Commission on Improving the Status of Children

FEBRUARY 23, 2022

Agenda

1. Welcome and Introductions

2. Consent Agenda
   a. Minutes from December 2021 meeting

Agenda

3. Strategic Priority: Juvenile Justice and Cross-System Youth
   a. Julie Whitman, Executive Director
   HB 1359—update on task force recommendations

Agenda

3. Strategic Priority: Juvenile Justice and Cross-System Youth
   b. Joel Wieneke, IPDC & Terrie Decker, IDOC
   Recommendations on Juvenile Reintegration Services

Youth Reintegration

NATIONAL STANDARDS AND BEST PRACTICES

Resources

- National Juvenile Justice Network, Policy Platform, Youth Reentry/Aftercare (July 2010)

- Youth Reentry Task Force of the Juvenile Justice and Delinquency Prevention Coalition, Back on Track: Supporting Youth Reentry from Out-of-Home Placement to the Community (2009)

- Literature Review, Juvenile Reentry, OJJDP (Aug. 2017)

- Nancy G. Calleja, Translating research into practice: Designing effective reentry services for adolescent offenders, Aggression and Violent Behavior (2019)

- Youth Housing Models for Community Re-entry: Fact Sheet, http://act4jj.org/sites/default/files/ckfinder/files/factsheet_30.pdf

CISC Strategic Goal 4: Objective 7

- **Strategic Goal 4:** Improve safety and outcomes of youth who come into contact with the juvenile justice system

- **Objective 7:** Identify and encourage adoption of effective and promising practices to support youth transitioning back to their families and communities from corrections, secure detention, and residential placement
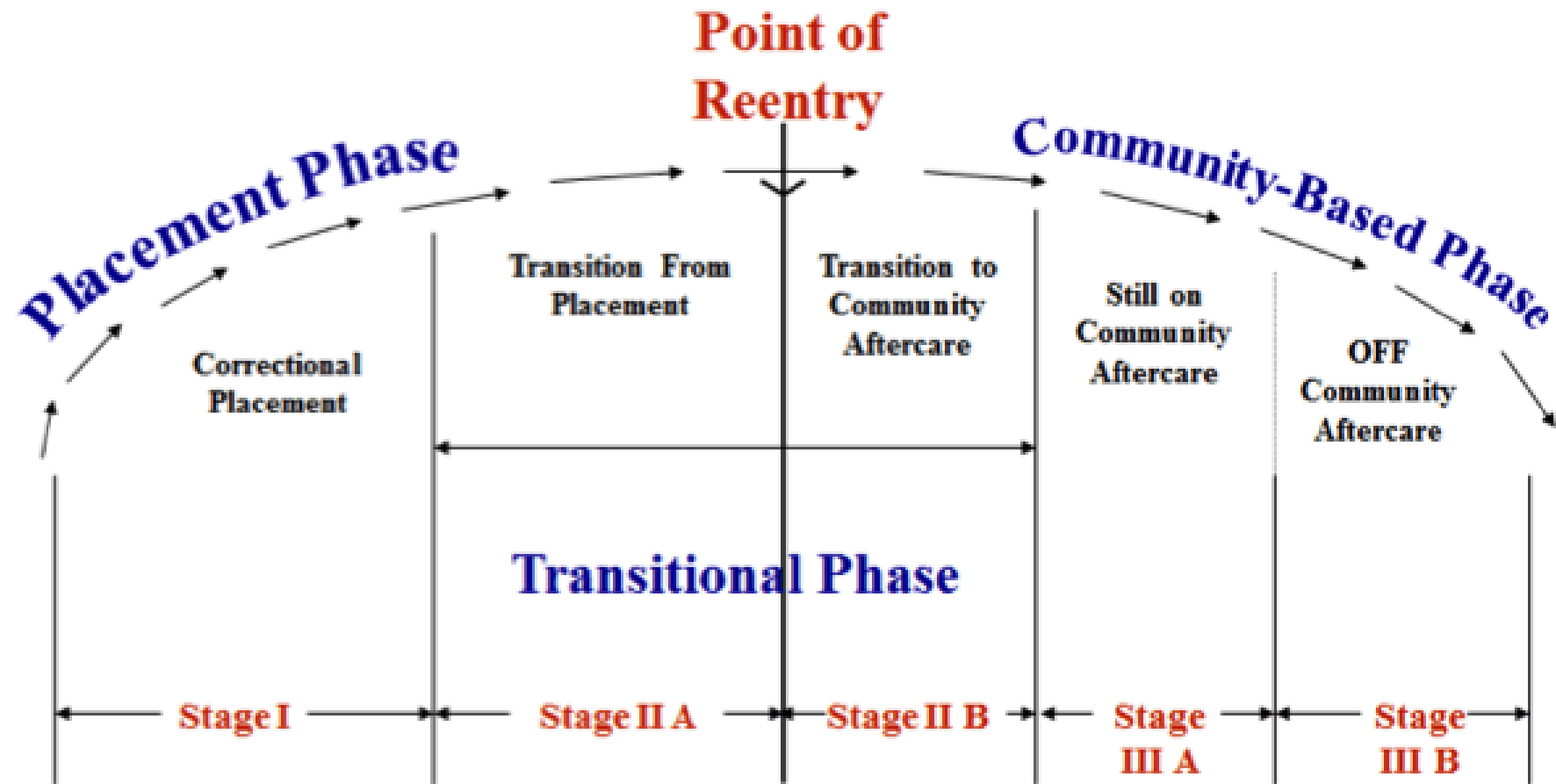
"Research has shown that aiding in successful reentry can reduce risk of recidivism. However, recently released individuals often return to underserved communities and face a wide range of barriers that make successful reintegration difficult. Many experience difficulties meeting needs such as employment, behavioral health treatment, and housing. In addition, effective reentry programs and services are few and far between."

https://icjia.illinois.gov/researchhub/articles/an-overview-of-evidence-based-practices-and-programs-in-prison-reentry

Start
early.

Reintegration Continuum

Point of Reentry

Placement Phase

Community-Based Phase

Transition From Placement

Transition to Community Aftercare

Still on Community Aftercare

OFF Community Aftercare

Correctional Placement

Transitional Phase

Stage I — Stage II A — Stage II B — Stage III A — Stage III B

Needs of youth reintegrating from placement and confinement

1) mental health and substance use treatment

2) family engagement

3) targeted educational and employment programs

4) housing and supports

Mental health and substance use treatment

More than half of youth placed in residential facilities meet the criteria for one or more psychiatric disorders.

More than a 1/3 of youth placed showed evidence of substance abuse disorders

Childhood trauma increase the risk of rearrest.

