

Minutes
Commission on Improving the Status of Children in Indiana
February 17, 2016, 10:00 a.m. – 2:00 p.m.
Indiana Government Center South, Conference Room C

Members Present:

- Dr. Jerome Adams, Indiana State Health Commissioner, Indiana State Department of Health
- Brian Bailey, Director, State Budget Agency; Indiana Department of Correction
- Christine Blessinger, Director, Department of Correction, Division of Youth Services
- Mary Beth Bonaventura, Director, Indiana Department of Child Services
- Representative David Frizzell
- Senator Travis Holdman
- Lilia Judson, Executive Director, Division of State Court Administration
- Larry Landis, Executive Director, Public Defender Council
- Senator Tim Lanane
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department;
- Danielle McGrath, Deputy Chief of Staff for Legislative Affairs, Office of the Governor
- Kevin Moore, Director, Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Representative Gail Riecken
- Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education
- Justice Loretta Rush, Chief Justice of Indiana
- John Wernert, M.D., Secretary, Indiana Family and Social Services Administration
- Greg Zoeller, Indiana Attorney General

1. Welcome and Introductions. Danielle McGrath opened the meeting. The members of the Commission on Improving the Status of Children in Indiana (CISC) introduced themselves.
2. Approval of Minutes from the November 19, 2015 meeting. The minutes from the meeting were approved.
3. Task Force Reports.
 - a. **Child Services Oversight Committee.** Senator Carlin Yoder, Chair, presented the report. The Committee heard a presentation from the Indiana Association of Resources and Child Advocacy (IARCA) regarding transitional living, foster care, and residential care programs. IARCA's report suggested outcomes for children going through those programs are improving. IARCA also reported that the working relationship between IARCA member agencies and DCS has improved. The Department of Child Services (DCS) reported to the Committee regarding the struggle to find qualified and capable family case managers, and the turnover rate. Senator Yoder remarked that DCS needs to continue to be given the tools needed to recruit and retain workers. He acknowledged that the General Assembly allocated money to hire additional workers last year, which he hopes will help in the end. The Committee also hosted a presentation regarding the GAL/CASA program. GAL/CASA is a volunteer program where children in care are given an individual to walk them through their court case and to be an advocate for them in court. There are certain cases where it is mandatory for the court to appoint a GAL/CASA. The General Assembly allocated more money to the GAL/CASA program in last year's budget. At the end of 2015, there were 56 GAL/CASA programs in 78 counties and it will be in 80 counties by the end of 2016.

Some counties are still experiencing GAL/CASA shortages. Senator Yoder concluded his report by urging the state to figure out ways to encourage more families to become foster parents.

- b. **Cross-System Youth Task Force.** Don Travis, Co-Chair, presented the report. Mr. Travis reported on the Multi-System Youth Symposium held July 24, 2015. The daylong symposium brought together 42 county teams consisting of a judicial officer and representatives from probation, DCS, mental health, education, and law enforcement to discuss issues facing children involved in multiple systems. Participants defined multi-system youth, identified the multi-system youth in their communities, identified agencies best suited to serving the needs of multi-system youth, identified barriers to serving multi-system youth, and developed action plans for their communities. A copy of each action plan has been forwarded to Indiana University (IU) for analysis.

Mr. Travis next reported on the Dual Status Youth Pilot project. Tippecanoe, Elkhart, Allen, Clark, and Henry counties were selected to pilot the implementation of the Dual Status Youth Legislation (House Enrolled Act 1196) passed in 2015. Representatives from the Indiana Judicial Center, DCS and the judiciary worked together to develop a memorandum of understanding, procedures, and forms for dual status cases. The goal is to have the dual status youth legislation fully implemented in all counties by the end of this year.

Mr. Travis concluded his presentation by providing an overview of the work of the three subcommittees: Young Children, Middle Tier, and Older Youth, and provided a status update on the priorities assigned to the Task Force by the CISC.

- c. **Data Sharing and Mapping Task Force.** Lilia Judson and Julie Whitman, Co-Chairs, presented the report. Ms. Whitman provided an overview of the work of the Task Force in 2015. The Task Force completed mapping of mental health and substance abuse services and forwarded the information to Connect2Help/211 (211). Approximately 42 per cent of the entities the Task Force collected data on were not in the 211 database, but were eligible for inclusion. The Task Force also connected with the IU School of Medicine and the Indiana State Department of Health (ISDH) to identify health professional shortage areas. The Task Force explored the possibility of working with the Indiana Network of Knowledge (INK), started work on an information sharing guide as a resource to help improve data sharing at the local level, conducted an analysis of various data elements and sources of juvenile related data, and continued to respond to data requests from other task forces.

In 2016, the Task Force plans on continuing to be a platform for information sharing through the completion of the information sharing guide, responding to the data needs of the other task forces, collaborating with stakeholders to explore the development of a more comprehensive juvenile justice information system, supporting the work of IU and ISDH on addressing the state's shortage of health professionals, and working with the Professional Licensing Agency to obtain updated information on mental health professionals.

