



COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

Annual Report

July 1, 2014-June 30, 2015

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Executive Summary

Legislation establishing the Commission on Improving the Status of Children in Indiana (CISC) went into effect on July 1, 2013. This 18-member Commission consists of leadership from all three branches of state government. The CISC is charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation.

Between July 1, 2014 and June 30, 2015, the CISC concentrated on studying access to and availability of mental health and substance abuse services to vulnerable youth, information sharing concerning vulnerable youth across the state; promoting best practices, policies and programs; and obtaining information from agencies and experts concerning vulnerable youth.

OUTCOMES

- ✓ Submitted an Interim Report as required by Legislative Council Resolution 14-01 regarding the under-reporting of crimes against children.
- ✓ Heard presentations from the Office of the Attorney General, Department of Child Services, Indiana State Department of Health, and Indiana Prosecuting Attorneys Council.
- ✓ Obtained information from experts regarding:
 - Human Trafficking**-*Skyler Whittington, Indiana State Police; Tracy McDaniel, Julian Center; Dr. Lisa Elwood, University of Indianapolis.*
 - Infant Mortality and Child Health**-*Maureen Greer, Emerald Consulting; Dr. Maria Del Rio Hoover, St. Mary's Hospital for Women and Children.*
 - Teen Suicide**- *Dr. Thomas McAllister, Indiana University School of Medicine.*
 - Dynamics of Family Violence**-*Dr. Roberta Hibbard, Indiana University Health; Edie Olson, Families First, Rachael Bain, Families First; Dr. Steve Couvillion.*
 - Sex Crimes against Children**-*Representative Christina Hale; Dr. John Parrish-Sprowl.*
 - Substance Abuse Crisis in Indiana**-*Mallori DeSalle, IU School of Public Health; Dr. Jon Agle, Indiana Prevention Resource Center.*

- ✓ Supported and encouraged the State of Indiana to create a Levels of Care certification program for all Indiana birthing hospital, adopt standards for maternal-fetal and neonatal inter-facility transport, and establish Perinatal Centers of Excellence that build on existing hospital networks and their affiliate hospitals.
- ✓ Recommend Indiana Protection for Abused and Trafficked Humans (IPATH) create a multi-disciplinary work group to develop and submit recommendations to the CISC regarding best practices, legislation, and next steps.
- ✓ Adopted a resolution declaring formal support to the Indiana Department of Child Services (DCS) in its efforts toward improving the practice of child welfare in the State of Indiana and recognizing Governor Pence and the Indiana General Assembly for their strong support of DCS in the 2015 legislative session.
- ✓ Endorsed the Cross-System Youth Symposium scheduled to be held July 24, 2015.
- ✓ Endorsed Dual Status Youth Pilot Projects in the State of Indiana.
- ✓ Supported efforts by the Indiana State Health Department to establish Health Professional Shortage Areas (HPSAs) in order to bring federal resources into Indiana to help ease the shortages of health and mental health providers for youth, especially in rural areas.
- ✓ Endorsed recommended Juvenile Detention Standards for Education Services.
- ✓ Endorsed Office of Juvenile Justice Delinquency and Prevention (OJJDP) Second Chance Act Comprehensive Juvenile Reentry Systems Reforms.

Commission on Improving the Status of Children in Indiana

Members

Dr. Jerome Adams, M.D.

Indiana State Health Commissioner

Brian Bailey

Director

Indiana State Budget Agency

Mary Beth Bonaventura

Director

Indiana Department of Child Services

Michael Dempsey

Executive Director

Indiana Department of Correction, Division
of Youth Services

Rep. David Frizzell

State Representative

District 93

Sen. Travis Holdman

State Senator

District 19

Lilia Judson

Executive Director

Indiana Supreme Court, Division of State
Court Administration

Sean Keefer

Deputy Chief of Staff

Executive Branch Agencies

Office of the Governor

Sen. Tim Lanane

State Senator

District 22

Larry Landis

Executive Director

Indiana Public Defender Council

Susan Lightfoot

Chief Probation Officer

Henry County Probation Department

Kevin Moore

Director

Division of Mental Health and Addiction

David Powell

Executive Director

Indiana Prosecuting Attorneys Council

Rep. Gail Riecken

State Representative

District 77

Glenda Ritz

Indiana Superintendent of Public Instruction

Hon. Loretta Rush

Chief Justice of Indiana

Dr. John Wernert, M.D.

Secretary

Family and Social Services Administration

Gregory Zoeller

Indiana Attorney General

ABOUT THE COMMISSION

Governor Pence signed Senate Enrolled Act 125-2013 into law on April 30, 2013. This legislation established the eighteen (18) member Commission on Improving the Status of Children in Indiana (CISC) [IC 2-5-36].

MEMBERSHIP

- (1) One (1) legislative member appointed by the speaker of the house of representatives.
- (2) One (1) legislative member appointed by the minority leader of the house of representatives.
- (3) One (1) legislative member appointed by the president pro tempore of the senate.
- (4) One (1) legislative member appointed by the minority leader of the senate.
- (5) The superintendent of public instruction.
- (6) The director of the department of child services.
- (7) One (1) judge or justice with experience in juvenile law appointed by the chief justice of Indiana to serve on the commission for a period of four (4) years.
- (8) The executive director of the prosecuting attorneys council of Indiana.
- (9) The executive director of the public defender council of Indiana.
- (10) The secretary of family and social services.
- (11) The state health commissioner.
- (12) The director of the department of correction division of youth services.
- (13) One (1) representative of the juvenile probation system, appointed by the chief justice of Indiana for a period of four (4) years.
- (14) The director of the office of management and budget, or the director of the state budget agency, as selected by the governor.
- (15) A member of the governor's staff, to be appointed by the governor.
- (16) The executive director of the division of state court administration.
- (17) The director of the division of mental health and addiction.
- (18) The attorney general, who shall serve as a nonvoting member.

VULNERABLE YOUTH

For the purposes of the CISC, the law defines “vulnerable youth” as a child served by:

- (A) the department of child services;
- (B) the office of the secretary of family and social services;
- (C) the department of correction; or
- (D) a juvenile probation department.

