



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, October 20, 2021

Indiana State Library, History Reference Room

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- 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

John Hammond called the meeting to order at 10:00 and welcomed all Commission members and guests.

2. Consent Agenda

Action: Approval of the minutes of the August meeting, was moved by Chief Justice Rush, seconded by Terry Stigdon and approved by a vote of 11-0. Two votes were completed related to the consent agenda. Approval of

the co-chair appointments was moved by Zac Jackson and seconded by Chris Blessinger, and approved by a vote of 11-0.

3. Strategic Priority: Data Sharing and Mapping Committee

a. **Presentation by Tamara Weaver, Office of the Attorney General
Information Sharing Guide: Demonstration of Updated App**

Presentation was provided by Tamara utilizing the app via [Information Sharing Guide](#) website. Tamara did a step-by-step demonstration on how to use the app. Tamara explained how each section of the Information Sharing Guide works and what messages a user will receive when requesting and searching for information. Tamara also showed an example of how to use the docs tab in the App. Tamara went over how to modify sample documents located in the app sto that users can download and submit to the agency they are seeking information from.

Discussion: Chief Justice asked how many people had accessed the app. Tamara informed the group that about 100,000 individuals had accessed the app. The hope is that the update to the app will create more traffic to the App.

4. Strategic Priority: Educational Outcomes

a. **Presentation by Bart Doan, Indiana Department of Workforce Development, Positive Discipline Subcommittee
Corporal Punishment**

Presentation: Tabled, Date TBA

Discussion: John Hammond informed everyone that due to the absence of Dr. Katie Jenner this matter would be rescheduled for a future meeting.

5. Strategic Priority: Mental Health and Substance Abuse

a. **Presentation by Chris Drapeau, Indiana Suicide Prevention Coordinator, DMHA
Indiana's Plans for Suicide Prevention and 9-8-8 implementation**

Presentation can be found on slides 9-29 of the meeting [PowerPoint Presentation](#). Dr. Drapeau discussed Indiana's current rate of suicide. Dr. Drapeau pointed out that suicide rate for drug overdose has not decreased, and the rate of suicide in Indiana for African Americans has remained above national average. As it relates to African Americans Dr. Drapeau discussed how they compare to white Americans that go to the Emergency Department for suicide related thoughts. Risk indicators are increasing in Indiana despite suicide rates going down. Dr. Drapeau pointed out the largest suicide rates in the state based on geography and age. As a response a shared responsibility system has been put in place and can be found on slides 17-18. A formal process has been established and can be found on slides 19-20 on how to reach state suicide prevention goals. Dr. Drapeau provided an update on 9-8-8 National Suicide Prevention Lifeline. The goal is to have this as a permanent resource that provides a direct connection to care as a response to calls related to suicide and mental health crisis. The system and plan of how 9-8-8 will be utilized in Indiana can be found on slides 21-28.

Discussion: Chief Justice Rush provided feedback that 9-8-8 will be promoted by the state as a phone number for mental health related crisis and not solely suicide. John Hammond asked how 211 will interact with 9-8-8 once it is established. Dr. Drapeau responded that the plan is to work with 211 but 9-8-8 will be a higher level of care by providing more of a crisis response such as locating a mental health provider for immediate interaction for the caller compared to providing a resource to call. Chief Justice asked if law enforcement and probation representation is on the committee of how to use 9-8-8 due to their interaction with the community. Dr. Drapeau informed Chief Justice Rush there were members from those sectors on the committee and encouraged her to suggest anyone she thinks could benefit from being involved with planning for the roll out of 9-8-8.

Representative Summers asked if a plan had been put in place to target the African American community due to the disparities in that community as it relates to suicide. Representative Summers expressed that more needed to be done in addition to cultural competency efforts as outlined on slide 19 to target suicide prevention in the African American community. Dr. Drapeau responded that he has been looking for those that are experts in that area to create a task force on that matter, but he has not found them. Representative Summers said she would assist in finding those experts.

