

MINUTES

**Commission on Improving the Status of Children in Indiana
Wednesday, May 21, 2014, 9:30 A.M. to 11:30 A.M.
Indiana Government Center South, Auditorium**

Members Present: Brian Bailey, Director, State Budget Agency; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Mike Dempsey, Director, Division of Youth Services, Indiana Department of Correction; Senator Travis Holdman; Lilia Judson, Executive Director, Division of State Court Administration; Representative Rebecca Kubacki; Susan Lightfoot, Chief Probation Officer, Henry County; Debra Minott, Secretary, Family & Social Services Administration; Kevin Moore, Director, Division of Mental Health & 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, Indiana Supreme Court; Dr. Ryan Streeter, Senior Policy Director for Governor Mike Pence; Dr. William VanNess, State Department of Health.

Guests Present: Senator Carlin Yoder, Chair, Child Services Oversight Committee; Judge Charles Pratt, Allen Superior Court, co-chair, Cross-System Youth Task Force; Don Travis, Deputy Director Juvenile Justice Initiatives and Support, Indiana Department of Child Services, co-chair, Cross-System Youth Task Force; Julie Whitman, Vice President of Programs, Indiana Youth Institute, Data Sharing and Mapping Task Force co-chair; Dr. Ted Danielson, Medical Director, Indiana State Department of Health, Infant Mortality and Child Health Task Force; Jane Bisbee, Deputy Director for Field Operations, Indiana Department of Child Services; co-chair, Infant Mortality and Child Health Task Force; Brady Brookes, Legislative Director, Indiana Department of Child Services; Jeff Bercovitz, Director, Juvenile & Family Law, Indiana Judicial Center; Judge Robin Sage, Casey Family Programs; Jeanette Moll, the Pew Charitable Trusts; Noah Bein, the Pew Charitable Trusts.

Commission Staff Present: Amber Holland, Indiana Supreme Court; Anne Jordan, Angela Reid-Brown, Jane Seigel, Indiana Judicial Center; Ruth Reichard, Kathryn Dolan, Mike Commons, Indiana Supreme Court, Division of State Court Administration.

1. Welcome. Representative Kubacki thanked everyone for attending the meeting and for their interest in children. She introduced Judge Robin Sage, Casey Family Programs, and Jeanette Moll and Noah Bein, the Pew Charitable Trusts.
2. Approval of Minutes. The minutes from the February 19, 2014 meeting were unanimously approved.
3. Business of the Commission.
 - a. **Adoption of formal charge for Child Services Oversight Committee.** The Commission unanimously approved the formal charge of the Child Services Oversight Committee.

- b. Approval to establish an Educational Outcomes Task Force.** The Commission unanimously approved establishing the Educational Outcomes Task Force. Justice Rush reported Dr. Susan Lockwood, Department of Correction, has agreed to serve as the Educational Outcomes Task Force chair.
- c. Authorization for Commission Executive Committee to approve annual report.** Senator Holdman reported the Commission is statutorily required to file an annual report with the Legislature, the Governor and the Chief Justice of Indiana. The report must be filed on July 1, 2014. A draft of the report will be forwarded to Commission members on June 6, 2014 for review. Commission members will have until June 25, 2014 to submit comments or proposed edits to the report. The Executive Committee is asking for the Commission's authority to approve the final report and its publication at the committee meeting scheduled for June 30, 2014 at 8:30 in the Supreme Court library. The Commission unanimously approved the Executive Committee's authority to approve the final report at the June 30 meeting.

4. Task Force Updates

a. Child Services Oversight Committee. Senator Carlin Yoder, Chair.

Senator Yoder gave background information on the Committee and identified the Committee members. The Committee was legislatively abolished but, due to the wisdom of this Commission and public outcry, the Committee is now under the purview of the Commission. The Committee has met one time since becoming a Task Force of the Commission. The Committee will meet three times a year or more often if needed.

Senator Yoder reported the committee continues to have a good working relationship with the Department of Child Services (DCS). He reported the DCS turnover rate is going down. The turnover rate was 15.8% in April 2014, compared with 49.6% in June 2012. DCS has made great strides in hiring more workers and the call wait times at the DCS hotline have greatly improved as well. The DCS regional hotline offices are open in St. Joseph, Lawrence, Vanderburgh and Blackford counties and all but the office in Vanderburgh County are fully staffed. Senator Yoder also provided a brief update on the Community Mental Health Initiative (CMHI). The CMHI allows children with mental or behavioral health needs to receive services without having to enter the judicial system. Senator Yoder concluded his report by saying that the Committee will provide an annual report to the Commission by November 1 of each year unless the Commission would prefer to receive the report sooner.