CISC DUTIES¹

- (1) Study and evaluate the following:
 - (A) Access to services for vulnerable youth.
 - (B) Availability of services for vulnerable youth.
 - (C) Duplication of services for vulnerable youth.
 - (D) Funding of services available for vulnerable youth.
 - (E) Barriers to service for vulnerable youth.
 - (F) Communication and cooperation by agencies concerning vulnerable youth.
 - (G) Implementation of programs or laws concerning vulnerable youth.
 - (H) The consolidation of existing entities that serve vulnerable youth.
 - (I) Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes.
 - (J) Crimes of sexual violence against children.
 - (K) The impact of social networking web sites, cellular telephones and wireless communications devices, digital media, and new technology on crimes against children.
- (2) Review and make recommendations concerning pending legislation.
- (3) Promote information sharing concerning vulnerable youth across the state.
- (4) Promote best practices, policies, and programs.
- (5) Cooperate with:
 - (A) other child focused commissions;
 - (B) the judicial branch of government;
 - (C) the executive branch of government;
 - (D) stakeholders; and
 - (E) members of the community.
- (6) Submit a report not later than July 1 of each year regarding the commission's work during the previous year. The report shall be submitted to the legislative council, the governor, and the chief justice of Indiana.

The CISC may also:

- (1) Request information or a presentation from an agency involved with vulnerable youth.
- (2) Request and review outcome data from an agency related to vulnerable youth.
- (3) Receive information from experts concerning vulnerable youth.

¹Pursuant to HEA 1016-2015, effective July 1, 2015, the CISC shall, before January 1, 2016, submit to the general assembly in an electronic format under IC 5-14-6 and the governor's office recommendations concerning the following:

- (1) New methods or mechanisms for carrying out policies relating to abandoned children, including the use of newborn safety incubators (as defined in IC 16-35-9-4).
- (2) The production and distribution of information concerning the laws regarding emergency custody of abandoned children under IC 31-34-2.5.
- (3) The advisability of establishing and posting uniform signs regarding locations at which children may be voluntarily left with an emergency medical services provider under IC 31-34-2.5.

This section expires July 1, 2016.

Website

<http://www.in.gov/children>

All CISC meetings are webcast live on the website. Meeting agendas, minutes, PowerPoint presentations, handouts, and other resources are posted on the website.

The screenshot shows a web browser window displaying the website for the Commission on Improving the Status of Children in Indiana. The browser's address bar shows the URL <http://www.in.gov/children/>. The website features a navigation menu with categories such as About Indiana, Agriculture & Environment, Business & Employment, Education & Training, Family & Health, Law & Justice, Public Safety, Taxes & Finance, and Tourism & Transportation. The main header includes the state seal and the text "Commission on Improving the Status of Children in Indiana". Below this, there is a "CISC HOME" section with a list of links: About, Members, Committees & Task Forces, Meetings, Reports, Press Releases, Resources, and Contact us. To the right, there is an "Online Services" section with links for Meeting Videos, MORE ONLINE SERVICES, and SUBSCRIBER CENTER. A central image shows a group of diverse children and adults smiling. Below this, the "Latest News & Headlines" section features "Upcoming Meetings" with two entries: one for Monday, June 29, 2015, at the Indiana Supreme Court, and another for August 19, 2015, at the Indiana Government Center South. The footer contains "QUICK LINKS" (Text Reader, Text, Mobile, Find a Person, Find an Agency, IN.gov User Survey, Advanced Search), "STATE INFO" (Help, Newsroom, Transparency, Policies, Sitemap, Web Awards), social media icons (LinkedIn, Twitter, Facebook, YouTube, RSS), and the state seal of Indiana.

Priorities

- Increase availability of and access to quality mental health services for children
- Address foster care system reforms
- Improve healthcare access
- Improve educational outcomes
- Expand juvenile justice reform
- Increase substance abuse treatment and prevention services
- Improve data sharing, communication, and collaboration across agencies and systems serving children and youth
- Increase public awareness
- Address child fatalities

Mission and Vision

Mission: To improve the status of children in Indiana.

Vision: Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult.

Organizational Model

The organizational model adopted by the CISC consists of a chairperson, an executive committee, commission members, and task forces. Sean Keefer, Deputy Chief of Staff for Executive Branch Agencies, Office of the Governor, is the current chair of the CISC.

Executive Committee

The five member Executive Committee meets monthly, except during the legislative session when it meets bi-weekly. Members of the Executive Committee serve as a liaison on one or more task forces. The members of the Executive Committee are:

- **Mary Beth Bonaventura**, Director, Indiana Department of Child Services
- **Rep. David Frizzell**, State Representative, District 93
- **Sen. Travis Holdman**, State Senator, District 19
- **Sean Keefer**, Deputy Chief of Staff for Executive Branch Agencies, Office of the Governor
- **Hon. Loretta Rush**, Chief Justice of Indiana

The Executive Committee met on:

August 11, 2014

September 9, 2014

September 23, 2014

November 12, 2014

December 17, 2014

January 20, 2015

February 3, 2015

February 24, 2015

March 31, 2015

May 4, 2015

June 29, 2015

Staff Support

Jane Seigel, Anne Jordan, and Angela Reid-Brown, Indiana Judicial Center provide staff support for the CISC with assistance from Michael Commons and Ruth Reichard, Indiana Supreme Court, Division of State Court Administration.

COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

Chair
Sean Keefer

Executive Committee
Mary Beth Bonaventura, Director, DCS
Rep. David Frizzell
Sen. Travis Holdman
Sean Keefer, Office of the Governor
Loretta Rush, Chief Justice of Indiana

Appointee: Speaker of the House David Frizzell	Appointee: House Minority Leader Gail Riecken	Appointee: President Pro Tempore of the Senate Travis Holdman	Appointee: Senate Minority Leader Tim Lanane	Superintendent of Public Instruction Glenda Ritz	Director of Department of Child Services Mary Beth Bonaventura
Judicial Appointee of Chief Justice Hon. Loretta Rush	Secretary of FSSA Dr. John Wernert	State Health Commissioner Dr. Jerome Adams	Director, DOC Division of Youth Services Michael Dempsey	Juvenile Probation Officer Appointee of Chief Justice Susan Lightfoot	Gubernatorial Appointee: Director of State Budget Agency Brian Bailey
Governor's Staff Member Sean Keefer	Executive Director Division of State Court Administration Lilia Judson	Director of Division of Mental Health & Addiction Kevin Moore	Attorney General Greg Zoeller	Executive Director Prosecuting Attorneys Council David Powell	Executive Director Public Defender Council Larry Landis
Child Services Oversight Committee	Cross-System Youth Task Force	Data Sharing & Mapping Task Force	Educational Outcomes Task Force	Infant Mortality & Child Health Task Force	Substance Abuse & Child Safety Task Force

CISC Meetings

All meetings are held in the Indiana Government Center South Conference Center. Members of the public are always welcome to attend. Meetings are also webcast live on the website. Meetings were held on:

July 16, 2014- [Meeting Material](#)

September 17, 2014-[Meeting Material](#)

November 19, 2014-[Meeting Material](#)

February 18, 2015-[Meeting Material](#)

May 20, 2015-[Meeting Material](#)

Meeting Highlights

July 16, 2014. The meeting included presentations on dynamics of family violence and sex crimes against children.