- d. **Educational Outcomes Task Force.** Cathy Danyluk presented the report. The Task Force's objectives for 2015 were to increase school stability and decrease absenteeism or truancy, and improve transitions to school for youth coming from the Department of Correction (DOC) and DCS.

On the school stability and decreasing absenteeism objective, three promising initiatives have been identified. A subcommittee including representatives from the Youth Assistance Program, Systems of Care, and Juvenile Detention Alternatives Initiative (JDAI) will be established to coordinate efforts around this objective.

On improving transition to school for those coming from DOC and DCS, the Task Force is functioning as the statewide re-entry task force as part of the Office of Juvenile Justice Delinquency and Prevention (OJJDP) re-entry grant to DOC.

The alternatives to suspension and expulsion efforts are closely coordinated with the Department of Education (DOE). There is a subcommittee on school climate and discipline, which works diligently on this effort. The committee is looking at options for students who are expelled, and members of the Task Force are testifying today at a hearing on the “school-to-prison pipeline.” The Task Force has also been given an assignment from the CISC to work on developing age-appropriate substance abuse curriculum and resources for students, and offering better ways to connect affected youth and families with substance abuse services. A joint subcommittee with the Substance Abuse and Child Safety Task Force has been developed to work on that assignment.

Future work of the Task Force will involve a “Dear Colleague” letter from the U.S. Department of Justice and the U.S. Department of Education regarding education for youth who are in juvenile justice settings. Finally, the Task Force is collaborating with the Department of Workforce Development on the Workforce Innovation Opportunity Act, requiring support for out of school youth under the age of 24.

- e. **Infant Mortality and Child Health Task Force.** Dr. Jennifer Walthall, Co-Chair, presented the report. She provided an update on Neonatal Abstinence Syndrome (NAS) project that was presented to the CISC in 2014. The project went live in selected hospitals throughout the state in December 2015. A standard definition for NAS has been adopted; twelve data elements were established, and intervention outcomes for infants with NAS were implemented. Preliminary data after six weeks of this intervention is quite astounding, and an alarming number of infants are being identified with NAS, well above the base before a common definition existed. There has been excellent collaboration with DCS on making a therapeutic environment for families and engaging mothers and providers in an open and ongoing discussion about treatment for substance use and keeping infants safe.

The Labor of Love campaign was presented to the CISC in 2014 as well. Version 2.0 of the campaign was recently launched. The campaign is now being targeting the highest risk populations and geography, with thematic and positive messaging around early access to prenatal care, smoking cessation, and breastfeeding practices. An improvement in prenatal care and access to knowledge among those who view the Labor of Love campaign has been noted.

The Levels of Care program is going well. Delivery center site visits are ongoing, and all but nine delivery centers in Indiana are either already surveyed or are scheduled to be surveyed within the next six months. Standards have been adopted on how delivery centers will be certified, and the first program will be rolled out in 2017. Indiana began participating in the Vermont Oxford Network program in 2016, with a goal of increasing the number of preterm infants born in centers with ventilator capability in the state. This is a huge capacity building enterprise, and one of the mainstays of not only this Task Force, but also the work at ISDH, in reducing our infant mortality rates.

The Task Force had several requests for reports from the CISC in 2015. The first was on the use of neonatal incubators, and the task force presented its report on the literature to the CISC in November 2015. The Task Force also convened a multidisciplinary working group on adolescent suicide. An updated statewide adolescent suicide plan is being developed.

In 2016, the Task Force would like to focus on how to integrate primary care and behavioral health services. Aspire has a novel concept called the “No Wrong Door Policy,” where nearly everything needed

for a child is available in one setting. This includes mental health, primary care, insurance access, and other things related to the social determinants of health.

- f. **Substance Abuse and Child Safety Task Force.** Mindi Goodpaster presented the report. Last year was a fact-finding year for the Task Force. They spent a lot of time bringing in guest speakers to discuss topics regarding teen suicide and substance abuse, prevention, and treatment for youth. The Task Force anticipates formulating concrete recommendations in the next year.

The Task Force also heard a presentation about telemedicine services, and believes that telemedicine should be expanded to help teens and family members access services in rural areas. The Task Force identified barriers to expanding telemedicine, which include the Indiana Administrative Code requirement of a face-to-face physical before telemedicine can start. The Task Force also heard a presentation about the Fulton County Pseudoephedrine Action Committee. This committee is working to prevent clandestine meth labs by legitimizing the sale of pseudoephedrine and encouraging pharmaceutical companies to encourage the sale of meth deterrent products. Part of what has come out of this presentation is Senate Bill 80 authored by Senator Head. This bill requires pharmacies to consult those who wish to purchase pseudoephedrine products to determine the legitimacy of the purchase. Between 2003 and 2014, the Indiana State Police found nearly 3,000 children in clandestine lab environments. The number is staggering and Senate Bill 80 helps to address issues without requiring a prescription.

