

# Commission on Improving the Status of Children in Indiana

# **Meeting Minutes**

Commission on Improving the Status of Children in Indiana Wednesday, February 23, 2022 Indiana State Library, History Reference Room

☑ Christine Blessinger, Director, Division of Youth Services, Department of Correction
oxtimes Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
⊠Senator Jean Breaux
$\square$ Jay Chaudhary, Director, Division of Mental Health and Addiction
☑ Bernice Corley, Executive Director, Public Defender Council
⊠Representative Dale DeVon
⊠Senator Stacey Donato
☑ Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
⊠Kory George, Chief Probation Officer, Wayne County Probation Department
□John Hammond IV, Office of the Governor
□Zac Jackson, Director, State Budget Agency
☑ Dr. Katie Jenner, Secretary of Education
☑ Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
□Todd Rokita, Indiana Attorney General (non-voting member)
⊠Hon. Loretta Rush, Chief Justice of Indiana
☑ Dr. Dan Rusyniak, M.D., Secretary, Indiana Family and Social Services Administration
☑Terry Stigdon, Director, Indiana Department of Child Services
☐ Representative Vanessa Summers
☑Stephaney Knight, Youth Commission Member
□Dejuna Rodriguez, Youth Commission Member

### 1. Welcome and Introductions

Chief Justice Rush called the meeting to order at 10:08 and welcomed all Commission members and guests.

# 2. Consent Agenda

**Action:** The consent agenda, including December minutes, was moved by Dr. Rusyniak, seconded by Senator Donato, and approved 11-0.

#### 3. Strategic Priority: Juvenile Justice and Cross-System Youth

# a. Presentation by Julie Whitman, Executive Director

#### HB 1359-update on task force recommendations

Julie informed the Commission of the Juvenile Justice Reform Task Force legislative process. Julie discussed which projects would fall under the Commission and the responsibilities the Commission will take if the bill passes. Julie discussed how the next presentation will show what work was done by the Juvenile Justice and Cross-System Youth Task Force on best practices for reintegration. Julie explained that one of the proposals of 1359 is to create grant opportunities for reintegration programs for local counties.

**Discussion**: Chief Justice asked if it was possible for future programming to be funded by JRAC. Chief Justice talked about how she would like to explore possible funding streams that are a part of DOC. Christine stated that there is money in Community Corrections but nothing specifically for reintegration, that would have to be explored. Julie explained that one of the proposals of 1359 is to create grant opportunities for reintegration programs for local counties. Rep DeVon asked if they were discussing reintegration services for state facilities, county facilities or both. Chief Justice stated that she thinks it is only for the state, Julie followed up confirming that 1359 specifies state facilities but those studying the topic think it should be broader.

# b. Presentation by Joel Wieneke & Casey Pederson, Juvenile Reintegration Subcommittee Recommendations on reintegration of youth after out of home placement

Presentation can be found on slides 5-31 of the meeting PowerPoint. Joel discussed the benefits of reintegration as well as the recommendations the subcommittee is proposing in order to improve outcomes for youth in the Juvenile Justice system. Joel pointed out the key factors of reintegration as family engagement, housing, supports, targeted educational and employment programs as well as mental health and substance use treatment. Joel presented facts on each of the key factors and specific plans on how to address housing, supports, mental health and substance abuse treatment, targeted educational and employment programs in a way that supports youth and families. Next, Casey Pederson presented findings from a state-wide survey that captured perspectives from individuals working in the Juvenile Justice system on how Indiana is meeting best practice guidelines for re-entry services. Joel ended the presentation by going over each recommendation in more detail and asked that the Commission adopt these recommendations and transmit them to the Juvenile Justice Oversight Body if House Bill 1359 passes. Once done Joel asked the Commission, in regard to the recommendation to "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." Joel stated the research he completed did not show a number for how many days a child should be in placement before reintegration is thought of. Therefore, he stated a decision would need to be made by the CISC or studied by the Juvenile Justice Oversight Body once established making that recommendation more specific.