Justice Rush asked if DCS is following up on the findings and recommendations from the DCS Ombudsman report. Senator Yoder said yes and that he will ask the Ombudsman to give a report at every Committee meeting. Representative Riecken encouraged anyone with concerns or issues regarding the Ombudsman to forward that information to Senator Yoder before the next Committee meeting.

Senator Holdman asked if the CMHI is targeting the CHINS 6 issue. Director Bonaventura explained that CMHI allows children to be referred for an assessment to determine what type

of mental or behavioral health services may be needed without the child becoming a CHINS or a delinquent. DCS then pays for the services. The initiative has been rolled out to all 92 counties. Approximately 600 children have been referred for an assessment and approximately 170 children are receiving services.

b. Cross-System Youth. Hon. Charles Pratt, Allen Superior Court; Don Travis, Indiana Department of Child Services, co-chairs.

Don Travis provided an overview of the Task Force membership. Members were identified and selected based on region and county size, and are drawn from agencies or systems that are essential to implementing recommendations from the Task Force.

Judge Pratt reviewed the Task Force charge. The Task Force is looking at two different sectors of children within the state. The first sector is dual jurisdiction or crossover youth, and the second sector is cross-system youth.

Judge Pratt reviewed the definition of dual jurisdiction youth. He said most research focuses on youth who are involved in the child welfare (DCS system) and who are or may be delinquent. These youth generally fall into one of three categories: 1) dually identified youth 2) dually involved youth or 3) dually adjudicated youth. Each of these categories originate with either the DCS or juvenile justice system and are involved in some fashion with the juvenile court. *Dually identified youth* are youth who are currently involved with the juvenile justice system and have history with the child welfare system, but no current involvement. *Dually involved youth* are youth who have concurrent involvement with both the child welfare and juvenile justice systems. *Dually adjudicated youth* are youth who are concurrently adjudicated in both the child welfare and juvenile justice systems. Judge Pratt reported each of these kinds of children have their own special needs and characteristics that are not being fully addressed by our current system. He stated it is crucial that a process or program is created that increases the collaboration between DCS and the juvenile justice system.

The second sector, different and unique from the dual jurisdiction sector, is cross system youth. There is not a lot of research in this area and these children are not yet fully defined, but are often kids who require assistance from multiple systems outside of, or prior to, involvement with the juvenile justice or child welfare system. They may also be children who should be excluded from the juvenile justice and child welfare systems and folded into a new status. For example, these youth may be homeless teens, older teen runaways, older teen truants, mentally ill children or 18, 19 or 20-year-olds with housing or secondary education problems. Cross system youth may also be defined as youth who risk crossing over from the child welfare system to the juvenile justice system and other systems of care.

The Cross-System Youth Task Force has met three times. The first meeting was an organizational meeting to review the direction and membership of the Task Force. The second meeting was an introductory meeting with the members. Each member was given a homework assignment where they were asked to 1) obtain anecdotal information on working with cross system youth, 2) seek out perspective on how systems work well and do not work well together, 3) identify possible legal barriers to communication and services, 4) determine whether

regulations are followed or locally overridden, 5) determine which laws and practices are universally applied to the benefit or detriment of meeting a cross system youth needs, 6) identify what data is available and what data is needed, 7) consider paradigm changes pertinent particularly as it relates to status offenders and cross system youth, and 8) list the primary problems existing between each system.

The responses to the assignment were addressed at the third meeting. Examples of barriers to effective cross system care were identified. These barriers include: time limits on shelter care for teens; no streamlined information sharing; every agency has individualized consent forms; no coordinated leadership across sectors of probation or DCS; professionals lack knowledge of available resources and other agency policies; no one-stop service coordination for cross system youth; agency/school policies vary; services are not available for homeless youth; and, youth with disengaged parents.

The next steps for the Task Force include dividing members into subcommittees to further research cross system youth issues, inviting local leaders from across the state to present on best practices, and develop and sponsor pilots for handling dual jurisdiction cases.

Superintendent Ritz said the DOE is available to assist the Task Force in any way. Justice Rush asked if the Task Force is planning to look at probation caseload standards. Don Travis responded that this is a consideration of the Task Force. Senator Holdman asked what percentage of cases would be considered dual jurisdiction. Approximately 25 to 28% of the cases migrate from the CHINS to the delinquency system, and approximately 3% migrate from the delinquency system to the CHINS system. Don Travis said this is anecdotal information looking at data from a small, medium and large county.

c. Data Sharing and Mapping. Lilia Judson, Executive Director, Division of State Court Administration; Julie Whitman, Vice President of Programs, Indiana Youth Institute, co-chairs.

