

Minutes
Commission on Improving the Status of Children in Indiana
May 20, 2015, 10:00 a.m. – 12:37 p.m.
Indiana Government Center South, Conference Room C

Members Present: Dr. Jerome Adams, Indiana State Health Commissioner, Indiana State Department of Health; Brian Bailey, Director, State Budget Agency; Indiana Department of Correction; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Representative David Frizzell; Senator Travis Holdman; Lilia Judson, Executive Director, Division of State Court Administration; Sean Keefer, Deputy Chief of Staff for Executive Branch Agencies, Senator Tim Lanane; Susan Lightfoot, Chief Probation Officer, Henry County Probation Department; Kevin Moore, Director, Division of Mental Health and Addiction; David Powell, Executive Director, Indiana Prosecuting Attorneys Council; Representative Gail Riecken; Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education; Justice Loretta Rush, Chief Justice of Indiana; John Wernert, M.D., Secretary, Indiana Family and Social Services Administration; Greg Zoeller, Indiana Attorney General.

Commission Staff Present: Amber Holland, Indiana Supreme Court; Anne Jordan, Jane Seigel, Angela Reid-Brown, Indiana Judicial Center; Ruth Reichard, Indiana Supreme Court, Division of State Court Administration.

1. Welcome and Introductions. Sean Keefer opened the meeting. Each member of the Commission on Improving the Status of Children in Indiana (CISC) introduced themselves.
2. Approval of Minutes from the February 18, 2015 meeting. The minutes from the February 18, 2015 meeting were approved.
3. DCS Caseload and Workload Analysis. Mary Beth Bonaventura, Director, Indiana Department of Child Services (DCS) gave an overview of the DCS Caseload and Workload Analysis Study conducted by Deloitte Consulting (Deloitte). The results of the analysis showed DCS would need to hire 142 additional staff members for compliance with the 12/17 caseload standard. These new staff members would include 100 new Family Case Managers (FCMs), 17 new FCM Supervisors, 8 new attorneys, and 17 new administrative assistants. Director Bonaventura explained the history of the 12/17 caseload standards, which were adopted by Indiana in 2007. The standards were based on the Child Welfare League of America's (CWLA) published caseload "standards for excellence" for child welfare workers. CWLA recommends that assessment workers (those investigating allegations of abuse and neglect) carry no more than 12 cases per month, and ongoing workers (those carrying ongoing protective services cases) carry no more than 17 families. In February 2015, CWLA announced plans to revisit the caseload standards over the coming months.

Each DCS Deputy Director will be overseeing implementation of one area of the report's recommendations and someone will be hired to oversee full implementation of the recommendations.

Senator Lanane asked if the caseload numbers are continuing to rise. Director Bonaventura responded that the numbers for 2015 are up and 71% of the cases are associated with drug usage. She said Indiana needs to figure out a better way to address the drug problem because the problems need more than just a DCS response.

Representative Riecken asked if the funding for the Court Appointed Special Advocates (CASA) program is sufficient. Chief Justice Rush reported that the program received an additional \$2.7 million dollars in funding this legislative session. This is the first increase since 2007.

Sean Keefer read a Resolution Concerning the Indiana Department of Child Services “Caseload and Workload Analysis.” The Resolution declares formal support to the DCS in its efforts toward improving the practice of child welfare in the State of Indiana and recognizes Governor Pence and the Indiana General Assembly for their strong support of the DCS in the 2015 legislative session. After discussion, the CISC unanimously voted to adopt the Resolution.

4. Legislative Update. Parvonay Stover, Legislative Director, Indiana Department of Child Services. Ms. Stover provided an overview of legislation enacted by the General Assembly in 2015. She reviewed House Enrolled Act (HEA) 1001-Biennial Budget Bill, HEA 1434-Department of Child Services (DCS agency bill), Senate Enrolled Act (SEA) 324-Child Support (DCS agency bill), HEA 1004-Safety PIN (Protecting Indiana’s Newborns) Grant Program, HEA 1216-Missing Children and Trafficked Children, HEA 1196-CHINS and Delinquent Child Dual Determination, and HEA 1016-Newborn Safety Incubators.

Representative Riecken asked if the Safety PIN legislation (HEA 1004) included specific measures to reduce infant mortality. Dr. Jerome Adams, Indiana State Health Commissioner, stated the only measure is to reduce infant mortality. Senator Holdman asked the State Department of Health to keep the public informed about outcomes.