The Task Force heard from the Attorney General's Prescription Drug Abuse Task Force about a program that allows consumers to take their medication to any participating pharmacy for safe disposal. There are over 14 participating pharmacies in Indiana so far. The cost is minimal, around \$300 per year per location, and local pharmacies, hospitals, and all law enforcement agencies should be encouraged to take advantage of this program. Funding opportunities need to be explored in order to expand the program. In 2015, the Task Force was charged with looking at substance abuse prevention curricula within the schools. The Task Force will be collaborating with the Educational Outcomes Task Force on this assignment. The Indiana Prevention Resource Center provided a report regarding prevention efforts to reduce teen prescription drug abuse. The State Epidemiological Outcomes Workgroup ranks counties based on their drug abuse problems. The workgroup produces fact sheets for individual drugs and issues briefs on specific topics and identifies emerging drugs. The Task Force also heard a presentation regarding the Hamilton County Youth Assistance Program. The goal of this program is to intervene at the earliest point to keep kids out of the criminal justice system. The program has an early intervention advocate assigned to a school; children are referred to this volunteer program by parents, police, citizens, or school counselors. Indiana needs to find a way to make more programs like this available to more counties and more schools. This has been a highly effective model.

The Task Force was able to help facilitate social workers coming into the DOC and working with youth on mental health issues. Through this effort, a system has been created where MSW students can do their practicum at DOC facilities. There are two MSW/LCSW interns assisting in providing mental health services to youth, and eight bachelor-level social work and criminal justice interns assisting the treatment department staff with case management and programming. DOC's Corizon is collaborating with IU to complete an affiliation agreement to increase the number of campuses which participate. Ivy Tech, Purdue University, and Valparaiso University have also been involved. The Task Force continues to work on the issue of teen suicide. A multidisciplinary class at IU made up of public health, law, and social work students will take on teen suicide as their project for the semester. The class will analyze laws in the other states to determine the cheapest and most cost effective models, in order to determine what Indiana needs to do to strengthen our laws as well as other program related functions within suicide prevention--not just for youth, but also for adults.

4. Presentations by Commission Members.

- a. **Mary Beth Bonaventura, Director, Department of Child Services.** Director Bonaventura remarked that the CISC has provided an opportunity for agency leaders to develop good working relationships with one another. She discussed Indiana's dual status youth legislation that focuses on children involved in both the child welfare and juvenile justice systems. She said the beauty of this legislation is that DCS and the courts are working together in a way that has never happened before. She also talked about the work DCS is doing on human trafficking and the legislation introduced during the past legislative session to add human trafficking to the Child in Need of Services (CHINS) statute. She also discussed DCS's efforts regarding substance abuse. DCS has recently changed the policy and procedures for drug testing in order to obtain better data on the kinds of drugs that are being used around the state. For the first time, DCS now has some data regarding drugs. With approximately 30,000 urine screens done, the number-one drug being used by families that come to DCS is alcohol; opiates are second; marijuana is third, and benzodiazepines are the fourth most common drug in use. A year from now the data will be even more precise. DCS will be able to report where it is happening, to how many people it is happening, the numbers of children born with drugs in their system.. All of that information will help identify geographic gaps in services and the kinds of services needed.
- b. **Senator Travis Holdman.** Senator Holdman remarked that when he, Representative Riecken, Senator Lanane, Senator Yoder, and Chief Justice Rush worked to establish the CISC he never envisioned that it would take off and function in the way it has. A great example of this is the report on Senate Bill 80, which has to do with the sale of pseudoephedrine. That bill would have never happened if it were not for the CISC because Senator Head recognized, as a task force committee chair, the problem that Indiana had with meth homes and CHINS. It was sort of a tangential issue, but it really started because it was an issue for DCS and for our CHINS children. Therefore, things that have come from the CISC have had a huge impact on the state of Indiana.

Senator Holdman urged CISC members and task force committee members to understand that we need to begin lobbying now for additional funding for DCS and some of the other programs that have been mentioned. These are real issues that require funding to address, and these will have to take priority. Senator Holdman thanked Parvonay Stover from DCS for her expert work with the legislature. He also remarked that the Governor's office has led the way and charged ahead to get many of these programs established because of the emphasis on families and kids.

- c. **Dr. Jerome Adams, Indiana State Health Commissioner.** Dr. Adams remarked that his experience on the CISC has been wonderful in terms of being able to break down silos and to learn about the work of other agencies. Dr. Adams reported the top three priorities for the Indiana State Department of Health (ISDH) are lowering the infant mortality rate, increasing smoking cessation, and keeping Hoosiers engaged in nutrition and physical activity. ISDH is working on the Baby and Me Tobacco Free Prenatal and Postpartum and Smoking Cessation programs, because Indiana is among the worst states in terms of mothers who smoke, particularly Medicaid mothers who smoke. The Baby and Me Tobacco Free Program provides prenatal care and smoking cessation help to pregnant women and their partners. Upon cessation, participants receive free vouchers for diapers every month until their baby's first birthday. Two hundred forty-five infants were born in Baby and Me Tobacco Free pilot sites between 2013 and 2015. Based on that number, 49 low birth weight infants would be expected to be born from that population, but the actual number in the pilot population was four. It is correlation/causation, but the reduction from 49 to four shows the potential impact of expanding the Baby and Me Tobacco Free program. ISDH is also educating residents about safe sleep. Unsafe sleeping arrangements accounts for about 15 percent of our infant mortality rate in the state; however, it is the largest and most preventable cause of infant mortality in our state. ISDH has been collaborating with DCS to provide safe sleep information and infant survival kits. Those kits include

one portable crib, a fitted sheet, a wearable blanket, a pacifier, and safe sleep recommendations. The more information that can be shared about safe sleep and providing infants with a safe place to sleep, the bigger the impact on infant mortality rates.

