acknowledged a need to train teachers, would change outcomes of behavioral issues, identified a need to have resources to respond in place
            - B. Lawson: Youth Mental Health First Aid (YMHFA) – 8-hour trainings, requires substitutes, teachers already overloaded with required trainings
                - Recommended working with community partners to do in-house trainings to explain the types of students and issues

that they can help them with and to identify funding to cover subs for teachers to go through that training, still a barrier

- D. Culley: Advocated adding training/curriculum into teacher education/degree programming; bringing those topics into teacher prep work to help identify trauma
  - C. Berger: SEA 205 added SEL and trauma to teacher prep programs
  - http://iga.in.gov/legislative/2021/bills/senate/205#document-08605ed7

- Chair/co-chair selection
  - D. Culley opted out, advocated for leadership to steer, nominated Rachel
  - R. Halleck offered opt out by Friday, 4.30.21
    - send opt-out email to Rachel/Bethany/Elaine by Friday
  - DMHA staff will offer support and help with organizing and strategizing

Next Steps

- Identify speakers/topics for future meetings
- Identify documents to review
- Action Item Recap

Future Subgroup Meetings

- Next Meeting Date
  - Meet one more time, come up with lower hanging fruit and recommendations (broadly) before next full commission meeting
  - June 23rd at 2-330 EST
- The group would like to cross check with the CISC Mental Health & Substance Abuse and Education Mental Health Task Forces to ensure for no duplication of efforts and to maximize strategy development and alignment
  - Bethany agreed to coordinate