Agenda

• Welcome and Introductions

• Approval of Minutes from meeting on February 14, 2018
Agenda

• Strategic Priority: Child Safety & Services
  • Dr. Leslie Hulvershorne
    • Zero Suicide Academy, Recommendation to endorse
Agenda

• Strategic Priority: Child Safety & Services
  • Dr. Zachary Adams
    • Update from Work Group on Trauma and Resilience
Agenda

• Strategic Priority: Child Safety & Services
  • Rep. Wendy McNamara
    • Update from Child Services Oversight Committee
Agenda

• Strategic Priority: Child Safety & Services
  • Gretchen Martin, ISDH
    • Statewide Child Fatality Review Committee 2016 Annual Report
Statewide
Child Fatality Review Committee
2016 Annual Report

Gretchen Martin, MSW
Director, Child Fatality Review Division
From 2011-2016, more than 3,000 infant lives have been lost in Indiana

Sudden Unexpected/Unexplained Infant Deaths (SUIDs), the third leading cause of infant death, are mostly preventable

CDC research revealed that U.S. SUIDs are misattributed to other causes of infant deaths
Evaluation of 2014 Indiana SUID Data
Committee Review Goals

Goal 1
- Evaluate the quality and completeness of infant deaths reporting

Goal 2
- Determine if SUID Investigations (SUIDI) are being conducted as recommended by the CDC SUIDI protocol

Goal 3
- Classify the cause and manner of death, using the CDC SUID Case Registry algorithm

Goal 4
- Identify prevalent SUID/Sudden Infant Death Syndrome (SIDS) risk factors and formulate prevention recommendations
The Statewide CFR Committee used the following data sources for this retrospective study:

- Death certificates
- Autopsy reports
- Department of Child Services records
- National Center for Fatality Review and Prevention Case Reporting System (NCFRP CRS)
Methods (cont.)

- 2014 child deaths identified through vital records: N=233
- Deaths between 0-12 months of age: N=132

Excluded deaths are those where the official death certificate does not meet the SUID Case Registry algorithm criteria: N=27

Included all sleep-related deaths: N=105
The SUID Case Registry provides a resource for understanding infant deaths by compiling comprehensive data surrounding the risk factors and circumstances associated with each death.

Utilizes a standardized decision-making algorithm to identify SUIDs and collect, review and enter accurate, objective and comprehensive surveillance data.
Sudden infant death syndrome (SIDS): The sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history. SIDS is a diagnosis of exclusion, made only after all other possibilities have been ruled out.

Unknown cause: The sudden death of an infant less than 1 year old that remains undetermined because one or more parts of the investigation were not completed.

Accidental suffocation and strangulation in bed (ASSB): The sudden death of an infant less than 1 year of age that can happen because of

- Suffocation by soft bedding
- Wedging/entrapment
- Overlay
- Strangulation
SUID Case Registry Process

- Identify SUID cases from coroner or vital records
- Review information from death scene investigations, autopsies, medical records and other medicolegal reports
- Identify actionable strategies that may reduce SUID and improve case investigations
- Record findings into a web-based reporting system
- Analyze the data to monitor SUID trends and characteristics
- Use data about SUID trends and characteristics to inform strategies and recommendations to reduce future deaths
Key Findings (cont.)

- Original % Distribution of Infant Deaths
  - N = 597
  - 4.5% Assaults / Accidents
  - 12.7% All Other
  - 48.1% Perinatal Risks
  - 20.3% Congenital Malformations
  - 14.4% SUIDs

- % Distribution of Infant Deaths with 19 discovered ASSB
  - N = 597
  - 3.0% Assaults / Accidents
  - 11.6% All Other
  - 47.6% Perinatal Risks
  - 20.3% Congenital Malformations
  - 17.6% SUIDs

*Note: Cause specific mortality rates may not exactly equal the overall infant mortality rate due to rounding.
Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [November 11, 2017]
Indiana Original Source: Indiana State Department of Health, PNPC, ERC, Data Analysis Team
The Effect of Missing Investigation Data on the Classification SUIDs

% Distribution of SUIDs Deaths Identified Through Vital Records (n = 86)

- 41.9% Accidental Suffocation/Strangulation in Bed (W75)
- 53.5% SIDS (R95)
- 4.7% Unknown (R99)

% Distribution of SUIDs Deaths Based on the CDC Algorithm (n=105)

- 10.5% Accidental Suffocation/Strangulation in Bed
- 89.5% Unknown

Source: Indiana State Department of Health, Division of Maternal and Child Health (May 5, 2017)
Key Findings (cont.)