ISDH has funded fetal and infant mortality review programs in St. Joseph, Elkhart, Allen, Delaware, and Vanderburgh counties, which have the largest infant mortality rates. The WIC program recently launched an electronic method of transfer as a pilot program in Johnson County on February 16. Fewer than 15 states are utilizing EBT for their WIC programs, putting Indiana toward the front of the pack and well ahead of the 2020 federal mandate. The Children's Special Health Services will provide direct, in-home early intervention services and support for families of children ages zero to three who have blindness or reduced vision. ISDH has been working with Jump In and others around the state regarding nutrition and physical activity. At a recent meeting, the Brigadier General shared that our nutrition and physical activity status threaten our national security, because individuals cannot pass the physical for the National Guard, and if they do pass, they often have trouble keeping up. This also threatens our workforce. If Indiana does not pay close attention to nutrition and physical activity, we may find ourselves having difficulty recruiting companies to locate to Indiana.

ISDH is working closely with Attorney General Zoeller on the new sexual assault coalition, and will release the Indiana Sexual Violence Primary Prevention Plan later this spring. Finally, the Indiana Violent Death Reporting System is a national initiative to look at data to find out the when, where, and how, so that we can figure out why children are dying. Indiana was above the national rate for violent deaths between 1999 and 2013. There were over 1,200 violent deaths, defined as suicide, homicide, undetermined intent, unintentional firearm death, legal intervention, and terrorism, and overdose deaths. Approximately one child a day dies due to violent death in Indiana.

The Zika virus has been raised to the level of an international public health emergency due to its correlation with and most probable causation of microcephaly among infants. Indiana is prepared for the virus, but much is unknown about it. Indiana is also seeing a resurgence of mumps, measles, and pertussis, all vaccine-preventable diseases. Members of the CISC may need to have a serious conversation about why we are seeing a resurgence of these diseases and whether it is appropriate to discuss policies related to vaccinations.

Due to the situation in Flint, Michigan, everyone is talking about lead. The concern about lead is that there is no safe level, and unfortunately, the effects can last for a person's entire life. When you talk about the status of children, it is an issue that all states are going to be forced to talk about in 2016.

Dr. Adams concluded his report by thanking the legislators for passing Aaron's law last year. The law provides for lay providers to have Naloxone. Lives are being saved because of the availability of Naloxone and anything that can be done to get the word out about Naloxone will help significantly. A person dies every 25 minutes in the United States due to a drug overdose, which means in the time we have been in this room three people have already died due to a drug overdose. <https://www.optin.in.gov/> is a website ISDH helped establish that shows sites all around the state where you can get Naloxone as a layperson.

- d. **Christine Blessinger, Executive Director, Indiana Department of Correction, Division of Youth Services.** The division has been focusing on reentry of kids back into the community. The Division has received grants in the past two years. In 2014, the Division received a reentry-planning grant. Representatives from DOE, DCS, the Department of Workforce Development, the Criminal Justice Institute and other agencies are working on improving services for youth reentering the community. The Division also received a juvenile supervision Second Chance Act grant. The grant allows the

Division to provide more incentives for youth on community supervision in order to enhance positive behaviors, improve services to families, and expand transitional placement for youth returning to the community. The Division also received a juvenile justice mental health collaboration grant, and is looking to enhance trauma informed care services and assessments for youth. The Division has an MOU with DCS that allows DOC to access in home services for families of youth who are re-entering the community. DOC and DCS are also staffing cases biweekly; DCS helps identify appropriate services for youth. The Division remains committed to establishing best practice standards in improving conditions of confinement for detention centers, and are revising the juvenile detention standards.

- e. **Susan Lightfoot, Chief Probation Officer, Henry County Probation Department.** Ms. Lightfoot said it has been her honor to serve on the CISC and remarked on the relationships and collaboration among CISC members, which is a plus for children in Indiana. She said probation is a little unique compared to some of the other agencies. Probation is a hybrid between state and county. The Indiana Judicial Center serves as the support and lead agency concerning training and best practices. She reported on the JDAI initiative that has afforded 32 counties with technical and financial support to look at reasons why children are being detained, and to focus on detaining the right kid for the right reason in the right places. Many county probation departments have now started utilizing foster care placements because of JDAI. Although there is a shortage of foster care homes, probation is now starting to look for foster care placement first, then emergency shelter, and then secure detention only if it is absolutely necessary.