Bernice asked what platform 9-8-8 data dashboard will live on MPH or somewhere else. Chris responded that has yet to be determined. Dejana asked what the plan is when people call 9-8-8 and they decide they want to receive services. Dr. Drapeau outlined that the plan is to have a mobile response team as one of the services offered or an acute stabilization unit that is a step down from the ER, however these response systems are still in the logistics phase.

John asked Stephaney and Dejana if they had heard of 9-8-8 or 211 and they responded they had only heard of 211 only. Chris Naylor asked what call center will receive 9-8-8 calls and will it be based on their geographical location. Dr. Drapeau does not have an update on how that will work since the current suicide hotline routes calls based on area code. Dr. Drapeau is hopeful that technology will be available. Chris Naylor asked if there were plans to target how social media relates to teenage suicide. Dr. Drapeau responded at this time there is not. However, Dr. Drapeau shared that there is a 5-year SAMHSA grant and the goal is to get a youth advisory board together to address suicide risk and commonalities in youth.

Representative Devon asked about present knowledge or data on active suicide and if those individuals reached or did not reach out to 211 or other platforms and were successful. Dr. Drapeau referenced that the suicide hotlines are typically anonymous but data from the National Veterans suicide crisis line shows that suicide risk decreased once individuals reached out for help. Dr. Drapeau stated he would be open to collecting that data if anonymity could remain for those seeking suicide related intervention.

Stephaney asked if training will be done with law enforcement on how to utilize 9-8-8. Dr. Drapeau responded that is the plan but details are not available on what that will look like. Dejana asked, based on personal experience, will there be those with lived experience taking calls on 9-8-8. Dr. Drapeau discussed that peer support is being considered. Dr. Rusyniak spoke on how 211 can assist in providing a warm hand off to 9-8-8 after assisting callers in providing other helpful resources.

6. Strategic Priority: Juvenile Justice and Cross-System Youth
Presentation by Coleen Connor, Executive Director of Tippecanoe County CASA and Dianna Huddleston, ASPIRE Senior Director of Outpatient Services
Family engagement in juvenile justice-findings and gaps

Presentation can be found on the meeting [PowerPoint Presentation](#) slides 32-54. Colleen started the presentation by defining dual system youth as requested by the Chief Justice. Colleen discussed the objective of the JJ and CSY Task Force Subcommittee and how it was created. Dianna explained in detail how the objective can guide and provide insight on how providers can better serve children and families. Colleen shared that there appeared to be discord in the state on knowledge of programs serving families. Colleen shared that a survey was completed in 2020 to collect data on how systems in Indiana were family-focused. Dianna presented counties that are using JDAI's Eight Core Strategies, as seen on slide 50, that improve youth outcomes. Dianna provided examples of counties who have programs that are creative in addressing youth and families in the system as found on slides 51 and 52. Colleen presented on hopeful next steps in order to see better outcomes for juvenile justice youth.

Discussion: Bernice asked if the FAST panel is available in situations of both status offenses and things that would be crimes. Colleen responded by saying she believes that would be true. Representative DeVon asked why the other counties are not participating with the JDAI. Colleen responded that it is a combination of not being aware of funding, resources. Representative DeVon talked about was there a way to include parenting education in schools. Dianna informed him there is general information about parenting in schools but more

work could be done. DeJuna asked would there be information related to brain development when working with youth and parenting. Dianna informed the group that the JDAI has a system in place to teach the community about youth brain development. Kory asked were there any thought of plans for the six foundational pieces on how they would be taught to communities. Colleen informed him that there would be future training on how to implement meaningful family engagement. Christine B. asked what the recommendations would be to change the name of Parenting Classes. Dianna suggested calling it what it is such as “Health Education for Children” or “Teaching the Child Brain.”

7. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation by Hon. Kim Dowling, Delaware Circuit Court

Commercial Sexual Exploitation of Children (CSEC) Subcommittee update

Kim presented on the screening tools the subcommittee has developed for probation officers, health care and law enforcement across the state. A survey was administered to the 11 counties that used those tools to find out the effectiveness of tools. Each sector has their own tool. Judge Dowling is hoping to roll out tools to the entire state. The tool is designed to identify red flags that will prompt a call to the Department of Child Services. Once the funding is available to print more “quick indicator” cards, the goal is to provide trainings on how to use the tool. The tool has also been provided to teachers and a free training video was created. A regional map was created with the DCS regional contacts for child trafficking, in order to help law enforcement and DCS connect locally when questions or concerns arise as a result of the tool. There is also a regional coordinator to facilitate contact from DCS and law enforcement. There are two legislative actions the subcommittee is still pushing. (1) Appointment of legal representation when a child has been identified as CHINS as a result of human trafficking reports. Despite attempts that has not been passed. (2) Change code as it relates to purchasing sex. Current code is a level 5 felony for purchasing sex and it does not matter the age of the individual whom sex is with. The goal is to make it a level 4 felony if purchased sex is with a minor. This legislative item will be pursued the next session. Lastly, Judge Dowling presented that the subcommittee is working on legislation that would require to all healthcare providers and medical students to complete training on trauma informed care, including human trafficking. That is only in the discussion phase.

Discussion: Representative DeVon asked about the cost of assessment cards, Judge Dowling has not completed a final dollar amount but is anticipating it being a couple thousand dollars. Chief Justice asked what the numbers were for child trafficking in Indiana. Judge Dowling indicated there is a possible decrease but that could be due to the COVID 19 pandemic. Judge Dowling indicated that more training is needed to educate on how to report and see signs of child trafficking. DeJuna asked what training was in place for children to see the signs of trafficking, specifically in the schools. Judge Dowling reported that in Delaware county they work with the schools to host presentations. Nothing is organized statewide. DeJuna asked if it would be possible to pass a law for mandatory education in schools. Judge Dowling indicated it would require funding to support child trafficking education across the state as well as having a logistics plan in place to implement the education. Dr. Dan asked if there was more data on which health care providers are seeing possible trafficking victims. Judge Dowling shared that anecdotally, it is typically seen in the ER, but at this time the data is not available. Representative DeVon asked what legislation could do to assist. Zac Jackson asked if there was any data showing effectiveness of assessment cards. Judge Dowling stated that the state of Washington has data on the effectiveness of the tool. Zac Jackson also asked about the effectiveness to help with getting funds for printing. Judge Dowling talked about the lack of education in health care about trafficking. Dr. Dan talked about using medical records as a way to generate an alert system or tool. Judge Dowling agreed that would be a good system to have in place. Terry stated that the cards need to go along with education in order for health providers to differentiate trafficking victims from non-trafficking victims. DeJuna asked what other services are in place for sexual abuse victims to get help in ER’s in addition to DCS. Terry responded that the goal of DCS is to begin to have families trust DCS for resources by providing education.

8. Strategic Priority: Child Health and Safety

**Presentation by Sandy Runkle, Prevent Child Abuse Indiana Director of Programs
Child Maltreatment Prevention Framework and Toolkit**

[PowerPoint Presentation](#) for presentation can be found on slides 57-71. Prior to going into presentation Sandy provided history about the Task Force and Committees related to preventing child abuse.

Discussion: Bernice asked about the child fatality report how concrete are the supports the framework will provide to families as it relates to stressors identified in the report by families, and who is responsible for using the toolkit proposed? Sandy responded that stressors will be addressed based on the community needs and the toolkit engages a community, families and non-traditional partners for use. The toolkit does not assign a specific person but can be led by whoever is the most appropriate stakeholder in any given community. John asked when the toolkit will be distributed to the Commission. Sandy is hoping to provide the toolkit in November.

9. Executive Director and Committee Updates

Nancy Wever, in place of Julie Whitman, informed everyone about the upcoming Family YES Summit.

10. Discussion: Future Meeting Topics or other items from Commission Members

None

11. Next Meeting:

12/15/21 from 10am-12pm at Government Center South

The meeting was adjourned at 11:57am.