- A death scene investigation was conducted in 87% of the 105 deaths (N=91)
- While a majority of SUIDs had a partial death scene investigation, not all were complete or included the necessary documentation
- Only 48% of infant autopsies were conducted by a forensic pathologist in 2014, despite statute requiring an FP for all infant deaths
- X-rays were only taken in 51% of the SUID investigations
Key Findings (cont.)

OUT OF 105 SUIDs REVIEWED

99  Mentioned at least one unsafe sleep factor

4   Provided inadequate information for the CFR committee to determine if the sleeping environment was unsafe

2   Had no unsafe sleep factor
Key Findings

Figure 10: Number of SUIDs Entered in the CDR-CRS

35% of the 105 SUIDs

37 SUIDs

105 SUIDs

# Entered by local CFR teams

# That should be in the CDR-CRS
Supervisor at Time of Incident

Note: Due to rounding, percentages do not always add up to 100%.
Sleep Environment

Figure: Was There a Crib/Bassinette/Port-a-crib in the Home for Child? (n=105)

- Yes (n=67) 64%
- No (n=13) 20%
- Unknown (n=21) 12%
- No response (n=4) 4%

Figure: Incident Sleep Place (n=105)

- Adult bed 50%
- Crib 14%
- Bassinet 13%
- Unknown 5%
- Player/Not portable 5%
- Chair 4%
- Carseat 3%
- Floor 2%
- Other 2%
## Substance Abuse History, by Type

<table>
<thead>
<tr>
<th>Substance Abused</th>
<th>Supervisor at Time of Incident</th>
<th>Percentage</th>
<th>Primary Caregiver</th>
<th>Percentage</th>
<th>Secondary Caregiver</th>
<th>Percentage</th>
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<td>Alcohol</td>
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<td>5%</td>
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<td>1%</td>
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<tr>
<td>Marijuana</td>
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<td>19%</td>
<td>25</td>
<td>24%</td>
<td>16</td>
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<td>Meth</td>
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<td>6%</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Opiates</td>
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<td>7%</td>
<td>8</td>
<td>8%</td>
<td>3</td>
<td>3%</td>
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<td>Prescription drugs</td>
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<td>7%</td>
<td>7</td>
<td>7%</td>
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<td>3%</td>
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<tr>
<td>Over the counter</td>
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<td>2%</td>
<td>1</td>
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<tr>
<td>No response</td>
<td>3</td>
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<td>24%</td>
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<td>23%</td>
<td>26</td>
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</tr>
<tr>
<td>Unknown</td>
<td>37</td>
<td>35%</td>
<td>38</td>
<td>36%</td>
<td>20</td>
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</tr>
</tbody>
</table>
Summary of Recommendations

- Death scene investigators should utilize SUIDI protocol

- Local CFR teams should employ the SUID Case Registry Algorithm when reviewing SUIDs

- Death certifiers and coroners should adopt the CDC definitions for types of SUID (Sudden Infant Death Syndrome, ASSB, or Unknown/Undetermined)

- Local CFR teams should use NCFRP CRS data to implement evidence-based programs/activities to reduce SUIDs
Thank you!

GRETCHEM MARTIN, MSW
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Agenda

• Strategic Priority: Juvenile Justice and Cross-System Youth
  • Don Travis and Judge Charlie Pratt: Juvenile Justice and Cross-system Youth Task Force Brief update
Agenda

• Strategic Priority: Mental Health & Substance Abuse
  • Sirrilla Blackmon, DMHA
    • Children’s Mental Health Month
    • Mental Health and Substance Abuse Task Force Brief Update
Children's Mental Health Awareness Day
National Child Mental Health Awareness Day

• Through the Substance Abuse and Mental Health Services Administration (SAMHSA)

• National Children’s Mental Health Awareness Day seeks to raise awareness about the importance of children’s mental health and to show that positive mental health is essential to a child’s healthy development from birth.