Julie Whitman reported the Task Force is charged with creating a map of services for vulnerable youth as a means of determining what gaps are out there and looking at issues of data sharing. The Task Force is much farther along on the mapping than on data sharing. The maps will help the Commission meet its statutory charge of studying and evaluating access to services for vulnerable youth, availability, duplication, and funding for services, and barriers to services. The Task Force began the mapping project by focusing on mental health and substance abuse services. They have collected a list of state-contracted service providers and then sent a paper survey to the providers. There has been a 25% response rate on the surveys to date. This response rate is typical, but is not good enough when trying to build a comprehensive database. The mapping software and work is being provided by the Indiana State Department of Health (ISDH). The ISDH created initial maps based on the survey responses received. The maps show visible geographical gaps, but that that is only one type of gap in service. The Task Force has also spoken to service providers in the field. Those in the field indicate there is a lack of service providers in rural areas, a lack of appropriate crisis services for people with severe mental illness, a lack of residential substance abuse treatment for adolescents and a lack of services for children diagnosed with mental health and

developmental disabilities. Identified barriers to services include insufficient transportation, especially in rural areas; the inability of service providers to be reimbursed for travel expenses; lapses in Medicaid; paperwork and regulatory burdens; and, workforce shortages in the mental health field.

The Task Force has the information on the type of data each Commission member's agency collects. The Task Force has not delved into the data yet. It would be helpful if the Commission or other Task Forces could identify what questions that should be answered with the data. This will help identify what data to look for, the data that should be collected that is not being collected and what data should be shared. The Task Force received one question at the last Commission meeting regarding educational outcomes. In particular, how do we know what the educational outcomes are for vulnerable youth? The Task Force has become aware of three data sharing efforts that are going on at the state. These efforts include the Management Performance Hub (MPH), through IOT, which is examining key outcomes for state agencies and combining that information into one database. Second, the Statewide Longitudinal Study (SLDS), through DOE, aims to connect DOE, higher education and workforce data. Third, the Early Learning Advisory Committee (ELAC) is looking at combining data on childcare, preschool and early education.

The Task Force will continue the database and mapping efforts, serve other task forces with data as needed and work on other duties as assigned by the Commission. The Task Force is working on a report for the Commission. The report is expected to be finalized at their next meeting scheduled for June 9, 2014. Justice Rush indicated that this report may be an addendum to the Commission report.

Finally, Lilia Judson briefly addressed the issue of licensing. The Task Force is exploring licensing requirements for individuals and agencies providing services to youths.

d. Infant Mortality and Child Health. Jane Bisbee, co-chair, Indiana Department of Child Services and Dr. Ted Danielson, Medical Director, Indiana State Department of Health.

The Task Force has met four times, and has focused on collecting information on infant mortality and child health. The Task Force has heard nine presentations and has reviewed the Department of Child Services fiscal year 2011 annual child fatality report, and the Indiana State Department of Health (ISDH) report on child fatalities. The Task Force has also received a broad overview of the multi-factor issues of infant mortality and have begun to consider tools to reduce infant mortality. These tools include: a 39-week hard stop policy recently developed by the office of Medicaid Policy and Planning, which bans Medicaid payment for early elective deliveries before 39 weeks gestation that are not medically indicated; the presumptive eligibility program through Medicaid, that permits pregnant mothers to get prenatal care earlier in their pregnancies; and, the levels of care program and a system of perinatal centers that help address infant mortality by making sure patients are identified early—especially those that are at risk—and that those high-risk patients are treated at facilities that are best prepared to care for them. This program includes an inter-hospital transport system that assures high-risk moms and babies can be transferred quickly and safely to appropriate facilities.

Other infant mortality issues that have been considered include the use of P17, a drug given to women who have had a previous preterm birth to help prolong the pregnancy to ensure the baby will be delivered at term; improving newborn screenings, sudden infant death syndrome and suffocation issues; expansion of the home visiting program with pregnant moms; improved breast-feeding rates; developing more and better community partnerships; and, improving social determinants that affect infant mortality.

Dr. Danielson reported Indiana's infant mortality rate was 7.7 deaths per 1,000 live births in 2011, the last year reported. The national average is 6.6 and the goal for the nation is 6.0.