September 17, 2014. The meeting included presentations on infant mortality and child health, and teen suicide. The Infant Mortality and Child Health Task Force provided a report and recommendations. The CISC voted to support and encourage the State of Indiana to create Levels of Care certification program for all Indiana birthing hospitals, adopt standards for maternal-fetal and neonatal inter-facility transport, and establish Perinatal Centers of Excellence that build on existing hospital networks and their affiliate hospitals.

November 19, 2014. The meeting included presentations on human trafficking. The Data Sharing and Mapping Task Force provided a report. The CISC recommended the Indiana Protection for Abused and Trafficked Humans (IPATH) create a multi-disciplinary work group to develop and submit recommendations to the CISC regarding best practices, legislation, and next steps.

February 18, 2015. The meeting included reports from the five Task Force chairs to update the CISC on their work. An update was provided on the study of the under reporting of crimes of domestic or sexual crimes against children required by Indiana Code 16-19-13-7(a)(3)(A).

May 20, 2015. The meeting included a report from the Department of Child Services regarding the caseload and workload study, an update on legislation passed during the 2015 legislative session impacting vulnerable youth; a report on the substance abuse crisis in Indiana and risk factors contributing to the initiation of drug and alcohol use by teens, and a presentation from a former foster

youth. The Cross-System Youth, Data Sharing and Mapping and the Educational Outcomes Task Forces presented recommendations to the CISC.

The CISC adopted a resolution declaring formal support to the DCS in its efforts toward improving the practice of child welfare in the State of Indiana and recognizing Governor Pence and the Indiana General Assembly for their strong support of the DCS in the 2015 legislative session.

The CISC endorsed the Cross-System Youth Symposium to be held July 24, 2015.

The CISC endorsed Dual Status Youth Pilot Projects in the State of Indiana.

The CISC supported efforts by the Indiana State Health Department to establish HPSAs (Health Professional Shortage Areas) in order to bring federal resources into Indiana to help ease the shortages of health and mental health providers for youth, especially in rural areas.

The CISC endorsed the recommended Juvenile Detention Standards for Education Services.

The CISC endorsed the Office of Juvenile Justice Delinquency and Prevention (OJJDP) Second Chance Act Comprehensive Juvenile Reentry Systems Reforms.

Task Forces

The goals of each task force are to study, deliberate, and develop recommendations involving matters assigned by the CISC. The recommendations will be used to help inform the work of the CISC.

Child Services Oversight Committee

Cross-System Youth Task Force

Data Sharing and Mapping Task Force

Educational Outcomes Task Force

Infant Mortality and Child Health Task Force

Substance Abuse and Child Safety Task Force

Child Services Oversight Committee

Sen. Carlin Yoder, Chair

Executive Committee Liaison – Mary Beth Bonaventura, Director, Department of Child Services

[Child Services Oversight Committee Webpage](http://www.in.gov/children/2359.htm)

<http://www.in.gov/children/2359.htm>

Duties

The committee shall meet at least bi-annually to:

- Review bi-annual data reports from the Department of Child Services (DCS).
- Review annual reports from the DCS ombudsman.
- Make recommendations to the Commission on Children.
- Submit an annual report before November 1 to the Commission on Children.

Members

Mary Beth Bonaventura, Indiana Department of Child Services; **Jolene Bracale**, Indiana Department of Education; **Sen. John Broden**, District 10; **Hon. Christopher Burnham**, Morgan Superior Court 2; **Leslie Dunn**, Indiana Supreme Court, Division of State Court Administration; **Larry Landis**, Indiana Public Defender Council; **Rep. Kevin Mahan** District 31; **Sean McCrindle**, Bashor Children’s Home; **Suzanne O’Malley**, Prosecuting Attorneys Council; and **Rep. Gail Riecken**, District 77.

Meetings

The Committee met on September 9, 2014 and January 5 and June 9, 2015.

Child Services Oversight Committee 2014-2015 Annual Report

The top priority of the Child Services Oversight Committee is to support the well-being of Hoosier children by strengthening the DCS. In the past, DCS has been questioned for lack of transparency and open communication concerning potential threats to children. Over the last year, the Child Services Oversight Committee addressed these issues to increase transparency while also quickly responding to child abuse reports. Alfreda Singleton-Smith, Director of the DCS Ombudsman Bureau, presented the Ombudsman's mission which is to effectively respond to complaints concerning DCS actions by providing problem resolution services, independent case reviews, and recommendations to improve DCS service delivery. The DCS Ombudsman may also examine policies and evaluate the effectiveness of the child protection system.

Doris Tolliver, DCS Chief of Staff, also provided insight regarding the staffing and hiring process of DCS. Although there is still room for improvement, there have been numerous steps taken to increase the quality of service. The requirements for DCS caseworkers now ensure they are trained family case managers with college degrees. The education requirement was added to help provide individuals with the necessary knowledge to handle cases accurately and efficiently. Lawmakers also expanded the DCS Child Abuse and Neglect Hotline to include five additional call centers and many more caseworkers throughout the state (in Marion, Saint Joseph, and Blackford, Lawrence, and Vanderburgh counties). The increase of caseworkers has caused the phone wait times to significantly decrease. Also, the DCS hotline no longer requires callers to provide their names or contact information to encourage people to report child abuse cases. DCS intends to add new positions, which will require expanding current staff training in both capacity and programming. The addition of staff to local offices will require a statewide discussion on space needs, as many offices are at or nearing maximum capacity even with reconfiguration efforts being made to accommodate previous staffing increases.

During our three meetings additional agenda topics included: an Overview of Indiana Court Appointed Special Advocate Program, discussion of DCS child abuse prevention and reporting, a review of each DCS Quarterly Data Report, a DCS Hotline Screening Process, an overview of the Adoption Study Committee, discussion about the State Adoption Subsidy Issue, removal of status offenders from the delinquency code, and finally a discussion of family case manager turnover by Judge Burnham. Our current action plan includes the continued pursuit of strengthening Hoosier children through transparency and quick response to child abuse reports. The topics we plan to review by June 2016 include:

- Changing the role of probation consultants from approving placements to (1) resource consultants, (2) JDAI assistance and (3) educational purposes.
- The issue of CHINS cases showing up as Delinquency cases.
- The high turnover rate among DCS case managers.
- The root cause(s) of DCS case manager turnover.
- The statewide increase of CHINS cases.

- Whether “status offenders” (i.e. runaway, incorrigible, chronic truants, curfew violators) should be removed from the delinquency code, and move them in the CHINS code.
- Review of the Indiana Association of Resources and Child Advocacy (IARCA) Outcome Measures Project.