**Discussion:** While reviewing slide 16 Joel stated how youth going into the Department of Correction is a very small subset of youth going in and out of placement. Chief Justice asked what group was the small subset? Children coming out of DOC compared to local detention and residential? Joel responded yes and pointed out the population of DOC at this moment compared to the kids that are in the juvenile system. Chief Justice stated that Director Stigdon informed her there were about 500 children in residential care connected to DCS. Chief Justice

asked how many children were in local detention centers each year. JDAI keeps numbers for the counties they serve, however no one in the room was aware of an average number for the state. Dr. Jenner spoke on the goals listed under target education and employment programs. It is recommended that the employment training should be connected to the child, and Dr. Jenner asked if the students will have work-based learning in the community or work-based learning in the facility. Joel informed Dr. Jenner that will be determined by the facility a child is placed at. Joel stated that if they are at the DOC, opportunities in the community are limited. Joel discussed skill-based training and how that would be used in place of going out into the community. Dr. Jenner asked if there were any best practices being done in the state that Joel would say are doing things well in regard to education and work-based learning; Joel did not know. Senator Breaux asked if there was a current parole program for children in DOC. Christine and Joel responded yes, however it does not apply to all children for several reasons. Christine defined which youth are assigned to parole and who would cover services if offered by the DOC. Joel stated the recommendation from the Task Force was to focus on services to be county based once children are released from DOC. Joel is hoping for concurrent jurisdiction to keep track of kids and to stay updated on their progress. Chief Justice discussed the legislative gaps surrounding jurisdiction and unknowns on how those issues will be resolved. Christine also pointed out that services have to be tied to something in order to justify funding. Senator Breaux asked if children are always returned to the jurisdiction of their home. Joel said the children will always be returned to their family as long as the family is still involved in their lives. Kory was able to confirm during the meeting that the average daily population in secure detention for all JDAI sites is 203. Chief Justice asked if there was any research that suggested the amount of time a child should be in placement before reintegration is discussed. Joel stated there was not and suggested that if the bill passes this timeline could be studied by the Juvenile Justice Oversight Body. Chris Naylor stated how employment stood out in the survey. Chris asked if there were any plans to address the availability and accessibility of employment opportunities. Joel stated he didn't have any ideas at this time but is hopeful local communities will fill those gaps. Chief Justice talked about how there needed to be a change across the Criminal Justice system to connect individuals to employment. Joel gave an example of how a battery charge stopped a youth from attending Job Corps. Chief Justice stated employment will be looked at once the Juvenile Justice Oversight Committee is established. Christine asked if the vote was on the concept of the recommendations. Chief Justice said the motion would be to submit these recommendations to the Juvenile Justice oversight committee for further work to be done.

Action: Representative DeVon made a motion to submit the recommendations to the Juvenile Justice Oversight Committee, Bernice Corley seconded the motion. The motion was approved 14-0.

- 4. <u>Strategic Priority: Mental Health and Substance Abuse</u>
  - a. Presentation by Dr. Gabriela Rodriguez, IU School of Medicine Multi-systemic Therapy Pilot Program

Presentation can be found on slides 33-50 of the meeting <u>PowerPoint</u>. Dr. Rodriguez shared with the CISC the history of MST, evidence of effectiveness, populations served, benefits the state could see if MST is used and planned next steps. Dr. Rodriguez presented data on states that had adopted MST and how it positively impacted the state. Dr. Rodriguez played a video for the Commission members that further broke down MST step by step.