Reintegration services must be tailored to the individual needs of the youth.

Family engagement

- Family and parenting plays a significant role in reducing the risk of antisocial and delinquent behavior in youths

- Out-of-home placement interferes with family and parenting relationships, sometimes very significantly

- Family engagement for reintegration must be supported both during the out-of-home placement and upon release.

Family engagement specifics

Youth should be placed close to home so families can be involved.

Phone calls with family should be encouraged, free, and prohibition of family contact should not be a behavior management tool.

The reintegration plan should be made with collaboration from youth and family (and other supportive individuals).

Outside agencies, organizations, and other individuals involved in a youth's life must be allowed to visit the youth in placement to establish and maintain positive relationships.

Targeted education and employment programs

Education and employment status are strong predictors of criminal and delinquent behavior, but youths reentering the community face numerous challenges to employment opportunities and returning to traditional school environments.

Placement educational offerings must correspond with DOE or local school curriculum.

Employment training should be connected to employment and educational opportunities in the community.

Strengths based training, and practical life skills training must be a part of the placement experience.

Housing and Supports

- Most youth released from facilities are unprepared to take on adult responsibilities: housing, income, education and future planning.

- Youth housing/services models that encourage young people to develop skills and become self-sufficient are necessary.

- Housing combined with services show significant promise in addressing recidivism and homelessness for youth re-entering the community.

Juvenile Justice Reform Task Force Recommendation

- "Require that all youth committed to the Department of Correction custody receive county provided/contracted services to support their reintegration back into the community and to reduce recidivism. Counties shall maintain at least monthly contact with youth, and their families, during their time in placement, and collaborate with DOC in the development of a formal reintegration plan."

- Establish a formula-based block grant for all counties to be used for research-based, community-based programs and practices as cost-effective alternatives to detention and incarceration **as well as to provide required reintegration services for youth leaving DOC placement.**

- Adopted by CISC on Dec. 15, 2021

State-Wide Survey

Gather perspectives from individuals doing this work to determine to what extent Indiana is currently meeting best practice guidelines

Professions of Individuals Participating in the Survey
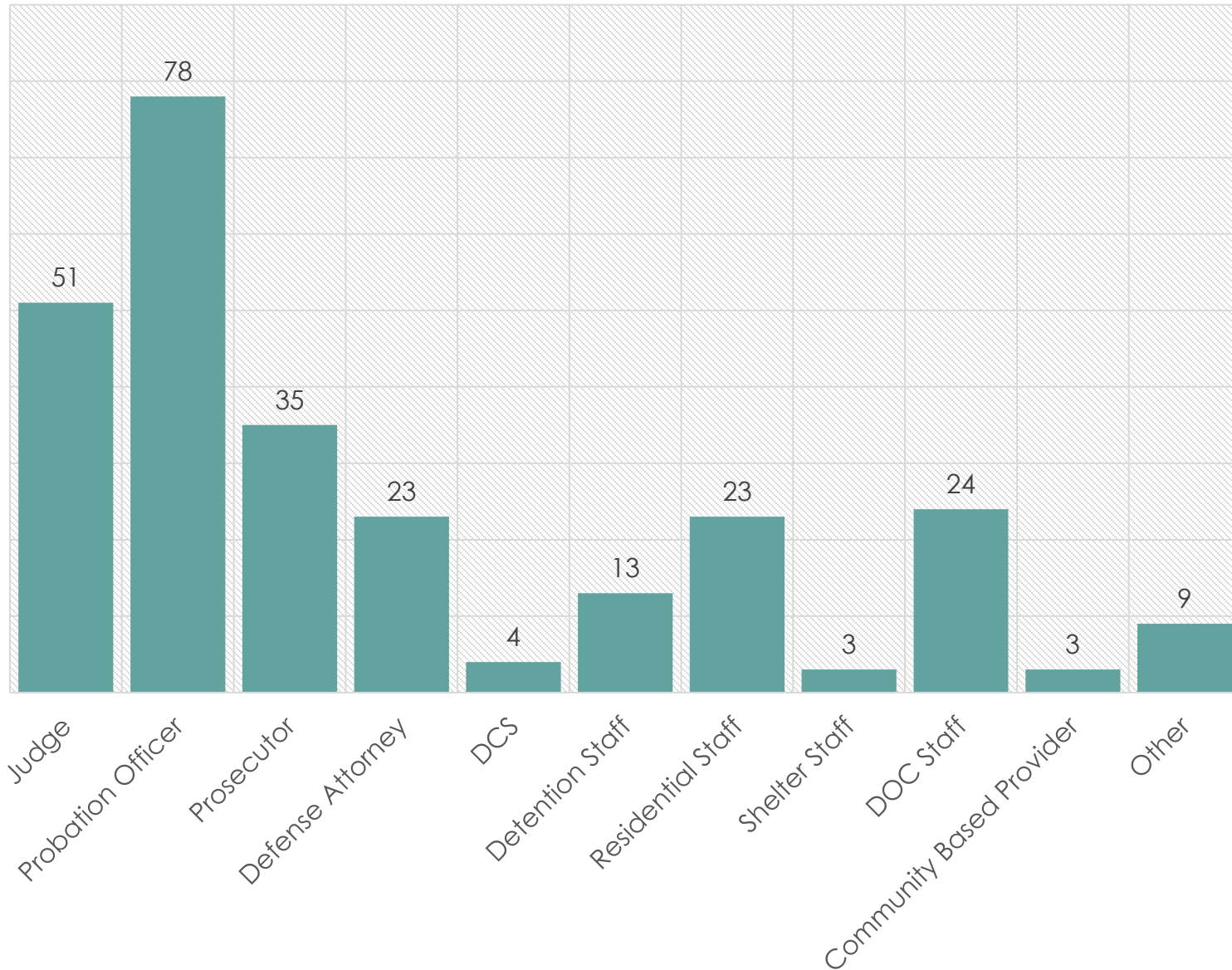
The survey includes data from **266 participants** across the state of Indiana

Most often, people worked across all four levels of reentry.