Justice Rush asked if the Task Force would be making policy recommendations to the Commission. Ms. Bisbee responded that she expects the Task Force will be making specific recommendations about infant mortality later this year. She encouraged the Commission to invite representatives from ISDH to give a presentation at a future Commission meeting regarding the work ISDH is doing around infant mortality.

Senator Holdman said it would be helpful to know the top five reasons for child deaths in Indiana. Dr. VanNess stated ISDH has been going across the state talking about the top causes of child deaths, which are: prematurity (babies born too early and too small); smoking; obesity; and, early elective deliveries. He said the ISDH would like to continue spreading this message and keep this issue before the Commission.

e. Substance Abuse and Child Safety. Senator Holdman.

Senator Holdman provided the report of the Substance Abuse and Child Safety Task Force on behalf of Senator Head, who was unable to attend. The Task Force met on May 13, 2014 and has 16 members with varying backgrounds from around the state. The Task Force plans on establishing a mission statement and goals in the coming days. The Task Force will divide itself into subcommittees based on Task Force priorities. The Task Force will review data on evidence-based practices that DCS is currently gathering. The Task Force has identified three categories to address initially. These include access to services and the disparity of services; determining best evidence-based treatment programs; and determining best evidence prevention programs. He noted that 70% of the behavioral health work force is aged 55 and older; a huge gap is looming in service providers. The Task Force also identified a real issue with treating the whole family. The Task Force also discussed the importance of providing substance abuse services to expectant mothers. The Task Force plans to meet again in about six weeks to check on the progress of the subcommittees.

5. Legislative Update. Jeff Bercovitz, Director, Juvenile and Family Law, Indiana Judicial Center reviewed I.C. 35-45-4-6 regarding indecent display of a youth. This is a possible new status offense, because it can only be committed by a person less than 18 years of age—it may belong in the Juvenile Code. Jeff Bercovitz also reviewed portions of House Enrolled Act 1006 that reduce the number of crimes that are automatically excluded from juvenile court jurisdiction. Brady Brookes, Legislative Director, Indiana Department of Child Services reviewed Senate Enrolled Act 80-Interim Study Committee Structure, Senate Enrolled Act 227-Alcohol and

Medical Emergencies; Crime Studies. Representative Riecken asked whether, when the General Assembly meets on June 19th for Corrections Day, the legislature could amend SEA 80 to delete the language sunsetting the Commission. Senator Holdman stated that he believed the sunset language was a standard practice to prompt an evaluation of the necessity of continuing the Commission, and may not result in its eventual dissolution. It merely means that the legislature will need to make a conscious decision to allow the Commission to continue.

6. New Topics assigned to the Commission during the 2014 Legislative Session. Senate Enrolled Act 227 requires the Commission to study and evaluate crimes of sexual violence against children; and the impact of social networking websites, cellular telephones and wireless communications devices, digital media and new technology on crimes against children.

Senator Holdman stated the Executive Committee wants to be open to new issues and ideas that may need to be examined by the Commission, but are concerned that the Commission's plate is full and cannot handle many more issues. The Executive Committee is asking department heads and legislative members of the Commission to consult with the Executive Committee before introducing legislation that will expand the duties of the Commission. Justice Rush would like the Commission to adopt a policy requiring any issue to be assigned to the Commission to first be approved by the Executive Committee.

7. Suggested Topics for Future Commission Meetings. The proposed topics for the July 16, 2014 meeting were reviewed. These topics include Dynamics of Family Violence, Sex Crimes against Children and task force updates. Potential speakers for July include Edie Olson of Families First, on the dynamics of family violence and the effects on children; tentatively, Dr. Roberta Hibbard on the medical perspective of the effects of family violence on children; someone from DCS on the child protection perspective; and, someone from DOE on the educational perspective. For sex crimes against children, possible speakers include the Attorney General, Representative Christina Hale; someone from ISDH; and, someone from the Indiana State Police. Julie Whitman suggested that the Commission also invite someone from a Child Advocacy Center to speak at this meeting, and Dave Powell suggested that the Commission invite a sex crimes prosecutor, as well. The Department of Education is working with the U.S. Attorney's office to host a meeting in July on crimes against children and the role of the Internet. Suggested topics for the September 17, 2014 meeting are the Children's Mental Health Initiative and Infant and Child Mortality. Superintendent Ritz requested that there be a special presentation regarding the Children's Mental Health Initiative with DOE outreach coordinators.