In January 2015, DCS contracted with Deloitte Consulting to conduct a field workload analysis. DCS implemented a targeted effort to enhance the new worker training curriculum to provide better direct experience and mentoring support for incoming family case managers. The Child Services Oversight Committee intends to monitor the implementation of Deloitte’s recommendations over the next year. The Child Services Oversight Committee also recommends the Commission look into expanding the definition of “child trafficking” by not criminalizing those victims, who are 18 and under, as prostitutes.

Cross-System Youth Task Force

Hon. Charles Pratt, Co-chair, Allen Superior Court

Don Travis, Co-chair, Deputy Director Juvenile Justice Initiatives and Support,
Indiana Department of Child Services

Executive Committee Liaison – Hon. Loretta Rush, Chief Justice of Indiana

[Cross-System Youth Task Force Webpage](http://www.in.gov/children/2345.htm)

<http://www.in.gov/children/2345.htm>

Priorities

- To identify and address *Dual jurisdiction* children who are involved in child protection services (Department of Child Services) and the Juvenile Justice System on a formal or informal basis.
- To identify and address communication barriers between systems as to *Dual Jurisdiction* children.
- To establish pilot projects in several Indiana counties to address *Dual Jurisdiction* processes.
- To identify issues related to service delivery and communication between system sectors involving *Cross-Systems* children. *Cross-Systems* children present with a co-occurrence of problem behaviors in many areas of their lives that involve multiple systems other than the Department of Child Services and the Juvenile Justice System. *Cross-Systems* children require assistance outside of, or prior to, involvement with the dependency or delinquency processes.
- To improve coordination between probation, mental health, DCS, and DOC on dually adjudicated youth and cross-system youth.
- To increase coordination regarding education among DOE, DCS, probation, and school districts for dually adjudicated youth and cross-system youth.
- To develop and recommend policies, procedures, and legislative action to address the needs of dually adjudicated youth and cross-system youth.

Members

Jeffrey Bercovitz, Indiana Judicial Center; **Christine Blessinger**, Indiana Department of Correction, Division of Youth Services; **Rebecca Buhner**, Family and Social Services Administration, Division of Mental Health and Addiction; **Bruce Carter**, MSD of Wayne Township; **Mary DePrez**, Indiana Supreme Court, Division of State Court Administration; **Suzanne Draper**, Vanderburgh County CASA; **Hon. Steve Galvin**, Monroe Circuit Court, Div. 7; **James (Mike) Goodwin**, Indiana Department of Child Services, Local Office Director, Sullivan County; **Cathleen Graham**, Indiana Association of Resources and Child Advocacy (IARCA); **Nichole Hall**, Bartholomew County Court Services; **JauNae Hanger**, Waples & Hanger; **Hon. Heather Mollo, Ex Officio**, Bartholomew Circuit Court; **Kathleen Rusher**, Allen County Probation Department; **Daniel C. Schroeder, Esq.**, Marion County Public Defender Agency, Juvenile Division; **Commander Randal Taylor**, Indianapolis Metropolitan Police Department; and **Michelle Woodward**, Lawrence County Prosecutor.

Meetings

The Task Force met on August 28 and December 18, 2014 and February 10, 2015.

Cross-System Youth Task Force 2014-2015 Annual Report

The Cross-Systems Task force commenced its work in early 2014. The first task was to assemble a team that was inclusive of agencies that have daily interactions with children in each community. Task force members include representatives from the Indiana Judicial Center; Indiana Supreme Court, Division of State Court Administration (data); Indiana Family and Social Services Administration, Division of Mental Health and Addiction; education / schools; Indiana Department of Correction, Court Appointed Special Advocate (CASA), public defender, juvenile court judges; juvenile probation; Indiana Department of Child Services; Indiana State Bar Association; law enforcement, prosecutor, and placement and service providers.

The first goal of the assembled team was to define the term “cross-system youth” differentiating from “cross-over” or “dual system youth”. For the purposes of the task force, the following definitions were created:

Dual System Youth:

Dually- identified Youth- Youth who are currently involved with the juvenile justice system and have a history in the child welfare system but no current involvement.

Dually-Involved Youth-Youth who have concurrent involvement (diversionary, formal, or a combination of the two) with both the child welfare and juvenile justice systems.

Dually-Adjudicated Youth-Youth who are concurrently adjudicated in both the child welfare and juvenile justice systems (i.e. both dependent and delinquent).

Cross- System Youth:

The children in our communities who have multi-system needs. These are children – yet to be fully defined – who require cross-systems assistance outside of or prior to involvement with the dependency or delinquency processes. They also may be, based on our research, children who should be separated from the existing delinquency and dependency systems and folded into a new status. For example, they may be homeless teens, older teen runaways, elder teen truants, mentally ill children, or 18, 19 or 20 year olds with housing and secondary education problems.

The key goals and objectives of the Cross-System Task Force Include:

- Identify barriers in statute, regulation, or practice to addressing (a) cross-system youth issues and (b) dual jurisdiction issues;
- Complete a policy analysis designed to increase cooperation between systems through recommendation of new practices including recommendations for system/law or regulatory reform;
- Addressing efficiency in meeting child’s needs;

- Identify areas and recommend the incorporation of restorative justice practices where appropriate;
- Identify areas of service provisions and recommend the incorporation of family engagement practices including Family Group Decision Making practices where appropriate; and
- Develop, monitor, and report on pilot projects re: Dual Jurisdiction.

Progress and Findings:

The Task Force has incorporated three initial sub-committees based on the age of children to address the aforementioned goals and objectives. These subcommittees include Early Childhood (ages 0-8), Adolescent Youth (ages 9-15) and Transition Youth (ages 16-21). The Task Force believes issues related to the goals and objectives relate to each age group differently so that each objective should be addressed by age as opposed to the identified needs or gaps.

Issue of Mental Health:

- Determinations of Entry Points for Cross-System Youth: schools, emergency shelters, juvenile detention centers, and interaction with law enforcement.
- Findings-things that Work: The Children’s Mental Health Initiative (CMHI) through DCS fills gaps in service delivery to this population; The Multi-Disciplinary Team (MDT) of State agencies working on behalf of individually referred children to find services and promote best practices; The Crisis Intervention Teams for youth that are underway in 12 counties in Indiana funded by the Division of Mental Health & Addiction (DMHA), working with law enforcement, local systems of care, and the National Alliance for the Mentally Ill (NAMI).
- Areas of Need: Common Definitions, Acronyms, Understanding of Programs that affect children; expand Community Mental Health Wraparound (1915i) to include different populations (NEED: Enhancement of service providers for the population); cross-disciplinary workforce training in working with the dually diagnosed population; first responders, law enforcement, and teachers need to be trained in de-escalation techniques.