Detention

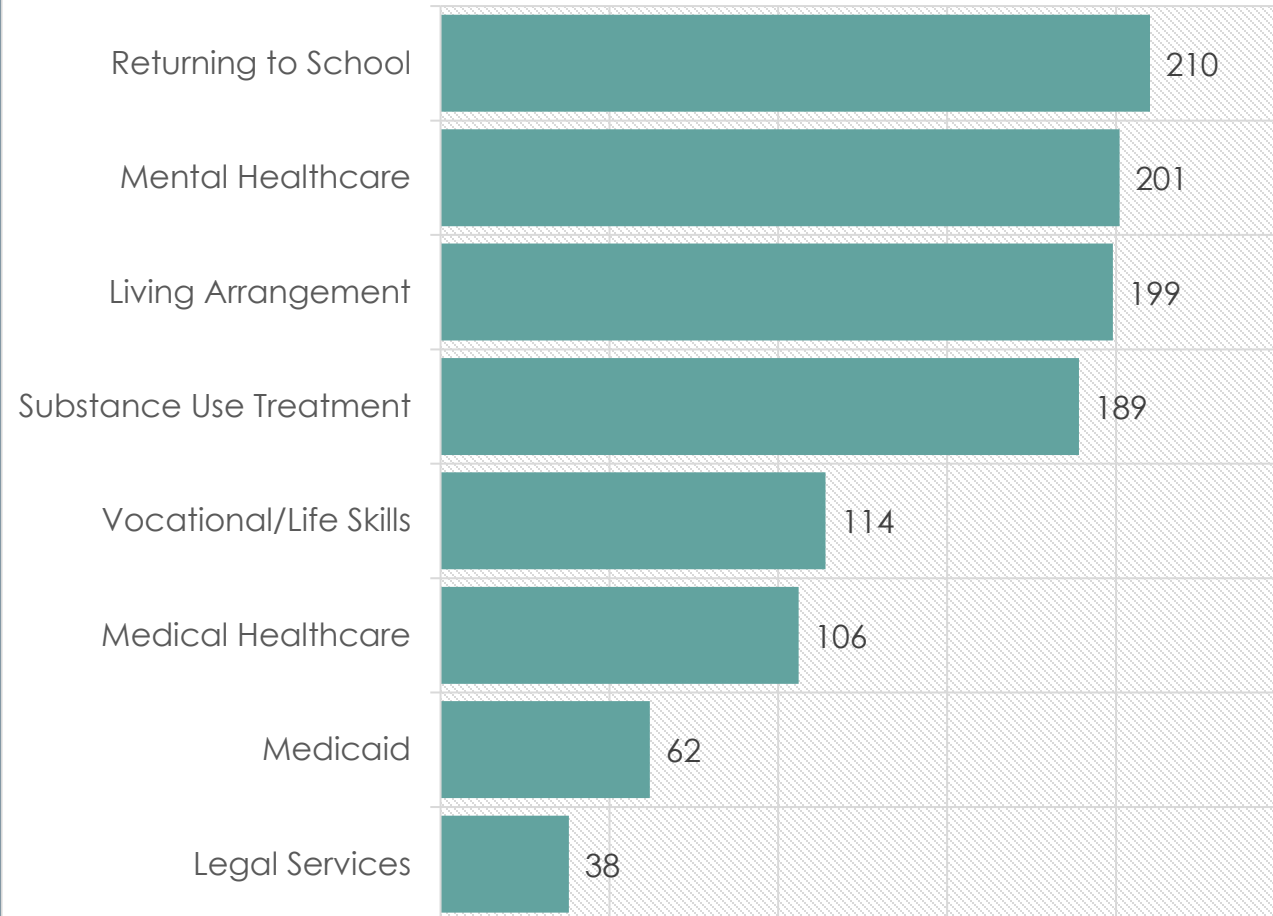Residential

Shelter Care

Department of Corrections

Survey Questions

All questions were asked on a 5 point scale.

(0 = *Not at All*; 4 = *Very*)

Scores below 3 (moderately) were determined to be unfavorable by our workgroup.

COMPETENCE

- Does your agency feel competent in addressing needs pre-release?

AVAILABILITY

- Are there strong community supports post-release?

