Commission on Improving the Status of Children in Indiana

NOVEMBER 18, 2015

Agenda

► Welcome

Approval of Minutes from August 19, 2015 Meeting

Agenda

Teen Suicide

 Senator Jean Breaux and Mindi Goodpaster, Director of Public Policy & Advocacy, Marion County Commission on Youth

Teen Suicide Prevention Recommendations

COMMISSION ON IMPROVING THE STATUS OF CHILDREN

MINDI GOODPASTER, MSW, DIRECTOR, PUBLIC POLICY & ADVOCACY

MARION COUNTY COMMISSION ON YOUTH, INC. (MCCOY)

NOVEMBER 18, 2015

Key Participants

Senator Jean Breaux, Indiana General Assembly

Infant Mortality & Child Health Task Force

- Dr. Jennifer Walthall, Indiana State Department of Health, Co-Chair
- Jane Bisbee, Department of Child Services, Co-Chair

Substance Abuse & Child Safety Task Force

- Senator Rand Head, Indiana General Assembly, Chair
- Suzanna Clifford, Senior Vice President, Integrated Primary Care Services, Community Health Network, Member
- Mindi Goodpaster, Public Policy Director, Marion County Commission on Youth, Member

Facts About Youth Suicide in Indiana

2nd leading cause of death for youth ages 15-24 in Indiana; 3rd in U.S.

Indiana has nation's 2nd highest rate of high school students attempting suicide (11%)

Indiana has nation's highest rate of students who have contemplated suicide (19%)

Hoosier youth are more likely than their peers nationally to have been treated by a medical professional as a result of a suicide attempt in the past year

2006-2013 Trend Data

Year	10-14 Years	15-19 Years	20-24 Years	Total 10-24 Years
2006	6	34	57	97
2007	6	36	61	103
2008	6	44	43	93
2009	5	40	69	114
2010	5	38	65	108
2011	<5	45	46	U
2012	7	51	68	126
2013	10	43	72	125

*Source: Indiana Youth & Young Adult Self-inflicted Injury & Suicide Data, Indiana State Department of Health

Risk Factors for Suicide

In General:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Financial or relationship losses
- Lack of social support
- Barriers to health and mental health care
- Physical illness
- Feeling alone

*Sour Account of Health Sour Account of Health methods

Teens & Young Adults

- Anxiety & depression
- Life changes such as parental divorce, moving
- Bullying
- Struggling to understand sexual orientation or gender identity
 - Concurrent feelings of sadness or hopelessness
- Physical, sexual or emotional abuse

Protective Factors to Prevent Suicide

Problem-solving & conflict resolution skills

Strong family & community connections

Access to effective clinical care for mental, physical and substance use disorders

Lack of access to lethal suicide attempt methods

Barriers to Prevention

Stigma

Geographic barriers to treatment

Insufficient numbers of qualified professionals

Lack of awareness of community suicide prevention methods

Lack of awareness of how to help individuals at risk

Unwillingness of individual to seek treatment

Inability to afford treatment

- Lack of insurance coverage
- Geographic barriers/lack of transportation

Indiana Statute

HEA1269 Health Matters (2015)

- Training for teachers Mental Health First Aid
- School/Mental health provider or facility MOU for student referrals

SEA343 Law Enforcement Training & Emergency Services (2014)

- EMS protocols for reporting a suicide attempt to law enforcement that is due, in part, to bullying
- HEA1423 Antibullying (2013)
 - School policies and procedures for addressing bullying and supports for bullies and targets
 - Allows schools to address cyberbullying among students
- SEA4 Suicide Prevention (2011)
 - Training for teachers suicide prevention and awareness
 - Requires new teachers applying for license after 6/3/2013 to receive suicide prevention training

Indiana Statute

HEA1083 Various Criminal Law Matters

Allows schools to teach students about dangers and consequences of sexting

SEA316 Dating Violence

 Requires Department of Education to make resources concerning dating violence available to schools