The CISC unanimously voted to refer the duties required of the CISC in HEA 1016-Newborn Safety Incubators to the Infant Mortality and Child Health Task Force for study and recommendations.

5. The Substance Abuse Crisis in Indiana-Risk Factors Contributing to the Initiation of Drug & Alcohol Use. Mallori DeSalle, Outreach Coordinator, Indiana Prevention Resource Center, IU School of Public Health; Dr. Jon Agle, Evaluator, Indiana Prevention Resource Center.

Ms. DeSalle reviewed the risk factors that influence substance abuse. The risk factors are research based and are found in four domains: family, school, community, and peer and individual. These risk factors can predict substance abuse, delinquency, teen pregnancy, school dropout, violence, and depression. Researchers have also identified protective factors in the same four domains: family, school, community, and peer and individuals. Protective factors help buffer exposure to risk.

The presenters reviewed results from the Indiana Youth Survey, a survey of alcohol, tobacco and other drug use by Indiana children and adolescents. The survey is conducted annually by the Indiana Prevention Resource Center at Indiana University's School of Public Health.

6. Commission Task Forces Updates.

- A. Cross-System Youth Task Force. Don Travis, Deputy Director for Juvenile Justice Initiatives. Mr. Travis reported on the Cross-System Symposium to be held on July 24, 2015. The Symposium will bring together local teams from courts, DCS probation or law enforcement, mental health, and education to define cross-system youth in each community, identify barriers to working with this population, and to develop an action plan for their community. Findings from the Symposium will be presented to the Cross-System Youth Task Force who will identify common themes and needs across Indiana. Don also reported on the Dual Jurisdiction Pilots to be implemented in five counties later this year. The pilots will develop and implement strategies to recognize dually identified, dually involved, or dually adjudicated youth.

The CISC voted unanimously to endorse the Cross-System Youth Symposium and to endorse Dual Jurisdiction Pilots in the State of Indiana.

- B. Data Sharing and Mapping Task Force. Julie Whitman, Vice President of Programs, Indiana Youth Institute. Ms. Whitman reported the Task Force discovered during the course of the mapping project that the Indiana State Department of Health (ISDH) will be submitting applications to the federal government for certain geographic areas of the state to be designated as Health Professional Shortage Areas (HPSA). HPSA designation provides a way to incentivize new providers to serve those areas. The Task Force recommended the CISC support ISDH application for HPSA designation on behalf of any area that qualifies and encouraged ISDH to make providers aware of the designations.

The CISC unanimously voted to support efforts by the Indiana State Health Department to have certain geographic areas designated as HPSAs in order to bring federal resources into Indiana to help ease the shortages of health and mental health providers for youth, especially in rural areas.

- C. Educational Outcomes Task Force. Kellie Whitcomb, Director of Reentry & External Relations, Indiana Department of Correction, Division of Youth Services. Ms. Whitcomb provided an overview of the proposed revised juvenile detention standards for educational services. The first standards were developed in the 1990's and are due to expire at the end of this year. The revised standards include enhancements to the original six standards and adds four new standards. The revisions are based upon nationally recognized best practices in secure confinement as recognized by the American Correctional Association and the Annie E. Casey Foundation's Conditions of Confinement standards. The revised standards also align with the *Guiding Principles*

for Providing High-Quality Education in Juvenile Justice Secure Care Settings, recently published by the U.S. Department of Education and the U.S. Department of Justice. A public hearing on the new Indiana Juvenile Detention Standards was held on October 31, 2014, with no opposition. A second public hearing will be scheduled this summer. An overview of the standards are as follows:

Standards Overview:

(New) Standard # 1: A written agreement exists between the superintendent of the local school corporation where the detention center is located and either the juvenile court judge, or the agency director. The written agreement must describe the method of delivery of a juvenile detention education program.

(Updated) Standard # 2: Juveniles are provided with a comprehensive education program. A comprehensive education program is defined as: 210 instructional days per year; at least: six (6) hours of programming for juveniles grades 7 – 12, and five (5) hours of programming for juveniles in grades 6 and lower; education programs include an on-site teacher, an approved online instructional program or coursework assigned from the juvenile’s home school with teacher oversight, or an approved virtual learning program; education personnel are licensed or are supervised by a licensed teacher; an education screening is completed and juveniles begin participation in programming within three (3) days of admission; school records are obtained; programming is held in a classroom setting; and juveniles who are in isolation are able to continue their educational program, and return to the classroom environment as soon as safely possible.