ACCESSIBILITY

- Are youth able to access services post-release?
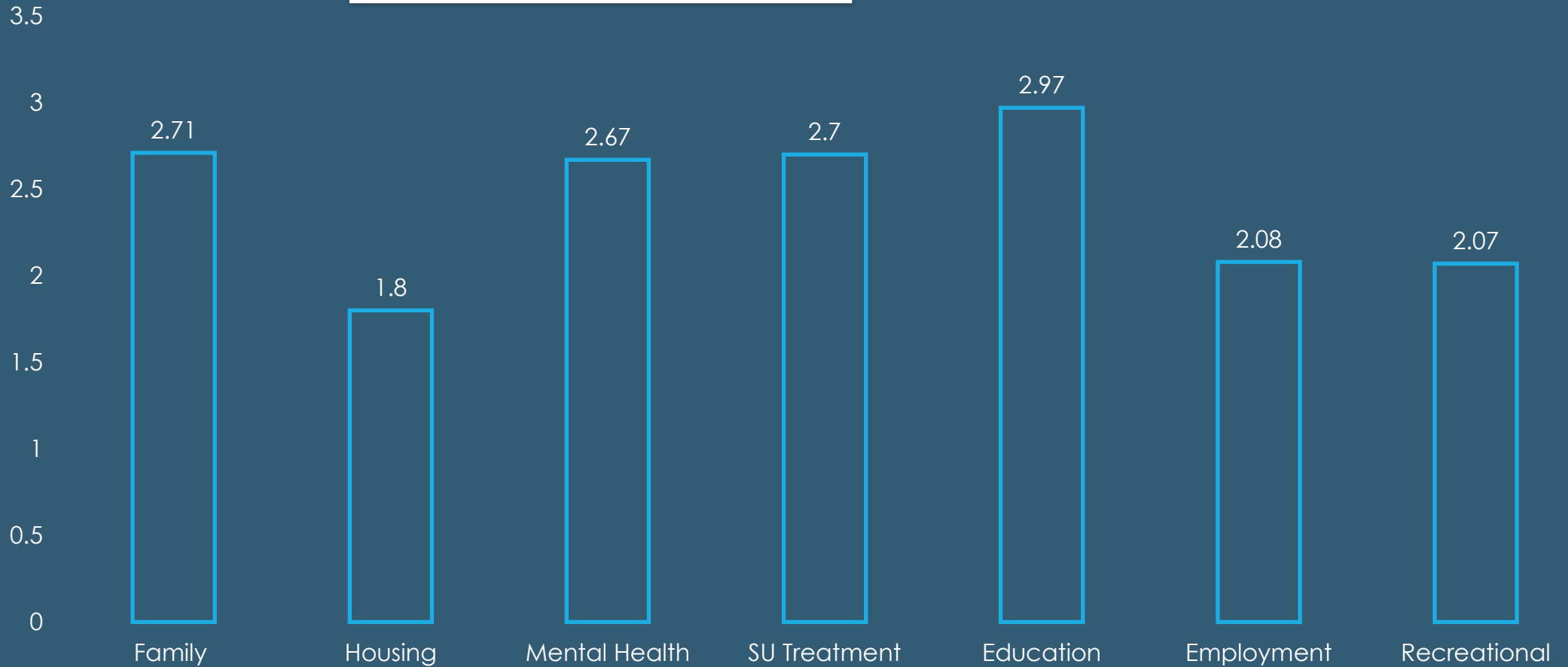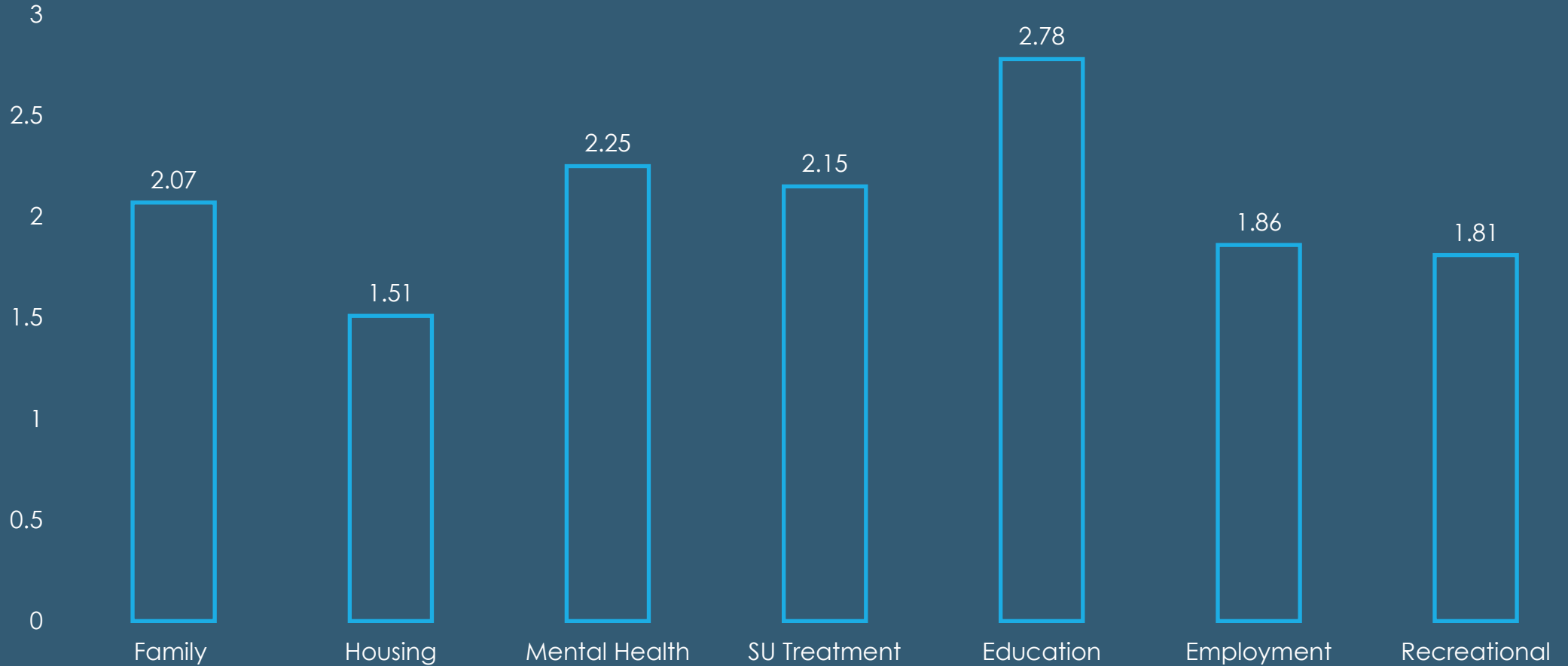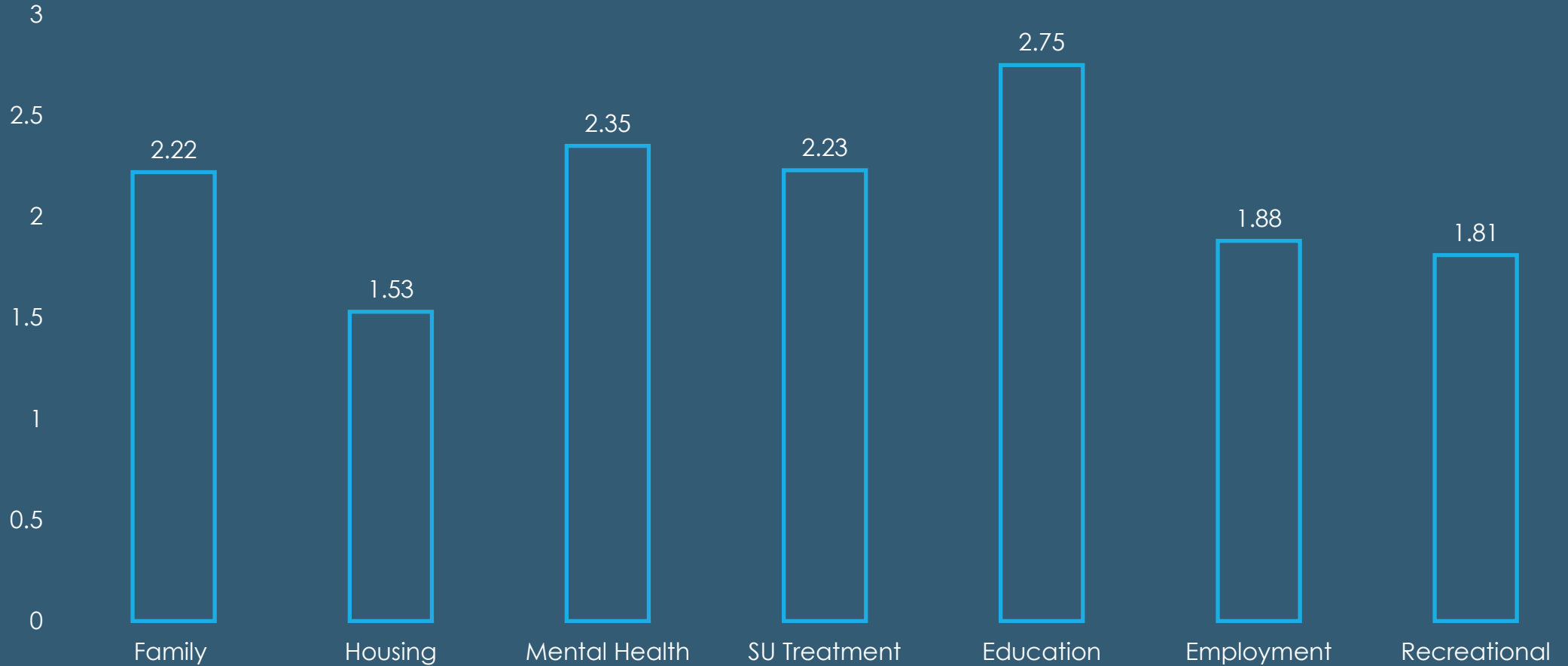
Differences by Rurality

