

Minutes
Commission on Improving the Status of Children in Indiana
February 18, 2015, 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; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Mike Dempsey, Executive Director, Division of Youth Services, Indiana Department of Correction; Lilia Judson, Executive Director, Division of State Court Administration; Sean Keefer, Deputy Chief of Staff for Executive Branch Agencies, Senator Tim Lanane; Susan Lightfoot, Chief Probation Officer, Henry County Probation Department; Kevin Moore, Director, Division of Mental Health and Addiction; David Powell, Executive Director, Indiana Prosecuting Attorneys Council; Representative Gail Riecken; Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education; Chief Justice Loretta Rush, Indiana Supreme Court; John Wernert, M.D., Secretary, Indiana Family and Social Services Administration Greg Zoeller, Indiana Attorney General.

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

1. Welcome and Introductions. Sean Keefer opened the meeting. Each member of the Commission on Improving the Status of Children in Indiana (CISC) introduced themselves.
2. Approval of Minutes from the November 19, 2014 meeting. The minutes from the November 19, 2014 meeting were approved.
3. Task Force Updates.
 - a. **Child Services Oversight Committee.** Senator Carlin Yoder, Chair, presented the Child Services Oversight Committee (Committee) update. The Committee meets approximately three times a year. The Department of Child Services (DCS) under Director Bonaventura's leadership has been very helpful to the Committee. Their Committee has recently reviewed DCS caseloads, turnover rates with family case managers (FCMs), and the increase in Child in Need of Services (CHINS) case filings. DCS is currently conducting a workload analysis and hopes to have the results of the study in March. The increase in CHINS filings might be an alarming thing or it could mean that Indiana is doing a better job of identifying children who are in need of services. In November 2012, there were 12,881 CHINS cases, in November 2013, there were 13,918 CHINS cases, and in November 2014, there were 16,513 CHINS cases.

The current FCM turnover rate is 16.9%. Most other states are at that level or even higher. We need to continue to pay FCMs a fair wage. The longer FCMs are in the field the better they get and the better off children are. Court Appointed Special Advocates (CASAs) are

also very important because they build good relationships with children. We need to continue to support and build CASA programs.

Senator Lanane asked if there has been a comparison of the pay of FCMs to case managers in other states. Senator Yoder could not speak to the pay in other states but knows that Indiana recently increased the pay rate to \$36,000 for starting case managers. Director Bonaventura said a comparison study was done two years ago and DCS continues to review this to ensure that Indiana is paying FCMs a comparable wage to what they would be making in sister states. Senator Lanane said he appreciates the work that DCS is doing, but noted that this is a budget year and if resources need to be addressed; this is the time to do it.

Senator Holdman said it would be very helpful to the CISC and the public to have a summary report of what is going on in abuse and neglect cases. If there is an increase in cases, we need to know what is causing the increase and what is being done to address the issues that are causing the increase.

Director Bonaventura said DCS is in the process of analyzing the types of cases being filed. This information should be available within the next 45 days. She noted Indiana ranks second in the nation on the number of children who have parents who are incarcerated. Most of the parents are incarcerated because of drug-related offenses. Chief Justice Rush asked if there has been a significant increase in CHINS cases since November 2014. Director Bonaventura said DCS does a monthly snapshot of data. In July 2014, there were 14,961 CHINS cases, in November 2014 there were 16,513 CHINS cases and as of today there are approximately 17,000 CHINS cases. These figures do not include the number of Informal Adjustment (IA) cases, but does include Collaborative Care cases. Director Bonaventura explained approximately 15 months ago DCS added a new Collaborative Care program that added approximately 700 children to the caseload. The Collaborative Care program allows older children who previously had CHINS or delinquency cases to voluntarily return to care and receive services from DCS. Chief Justice Rush asked if the number of IA cases are up as well. Director Bonaventura said yes.

Superintendent Ritz said she thinks the number of abuse and neglect cases may actually be higher than what is being reported. She said the school systems are providing many wraparound services. There will be a State of the Classroom in Indiana documentary on WFYI on February 26, 2015 at 9:00 p.m. The documentary will feature five children who come to school with challenges. Of the five children featured, three of the cases are drug related. There is a lot of abuse going on related to drug and alcohol abuse, and not all of those cases are being reported.