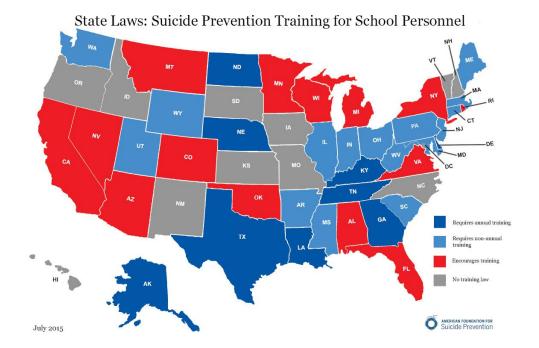
School Safety Specialists

- Assigned to each school
- Trained in various aspects of school/student safety

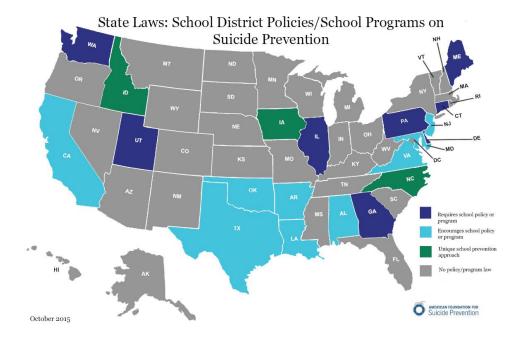
Proposed Legislation

- SB485 Psychiatric Crisis Intervention (2015)
 - Establish psychiatric crisis intervention pilot program

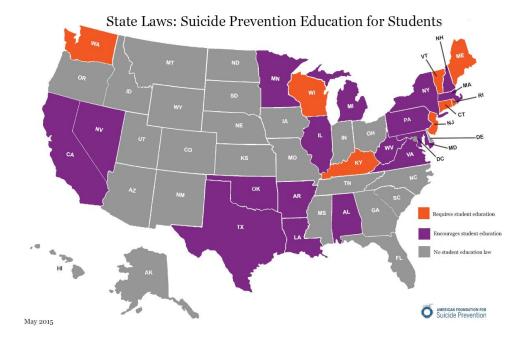
How Does Indiana Compare?



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How Does Indiana Compare?



Resources

Indiana State Suicide Prevention Advisory Committee

 Consists of members of DMHA, ISDH, hospitals, non-profit organizations, concerned individuals

Suicide Prevention Regional Councils, Coalitions & Task Forces

<u>http://www.ipfw.edu/dotAsset/b0b6aeba-9f46-41dd-b947-867e55d66fa7.pdf</u>

Indiana State Suicide Prevention Plan – being updated soon

Indiana Department of Education

<u>http://www.doe.in.gov/student-services/suicide-prevention-and-response</u>

Community Health Network – Zero Suicides Initiative

- Working with schools and providers on suicide prevention trainings
- Increasing in-patient and out-patient treatment services
- Coordinating suicide prevention text crisis line with Mental Health America Indiana
- Hosting website <u>www.havehope.com</u>

Policy Recommendations

Outreach & Education in Schools

Leadership, policies, awareness & training of youth, families, and educators (Intervene as early as possible and connect to crisis or treatment services)

- Expand SEA4 Suicide Prevention (2011) to require all teachers be trained in evidence-based suicide prevention and awareness, including a role-playing, skill-based component to demonstrate skill development.
- Incentivize training and education for more youth-serving professionals including child psychiatrists, psychologists, social workers, school counselors, and others and expand the workforce in rural areas.
- Ensure that all schools have a written policy and procedures covering suicide prevention, non-suicidal self-injury, suicide attempts, and suicide postvention (intervention/support after a suicide occurs).

Crisis Response Demonstration Project

Access to comprehensive psychiatric crisis response and stabilization services (System ready to help when awareness increases)

• Build more comprehensive psychiatric response and stabilization services, similar to recommendation in SB485 Psychiatric Crisis Intervention (2015).

Treatment & Workforce Expansion

Access to robust, evidence-based mental health and substance use disorder services staffed with a qualified workforce (System ready to help with early intervention and post-crisis follow-up as awareness increases. Note: There is a severe shortage of mental health therapists and other members of the treatment team)

- Improve access to both inpatient and outpatient behavioral health programs to promote mental health, relevant social services, and prevent substance abuse, and suicide.
- Expand the mental health and substance use disorder workforce to address the severe shortage.
- Ensure that all professionals serving children are trained in evidence-based suicide prevention, intervention, and postvention (intervention/support after a suicide occurs).