In areas of

family engagement, housing support, mental health, recreational services

Rural counties ranked the <u>availability</u> and <u>accessibility</u> lower than urban and/or rural/mixed counties.
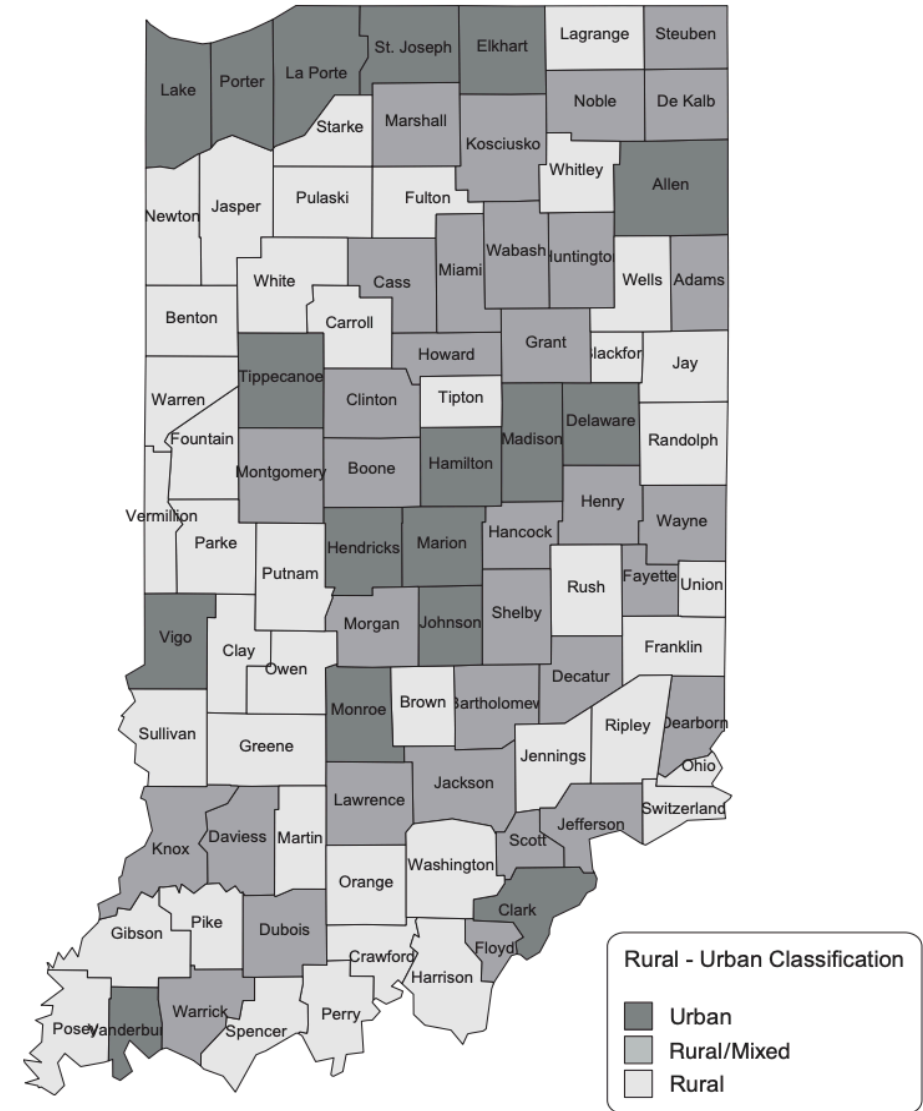

Figure 1. Indiana County Groupings

Rural - Urban Classification
- Urban
- Rural/Mixed
- Rural

https://pcrd.purdue.edu/ruralindianastats/geographic-classifications.php#table1

Results Indicate Widespread Difficulties

- Educational services are most competently addressed and believed to be widely available and accessible.

- Housing and living arrangements upon reentry were considered the most challenging to address.

Availability of Services are a Primary Concern

- Compared to other areas of competence and accessibility, respondents rated the AVAILABILITY of services lowest.

- Difficulties with availability and accessibility are exacerbated in rural communities.

RECOMMENDATIONS

Recommendations

- Extend the CISC recommendation for county provided/contracted services to support reintegration from DOC to any child who has been removed from the home for a period of x days or more.

- Recommend that counsel appointed for the child remain on the case until the child is completely discharged from juvenile court jurisdiction.

- Recommend the development of probation guidelines for reintegration services designed to prevent unnecessary risk of reoffending/violating of supervision that accompanies reintegration services.

Recommendations, cont'd

- Recommend that the community-based grant funding opportunities include reintegration supports include assistance with housing, income acquisition, and necessary skills acquisition (this may require access to social workers/case managers during reintegration).

- Communicate these recommendations with the Juvenile Justice Oversight Body (yet to be formed)