Issue of Homelessness:

- Defining what it means to be homeless: McKinney-Vento Definition- Indiana Housing & Community Development Authority versus Department of Education.
- Findings-things that Work: Hearth Act 2009- Shelters can serve families; Collaborative Care (DCS) to transition youth aging out of foster care.
- Areas of Need: Understanding housing is part of the **recovery** process; a wrap around housing model with services being provided in addition to housing populations (NEED: Enhancement of service providers for the population); housing for youth entering the community following a Department of Correction placement; determination of evidence based practices that work with this population; and cross walk to map available funding streams for this population.

Next Steps:

- Cross-System Symposium: The Cross-System Symposium is being designed and implemented to have a team of individuals, which includes the juvenile judicial officer, the chief probation officer or chief of police, the Department of Child Services Local Office Director, and decision makers from local mental health and schools. The symposium will include a guided discussion on defining cross-system youth in each community, identifying cross-system youth in each community, identifying services available and needed, identifying agencies that would need to be involved in addressing this population in each community, and identifying barriers to implementation. Each team will be responsible for creating an action plan that will be tabulated by the Cross-System Youth Task Force to develop common themes and needs across Indiana.
 - Timeline: Symposium- July 24, 2015
 - Identifying Themes and Needs: July, August 2015
 - Presentation of Findings from Symposium to Task Force: October 27, 2015
- Identify barriers in statute, regulation, or practice to addressing (a) cross-system youth issues and (b) dual jurisdiction issues.
 - Coordinate efforts of the Cross-System Youth Task Force and the Data Sharing and Mapping Task Force to address the issues of information sharing and confidentiality.
 - Timeline: This process is on-going and includes the Co-Chair of the Cross-System Youth Task Force attending the Data Sharing and Mapping Task Force meetings.
- Identify barriers in statute, regulation, or practice to addressing (a) cross-system youth issues and (b) dual jurisdiction issues.
 - Coordinate efforts of the Cross-System Youth Task Force and the Child Services Oversight Committee to address the issue of status offenders. There is continued debate on the issue of status offenders (which includes Runaway, Truancy, Curfew, Disobedience, and Alcohol related offenses in the Indiana Code) which requires a thorough study and discussion about this population.
 - Timeline: On going.
- Complete a policy analysis designed to increase cooperation between systems through recommendation of new practices including recommendations for system/law or regulatory reform.
 - Monitor implementation of HEA 1196-2015, Dual Status Youth. This bill includes a statutory definition of Dual System Youth for Indiana and the process by which a juvenile case may be diverted from either system based on the early identification

of youth who are involved in either the CHINS or delinquency system. The bill contains key provisions including the establishment of a Dual System Assessment Team and the judicial authority to establish a lead agency. The assessment team includes membership that is reflective of the Cross-System Youth Task Force who will assist in determining agency responses to the new provisions in the statute.

- Timeline: Effective date of HEA-1196: July 1, 2015
- Develop, monitor, and report on Dual Jurisdiction pilot projects. The Cross-System Youth Task Force is partnering with the Casey Family Programs Judicial Engagement project to implement five (5) pilot projects in the State of Indiana. These pilot sites will develop and implement strategies to identify dually identified, dually involved, or dually adjudicated youth. These pilots will also identify the unique needs of this population and work with community and State agencies to address these needs.
 - Timeline: The Cross-System Youth Task Force is currently working with Casey Family Programs in the implementation of pilot sites.
- Develop, monitor, and report on the Marion County Dual Status Youth pilot project. The Marion Superior Court, Juvenile Division has engaged the Robert F. Kennedy Children’s Action Corps for technical assistance to implement a pilot project for dual status youth in Marion County. The technical assistance on this project includes three (3) subcommittees that focus on data, barriers in confidentiality and statutes, and services. The Co-chair of the Cross-System Youth Task Force serves as co-chair of the project.
 - Timeline: February, 2015- On-sight technical assistance
March, 2015 - On-sight technical assistance
June, 2015 – On-sight technical assistance
- - Timeline: June, 2015
- A fourth sub-committee will be added to the Cross-System Youth Task force to address the on-going development, monitoring and reporting on the Dual Status Youth pilot projects.
 - Timeline: June, 2015

Data Sharing and Mapping Task Force

Lilia Judson, Co-chair, Executive Director, Division of State Court Administration

Julie Whitman, Co-chair, Vice President, Programs, Indiana Youth Institute

Executive Committee Liaison – Hon. Loretta Rush, Chief Justice of Indiana

[Data Sharing & Mapping Task Force Webpage](http://www.in.gov/children/2344.htm)

<http://www.in.gov/children/2344.htm>

Priorities

- Identify gaps in the array of mental health services, especially in rural areas.
- Identify gaps in the array of substance abuse services, especially in rural areas.
- Address geographic disparities for treatment resources.
- Implement technology initiatives to improve data collection and create capacity for sharing data for all systems serving children.
- Develop a repository linking all relevant data relating to children in multiple systems—for transparency and accountability.
- Identify barriers associated with confidentiality requirements.

Members

Delia Armendariz, Casey Family Programs; **Paul Baltzell**, Office of Technology; **Tony Barker**, Office of Technology; **Sirrilla Blackmon**, Family and Social Services Administration, Division of Mental Health and Addiction; **Michael Commons**, Indiana Supreme Court, Division of State Court Administration; **Mary DePrez**, Indiana Supreme Court, Division of State Court Administration; **Jeff Hudnall**, Indiana Network of Knowledge/INK; **Kevin Moore**, Family and Social Services Administration, Division of Mental Health and Addictions; **Barbara Moser**, NAMI Indiana; **Joshua Ross**, Indiana Criminal Justice Institute; **Sarah Schelle**, Indiana Department of Correction; **Dr. Barbara Seitz de Martinez**, Indiana Prevention Resource Center; **Dr. Cynthia Smith**, Indiana Department of Child Services; **Dr. Susan Smith**, Casey Family Programs; **Lisa Thompson**, Project Manager, Indiana Supreme Court, Division of State Court Administration; **Doris Tolliver**, Indiana Department of Child Services; **Joshua Towns**, Indiana Department of Education; **Don Travis**, Indiana Department of Child Services; **Jeff Tucker**, Indiana Department of Child Services; **Tamara Weaver**, Office of the Attorney General.

Meetings

The Task Force met on July 25, September 8, and November 5, 2014 and January 28, March 18 and May 6, 2015.