Substance Abuse and Child Safety. Senator Randall Head, Chair. The Task Force has organized into subcommittees. The Subcommittees meet in person or by phone in between meetings of the Task Force in order to move the work along. The Task Force found there is a lack of mental health and substance abuse treatment available to juveniles in the Department of Correction (DOC). This problem may be able to be addressed without legislative action. The DOC said one of their problems is that they cannot get masters level

or undergraduate level students interested in becoming licensed clinical social workers to come into their facilities. Dr. Gallagher, a professor at Indiana University School of Social Work, South Bend, advised the Task Force that there are many students training to be licensed clinical social workers. The students would love to have the opportunity to go into the juvenile DOC facilities and help, but are concerned that an internship at DOC will not count towards getting their license. DOC does not believe this is an issue and thinks students should be able to get credit. This issue is close to being resolved.

Another issue identified is the lack of competency restoration in the juvenile justice system. Senator Head described the adult criminal competency process. He noted there is not an analogous process in the juvenile justice system. This is compounded by the lack of counselors and social workers in the juvenile justice system. There are many children involved in the juvenile justice system who have mental health problems. When these children are sent to juvenile DOC facilities, their mental health problems are often not address while they are there. These children often go back to the same communities, families, friends, and situations they were in before and they have not been helped. They often end up coming back to the juvenile justice system or the criminal justice system as adults.

The second area ripe for progress is the subcommittee on teen prescription drug abuse. The subcommittee has done data driven work that we should all be proud of. The committee last met on February 17, 2015 and is looking at emergency room records on drug poisoning visits by children under 18 by zip code, prescriptions to children under 18 for opioids, barbiturates and other drugs, school suspensions and expulsions for drugs by school district, juveniles on probation for drugs in addition to other data that the Task Force is able to get from the Data Sharing and Mapping Task Force.

The Task Force has identified Morgan and Shelby Counties to participate in pilot programs to help children who are in need of suicide prevention, substance abuse treatment, and mental health treatment. These counties were chosen because there is data available from the counties and because they have stakeholders and partners who are willing to work on these issues, not because they were identified as having significant problems.

The final item Senator Head shared was about a public-private partnership in Evansville started by Dr. William Wooten, a member of his Task Force. The program is called Youth First and has been in existence for over a decade and has helped thousands of children by working in partnership with schools. The Task Force will explore this program further to see if it can be expanded to other communities.

Chief Justice Rush asked if Indiana is ranked number one in teen suicides and if so, is it because of prescription drug abuse. Attorney General Zoeller said Indiana is ranked number one for at-risk youth, which means teens have reported suicidal thoughts or have risk factors for suicide. Chief Justice Rush asked where we could find data on the number of teen deaths due to overdose. The State Department of Health has the data.

Attorney General Zoeller said the DEA prescription rules now allow major pharmacies to take back old prescription drugs.

- b. **Infant Mortality and Child Health.** Dr. Jennifer Walthall, Deputy State Health Commissioner, Indiana State Department of Health, Co-chair.

The Neonatal Abstinence Syndrome (NAS) report required by Senate Enrolled Act 408 has been submitted. Educational materials have been identified and NAS pilot programs are planned throughout the state. The Labor of Love Campaign has launched. Work continues on perinatal regionalization. The perinatal levels of care certification standards have been completed and the hospital transport standards are being developed. There are eight hospitals participating in the perinatal regionalization pilot. Gaps in services have been identified through the pilot. The pilots will be completed at the end of the month and a new volunteering system will begin in March.

The implementation of local Child Fatality Review Teams is progressing. In October 2013, there were fifteen local or regional teams and in December 2014, there were approximately seventy-nine local or regional teams. The infant mortality state plan is in its infancy. The plan is comprehensive, ambitious, and optimistic.