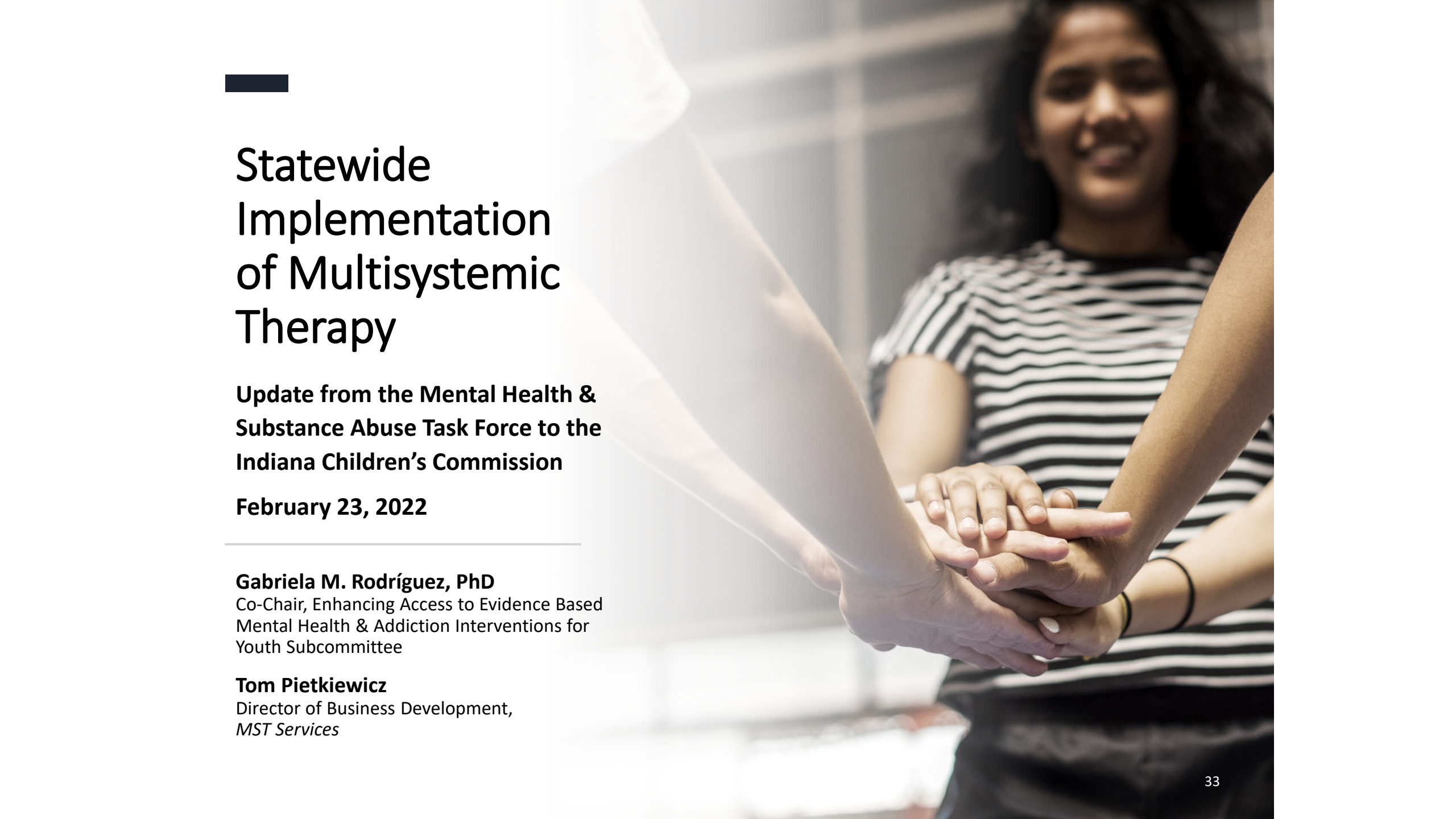# Cross-Systems youth and juvenile justice taskforce: Reintegration subcommittee

- Co-Chairs: Terrie Decker (DOC, DYS Exec. Dir.) and Joel C. Wieneke (IPDC Staff Attorney)

- Members: Dr. Matt Aalsma; Mag. Robert Vann (Lake Co.); Jessica Stevens (DCS); David Dickerson (YOC); Tyler Mason (JDAI/Ind. Court Serv's); Nicholas Cox (Marion Co. Juv. Prob.); Jill Johnson (MCPD, Juv. Div.);

- Data Advisor: Casey Pederson, PhD, IUSM, Dept. of Pediatrics and Adolescent Behavioral Health Research Program

Agenda

4. Strategic Priority: Mental Health and Substance Abuse
   Dr. Gabriela Rodriguez, IU School of Medicine
   Multi-systemic Therapy Pilot Program

Statewide Implementation of Multisystemic Therapy

Update from the Mental Health & Substance Abuse Task Force to the Indiana Children's Commission

February 23, 2022

Gabriela M. Rodríguez, PhD
Co-Chair, Enhancing Access to Evidence Based Mental Health & Addiction Interventions for Youth Subcommittee

Tom Pietkiewicz
Director of Business Development, *MST Services*

Agenda

1. Background
2. What is MST?
3. Evidence
4. Referral population served
5. Benefits to state
6. Next steps
7. Q + A

Background

Mental Health & Substance Abuse Task Force

- Enhancing Access to Evidence Based Mental Health & Addiction Interventions for Youth Subcommittee
  - Established in 2019
- Co-Chairs:
  - Richard Ty Rowlison, PhD, HSPP, Choices Coordinated Care Solutions
  - Marc Kniola, Indiana Department of Correction (past Co-Chair)

Unmet Needs

Major gap for youth with severe conduct problems

- Outpatient services not enough, but ineligible for inpatient services
- Not involved with DCS, JJ

10% of Indiana youth have a behavioral/conduct problem

Conduct Disorder is 33rd most costly diagnosis

- Annual Medicaid claims $14M+

![MST Services logo]

What is MST?

Multisystemic Therapy (MST)
An Effective Alternative to Incarceration

MST

S e r v i c e s

MST **Therapists work in the home, school** and **community** and are **on-call 24/7** to provide caregivers with the tools they need to transform the lives of troubled youth.

MST is the **only intervention for high-risk youth** where results have been repeatedly replicated by independent research teams

At the close of treatment (data for over 13,800 youth served in 2018)...

91%
YOUTH LIVE AT HOME

86%
IN SCHOOL OR WORKING

87%
NO JUVENILE ARRESTS

MST® Services

36% Fewer Arrests

75% Fewer Violent Arrests

33% Fewer Days In Adult Confinement

38% Fewer Issues With Family Instability *(divorce, paternity, child support suits)*

3% Fewer Financial Problems *(credit, contact, rent, suits)*

22 year post treatment (n= 148, 84% tracking success)
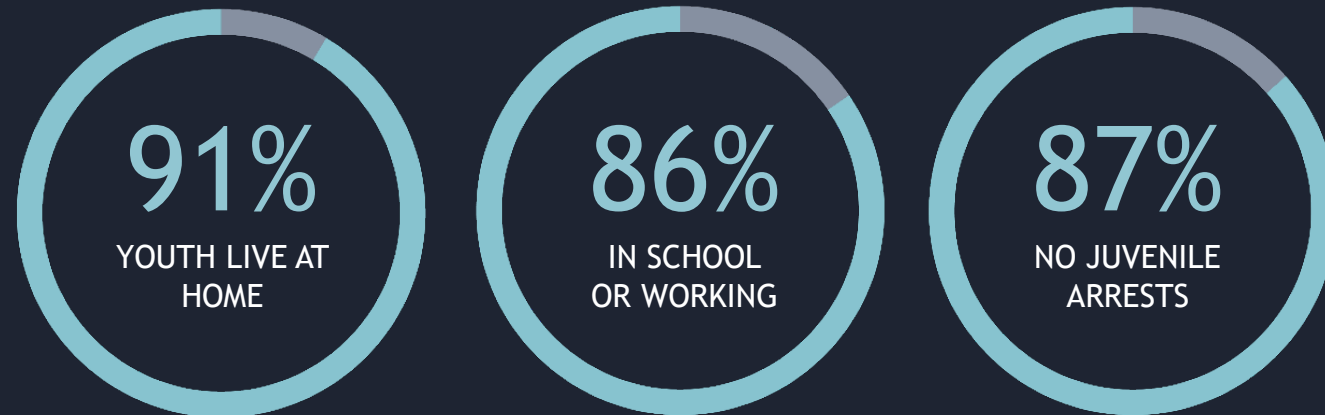
Consistent Outcomes