Potential Challenges

Resistance from schools

- Unfunded mandate
- Insufficient time for training
- Lack of support service personnel (school counselors, school social workers, & school psychologists)

Current statute does not require "evidence-based" training

Gaps to accessing mental health treatment

- High ratio of individuals per mental health professionals 750:1
- 71.1% of youth with a serious major depressive episode did not receive treatment in 2012-2013
- Estimated 50% of youth needing mental health treatment have ever been treated

Funding

Contact Information

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Agenda

HEA 1016 – Newborn Safety Incubators

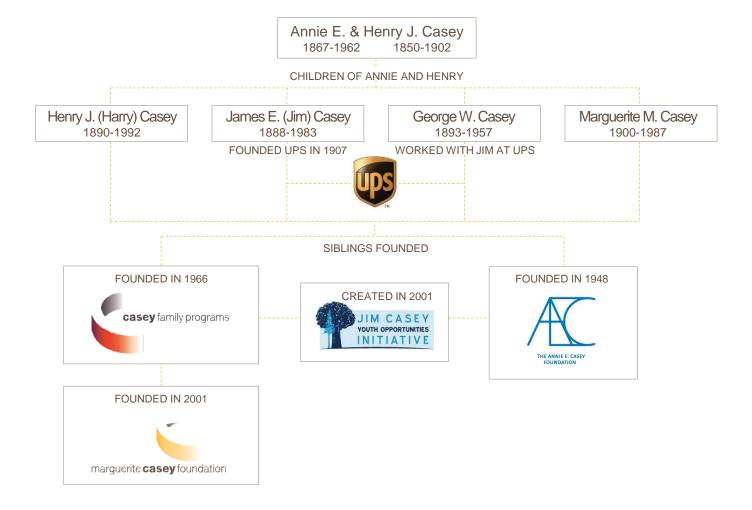
- Representative Casey Cox
- Dr. Jennifer Walthall and Jane Bisbee, Co-chairs, Infant Mortality & Child Health Task Force, Report and Recommendations



Casey Family Program Partnership

Barry Salovitz and Holly Merz

The Casey Family Legacy





Our mission is to provide and improve — *and ultimately prevent the need for* — foster care.



- **Every child** deserves a safe, supportive and permanent family.
- Every family should have the support of a strong and caring community.
- Every community can create hope and opportunities for its children and families.
- Everyone has a role to play in building Communities of Hope.

IEVE





We are committed to *2020: Building Communities of Hope,* a nationwide effort to improve the safety and success of children and their families. We work in support of a range of public, private, tribal and community partners.





Safely reduce the need for foster care 50 percent by the year 2020.





Support more effective investments in children and families



Commission on Improving the Status of Children in Indiana

Mission: To improve the status of children in Indiana.

Vision: Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult.

Casey Family Programs' Involvement

- Commission Organizational Structure & Governance w/ w/ National Center for State Courts
- Programs Priority Issue Analysis & Depiction
- Indiana Child Welfare Data with Director Bonaventura
- Membership on the Data Sharing and Mapping Task Force-Delia Armendariz, Dr. Susan Smith
- Task Forces' Participation at Information Sharing Certificate Program -Center for Juvenile Justice Reform at Georgetown University
- Support for Dual Status Youth Pilots in 5 Counties
- Project Management Support w/ all Task Forces
- Evidence Informed Input to Commission



Department of Child Services, Proposed 2016 Legislation Parvonay Stover, Legislative Director, DCS



Report on National Adoption Month Activities

ADOPTION DAY, 2015 https://www.youtube.com/watch?v=u2as-phpdf4

Agenda

Next Meeting Wednesday, February 17, 2016 2016 Meetings • February 17, 2016 May 18, 2016 (Indiana State Library) August 17, 2016 • November 16, 2016

Website

The website to view all documents handed out at Commission meetings and the webcast of today's meeting can be found at www.in.gov/children



Latest News & Headlines

The first annual report of the activities and accomplishments of the Commission on Improving the Status of Children in Indiana (July 1, 2013 – June 30, 2014) is now available. 18 leaders from all parts of Indiana state government met bi-monthly to