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Herald - Republican

# Children's mental health plan to be finalized Oct. 25

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INDIANAPOLIS

Members of a commission charged with reviewing a legislated mental health plan for children apparently disagree on wording in the plan, and what recommendation, if any, the commission should make on it to the Indiana General Assembly.



Mitch Roob, secretary for the Indiana Family and Social Services Administration, spoke at a meeting of the Indiana Commission on Mental Health Wednesday. Roob talked about the state's progress toward revamping the way Indiana deals with social services, including mental health issues. (Photo by Cindy Bevington)

Rep. Cindy Noe, R-Indianapolis, chairs the Commission on Mental Health. The group met Wednesday and heard presentations by various state agency heads, including Family and Social Services Administration secretary Mitch Roob. Roob reported on the progress the state is making toward revamping the way Indiana deals with various social services, including mental health issues.

He talked about how far along the state has come with state hospital reorganization, in particular, saying that he believes Indiana now has a continuum of care that has come together for consumers.

He also announced that the state not only is rebuilding the LaRue Carter Center in a partnership with Clarian Health, but also will be partnering

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with a "large local pharmaceutical firm" for drug research on what works effectively for mental illness. The new building in downtown Indianapolis will house 150 beds and will include an Indiana University research building.

The present building is greatly limited in both its ability to provide optimum in-patient services and to conduct research in mental health care, he said.

"This is not an inexpensive opportunity," Roob said. "But, we think it's an investment that is important."

Hints of discordance

Another presenter, Amy Korozos of the Indiana Bar Association and incoming chair of the Bar's Civil Rights Committee for Children, gave a summary on her committee's study on pilot projects for mental health screening for children coming into the juvenile detention system.



Joseph Venable, president of the Indiana chapter of the National Alliance on Mental Illness, called on the commission, along with Indiana legislators, to refer to mental health care as an investment rather than an avoidable cost. Quoting from the President's New Freedom Commission on Mental Health, Venable reminded commission members that the cost of untreated mental illness makes it imperative that society make treatment a goal.

While a polite round of questions generally followed each presenter, it was the Children's Social, Emotional and Behavioral Health Plan - which a Department of Education task force presented at the commission's last meeting - that generated some sparks among commission members.

The health plan is part of Indiana code, Noe started out, explaining that she had been trying to find out where the document's language originated, and how much of the actual plan's directives is on-code or off-code.

"What I found is that the Mental Health Commission has been asked to study this, but has no power to stop or adopt it," Noe said. "It has been written, adopted and presented to the state school board, and the state school board now is responsible for writing the rules for implementation."

When commission member Abigail Flynn, of Fort Wayne - who also serves as a member-at-large on the board of directors for Indiana NAMI - asked at what point in a child's life the mental health plan begins, Noe replied, "At birth."

Then, when another commission member, Caroline Doebbling, a psychiatrist of Indianapolis, voiced concern about how expansive the plan is and that she wasn't whole-heartedly behind screening every Indiana child for mental illness, the friction began. And, she said that while she supported the plan and the law that created it, she also was worried about losing all the good in the law and plan for the sake of universal screening.

"I have definite thoughts about this that don't support (screening for

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mental illness) from birth to 22," Doebbling said.

Noe followed with the revelation that several legislators had admitted to her that they "didn't have a clue" about what was in the law when they voted for it, and that they would like to look at it again, now that the plan was finished. Noe also suggested that the commission perhaps strike some of the most controversial language from the law and plan, such as a section that calls for mental health screening in schools. And, finally, she said she felt that, since the legislature had created this law, that the lawmakers should at least have a second-chance look at it in a legislative committee.

Those ideas didn't go down well, however, with supporters of the testing and the mental health plan.

Several people commented that the law does not mandate testing, as some opponents to it have said (even though the wording in the law regarding testing is "shall," which usually means a mandate).

Noe countered with three or four different options that the committee could choose for modifying the law's language. But, each time, dissenters argued against her ideas

Even as Noe persisted in her desire to allow the Legislature another look, Flynn chastised her, asking why the commission couldn't just vote on it, rather than letting legislators get their hands on it again. She was afraid that the "appropriateness for screening of some kind is going to be lost in the shuffle," Flynn said.

Finally, Noe said that she would take everyone's input into consideration, and would draft a few sample changes that the commission could discuss at its next meeting, Oct. 25. She also promised that this meeting, the commission's last, would devote most of its time to discussing the mental health plan.

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