Data Sharing and Mapping Task Force 2014-2015 Annual Report

Accomplishments of Past Year:

The Data Sharing & Mapping Task Force (the Task Force) met 5 times since the last annual report: meetings occurred on July 25, September 8, and November 5, 2014, and on January 28 and March 18, 2015. Meeting agendas and minutes are posted on the Commission's web site upon approval by the Task Force.

Data Sharing: At the February 2014 Children's Commission meeting, the Task Force was asked to examine the feasibility of data-sharing that would allow Indiana to report on the educational outcomes of system-involved youth. Since that time, the Task Force has studied relevant data-sharing efforts underway in other parts of state government, particularly the Indiana Network of Knowledge (INK), and whether the Task Force could partner with INK in order to gain the necessary information. After promising discussions, further research into INK's enabling statute revealed that Ind. Code 22-4.5-10-4(b)'s prohibition on sharing certain types of data would prevent further collaboration between INK and the relevant state agencies. The Indiana Department of Education's (IDOE) Statewide Longitudinal Data System potentially offers the possibility of tracking the Commission's desired data. The Task Force is pursuing further discussions with the IDOE. Finally, in December 2014, the Task Force sent a team (the Georgetown Team) to the Information Sharing Certificate Program at the Center for Juvenile Justice Reform at Georgetown University. Team members included Julie Whitman, the Task Force Co-Chair and Vice President of Programs at the Indiana Youth Institute; Doris Tolliver, Chief of Staff, Department of Child Services; Lisa Thompson, Project Manager, Court Technology; and, Michael Commons, Family Law Attorney, Indiana Supreme Court Division of State Court Administration. Team members have started working on a capstone project, and the Task Force believes this endeavor presents the most promising opportunity to enable the sharing of data on system-involved youth in order to track educational outcomes. Through this project, the Team will develop a legal handbook about information sharing laws and regulations—specifically, if and how information related to vulnerable children can be shared among DCS, courts, schools, service providers (including mental health), and other stakeholders. The Task Force has obtained a grant from Casey Family Programs to help fund the capstone project.

Mapping: Thanks to the diligent work of graduate students, the Task Force was able to analyze the responses from the 2013-2014 surveys of providers and schools and compile a database. The Task Force also collaborated with the Indiana Professional Licensing Agency (PLA) to compare the PLA's registry of behavioral health service providers with the survey results. Task Force members created maps from both the PLA and the Task Force databases, which did reflect geographic disparities in mental health and substance abuse services for vulnerable youth based on population, numbers of juvenile court cases, and location of service providers. The Task Force presented those findings to the Commission at its February, 2015 meeting. The Task Force gave its database to Connect2Help/211 for

further review after an analysis showed that at least one-third of our database's providers were not in 211's registry. The Task Force anticipates that 211 will add some of those providers to its database. The Task Force also met with Dr. Hannah Maxey of the Health Workforce Studies Program at the Indiana University School of Medicine Department of Family Medicine to learn about her program's work identifying Health Professional Shortage Areas (HPSAs) throughout Indiana, and to view her program's maps. Dr. Maxey's maps identified some of the same geographical areas as the Task Force survey of providers as places that are currently underserved by mental health and substance abuse professionals. The Task Force believes this project presents a promising opportunity for further collaboration, specifically as a means to fulfill the Commission's duties as enumerated in its enabling legislation (Ind. Code 2-5-36-9 & -10).

Current Action Plan

Data Sharing: The Task Force will facilitate and support the Georgetown Team's capstone project, which consists of: an analysis of federal and state law regarding information sharing/privacy; a survey, at the local level, of family case managers, juvenile probation officers, detention centers, and school principals/social workers to identify what information they now share and would like to share; a published practice brief/manual on information sharing/privacy laws; and, the identification of counties to participate in a pilot information-sharing project and the creation of an MOU for sharing data on educational outcomes of system-involved youth. The Task Force will also add new members as necessary from relevant state agencies in order to advance the capstone project. The Task Force is also exploring ways to put together system-level education and court data to answer questions about the educational outcomes of system-involved youth.

Mapping: The Task Force will continue its collaboration with the Health Workforce Studies Program in order to identify providers who see patients aged 18 and younger. Currently, the program lacks the capacity to examine the age data for patient populations. The Task Force is committed to exploring ways to assist the Health Workforce Studies Program with capacity building, because the Commission is under a statutory charge to collect and analyze exactly this type of information.

Timeline for Achieving Stated Goals:

- Complete and publish practice brief/manual on federal and state information-sharing & privacy laws-August 2015.
- Conduct and complete survey of stakeholders information-sharing practices- August 2015
- Meet with DOE, DCS, and Court Technology staff to prepare and execute MOU for sharing data on educational outcomes of system-involved youth-Ongoing.

Recommendations for the Commission:

- Support efforts by the Indiana State Health Department to establish HPSAs (Health Professional Shortage Areas) in order to bring federal resources into Indiana to help ease the shortages of health and mental health providers for youth, especially in rural areas.
- Request that Commission members direct their staffs to fully cooperate with the Task Force’s data-sharing capstone project currently underway.

Anticipated Next Steps:

- Meet with IDOE staff on data-sharing matters.
- Using the Casey grant, interview and hire a law student to assist with legal research for the capstone project.
- Using the Casey grant, interview and hire a graduate student to design, distribute, and analyze a survey to stakeholders for the capstone project.
- Collaborate with the Indiana Office of Technology to identify possible support for the Health Workforce Studies Program with vetting and analyzing PLA data, in order to build capacity.
- Continue partnership with Health Workforce Studies Program to fulfill the Commission’s legislative charge under Ind. Code 2-5-36-9, which requires that the Commission “study and evaluate . . . access to services for vulnerable youth; availability of services for vulnerable youth; duplication of services for vulnerable youth; funding of services available for vulnerable youth; barriers to service for vulnerable youth; and, the consolidation of existing entities that serve vulnerable youth.

Educational Outcomes Task Force

Dr. Susan Lockwood, Chair, Director of Juvenile Education, Indiana Department of Correction
Executive Committee Liaison-Sean Keefer, Office of the Governor

[Educational Outcomes Task Force Webpage](http://www.in.gov/children/2364.htm)

<http://www.in.gov/children/2364.htm>

Priorities

- Assuring all youth have access to and are provided with relevant and meaningful educational programming regardless of their location/placement (detention centers, correctional facilities, residential placements, etc.).
- Assuring that school funding “follows the child” when he/she becomes court-involved.
- Improving access to technology, including on-line education and credit recovery programs.
- Improving processes for sharing school records and transferring credits among schools.
- Establishing relevant and reasonable accountability protocols for those involved with providing education services to detained/incarcerated/alternatively placed youth.