• National Children Mental Health Awareness will be celebrated on May 10, 2018.
Partnering for Health and Hope Following Trauma

This year’s national observance focuses on the importance of an integrated health approach to supporting children, youth, and young adults with serious emotional disturbance who have experienced trauma.
Overview of Indiana’s Efforts

• The Division of Mental Health & Addiction has supported the Children’s Mental Health Awareness with the development of a committee whose members are made up of other state agencies, and local stakeholders.

• 2017 was the first year the committee decided to partner with the Indiana Arts Council and Herron School of Art.

• Notices of the art competition were sent out to school districts and 17 entries were submitted.
Indiana’s Efforts Continue

- The Division of Mental Health & Addiction (DMHA) enhanced the collaborative relationship through this initiative with the Department of Education (DOE)
- The announcement of the student art competition was disseminated to DOE’s school counselors and social work list serve and as a result there were 140 student submissions.
- The art work submitted comprised of varying levels of mediums and work that was thought provoking as well as inspirational.
Participating High Schools

- Calumet High School
- Triton Jr. Sr. High School
- White River Valley
- Plainfield High School
- Forest Park Jr. Sr. High School
- St. Ignatius College Prep
- Signature School
- Tell City Jr. Sr. High School
- Northwestern High School
- Lake Central High School
- Rising Sun High School
- Gibson Southern High School
- Calumet New Tech High School
- Hamilton Southeastern High School
- New Albany High School
- Lighthouse College Prep Academy of Gary
This project was a data collection piece used to represent the statistics of teenage suicide (ages 13-18) in the United States. When creating this piece I felt that this was a topic that required a level of subtlety, but at the same time, deliver a sense of stark reality through the statistics. I carefully chose imagery to represent each part of the message I was trying to deliver. It began with the usage of the converse high top shoes hanging from the tree to symbolize the suicide of youth while conveying a sense of innocence in a way. The statistics from 2014, of the rates of deaths by suicide by age, were then represented through the knots in the shoe laces for each shoe (one knot represents a rate of 1.0 per 100,000.
Post-Purgatory

When I created the piece, I felt that the most important part of mental illness is understanding that there is beauty beyond what you may feel like is destroying you.
When I created this piece, I was feeling as if people have to hide their true feelings with a smile. They keep all their emotions hidden inside and expose their fake self to the public, trying to be someone they are not.
Spreading Color in Life’s Garden

Through this piece, the growth of community and the blooming of love within friendship is illustrated with the spreading of bright wildflowers. Even in our darkest moments, we are not alone, and with others, we can truly grow into something colorful and beautiful. Having a support system is essential in maintaining a healthy state of mind.
Addiction’s Pull

I was felt the weight that many Americans must carry with them as they battle their own addictions.
See Something; Do Something!

I feel that no one has to be alone. And yet, so many people are. I think if you see someone alone, or struggling, you should do something! Even something as small as a conversation can let someone know people care about them.
This piece represents being lost in thought or daydreaming on the ideas that take over the mind. While I struggle to focus on important tasks my mind always wanders to what troubles me, whether it be something that is already happening or something I fear could happen. I have always been one who has a wandering mind, since it helps me as a distraction whenever I feel lost. I feel as if this describes many others who constantly focus on the distractions in life.
I felt proud that I could draw about mental health issues, which is a very big part of my life. I hope this artwork can have this issue be talked about and seen as the important issue it is.
Mirth

