



# Commission on Improving the Status of Children in Indiana

<b>Committee/Task Force:</b>	Child Safety & Services Task Force		
<b>Date of Meeting:</b> (MM/DD/YYYY)	April 8, 2019	<b>Time:</b>	9:00-11:00 a.m.
<b>Minutes Prepared By:</b>	Ann Davis	<b>Location:</b>	Government Center South-Conference room D

**1. Meeting Objective(s)**

Review status of strategic plan objectives & updates

**2. Standing Members**

Name	Organization	In Attendance (X indicates present)
Zachary W. Adams	IU School of Medicine Department of Psychiatry IUHP Psychiatry & Behavioral Sciences	
Chris Daley	Indiana Association of Child Resources and Advocacy (IARCA)	
Mark Fairchild	Covering Kids & Families of Indiana	
Racheal Fisher	Lutherwood	
Maureen Greer	Indiana Perinatal Quality Improvement Collaborative	
Matt Hagenbush	Office of Court Services, Indiana Supreme Court	
Jason Murrey	Indiana Family & Social Services Administration (FSSA)	X
Sandy Runkle	Prevent Child Abuse Indiana	X
Deanna L. Szyndrowski	SCAN, Inc	
Sarah Sailors, Chair	Indiana Department of Child Services	X
Shireley Payne	Indiana State Health Department	X

**3. Staff/Guests**

Name	Organization
Jean Crane	Care To Change – Hendricks County
Ann Davis	Indiana Association of Child Resources and Advocacy (IARCA)
Susan Elsworth	INOFAS
Parag Patel	Community

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Julie Whitman	Executive Director, Commission on Improving the Status of Children in Indiana		
4. Updates/Old Business			
<b>Topic</b>	<b>Main Points</b>	<b>Recommendations/Decisions</b>	
Approval of minutes from previous meeting	N/A		
5. New Business/Presentations			
<b>Topic</b>	<b>Main Points</b>	<b>Recommendations/Decisions</b>	
1.1 Support efforts to prevent child abuse & neglect	Sandy Runkle provided an update on presentation to the CISC at the December 19 <sup>th</sup> and February 20 <sup>th</sup> meetings recommending need for a statewide child abuse prevention framework. Indiana has primary and secondary prevention efforts present, but they are not necessarily coordinated. The framework would focus on the prevention of child maltreatment. Kids Trust Fund will contribute \$50,000 to the efforts. Meeting next with several stakeholders, including Chief Justice Rush, Dave Powell, and Terry Stigdon, to be on the same page about the definition of maltreatment		
1.2 Support efforts to ensure the safety of children in state care.	Sarah reported that the group is meeting regularly and looking at ability to capture information on a statewide level. Residential programs report on total number of incidents not whether it's the same child. Hostpials provide different data. What would uniform collection look like and how can that be done?	Timeline for objective should be determined. Update on data collection to be given to the Commission.	
1.3 Promote programs and services that support older youth with successful transitions to independence	Brent Kent has resigned from the Task Force. Sarah will reach out to Anisa Evans, DCS Older Youth Initiatives Manager to possibly take his spot. This subcommittee had some success last year with the Commission approving their recommendation to extend foster care until age 21 and voluntary services for older youth to age 23.	Sarah will reach out to Anisa Evans, DCS Older Youth Initiatives Manager to possible take spot of Brent Kent. Could this definition include other youth rather than just foster youth. Include kids from DDID and/or DOC?	
1.4 promote the practice of funding for money that follows the family/child	Waiver program ended.		
1.5 Study & evaluate barriers to receipt of Medicaid for prevention, early intervention, and treatment	Mark Fairchild not present	Scheduled to present update to Commission on May 8 with update to committee prior to this. Will hold presentation until Mark presents to Task Force.	