Probation has also looked at prevention programs for kids. Many counties are fortunate to have local collaboration with schools, DCS, and mental health. Probation has tried to view DOC as a last resort for kids. Ms. Lightfoot remarked that Director Bonaventura's philosophy has been very welcomed by probation. DCS has made available services for kids on probation that were previously inaccessible. She reported that small court jurisdiction teams are starting to pop up across the state where judges, prosecutors, CASAs, probation and DCS come together on a regular basis to talk about what is working, what is not working, and how resources can be shared. Probation continues to collaborate with schools to try to identify alternative education options for children. She also believes that once probation officers have better data available to them, they will be able to make better-informed decisions on programs and alternatives needed to help youth.

- f. **Glenda Ritz, Indiana Superintendent of Public Instruction.** Ms. Ritz remarked that she considers the CISC one of the most important things she does, because after every CISC meeting she either leaves with more ideas for expanding what her department already has in place or new initiatives that can be put in place.

Two positions have been created at the Department of Education (DOE) to oversee important initiatives. The first is a school discipline and climate staff position that will delve into all the issues to prevent children from getting into the school-to-prison pipeline. DOE is developing the DOE School Climate and Cultural Awareness State Plan, connecting with federal initiatives on training and data resources, updating the school discipline and climate web site data collection category change to reflect more accurate reporting of the actual data on suspension and expulsion, providing training through the school safety specialists academy on behavior management, and incorporating disproportionate suspension and expulsion into the school improvement plans.

The second position is the School Social Work and Health Specialist to address the gaps in systems of care to children in the State of Indiana. Staff will work with agencies to help break down any barriers at the local level to getting services for kids. This is a targeted outreach approach to get other services

to kids as they need so that they can have the best learning environment possible. The school nurse manual has also been updated and have offered a school nurse emergency course. DOE also provides trauma informed care webinars, which are part of counseling initiatives.

- g. **David Powell, Executive Director, Indiana Prosecuting Attorneys Council.** Mr. Powell remarked that the CISC allows everyone to learn about one another and understand the roles at the various agencies. He has found the CISC helpful in understanding what everyone does and it certainly has improved collaboration. Mr. Powell said the Indiana Prosecuting Attorneys Council (IPAC) is a nonpartisan, independent state judicial branch agency that supports Indiana's 91 prosecuting attorneys and their chief deputies. It is governed by a 10-member board of directors of elected prosecuting attorneys. IPAC operates much like a small law firm with 10 or 11 lawyers and support staff.

The IPAC assists prosecuting attorneys in the preparation of manuals, legal research, and training seminars. It serves as a liaison to local, state, and federal agencies, study commissions, and community groups in an effort to support law enforcement and promote the fair administration of justice. Mr. Powell provided an overview of the 2016 training schedule, which includes a summer conference on child support. Mr. Powell said one thing he hopes can be derived from this CISC in the future is collaborative training on various topics. The manuals that IPAC distributes includes County Best Practices for Title IV-D, an Ethics Manual, a Juvenile Manual, a Trial Handbook, a Habitual Offender Manual, a Prosecutor Handbook and a Public Relations and Communication for Indiana Prosecutors Manual. Some of the various committees that Mr. Powell or his staff serve on include, the Governor's Drug Task Force, Criminal Law and Policy Study Committee, Indiana Criminal Justice Institute, Domestic Violence Prevention and Treatment Council, State Council for Adult and Juvenile Compacts, CISC, DCS Oversight Committee, Domestic Violence Fatality Review Advisory Group, Supreme Court Records Management Committee, Governor's Task Force to Reduce Drunk Driving, Teen Prescription Drug Abuse Subcommittee, Justice Reinvestment Advisory Council (JRAC), and Juvenile Detention Alternatives Initiative (JDAI).

Regarding child support collection, Indiana has gone from being ranked 33rd among other states and territories in 2014 to ninth nationwide in best performance. In 2015, 279,325 child support cases were handled by prosecutors and \$577,420,079 in child support payments were collected and distributed.

IPAC initiatives informed by the work of the CISC include brochures/pamphlets on the dangers of teen sexting, motor driven cycles and protecting Hoosier children; a first responder guidebook, a teen prescription drug abuse subcommittee, a juvenile manual, and SB 14-Child Exploitation and child pornography.

- h. **Larry Landis, Executive Director, Indiana Public Defender Council.** The Indiana Public Defender Council provides support services, training, and publications to the public defenders of the state of Indiana. The system is primarily county based and county funded. Each county is responsible for providing and funding representation both at trial and on direct appeals. At the state level, there are three separate state agencies that deal with public defense, which causes a great deal of confusion. One is the state public defender, which provides post-conviction representation. Another is the State Public Defender Commission, which is responsible for adopting standards for public defenders in the state. If counties opt into the reimbursement system, the Public Defender Commission will reimburse 40 percent of their costs, if they comply with those standards. Fifty-four counties have opted in. The other counties have not chosen to opt in, and thus do not have to comply with those standards. The 40 percent reimbursement applies to all cases except misdemeanors. A report will be coming out in the near future by a national organization called the Sixth Amendment Center; it will be a scathing indictment of Indiana's representation of misdemeanants in this state. There are places where

caseloads exceed a thousand cases for a part-time public defender, which amounts to about a half an hour per case. This does not allow sufficient time to allow for what is constitutionally required, which is an independent factual investigation.