MST Services

77% of youth served were drug-free for the last 30 days of treatment

98% of youth served had no new arrests during treatment for drug-related offenses

1207 Youth Served

80% of youth with a history of substance use demonstrated a clear reduction in substance use

MST's Global Reach and Body of Evidence

MST®
Services

GLOBAL REACH

15 COUNTRIES

34 STATES

2,500+ CLINICIANS

200,000+ YOUTH

MST FEATURES THE LARGEST BODY OF EVIDENCE, BY FAR, OF SUCCESSFUL INTERVENTIONS FOR HIGH-RISK YOUTH

74 STUDIES

$75m+ RESEARCH FUNDING

140+ PEER-REVIEWED JOURNAL ARTICLES
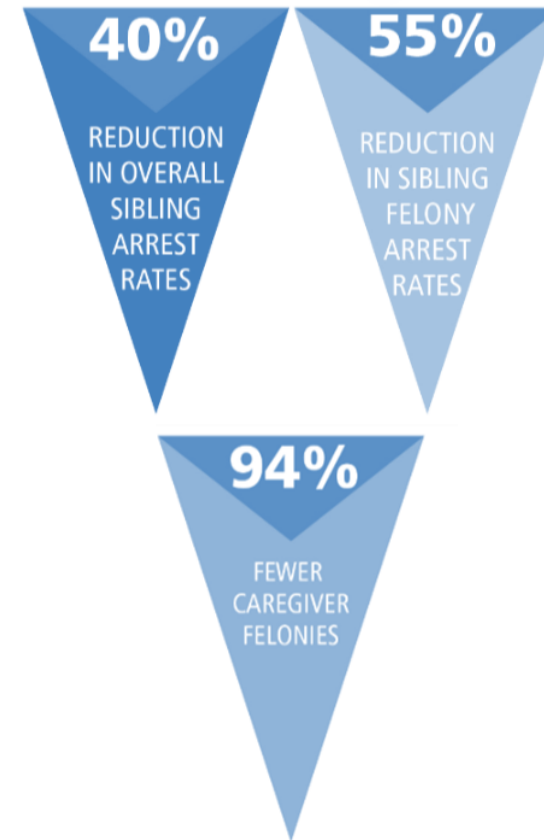
57,000+ FAMILIES INCLUDED ACROSS ALL STUDIES

How MST Empowers Families

MST produces positive outcomes for the entire family.

Percent Rearrests chart comparing MST and Individual Treatment:

- MST: Felony ~11%, Misdemeanor ~38%, Any Crime ~42%
- Individual Treatment: Felony ~30%, Misdemeanor ~60%, Any Crime ~70%

Legend: ■ Felony ■ Misdemeanor ■ Any Crime
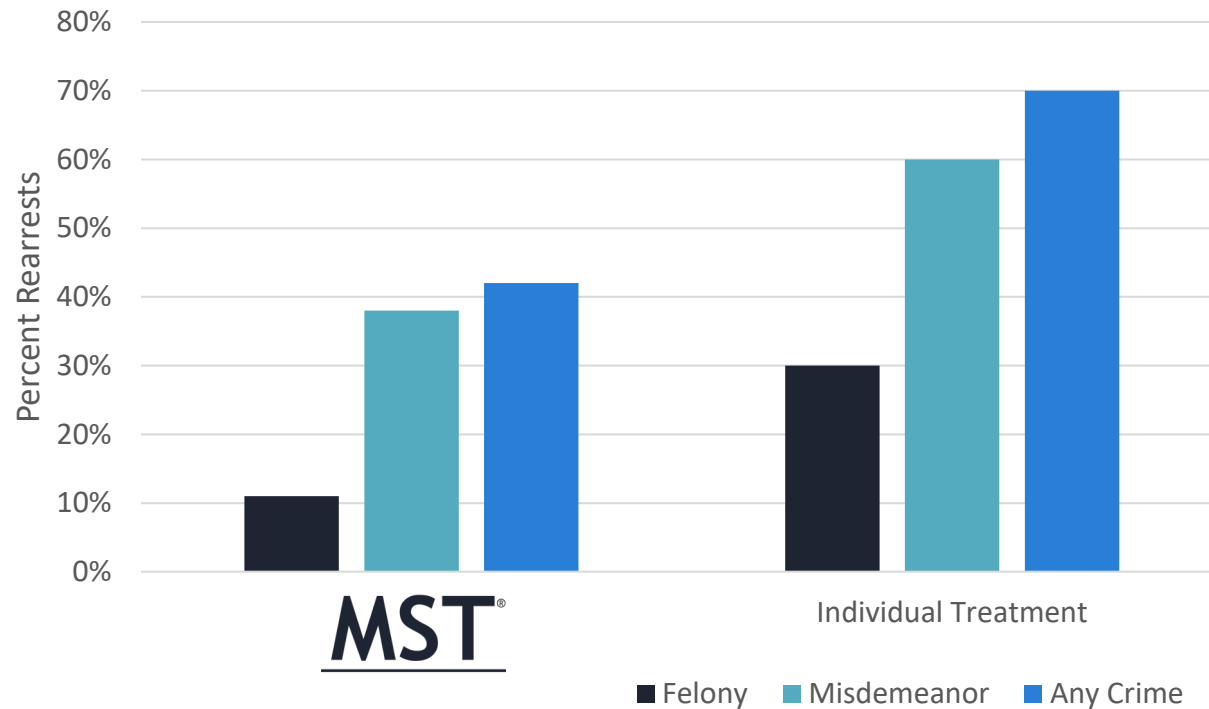
Source: The Journal of Consulting and Clinical Psychology