Members

Melissa Ambre, Indiana Department of Education; **Kate Coffman**, Indiana Youth Institute; **Sean Coleman**, Indiana Juvenile Detention Association; **Dr. J.T. Coopman**, Indiana Association of Public School Superintendent; **Leslie Christ**, Department of Workforce Development; **Catherine Danyluk**, Indiana Department of Education; **Leslie Dunn**, Indiana State Office of GAL/CASA, Indiana Supreme Court, Division of State Court Administration; **Laurie Elliott**, Youth Law T.E.A.M. of Indiana; **Margaret Gant**, Department of Child Services; **Reba James**, Department of Child Services; **Rebecca Kubacki**; **Susan Lightfoot**, Henry County Probation; **Dr. Robert Marra**, Ball State University; **Dr. Marg Mast**, Indiana Department of Correction; **Hon. Marilyn Moores**, Marion Superior Court, Juvenile Division; **Dr. Theresa Ochoa**, Indiana University; **Representative Gail Riecken**, District 77; **Lenee Reedus**, Indiana Department of Correction; **Dr. Anita Silverman**, Transitions Academy; **Kellie Whitcomb**, Indiana Department of Correction.

Meetings

The Task Force met on July 8, September 5 and November 7, 2014 and January 9, March 6 and May 8, 2015.

Objective #1: Improve transitions for youth from DOC and DCS to other agencies (BDDS, mental health) and to the community including reentry to school.

Recommendations to the Commission:

- Incentivize transitional programs that are willing to work with system involved students by designating funding to follow them back to their communities.
- Incentivize traditional public schools willing to enroll system involved students into alternative programs by allowing them to be reimbursed for lost funding if the student makes it to graduation without re-offending.
- Allow students to re-enter through alternative transition programs that will allow them to earn credits in the middle of a semester.
- Continue to utilize the Education Outcomes Task Force to provide input and guidance to the IDOC/Division of Youth Services with the implementation of the Action Plan developed through the OJJDP Second Chance Act Comprehensive Juvenile Reentry Systems Reform Planning Program.
- Utilize the Indiana Department of Education's "School Climate and Cultural Awareness" website to link parents, schools, and community stakeholders to best-practice and other "vetted" resources.
- Assist schools to leverage technology to enroll students in credit recovery courses.

Objective #2: Address quality/consistency of education in detention.

Recommendations to the Commission:

- Continue to utilize the Education Outcomes Task Force to provide input and guidance to IDOC/Division of Youth Services and other stakeholders in addressing quality/consistency of education in detention. Education Outcomes Task Force members assigned to this sub-committee include Kellie Whitcomb, from IDOC/DYS, Sean Coleman, Director of the Indiana Juvenile Detention Association, Lenee Reedus, from the Indiana Department of Education, and Laurie Elliott, from the Youth L.A.W. Team. Juvenile Detention Standards have been revised and are in the process of official approval, including a revision of the standards for the provision of education services to youth in detention.
- Identify and leverage funding to provide access to technology to ensure that youth in detention are able to remain actively engaged in educational programming that will allow them to progress toward achieving a high school credential.

Objective #3: Increase school stability and decrease absenteeism.

Recommendations for the Commission:

- The Education Outcomes Task Force is studying this topic and will provide updates to the Commission. Plans include the following:

- Study existing absenteeism and truancy strategies being used successfully in Allen and Lake Counties.
- Research best practices utilized in other jurisdictions to address this issue.

Objective #4: Increase mental health services in schools, including focus on early identification and intervention.

Recommendations for the Commission:

- Partner with NAMI (National Alliance on Mental Illness) to provide a training path for public school administrators and school resource officers to effectively manage students with a mental health diagnoses (this could be done through the existing Crisis Intervention Training).
- Establish professional development requirements or standards for school counselors that emphasize improving skills and knowledge related to providing effective school counseling or guidance.

In the coming year, further action to be taken by the Education Outcomes Task Force, with updates provided to the Commission:

- Identify ways to emphasize the connection between education outcomes and the mental health status of children and youth.
- Study the need for more school counselors and school social workers, and clearly delineate the roles of each.

Objective #5: Increase coordination regarding education among DOE, DCS, DWD, Probation and School Districts.

Recommendations for the Commission:

- Address questions regarding the laws surrounding expunging juvenile records. Address the need to educate youth, parents, guardians, and employers regarding whether or not a youth has to disclose a criminal background (juvenile record) when applying for a job.

In the coming year, further action to be taken by the Education Outcomes Task Force, with updates provided to the Commission, include:

- Identify ways to keep students on a high school diploma track as long as possible.
- Continue to connect at-risk youth with DWD JAG (Jobs for America’s Graduates) programs.
- Work with DWD to develop and align programs to the new federal guidelines established through WIOA, which include the requirement to provide services to out of school youth up to the age of 24. DWD is currently working with staff from the Bureau of Vocational Rehabilitation and IDOC/Division of Youth Services, along with DOE and DCS, to identify the population needing these supports.

Additional Recommendation for the Commission:

- Establish a Sub-Committee of the Education Task Force to address school discipline and climate. This sub-committee would help develop recommendations and strategies to reduce the use of exclusionary school discipline and school-based arrests, improve student engagement and improve the school climate so schools throughout the state are safe and positive learning environments for all students. This would include the study of cross-systems collaboration, community engagement, data specific to school discipline, school policies and funding streams, and culturally responsive best-practices.

Infant Mortality and Child Health Task Force

Jane A. Bisbee, Co-Chair, Deputy Director for Field Operations, Department of Child Services
Dr. Jennifer Walthall, Co-Chair, Deputy State Health Commissioner, Indiana Department of Health
Executive Committee Liaison – Sean Keefer, Office of the Governor

[Infant Mortality and Child Health Webpage](http://www.in.gov/children/2343.htm)

<http://www.in.gov/children/2343.htm>

Priorities

- Improve Medicaid access and coordination for children and youth (state and federal funding).
- Address Medicaid barriers for youth released from detention.
- Increase well-child visits for preventive care/monitoring child development.
- Create policies to improve child health indicators such as infant mortality, obesity, and underage smoking/drinking.
- Enforce lead-based paint prevention standards.
- Address Neonatal Abstinence Syndrome (NAS).
- Identify gaps in the array of infant and child health services, especially in rural areas.
- Address geographic disparities in resources.
- Increase public education on child health policy, especially Medicaid issues.
- Improve public education around Internet safety for children.
- Develop a plan to decrease the high incidence of child fatalities.
- Improve public education/awareness of NAS.