In January 2015, the Supreme Court adopted Criminal Court Rule 25 mandating the appointment of counsel in every juvenile delinquency case at the earliest stage of either the detention hearing or initial hearing. The second crisis that public defenders are facing in the counties is the Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) cases. There is a 26 per cent increase statewide, and 99 percent of those families are indigent. In the indigent defense world, those caseloads are going up, so every one of the counties with significant increases were thrown out of compliance with the caseload standards. That jeopardizes their reimbursement, which only exacerbates the problem. The Public Defender Commission raised the caseload standards by 20 percent for the next year until financial assistance can be requested from the legislature. The increase did not provide enough relief, and many counties are still facing non-compliance. This is a financial crisis for counties; many are out of compliance. The Public Defender Commission may be forced to withdraw financial support because of noncompliance, so financial support is really needed from the state. There is a state and federal constitutional right to counsel; however, neither the state nor federal governments fund it. Funding has always fallen to the counties. This is an area that we want to try to address in the next legislative session by asking the state to look at funding for indigent defense.

Many states have gone to a state-funded system. Indiana needs to explore ways to do that, maybe piecemeal, by starting with juvenile, or TPR and CHINS cases, or maybe a state appellate office to do direct appeals.

- i. **Representative Gail Riecken.** Representative Riecken remarked that the legislators need to increase awareness about the work being done by the CISC. Something more needs to be done in terms of communication and publicity, especially since next year is a funding year. Representative Riecken said there is a lot of working going on in the legislature right now. The legislature is more than just making laws. It is about working and meeting the needs of the constituents.
- j. **Gregory Zoeller, Indiana Attorney General.** Attorney General Zoeller provided an update on the Indiana Protection for Abused and Trafficked Humans (IPATH) task force, which he co-chairs along with the U.S. Attorney for the Southern District. IPATH has helped develop partnerships between law enforcement and victim services. One of the recent partnerships is a new grant awarded to the Indiana Youth Services that will focus on children as human trafficking victims. One of the biggest problems faced is the fact that there are not enough residential service providers that are available to work with victims of human trafficking.

Attorney General Zoeller next provided an update on the Indiana Coalition to End Sexual Assault (ICESA) that replaced the Indiana Coalition Against Sexual Assault (INCASA), which went bankrupt and closed in 2014. Dr. Adams serves on the board of ICESA along with several others. The agency has received initial funding. Attorney General Zoeller met with universities and others focused on sexual assault on campus. Regarding the Prescription Drug Abuse Prevention Task Force, funding for the task force comes from pharmaceutical companies that have been sued. The Task Force has been working with law enforcement to provide grants to get Narcan or Naloxone to as many counties as possible. Attorney General Zoeller serves on the board of the Truth Initiative, which began when the Attorneys General sued the tobacco companies. There is a large amount of funding—approximately one billion dollars in assets—used for national programs dealing with youth access to cigarettes. The focus is shifting from combustibles to e-cigarettes. There is reluctance to stop that process (even

though it is questionable to have that many young people being addicted to nicotine), because the death toll of e-cigarettes seems not to be as high.

The Attorney General concluded his report by providing an update on the Outreach Section within the Office of Victims Services. This section is used as a facilitator for approximately 450 victim services groups.

- k. **Kevin Moore, Director, Division of Mental Health and Addiction.** Mr. Moore recalled the first meeting of the CISC, where just about every member identified mental health and addiction as one of his or her agency's top three priorities. One of the first steps taken to address this priority is to ensure that the Division on Mental Health and Addiction (DMHA) is at the table whenever mental health and addiction issues are being discussed. Some of those are natural coalitions, some of those DMHA invited itself, other times DMHA was invited to the table. It has been the work of the CISC and the extended partners to ensure that we are focusing on the right things when it comes to mental health and addiction issues related to kids.

Mr. Moore described the collaborative work that DMHA is doing with DCS around the Child Mental Health Initiative and with the multidisciplinary team that reviews complex cases in terms of services and placements, and increased collaboration with DOC and Youth Services, particularly around re-entry issues and how to make sure the kids are connected to services with DMHA around a prevention program called Project Launch. He discussed the collaborative work on Neonatal Abstinence Syndrome and Fetal Alcohol Syndrome and working within FSSA with the Division of Disabilities and Rehabilitation Services on kids who have co-occurring mental illness.

The agency has increased its visibility with DOE regarding a variety of issues, including staff training and Systems of Care. Partnerships have also been developed with providers, juvenile justice agencies, communities around prevention, as well as development of the children's system of care across the state.

DMHA works with the Excise Police to do tobacco retailer inspections to find out who may be selling cigarettes to children. There is a federal threshold for states to have fewer than 20 per cent of retailers with violations. This last year we were at 13 percent in Indiana. However, five years ago, that number was nine percent.