The Task Force will soon shift its focus to child health. The Task Force will determine what topics to tackle, but has already had presentations on youth suicide from the Indiana State Department of Health (ISDH), Community Health Network, and Indiana Department of Education (IDOE) about where we stand on the issue. The Task Force will be presenting recommendations to the CISC in the near future.

Dr. Walthall concluded her presentation by reviewing the ten leading causes of death by age group in the United States as reported by the Centers for Disease Control (CDC) in 2012. This information will be used to guide the discussion of the Task Force over the next several months.

Dr. Adams, Indiana State Health Commissioner, introduced Art Logsdon, Assistant Commissioner, Health and Human Services, and Dr. Danielson, Medical Director, Indiana State Department of Health. Dr. Adams discussed the proposed Safety PIN (Protecting Indiana's Children) legislation. This legislation, if passed would distribute grant funds for reducing infant mortality. He highlighted statistics on a home visitation program and infant mortality rates. He noted the black infant mortality rate is nearly three times higher than the white infant mortality rate.

Superintendent Ritz commented that the Labor of Love Campaign is very visible. She encouraged everyone to see the 3D Infant Mortality display outside of First Lady Karen Pence's office at the Indiana Statehouse. Dr. Adams said the baby booties represents infant deaths in Indiana and noted that Allen, Lake and Marion Counties have the highest infant mortality rates. Superintendent Ritz offered the assistance of schools to help get teen mothers the care they need.

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

The Task Force has two separate and distinct mandates from the CISC. One is looking at data sharing and the other is mapping mental health and substance abuse services in the state. The Task Force is close to wrapping up the mapping project. The Task Force has been collecting data on providers of mental health and substance abuse services across the state. You will see these sources depicted in the map. There are two types of providers, one is mental health and substance abuse providers (i.e., entities, clinics, and centers), and the second is individual licensed providers. The Task Force also overlaid population data from the census and court data so that you can see how the provider numbers match up to the number of court cases (Children in Need of Services, Juvenile Delinquency, and Termination of Parental Rights). The Task Force cautioned against drawing too many conclusions from the maps. There is still more information that needs to be gathered. The maps reviewed only depict the physical location of the provider, not the service area. They also show all individuals with licenses, but we do not know if the individual is actually practicing. The maps provide a general sense of where there may be a need, but additional information is needed to be sure.

The Task Force believes they have taken the mapping project as far as they can take it. They believe any recommendations should come from the task force focusing on the specific subject matter area and recommending that the CISC stay connected to the work going on in this area by other organizations, including the IU School of Medicine. 211 Connect2Help (211) has accepted the database compiled by the Task Force and will continue to add providers and keep the database updated. The mapping project will result in more robust resources available through 211. There are two bills pending in the legislature pertaining to 211.

The Task Force continues to work on information sharing. Four Task Force members attended the Information Sharing Certificate Program at Georgetown University in December 2014. The team will be working on an information sharing project over the next year. The project will look at sharing information at the local level (case specific information), sharing information for research and policy purposes, and sharing information for evaluation purposes.

- d. **Cross-System Youth.** Judge Charles Pratt, Allen Superior Court and Don Travis, Deputy Director, Juvenile Justice Initiatives and Support, Indiana Department of Child Services, Co-chairs.

The Task Force membership is reflective of all the systems of the community that are involved in touching the lives of children. The Task Force has a dual focus. One is on dual jurisdiction/cross-over youth and the other is on cross-system youth.

Dual jurisdiction/cross-over youth are youth who are currently involved with the juvenile justice system and have previous involvement in the child welfare system, youth who have current involvement with both the child welfare and juvenile justice systems or youth that

who are currently adjudicated in both the child welfare and juvenile justice systems. The issue presented with dual jurisdiction/cross-over youth is getting both systems to work together to address the child's needs regardless to how the child entered into the system. The Task Force will be talking about significant legislation coming forward as well as pilot programs that will be spread throughout the state.

The focus of the Task Force work is on cross-system youth. Cross-system youth are youth who may be falling through the cracks. They often need services from multiple systems but have difficulty getting their needs met because of the different sector requirements. Cross-system youth are often couch surfers, homeless teens, teen runaways, older truants, and youth with mental illness.