(Updated) Standard # 3: Education staff shall determine the need and provide remedial reading services for juveniles who have not attained basic literacy skills.

(Updated) Standard # 4: Juveniles must take the courses necessary to progress toward their: high school diploma, IEP goals, or high school equivalency exam.

(New) Standard # 5: Special Education programs and services are available.

(New) Standard # 6: Juveniles are provided access to high school equivalency programs, preparation, and testing.

(New) Standard # 7: Maintenance and access to education records ensure a juvenile’s rights to privacy and confidentiality; and provide progress data to a juvenile’s home school within seven (7) days of discharge.

(Updated) Standard # 8: An annual evaluation exists to measure the effectiveness of the detention education program.

(Updated) Standard # 9: Juveniles are not required to participate in uncompensated work assignments, unless performing housekeeping tasks, vocational programs, or an approved community service project.

(Updated) Standard #10: Juveniles are not permitted to perform work prohibited by child labor laws.

Ms. Whitcomb next reviewed the goals and recommendations of the Office of Juvenile Justice Delinquency and Prevention Project.

Goal 1: Clarify and coordinate reentry policies and processes to ensure reentry planning includes input from the youth's family and reflects the youth's risk level and needs as determined through the Indiana Youth Assessment System (IYAS) and validated behavioral health screenings and assessments.

- Recommendation 1: Establish key reentry checkpoints that include facility staff, community stakeholders, the youth and family, and ensure the Integrated Reentry Plan designates clear roles and responsibilities of staff to support youth in completing his/her goals.
- Recommendation 2: Establish treatment goals and initial length of stay based on risk level, as indicated by IYAS risk assessment, which could reduce LOS and ultimately facility census and save money.
- Recommendation 3: Develop a standardized case plan template and process to ensure youth get services matched to their key needs in the facility and community (this includes ensuring continuity of mental health/substance use treatment and the timely and effective placement of youth in appropriate educational/vocational settings).
- Recommendation 4: Increase meaningful family involvement through the use of technology and the development of clear agency policies and practices, and build in associated staff training and quality assurance measures to ensure high quality implementation and associated positive outcomes.

Goal 2: Increase the availability and quality of services for youth in facilities and in the community.

- Recommendation 1: Strengthen partnerships with other state agencies, community schools, organizations, and universities to expand evidence-based reentry services for all youth released from IDOC/DYS facilities.
- Recommendation 2: Develop opportunities for cross-agency training, collaboration, and information sharing to enhance the coordination of services and supports youth receive in facilities and in the community.
- Recommendation 3: Collect data on an ongoing basis to assess program and service quality in facilities and in the community, share data regularly, and hold staff and providers accountable for results.

Goal 3: Establish statewide standards and practices for supervision/aftercare that focus on promoting positive youth behavior change.

- Recommendation 1: Develop supervision guidelines to ensure that conditions of supervision are easily understood by the youth and family and are realistically achievable, and that when reflected in the youth's case plan, family, school, and service provider contacts are required by agency policy.
- Recommendation 2: Develop an agency-wide graduated sanctions matrix and standardized policies that are used to match youth with appropriate sanctions based on their risk level and severity of behaviors.
- Recommendation 3: Develop a more effective and consistent supervision practice model with the counties in order to ensure youth are successfully connected to aftercare services that support their reentry needs.

Finally, Ms. Whitcomb recommended that the CISC establish a School Discipline and Climate Subcommittee as part of the Educational Outcomes Task Force.

The CISC unanimously voted to endorse the recommended Juvenile Detention Standards for Education Services, to endorse the Office of Juvenile Justice Delinquency and Prevention (OJJDP) Second Chance Act Comprehensive Juvenile Reentry Systems Reforms, and to establish a school discipline and climate subcommittee.

7. Overcoming Poverty, Abuse, and Neglect. Tiffany Coleman, 2015 Law School Graduate. Ms. Coleman showed clips of the Indiana Department of Education "State of the Classroom" documentary in which she is featured. The documentary followed five students and highlights the effects that substance abuse and other family problems can have on children in school. Ms. Coleman shared her personal experiences with the child welfare system. She reported having 16 different FCMs while in foster care. While in the child welfare system, she was enrolled in the Independent Living program and served on the local Youth Advisory Board. She noted the 21st Century Scholars program and the Education and Training Vouchers (ETV) helped her with college.