Major initiatives over the past year included the child wrap-around initiative, which is a Medicaid waiver program that helps provide nontraditional mental health services and support to kids and their families throughout the state, the Children's System of Care teams across the state that are working to wrap around services while also including partners from schools, DCS, juvenile justice agencies, as well as other entities that may be influencing that child.

The Children's Mental Health Initiative provides funding and access to mental health services for kids who are not on Medicaid but are otherwise having difficulty accessing the system. Thanks to generous funding from DCS, hundreds of kids across the state are being connected to mental health services. DMHA is also involved with ISDH on Project Launch, an early intervention and prevention program for small children and their families. DMHA is also working to expand system of care options for families and kids around the state.

Over the past year, DMHA has also provided enhanced services for transition-aged youth as they look to transition into adulthood. Six grants have also been provided for school-based mental health

services that started with the Youth First program in Southwest Indiana, and are now being replicated in six other schools across the state.

DMHA has expended the Youth Move organization, which is a youth mental health and addiction advocacy organization that works to reduce stigma around mental health and addiction issues for kids. Positive behavioral intervention support is being provided in approximately 180 schools across the state. Mental health first aid training is also being provided to school staff through funding provided by NAMI of Indiana. DMHA also received a federal Partnership for Success grant that allows the division to fund about a dozen prevention grants across the state, targeting alcohol and prescription drug abuse prevention for persons under the age of 25.

As issues around mental health and addiction are discussed, efforts around prevention have to be a part of that discussion as well. If we do not get a handle on why people are using drugs and alcohol, we will never be able to get a handle on the issue of addiction.

DMHA received money for its forensic treatment fund (\$10 million this year and \$20 million next year) to connect felons who are under community supervision to mental health and addiction care. While this funding is just for adults, it is the belief that if you are connecting parents and family members to mental health and addiction care, that is good for their children.

As the next iteration of Recovery Works is being considered, whether it should include juvenile justice and/or expanded to misdemeanants should be discussed. The Justice Reinvestment Advisory Council will certainly help make those decisions.

1. **Indiana Supreme Court.** Lilia Judson, Interim Chief Administrative Officer, Division of State Court Administration, and Jane Seigel, Executive Director, Indiana Judicial Center presented the report on behalf of Chief Justice Loretta Rush. Lilia Judson reported the Division of State Court Administration is an arm of the Supreme Court. The agency assists the Court and the Chief Justice in their nonadjudicatory functions. The agency has done a lot with technology and data gathering in the last few years. She remarked that she is honored to serve on the CISC and as co-chair of the Data Sharing and Mapping Task Force along with Julie Whitman.

Jane Seigel reported that Chief Justice Rush asked her to mention the Justice Reinvestment Advisory Council. Although that program is not dealing with juveniles, it does affect children and families. The Justice Reinvestment Advisory Council was established as part of the criminal code reform. There are nine criminal justice stakeholders and practitioners on the Council, including herself, Kevin Moore, David Powell, and Larry Landis, as well as representatives from the Governor's office and the State Budget Agency. The goal is to develop incarceration alternatives and recidivism reduction programs at the county and community level through reviewing and making recommendations about DOC grant funding to community supervision programs and agencies, and about DMHA Recover Works program elements and funding.

Ms. Seigel provided an overview of House Bill 1369, which asks the CISC to look at similar funding for juvenile justice, especially juvenile community corrections and other innovative programs, in consultation with the Justice Reinvestment Advisory Council. Ms. Seigel stated Chief Justice Rush asked her to highlight several programs and initiatives in which the Court participates. These include 1) the Juvenile Detention Alternatives Initiative (JDAI), which represents Indiana's effort to reduce our reliance on secure detention while not compromising public safety. It is a statewide, system-wide effort with collaboration from the Court, DOC, DCS, DMHA, and the Criminal Justice Institute. JDAI began in 2006 in Marion County and is now in 32 counties. The outcomes for the program include

fewer admissions to secure detention, reduction in the average daily population in secure detention, fewer juvenile felony petitions filed, and fewer commitments to DOC; 2) the Court Improvement Program, which provides financial and staff support for the CISC, collaborates with the Cross-System Youth Task Force on the dual status initiative, provides sub-grants for local child welfare initiatives, and tracks and measures court performance in CHINS and TPR cases; 3) the Court Appointed Special Advocate (CASA) Program, which will be expanding to three additional counties in 2016, and which is distributing capacity-building grants and rolling out a new online case management system that allows CASA programs and their volunteers to track cases and children through the court system and monitor outcomes.

Chief Justice Rush also wanted to highlight the new child support guidelines developed in partnership with DCS, the information that is being collected through court technology from various juvenile applications, the number of judicial officers who work on different committees, and the human trafficking work group that has been developed with representatives of juvenile court judges, probation officers, public defenders, prosecutors, DCS, service providers, and law enforcement officers.