Meeting attendance and participation has been very good. The Task Force has met eight times since January 2014 and have established three subcommittees. The subcommittees are youth children (ages 0-8), adolescent youth (ages 9-15) and transition youth (ages 16-21). Each subcommittee is looking at behavioral issues (truancy, school safety/security), mental illness (dually diagnosed-mental illness/developmental disabilities), educational needs (younger children, truancy, and young mothers), homeless youths, substance abuse of caretakers. The subcommittees have looked at mental health and homelessness issues to date.

The findings from the mental health study found that cross-system youth often enter the mental health system through their interactions with schools, emergency shelter facilities, juvenile detention centers, and law enforcement. Programs or initiatives that have been found to work for this population include the Children's Mental Health Initiative through DCS, which fills gaps in service delivery to this population; the Multi-Disciplinary Team (MDT) of state agencies working on behalf of individually referred children to find services and promote best practices; the Crisis Intervention Teams for youth in 12 counties in Indiana funded by the Division of Mental Health and Addiction (DMHA), and working in conjunction with law enforcement, local systems of care, and the National Alliance for the Mentally Ill (NAMI). There were also areas of need identified, including the creation common definitions, acronyms, and understanding of programs that affect children. The Community Mental Health Wraparound (1915i) should be expanded to include different populations (there needs to be an enhancement of service providers for this population); cross-disciplinary workforce training and worked with dually diagnosed population; first responders, law enforcement, and teachers need to be trained in de-escalation techniques.

The findings from the homelessness study found that there are two main definitions of homelessness used in Indiana. One is the McKinney-Vento definition used by the Indiana House & Community Development Authority, and the other definition used by the Department of Education (DOE). Programs or initiatives that have been found to work for this population include the Hearth Act of 2009, which allows shelters to serve families. Another is the Collaborative Care program through DCS, which offers services to transition youth aging out of foster care. The areas of need identified include a recognition that housing is part of the recovery process, a wraparound housing model is needed in addition to housing, housing for youth entering the community following a Department of

Correction (DOC) placement, and a crosswalk to map available funding streams for this population.

Next steps for the Task Force include 1) working with the Child Services Oversight Committee to study status offenses in Indiana. Status offenses are offenses committed by a juvenile that cannot be committed by an adult (i.e. runaway, truancy). There has been a lot of discussion whether status offenders should be classified as a delinquent or CHINS or as a completely separate category and what that should look like. 2) Review data and lessons learned from dual jurisdiction pilots and 3) Participate in the Cross-System Youth Summit on July 24, 2015.

Judge Pratt reported that the Juvenile Justice Improvement Committee of the Judicial Conference of Indiana has endorsed HB 1196-CHINS and Delinquent dual determinations. He said John Tuell, Executive Director of the Robert F. Kennedy National Resource Center for Juvenile Justice has written a letter endorsing the bill, in which he stated that the legislation, if passed, would put Indiana in the forefront in this area.

- e. **Educational Outcomes.** Dr. Susan Lockwood, Director of Juvenile Education, Indiana Department of Correction, Chair.

The Task Force has been meeting since July 2014. Before the Task Force started meeting in July, the U.S. Department of Education and the U.S. Department of Justice issued a joint statement on the objectives they supported regarding educational outcomes of youth who are court involved. The Task Force split the objectives into five areas, including funding, technology, transition, accountability, and access. The Task Force has not had the opportunity to address all of the objectives, but has spent time learning about transition, technology and funding. Regarding funding, the Task Force has learned that the money does not always follow the child if a child goes to a juvenile detention facility. Some school corporations do a good job of making sure that money gets to the child in the detention center, but other school corporations do not. In the Department of Correction (DOC) setting, the agency is allocated money by the state and the DOC is required to ensure that the child receives six hours of education per day. Members of the Task Force met with Tim Brown of the Ways and Means committee to address this issue. One solution could be for the Department of Education to establish a school corporation in order to be allocated school funding.