When I decided to create this piece, I wanted to convey some kind of behavior that is crucial to managing my mental health. Laughter is a physiological response, consisting of rhythmical contractions of the diaphragm and other parts of the respiratory system. Even though we don’t do it voluntarily, it has quite a few health benefits. Laughter not only reduces muscle tension, but it also lowers anxiety. This is because cortisol, the stress hormone, is decreased when dopamine is increased, as a result of smiling and laughing, which in turn causes us to feel happier and more at ease. I notice this specifically when spending time with my close friends because, even if I feel anxious before hanging out with them, I always leave feeling a bit lighter and more peaceful. Dealing with intrusive thoughts from an Obsessive Compulsive Disorder or general lack of motivation is suddenly easier when I’m able to laugh in spite of it. Whether it be lighthearted jokes or gallows humor, I find that the ability to find comedy in everything is the secret to my resilience when life gets overwhelming.
Believe in Yourself and You Will Thrive

When I created this piece, I wanted to send the message that you can be anything you want to be as long as you believe in yourself. If you believe you can do anything in this world, you will truly thrive.
Overcoming the Darkness

I wanted to portray how through the struggles of mental health, everyone holds the strength to overcome their darkness, and to realize their true worth.
This was piece was created to help me express the feelings that I had building up in a mental rut of depression and stress. During that time, I felt as if I was trapped in the smallest space possible. After a while, the thoughts I had became so powerful that I felt like they took over. I felt as if when people saw me, they could see all of the bad that I felt about myself.
When I created this piece I was thinking about all the drama and bulling at school. Every piece of drama, rumor, or bulling starts by words coming from one person's mouth. There are many people out there that have thought about suicide or have committed it because of mean names, talked bad about, and rumors about them. People commit suicide because they think they are worthless and not strong enough to get through it when they are. It’s the good words that we don’t have in the world to save a person’s life.
Sinking Slowly

The opaque water symbolizes the negative thoughts swallowing me up and slowly sinking me while the flowers on the surface symbolize the positive things in life that I was trying to hold on to. Some of the flowers are being submerged as the negativity pulls them down.
The Deafening Silence
I took a more positive approach to the “Your Mental Health Matters” project. When I hit a low point in life I don’t like to add to the negativity I am feeling. With my piece I am trying to send a positive message. I hope that if someone who is really struggling sees my piece they will repeat the phrase, “You are enough!”, over and over again in their minds. I hope that reading those three simple words can help change somebody’s day or, hopefully, view of themselves.
Special Recognition

Children’s Mental Health Committee Members

- Bethany Ecklor-FSSA Division of Mental Health & Addiction
- Amanda Reuter-Adult & Child Community Mental Health Center
- Connie Young-FSSA First Steps
- Julie Bingham-Indiana Center for Children and Families
- Denise Senter-Reach for Youth
- Angie Tomlin-Riley Child Development Center
- Rebekah Gorrell-Mental Health of America Indiana
Youth Voice Matters

BE WHO YOU ARE!
AND SAY WHAT YOU FEEL
BECAUSE THOSE WHO MIND DON'T MATTER
& THOSE WHO MATTER DON'T MIND
- Dr. Seuss
Agenda

• Strategic Priority: Educational Outcomes
• Melaina Gant and Cathy Danyluk: Educational Outcomes Task Force Brief Update
Agenda

• Committee Brief Updates
  • Tyler Brown: Data Sharing and Mapping Committee Brief Update
Agenda

• Committee Brief Updates
  • Kathryn Dolan: Communications Committee Brief Update
    • Recommendation on annual report
Agenda

• Executive Director Updates
  • Julie Whitman, CISC Executive Director
    • Fiscal Map
    • Legislative Update
    • Awareness Efforts
    • Strategic plan implementation
Fiscal Map Example from VA

- https://app.powerbi.com/view?r=eyJrIjoiZGNhMGY4MmYtMDE3Yi00NTYyLThkMDgtZTRh
  ZTRlZjcyOTVmlipidCI6Ik5jkyZWJ1NTYyLWVjZDktNDdmYS1iMTA3LTA2NWViYjQ5OTY4ZSIsImMiO
  jF9
Agenda

• Discussion: Future Meeting Topics or other Items from Commission Members
• Next Meeting: June 20, 2018
2018 Remaining Meeting Dates
10 a.m. – noon
June 20 (IGCS, Conference Room C)
August 15 (IGCS, Conference Room C)
October 17 (Indiana State Library, History Reference Room 211)
December 19 (IGCS, Conference Room A)