**Discussion:** Representative DeVon asked what kind of drugs they were surveying on slide 41 when reporting outcomes for youth. Dr. Rodriguez responded that she doesn't know if it was specific drugs but felt they were covering all drugs and would be interested in finding data that breaks it down based on substances. Chief Justice asked how many therapists in Indiana were MST trained. Dr. Rodriguez stated that she is aware of only one team that has recently completed training with Ty Rollison at Choices. Chief Justice and Dr. Rodriguez stated that MST used to be done in Tippecanoe County. Chief Justice asked if they had been talking to community mental health providers around the state. Dr. Rodriguez stated that they sent out interest emails to community mental health providers this week and have received 8 responses so far from those that are interested. Director Stigdon commented that the barriers for using MST in the past have been financial therefore having funding available would be a huge help to get it going again. Director Stigdon said through the 4e clearing house and Families First MST is well-supported. Director Stigdon sees a vision for sustainability once it gets going. Dr. Rodriguez followed up with how the funding will help and specified what Medicaid would pay for. Chief Justice mentioned the potential cost reduction MST would offer in place of having children in residential care. Bernice mentioned the information on slide 40 in regard to the reduction in arrest rates and asked Dr. Rodriguez what were the contributing factors. Dr. Rodriguez stated it was multiple factors such as families having options of who they can call in times of crisis in place of calling the police and it has not been looked at systematically in the research. Dr. Rodriguez spoke to how communities are also involved in the MST process. Senator Breaux also pointed out on slide 40 and asked why only 3% of clients experienced a reduction in financial problems. Dr. Rodriguez referenced the data and how it was post 22 years but would imagine that the number is higher directly after MST. Senator Breaux asked if there was a child MST does not work for. Dr. Rodriguez stated youth who are involved with gangs have been shown to not be a good fit for MST. Chief Justice added that having a parent or caregiver in the home is also a requirement for MST to work; Dr. Rodriguez agreed. Chief Justice stated she asked Director Stigdon if there was any money in Families First for MST. Chief Justice asked who oversaw the project, Dr. Rodriguez stated MST Services provides oversight to ensure program consistency and fidelity. Chris Naylor asked what was distinct about MST. Chief Justice responded that It's unique because it is home based and has consistent access to therapy. Chris Naylor followed up by asking how it was different from mobile mental health services. Chief Justice stated it is different due to the techniques they use in MST. Dr. Rodriguez also says there is a tracking system for fidelity unlike other services; as well it is family service approach instead of individualized services. Korey asked if there was funding other than Medicaid for vulnerable children. Dr. Rodriguez said they can bill any insurer, but other funding streams are needed due to the intensity of services and cost. Chief Justice informed CISC members of the Mental Health Summit and what it will have to offer. Senator Breaux asked if there is a demographic breakdown on which kids that have access to MST. Dr. Rodriguez said MST has been tested with all demographics and if done in Indiana that data could and should be tracked in order to target most at risk youth.

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

a. Presentation by Amanda Lopez, Transform Consulting; Hannah Robinson, DCS; Shannon Schumacher, The Villages

Prevention Framework and Toolkit Final Products and Implementation

Presentation can be found on slides 52-68 of the <u>PowerPoint</u>. Amanda began the presentation by informing the Commission about the history, background, purpose, principles, and goals of the Framework. Amanda then reviewed the process and elements of the Framework and toolkit. Next, Hannah Robinson explained the dissemination plan for the toolkit, including communication goals and strategies. Lastly, Shannon discussed the implementation plan which can be found on slides 64-65. Prevent Child Abuse will be the main disseminators of the toolkit to bring awareness to communities about the Framework.

Discussion: Chief Justice asked had the group looked at other funding sources, possibly Casey, to pay for additional funding support to help facilitate the framework and toolkit in communities. Chief Justice and others agreed that child safety and prevention is a community effort. Shannon reiterated that Prevent Child Abuse will be a key factor in getting the toolkit to communities but agreed with Chief that funding was limited, and more partnerships were needed. Chief Justice asked Dr. Rusyniak were there any possible funding streams in the CARES Act dollars that could help provide facilitation in communities for the framework toolkit. Dr. Rusyniak said he was unsure but there is funding available that could possibly support it. Julie informed the Chief that Jay Chaudhary will be presenting at the next CISC meeting to go over how those funds are being used. Chief Justice asked if he could be contacted before the next meeting, Julie will plan to reach out to him. Dr. Box talked about Healthy Families as a potential disseminator due to their interactions with families and new mothers in the community. Director Stigdon discussed the benefits of having Healthy Families programs use the framework. Dr. Box talked about other possible partners to push the framework and toolkit into the community. Shannon agreed to the benefits Healthy Families could bring if pulled in. Dr. Box also stated how Nurse Family Partnership could benefit from being involved as well. Amanda shared that during establishing a community partnership they were able to identify philanthropic partners that may be able to provide funding and sharing the toolkit. Amanda validated further support will be needed. Korey George pointed out on page 6 there are 9 counties listed, and he asked what was special about those counties. Amanda explained those were the 9 counties involved in developing the toolkit.

#### 6. <u>Executive Director and Committee Updates</u>

Julie Whitman presented updates about the current status of the Commission Evaluation. Julie informed the group that Transform Consulting was selected as the contractor, and the Commission can expect to hear from them. Julie also asked for volunteers for the steering committee and informed everyone the first meeting is March 11, 2022. Julie outlined the beginning plans for the evaluation process. Julie also provided the Commission members with a legislative update on bills related to children and families.

#### 7. Next Meeting

The next meeting will be April 21, 2022, 10am-12pm at the Indiana State Library, History Reference Room

The meeting was adjourned at 11:58am.