40% REDUCTION IN OVERALL SIBLING ARREST RATES

55% REDUCTION IN SIBLING FELONY ARREST RATES

94% FEWER CAREGIVER FELONIES

44

Referral Population Served

MST® Services

Targeted Population

- Youth between 12-18 years of age at risk of severe system consequence due to serious externalizing behaviors

Example Behaviors	Examples of System Consequences
- Theft and other criminal behaviors - Aggressive/violent/assaultive behavior - Substance abuse - Selling substances - Chronic school absences and/or problem behaviors at school - Sexual offenses in conjunction with other anti-social behavior	- Out-of-home placement (e.g. via juvenile justice, mental health, youth care, or social care) - Violation of probation - School expulsion - Child Welfare involvement

Benefits to state

- **Financial Savings**
  - **New Mexico MST Outcomes Tracking Project**
    - Evaluated state tracking data for 6,158 youth who completed MST from 2005-2019
    - Found that for every $1 spent, $1.34 was recovered in reduced Medicaid behavioral health claims within 2 years after youth completion of MST treatment
    - Additional $4.54 savings per $1 spent in reduced crime rate expenses

- **Benefits to caregiver and siblings**
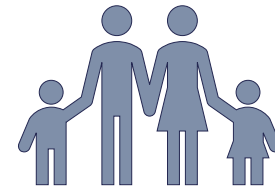
Next Steps

Subcontract with up to 8 providers

Providers required to hire at least 1 full team

1 supervisor

2-4 full-time therapists

Ongoing supervision & consultation to support fidelity

Funding sustainability plan

How Does MST Really Work?

- Video

  https://info.mstservices.com/ideo-how-mst-works

MST®
Services
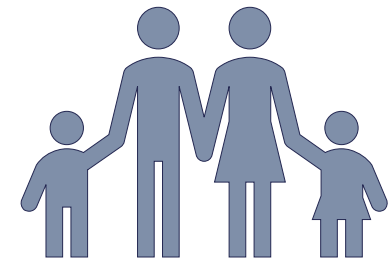
Thank you! Questions?
Contact: gabrodri@iu.edu

Reference Information

- MST Research

  https://www.mstservices.com/mst-reports-research

- New Mexico Outcomes Tracking Project

  https://hsc.unm.edu/medicine/departments/psychiatry/cbh/docs/mstannualreport2005-2019.pdf
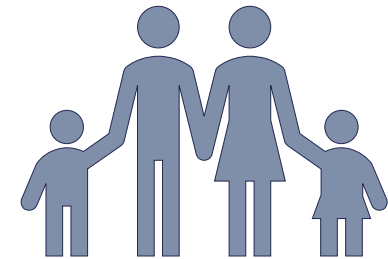
Agenda

5. **Strategic Priority: Child Health and Safety**

   Amanda Lopez, Transform Consulting; Hannah Robinson, DCS; Shannon Schumacher, The Villages

   Prevention Framework and Toolkit Final Products and Implementation

Strategic Framework for the Prevention of Child Abuse and Neglect

Our Partners

Background

- 2018: The Child Abuse Prevention Sub-Committee of the Commission on Improving the Status of Children identified the need for a statewide child abuse prevention framework.

- 2019: The Commission voted to approve the recommendation. The Indiana Department of Child Services (DCS) agreed to fund the development of the framework and this accompanying toolkit.

- 2019-2022: Create Statewide Advisory Team, conducted research and analysis, and created ***Indiana's Framework for Prevention of Child Abuse and Neglect***.

Process for Framework Development

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Convene Statewide Advisory Team.	Create an initial draft of the framework and toolkit with input from the Statewide Advisory Team.	Identify pilot communities and key local stakeholders (parents, child welfare professionals, other community agencies, etc.) to solicit feedback on the draft framework and toolkit.	Host planning retreat with the Statewide Advisory Team to review feedback from the pilot communities and identify changes to be made to the framework and toolkit.	Make edits to and finalize the strategic framework and toolkit.	Disseminate the framework and toolkit statewide.

Purpose

The purpose of Indiana's *Supportive Communities, Resilient Families, Thriving Children* framework is to create a statewide approach to achieve the vision that:

All children thrive in safe, stable, nurturing, and supportive families and communities that foster resilience and well-being.

The framework provides a road map for the state and local communities to better support, empower, and protect families. It is centered on **primary prevention** efforts, or services and interventions available to the general population, to prevent child maltreatment before it happens.

Goals

- Increase the effectiveness, alignment, and coordination of existing child maltreatment prevention efforts

- Identify new opportunities to support the resilience and wellbeing of vulnerable children and families to decrease the incidence of child maltreatment in Indiana

Deliverables

- Statewide framework that includes an agreed-upon *vision statement*, as well as *guiding principles, outcomes, indicators*, and *actionable strategies*.

- Toolkit that local communities can use to *innovate* and *customize* their efforts to prevent child maltreatment and build resiliency of families.

Framework and Toolkit

Dissemination Plan

Communication Goals

1. **Promote Framework.** *Indiana's Framework for the Prevention of Child Abuse and Neglect* is available!
2. **Build Awareness.** Share how to implement the framework to prevent child abuse and neglect in individual communities and resources available to support children and families.
3. **Make the Case.** Share the data for *why* this framework is needed.

Strategies

1. The Indiana Department of Child Services will publish the toolkit on the DCS website. https://www.in.gov/dcs/prevention/
2. Partners can link to this location.
3. The Statewide Advisory Committee will share and/or present the toolkit with their network.
4. We will use standard channels (website, local media, social media, email blasts, etc) to deliver the framework to key partners across the state.
5. Joint press release in April – Prevent Child Abuse Awareness month
6. Presentation at Institute for Strengthening Families

Implementation Plan

Implementation Plans

- Funding available to support pilot communities
- Prevent Child Abuse Indiana to lead effort

- Technical assistance to pilot communities to support implementation of framework/ toolkit

Request

1. Share the framework and toolkit across your networks.
2. Identify strategies/areas that align with your plans to support implementation.
3. Identify and use funding to support implementation.

Implementation References

- Fiscal support for community implementation
  - [Colorado](#) provided funding

- Awareness and Public Relations campaign statewide for prevention services
  - Arizona's campaign "[Lean on Me AZ](#)" is an example

Questions?

Contact Information

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Agenda

6. Executive Director and Committee Updates
   Julie Whitman, Executive Director

Agenda

7. Discussion: Future Meeting Topics or Other Items
   All Commission Members

Agenda

8. Next Meeting

      Thursday, April 21, 2022,10 a.m. – noon

      Indiana State Library, History Reference Room