Detention centers and DOC have two different funding sources. The school funding formula is applied but it is difficult to determine how to allocate money to detention centers based on how many days a youth is there. The new detention center standards encourage courts, school systems and detention centers to develop a Memorandum of Understanding to determine how funding will be attributed to a youth.

The Task Force is not at a point where it can make specific recommendations. This issue still needs further study especially by the state Budget Agency. The Task Force has done all that it can do on this issue, it is now time for others to carry the work further.

The Task Force has spent a lot of time discussing transition and reentry. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) recently awarded Indiana a twelve-month planning grant to develop a comprehensive juvenile reentry implementation plan. The grant requires a statewide reentry task force. The Education Outcomes Task Force is filling this role. Two regional reentry task forces are doing most of the information gathering and is helping to identify barriers to reentry. Those barriers would then be funneled through the Educational Outcomes Task Force who could then make recommendations for policy or legislation as may be appropriate.

The Task Force has heard several transition presentations. There is currently a mentoring pilot program going on at the Madison Juvenile Correctional Facility. This pilot is a collaborative project among Indiana University, Hanover College and Oakland City University. There are also two technology pilots underway. One pilot is using securing wireless tablets at the Madison Juvenile Correction Facility and the other is using computer-based curricula in Vigo County.

The next steps for the Task Force are to continue fulfilling the role of the statewide reentry task force for the OJJDP Reentry Planning Grant, synthesize information gathered over the past month to determine the need for recommendations to the CISC, and gather additional information regarding accountability and technology.

Attorney General Zoeller asked if there are any statistics available on the average number of students committed to DOC or detention over the year, length of stay, and cost. In DOC, there is approximately 400 children in custody statewide on a given day. The average length of stay for girls is about three months and for boys approximately seven months.

4. **Update on progress of SEA 227-2014, Under Reporting of Crimes of Domestic or Sexual Battery** Representative Christina Hale, John Parrish-Sprowl, Ph.D., Director, Global Health Communication Center, Indiana University Purdue University, Indianapolis.

Dr.Parrish-Sprowl presented the preliminary results from the Adolescent Sexual Assault (ACE) study. Researchers are still collecting data from all 92 counties including from hospitals, schools, libraries, clinics, and community centers. The distribution of the survey creates anonymity and is voluntary. Thus far, have a response rate of between 20-25%.

The findings are strictly preliminary and could change. At this point, the findings are consistent with previously collected data in other states and in Indiana. The ACE summary data reveals 24% of total respondents reported that someone touched or fondled their body in a sexual way, 82.9% reported that this happened against their wishes, 97% reported that it happened with male abusers. The average age for this abuse was 12.47 years.

Additionally, 22.6% reported a relative who lived in their home was involved, 58.6% of assaults were by a family friend or person they knew, but who did not live in their household, 79.3% of assaults were from someone they trusted. Further, 70% involved verbal persuasion or pressure to get them to participate in sexual experiences, 31% were being given alcohol or

drugs, 13.8% involved threats to harm them if they did not participate, and 39.9% were being physically forced or overpowered to make them participate.

Focus groups were held with high school teachers. The focus group discussion revealed that the process of reporting is often not clear to students or teachers, and that both students and teachers may be reluctant to report for fear of repercussions. Some teachers see the system as active but think it should be proactive, that support resources are often either insufficient or nonexistent to facilitate the best handling of the situation, and state that teachers are often told not to talk about the topic of assault and abuse in their classrooms, Male teachers are often afraid to have such conversations with female students. Students are often willing to have the hard conversations if given the space to do so, and teachers observe abuse from within adolescent couples due to the general way in which students learn to relate to one another.

Our system does not provide a sense of safety necessary to increase reporting. Adolescents often do not feel safe to report and teachers often do not feel safe in reporting. Until the consequences of reporting are viewed as better than the consequences of not reporting we should not expect much change in the numbers. Our system is more likely to achieve that if it is designed to be proactive rather than reactive. A system that focuses on improving relationship practices and reducing fear is one that is more likely to achieve improvement than a system that relies on punitive measures.

5. **Future Topics.** It was decided by consensus that the May 20, 2015 meeting will focus on mental health and addiction.