Members

Bob Bowman, Indiana State Department of Health; **Jolene Bracale**, Indiana Department of Education; **Dr. Ted Danielson**, Indiana State Department of Health; **Morella Dominguez**, Indiana Minority Health Coalition; **Charles Ford**, Indianapolis EMS; **Spencer Grover**, Indiana Hospital Association; **Andrea Hern**, Family and Social Services Administration, Division of Mental Health and Addiction; **Kristen Kelley**, Attorney General's Office; **Kelly Moore**, Department of Child Services; **Jeena Siela**, Indiana State Department of Health; **Gilbert Smith**, Department of Child Services; **Greg Wilson, M.D.**, IUPUI.

Meetings

The Task Force met on July 8, September 12, and November 17, 2014, and January 20, April 20 and May 5, 2015.

Infant Mortality and Child Health 2014-2015 Annual Report

Phase II

“Every child should live in a healthy environment.”

With this statement, the task force is committed to identifying areas of influence for the promotion of child health throughout the state of Indiana.

- Acknowledge and educate what a healthy environment entails
- Identify indicators for and barriers to a healthy environment
- Determine appropriate policies and programs to further development of healthy environment

Foundation Statements

- 1) Every child should experience a drug free home.
 - a. Tobacco
 - b. Alcohol
 - c. Illicit substances
- 2) Every child should have access to mental health services.
- 3) Every family should be aware of evidence-based approaches to injury prevention.
- 4) Every policy for children is a policy for adults. Every policy regarding adults has consequences for children.
- 5) Decreasing childhood morbidity and mortality is sustained with the most impact through promotion of health through primary prevention.

Potential work spaces

- Education initiatives for positive parenting.
- Mental health and primary care co-location
- Improving access to quality care
- Promote psychiatry as a primary care medical specialty
- Identify risk indicators with geospatial analysis and infuse resources for health promotion into those areas
- Health Impact Assessments for policy analysis
- Partnership with population health initiatives in hospital systems and other private sector groups
- Protective factors to promote child health: child care, transportation, health care access, housing, employment

Resources:

Child health definition: Children's health is the extent to which individual children or groups of children are able or enabled to (a) develop and realize their potential, (b) satisfy their needs, and (c) develop the capacities that allow them to interact successfully with their biological, physical, and social environments.

http://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_2013-a.gif

<http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood>

http://books.nap.edu/openbook.php?record_id=21718

Substance Abuse and Child Safety Task Force

Senator Randall Head, *Chair*

Executive Committee Liaison – Sen. Travis Holdman

[Substance Abuse and Child Safety Webpage](http://www.in.gov/children/2358.htm)

<http://www.in.gov/children/2358.htm>

Priorities

- Identify gaps in the array of substance abuse services, especially in rural areas.
- Increase the number of mental health and substance abuse service providers trained in evidence-based practices, trauma-informed care, addiction issues, and suicide prevention.
- Increase access to mental health and substance abuse services, regardless of income and/or ability to pay, and identify barriers to receipt of Medicaid.
- Increase access to mental health services for youth in the juvenile justice system.
- Increase access to substance abuse services for youth in the juvenile justice system.
- Address geographic disparities in treatment resources.
- Address teen prescription drug abuse.
- Assess and address gaps in service array and access, with particular emphasis on remedying geographic disparities.

Members: **Sirrilla Blackmon**, Family and Social Services Administration, Division of Mental Health and Addiction; **Cathy J. Boggs**, Community Health Network; **Suzanne F. Clifford**, Gallahue Community Mental Health Center, Community Health Network; **C.J. Davis**, Four County Counseling Center; **Mindi Kensinger Goodpaster**, Marion County Commission on Youth (MCCOY); **Cathleen Graham**, Indiana Association of Resources and Child Advocacy (IARCA); **Carey Haley Wong**, Child Advocates; **Lt. Kevin Hobson**, Indiana State Police; **Marc D. Kniola** Indiana Department of Correction, Division of Youth Services; **Suzanne O'Malley**, Indiana Prosecuting Attorneys Council; **Lisa Rich**, Indiana Department of Child Services; **Jessica Skiba**, Indiana State Department of Health; **Holly Walpole**, Indiana Professional Licensing Agency; and **William G. Wooten**, MD, Evansville, IN.

Meetings

The Task Force met on November 12, 2014 and May 12, 2015.

Substance Abuse and Child Safety Task Force 2014-2015 Annual Report

The Substance Abuse and Child Safety Task Force met in May 2014, June 2014, and November 2014. The Task Force is divided into five subcommittees, each having assigned to it duties as outlined in the Commission's suggested priorities.

Accomplishments:

- Took testimony from subject matter experts from rural and urban backgrounds.
- Establishment of a mission statement: "Explore best practices and evidenced-based research to create positive, lasting outcomes for children who abuse drugs, live in households where drug abuse exists, or who are in need of mental health treatment. To that end, our aim is to craft effective ways to address gaps in mental health and substance abuse services between urban and rural communities, the lack of long-term solutions for children with mental health and substance abuse problems in and out of the juvenile justice system, and financial barriers to receiving mental health and substance abuse treatment regardless of where families live."
- Focused conversation on identifying specific issues and finding solutions by looking at evidence based practices, treatment programs, and prevention programs.
- Examined Youth First, an Indiana organization aimed at strengthening youth and families through evidence-based programs that prevent substance abuse, promote healthy behaviors, and maximize student success.
- Identified Morgan County as jurisdiction to study due to its high drug abuse rate, high opiate prescription rate, high expulsion/suspension rate due to drugs, and high rate for children visiting the emergency room due to drug use.
- Identified and removed barriers to LCSW students giving needed services to students in DOC programs.

Action Plan:

- Continue to have subcommittees meet, discuss issues, and report to the Task Force with recommendations on how to address those issues/barriers.
- Explore how the Task Force can help in expanding access to Tele Health for substance abuse treatment for adolescents. Expand the use of Skype and Face Time for mental health services in rural areas especially.
- Explore ways to duplicate the successes of Youth First and other similar prevention programs.

- Create a plan to encourage parents to lock up their medications and encourage pharmacies to install prescription drop boxes in their stores.
- Increase early childhood education about the effects of drugs.
- Target services where they are needed, and have a plan to train and put services where there are none.
- Look closely at teen suicide rates and how to educate children, parents, and teachers about suicide awareness and prevention.
- Work with higher education officials and the legislature to examine the possibility of reimbursing tuition and other incentives for professional education/training in child psychiatry, psychiatric nurse practitioners and for Licensed Clinical Social Workers (LCSWs).
- Study areas with greatest youth drug abuse rate, identify factors that contribute to abuse, and determine how to combat these factors. Continue the study of Morgan County and other counties that are in need of task force services and programs.
- Look at increasing community transition programs for youth to transition back into the community.

Timeline:

- The Task Force proposes a timeline of May 31, 2016 to fully explore, analyze data, speak to subject matter experts, and propose recommendations to the Commission.