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

*Source: 2015 KIDS COUNT in Indiana Data Book, Indiana Youth Institute
# 2006-2013 Trend Data

<table>
<thead>
<tr>
<th>Year</th>
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<th>15-19 Years</th>
<th>20-24 Years</th>
<th>Total 10-24 Years</th>
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<td>2011</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
<td>10</td>
<td>43</td>
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</table>

*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
- Access to lethal suicide attempt 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

*Source: 2011 Indiana State Suicide Prevention Plan, Indiana State Department of Health
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
  - Establish psychiatric crisis intervention pilot program
How Does Indiana Compare?
How Does Indiana Compare?
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
- [http://www.ipfw.edu/dotAsset/b0b6aeba-9f46-41dd-b947-867e55d66fa7.pdf](http://www.ipfw.edu/dotAsset/b0b6aeba-9f46-41dd-b947-867e55d66fa7.pdf)

Indiana State Suicide Prevention Plan – being updated soon

Indiana Department of Education

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 [www.havehope.com](http://www.havehope.com)
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
Agenda

- Casey Family Program Partnership
  - Barry Salovitz and Holly Merz
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.
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

OUR FOCUS
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/ 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
Agenda

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

- 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.