- m. **Dr. John Wernert, M.D., Secretary, Family and Social Services Administration.** Dr. Wernert remarked that the CISC has had quite an impact on the social determinants of health and well-being, particularly for children. In the field of brain research, more time is being spent looking at the toxic effects of poverty on children particularly, and on the developing brain of a child. If you believe that poverty is really a neurotoxin, the Family and Social Services Administration (FSSA) provides many services that are considered antidotes for that. FSSA provides benefits for 1.6 million Hoosiers, or approximately 22 percent of the population. Approximately \$14 billion a year in both state and federal funds are spent on the expansion of HIP 2.0: and 94 per cent of those funds go to providers of services for these citizens, and roughly 25 percent of those benefits go to children or families with children. FSSA administers the WIC and SNAP programs to help address food insecurities. FSSA also administers the food stamp program, which serves approximately 800,000 people, with 22 per cent of all families with children in the state getting SNAP benefits.

Dr. Wernert also highlighted the Hoosier Healthwise, CHIPS, children with special needs, First Steps, BDDS, the Early Head Start program, and the Head Start program, all of which provide mental and physical care and other support for children and families.

5. **Report from the Governor's Task Force on Drug Enforcement, Treatment and Prevention.** John Hill, Co-Chair, presented the Task Force Report. Mr. Hill reported in 2014, Indiana was ranked 16th nationally for its overdose rate. From 2003-2015, instances in which heroin was reported in overdose deaths increased by a factor of 57. As Attorney General Zoeller states, because it is harder to get opioids, people are starting to transition to other addiction forms, and when a person gets on heroin it usually does not end well. Dr. Tim Kelly, a Task Force member who specializes in addiction medicine, says the treatment success rate for heroin addiction is 10 per cent. The success rate goes up to 30 to 40 per cent if medical assisted treatment is used. Our society is looking at a very significant issue and we must hit this on the prevention side, because once a person starts using heroin it is difficult to get them off successfully.

Indiana has seen a significant increase in drug poisoning deaths since 1999. In 2014 alone, there were almost 1200 deaths and they occur at all age levels. Some of the executive branch agencies are considering how best to deploy resources to address the drug epidemic. For example, the Department of Homeland Security is looking at ways to get Naloxone into areas experiencing significant opioid death increases. In the past two years, there have been 8,370 deployments of Naloxone statewide. In addition, a cultural situation must be dealt with as well. People must understand that this is no different than helping people click their seatbelts. This is helping save lives, and if we do not do that, entire families will be ruined.

In 2011, 21 percent of high school students who participated in a voluntary survey said they were taking some kind of non-prescribed medication. This means we need to get into schools and make sure the prevention message is understood.

The Governor realized that the drug epidemic needed to be addressed from an executive standpoint and that executive agency collaboration was needed. He established the Task Force by executive order on September 1, 2015. The Task Force consists of 23 members and includes experts from a variety of specialties who are tasked with identifying strategies to combat Indiana's growing drug problem. There have been five Task Force meetings since September. The Task Force will continue to meet in 2016 and will issue a final report. Governor Pence stressed that immediate steps should be taken, not just study and analysis. There are three pillars to the Task Force: enforcement, treatment, and prevention. The goal of the enforcement pillar is to identify effective strategies so federal, state, and local law enforcement can collaborate to combat drug abuse. The Indiana State Police has initiated drug seizure operations while working with local agencies. The latest seizures were in Scott County and resulted in 10 arrests. This yearlong investigation involved wiretaps and tracking people across state lines. People were arrested in Indiana, Michigan, and Kentucky. The U.S. Attorney was willing to take this case and prosecute in the federal system, to make a clear statement that we are going after dealers. Governor Pence was clear: "if you have an addiction problem, we will give you help. If you are dealing, we are coming after you."

The second pillar involves treatment—to analyze available resources for treatment and to identify best practices for treating drug addiction. There have been three programs identified that will be piloted around the state. Starke County brings DOC substance abuse programming to the local jail. Nine judges from that area have agreed to send some of their offenders who are involved with substance abuse to the program. The second is the County Jail Project which has not yet started, and the third is the Gold Card Program through FSSA.

The third pillar is prevention. The goal of prevention is to identify programs and policies which are effective in preventing drug abuse, including early youth intervention programs. The pillar includes opportunities to work with the CISC on prevention efforts, especially in the areas of education and services for youth. There are two local prevention programs, Youth First and the Youth Assistance Program, that are being considered for expansion.

Mr. Hill concluded his presentation by highlighting some of the Task Force recommendations on which the Governor has directed action.

6. **Legislative Update.** Parvonay Stover, Legislative Director, DCS, and Jeff Bercovitz, Director of Juvenile and Family Law, Indiana Judicial Center, provided the update. Ms. Stover and Mr. Bercovitz reviewed the following bills: SB 26-Children in Need of Services; Law, SB 90-Juvenile Release by Intake Officer, SB 159-Child Abuse Allegations in Military Families, SB 160-Juvenile Law, SB 305-DCS Matters, HB 1064-Terminating the Parent Child Relationship, HB 1069-No Contact Orders and Battery, HB 1271-Child Abuse Allegations in Military Families, and HB 1369-Juvenile Justice.
7. **Next Meeting-May 18, 2016.** Danielle McGrath reported the next CISC meeting is scheduled for May 18, 2016 at the *Indiana State Library in Room 211*.