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1.6 Promote an improved understanding of the impact of trauma on children and youth and the efficacy of trauma informed practice.	<p>Subcommittee has met and would like to develop a trauma website for Indiana to allow for statewide source for shared definitions of child trauma and resiliency as well as training opportunities. DMHA had funds left in SOC grant and are in the process of putting this together. Fairbanks and Lilly Endowment have a grants for school counseling and social-emotional programming in schools and are doing some evaluations of the programs. Know that it takes a culture change within the school. Plainfield School is implementing a full time position and implementing trauma informed care for entire school.</p>	<p>Practice changes because of training. What outcomes will be in place to measure effectiveness of training?</p> <p>What are potential policy changes needed?</p> <p>If information is on the website does that mean the trainers have the correct credentials and the training is being endorsed?</p>	
1.7 Coordinate and communicate child safety efforts with the Indiana Perinatal Improvement Collaborative	<p>Continuing to make progress on the study of neonatal abstinence syndrome and moving to phase two. 29 hospitals are involved in the collaboration. Infant mortality is a concern of the Commission and the rate as a state has gone down from previous years but black infant mortality went up. Need to take plans to the community to find out barriers and remove barriers. How do you get to those families to help achieve the outcome? Identified 16 zip codes that have high rates of IM and should be targeted for improvement. Social determinants of health such as ability to access safe housing, nutritious foods, transportation, lack of providers, not accepting new patients, or accessibility. Build rapport with Medicaid providers for improvement. HB 1007 will that create an OB navigator program.</p> <p>DCS is helping coach their staff regarding safe sleep especially during naps, etc.</p> <p>HB 1547 allows pregnant 16- and 17-year-olds to make their own decisions about prenatal, delivery, and postpartum care but requires a health care provider to make a reasonable effort to contact a minor's parent or guardian.</p> <p>SB 170 would have DCS prepare an annual report on child fatalities due at the end of the calendar year which is in line with Department of health which will be good for communities to see both reports at the same time with same info to work on prevention.</p> <p>Education isn't enough. Must change behaviors.</p>	<p>Initiative information/education on front end (prenatal care) rather than after child is born. Pediatricians can also reemphasize this during check ups.</p> <p>Children still need attention after the first year. Safety planning with all moms would be helpful not just moms with a history of substance abuse.</p>	

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1.8 Coordinate with the Indiana State Suicide Prevention Advisory Council	<p>Jason reported that suicide focus on the child fatality report this year. When a parent refuses mental health treatment for their child it is difficult to challenge this. Adults can be held but parents must give consent for child to be held and a parent may indicate they have chosen a different route of treatment. Evidence must be provided for the court to intervene under current CHINS definitions.</p> <p>Zero Suicide: Alice Jordan-Miles of Purdue University Fort Wayne was awarded a state contract to boost Indiana's suicide prevention and intervention initiatives. A theater program is being developed in Bartholomew County to bring awareness to the schools.</p> <p>Indiana has five National Suicide Prevention Lifeline centers and each has been awarded \$250,000 for recruitment and strategy to increase availability of phone lines: Families First, Connect2Help, A Better Way Services, Mental Health America of Tippecanoe County, Inc., &amp; Crisis Connection. These agencies cover 39 counties mostly Indy and north. DMHA has distributed \$400,000 to the Indiana Suicide Prevention Network Advisory Committee to develop a repository and localsuicide prevention plans with money being spent by September 30. The goal is that models &amp; standards are maintained.</p> <p>Mandatory reporting call back those who have called the prevention hotline.</p> <p>AFSP walks help keep suicide prevention on everyone's radar.</p>	<p>Jason willing to cochair the subcommittee.</p> <p>Does Leslie Hulverhsorn still want to be a part of this subcommittee?</p> <p>Subcommittee to study the issue of parents right to refuse treatment and involuntary commitment of children in danger of harming themselves. Look at current case law and what other states are doing.</p>	
3.Executive Director updates	<p>Startegic plan to be updated this summer and will be approved by the end of 2019, to begin in 2020. Consultants will do surveys and interviews for input or what to add, remove, or change.</p> <p>Julie would like to add disabilities and sexual violence.</p> <p>Draft plan presented at Ocotber CISC</p> <p>Annual report will be completed with a bill in legislation to move the the due date from from July 1 to September 1. May 3 will send out to cochairs a template to submit with info due June 7.</p> <p>Adding outcome or accountability to the Commission's agenda. Actions of Commission and letting them know what happened.</p> <p>Agenda items should be sent to Julie. Next meeting of commission is May 8.</p>		

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4. Communication	Communications Committee is working on a Ceremonial bill signing on May 8. Possibly HB 1075 Human Trafficking				
5. Data needs	This group respond to data request from Task Forces and can gather information if you are trying to find data to answer questions. The Commssion promotes information sharing. Have developed the data sharing app				
Guest Patel	Felt strongly about youth development and wanted to come today. Children in India had a campaign with limited resources to change substance abuse in their country. Called a meeting with Dr. Jennifer Walthall, CPS, youth development organizations, faithbased, & non faithbased to see what could be done here.				
<b>6. Action Items (Include recommendations/queries for Executive Committee)</b>					
<b>Action</b>		<b>Responsibility</b>		<b>Due Date</b>	
Sarah to reach out to Dr. Hulvershorn to ask about subcommittee on juvenile mental health commitment		Sarah sailors		May 20	
<b>7. Adjournment</b>					
<b>Action</b>				<b>Time</b>	
				11:00 a.m.	
<b>8. Next Meeting</b>					
<b>Date:</b> (MM/DD/YYYY)	May 20, 2019	<b>Time:</b>	9:00-11:00	<b>Location:</b>	Government Center
<b>Topics/Objective(s):</b>					