

**Minutes**  
**Commission on Improving the Status of Children in Indiana**  
**Wednesday, February 15, 2017**  
**Indiana Government Center South, Conference Room A**  
**10:00 AM – 2:00 PM**

**Members Present:**

- Dr. Jerome Adams, Indiana State Health Commissioner, Indiana State Department of Health
- Christine Blessinger, Director, Department of Correction, Division of Youth Services
- Mary Beth Bonaventura, Director, Indiana Department of Child Services
- Representative David Frizzell
- Curtis T. Hill, Indiana Attorney General
- Senator Erin Houchin
- Senator Tim Lanane
- Larry Landis, Executive Director, Public Defender Council
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Kevin Moore, Director, Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Representative Vanessa Summers
- Dr. Jennifer Walthall, M.D., Secretary, Indiana Family and Social Services Administration
- Mary Willis, Chief Administrative Officer, Indiana Office of Judicial Administration

1. Welcome and Introductions.

Chief Justice Rush welcomed all attendees to the meeting. CISC members introduced themselves. Several members of the CISC were testifying or attending legislative session, and thus unable to attend. Chief Justice Rush gave a brief history of the CISC and its functions. Some legislators have sent legislative matters to the CISC for recommendations. The CISC has set up Task Forces and has recently completed a Strategic Plan for the next three years.

2. Approval of Minutes for December 7, 2016 Meeting

The December 7 minutes will be considered for approval at the May 10, 2017 CISC meeting.

3. Presentations by Commission Members

Chief Justice Rush presented first on behalf of the Indiana Supreme Court. An organizational chart of the Supreme Court and its staff agencies was offered. Chief Justice Rush then talked about the CHINS increase in Indiana, noting that 5,871 children were on the waiting list for a Guardian Ad Litem or Court Appointed Special Advocate. There has been a 64% increase in CHINS filings from 2011-2015. Chief Justice Rush then turned to the administrative work of the Court, which provides leadership and oversight of nearly 19,000 lawyers, 400 courts, and 650 judicial officers. The Juvenile Detention Alternatives Initiative (JDAI) is another child-focused program of the Indiana Supreme Court. JDAI programs exist in 32 Indiana counties. JDAI's work has resulted in a 50% reduction in the incarceration of children and a corresponding 45% reduction in felony charges on children. Chief Justice Rush next referenced

Constitution Day, where more than 30 Indiana judges visited 28 schools to talk about Indiana's Constitution and jury duty. The Supreme Court also supports National Adoption Day, which was November 19, 2016. 20 Indiana courts participated. Other Court initiatives involving children include juvenile probation, Child Support and Parenting Time Guidelines, the dual status initiative, Regional Opioid Teams, truancy programs, and problem-solving courts.

Indiana Department of Child Services (DCS) Director Mary Beth Bonaventura presented next. Director Bonaventura provided DCS' mission and vision, and then talked about some ongoing DCS initiatives. DCS administers Indiana's Title IV-D child support program through its Child Support Bureau. The program is state-funded and county-operated. It provides a variety of services to track and process payments, locate parents, and establish paternity and child support. Further data was provided on the CHINS increase in Indiana. DCS has received a 20% increase in reports since 2013. At the end of 2016, DCS had 25,307 open cases, of which 21,374 were child in need of services cases. 71% of the children in those cases were placed outside of their home. In 2016, 52% of the children removed from their homes were removed at least partially because of use of illegal substances. The substances most responsible for these cases are, in order, alcohol, marijuana, opiates, and methamphetamine. Director Bonaventura expressed her appreciation for the CISC's ability to bring those working on child welfare issues together. Many of these people across the different state agencies now know each other by first name thanks to the CISC's efforts. This familiarity results in more effective collaboration.

Art Logsdon presented on behalf of Dr. Jerome Adams for the Indiana State Department of Health (ISDH). Logsdon reviewed several programs operated by ISDH that affect Indiana's children. They include immunization, tobacco prevention and cessation, and trauma and injury prevention programs. The Office of Women's Health provides prevention services and education on sexual violence and rape. Environmental health programs focus on lead poisoning prevention. ISDH also has programs targeting HIV/STDs, Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP). The Maternal and Child Health program includes the highly successful Nurse-Family Partnership and a collaborative effort with DCS on Healthy Families Indiana. Other initiatives include chronic disease prevention and control, children with special health care needs, and oral health.

Dr. Jennifer Walthall presented for the Indiana Family and Social Services Administration (FSSA). The Division of Disability and Rehabilitation Services includes several programs that work with children, including First Steps, the Bureau of Developmental Disabilities Services, the Bureau of Quality Improvement Services, and the Bureau of Rehabilitation Services. FSSA has worked hard to expand the scope and reach of First Steps. Indiana's First Steps program received the highest possible designation of "Meets Requirements" on its Annual Performance Report in February 2016. First Steps plans to work with key stakeholders to identify and incorporate evidence-based practices that improve outcomes for low income and minority children as part of Indiana's State Systemic Improvement Plan.

Dr. Walthall then discussed the Department of Mental Health and Addiction (DMHA). DMHA is opening a new psychiatric facility that will replace Larue Carter Memorial Hospital. Additionally, the Recovery Works Forensic Treatment Program is now serving over 8,200 felons with addiction and mental health services. In the first two years of its loan assistance program, DMHA offered \$1.2 million to mental health and addiction clinical staff working in Indiana. DMHA plans to increase its forensic partnerships, improve access to addiction treatment, and integrate mental health hospitals in the state.

The Office of Early Childhood and Out-of-School Learning exceeded all metrics in its Paths to Quality child care program, and enrolled 2,400 children in On My Way Pre-K. The agency hopes to double the state's investment in On My Way Pre-K this year. The Division of Family Resources (DFR) has fully implemented the Healthy Indiana Plan 2.0 for health care. DFR processed 619,591 health care coverage

applications in 2016, and 30,000 inmate applications. The Office of Medicaid Policy and Planning (OMPP) reported 1.4 million members and \$11 billion in expenditures. That number includes 650,000 children. 405,480 were enrolled in the Healthy Indiana Plan 2.0 as of January 12, 2017. The next HIP waiver submission includes services for pregnant women, and was submitted January 31, 2017. Dr. Walthall concluded by talking about the scope and impact of FSSA's work, noting that FSSA services 1 in 4 Hoosiers every year.

Larry Landis presented for the Indiana Public Defender Council. He reviewed the constitutional right to counsel, and where funding comes from to fulfill that responsibility. Currently, counties are responsible for the costs of indigent defense at trial and on direct appeal. The state provides some funding to the Indiana Public Defender, Indiana Public Defender Commission, and Indiana Public Defender Council for training, research, limited county reimbursement, post-conviction proceedings, and belated appeals. The Sixth Amendment Center recently issued a report on trial level indigent defense in Indiana. The report found that Indiana has no mechanism to ensure the right to counsel in counties not accepting state reimbursement and in misdemeanor cases generally. Further, the report concluded that some judges encourage defendants to negotiate a plea without consulting an attorney and use an incorrect standard of indigence. The Public Defender Commission has a bill pending, HB 1405, seeking funding for misdemeanor case reimbursement and a task force to study indigent defense in Indiana. In Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) cases, many counties are out of compliance with Public Defender Commission caseload standards and risk losing reimbursement because of the CHINS caseload increase. Landis also discussed conflicts in CHINS, TPR, and juvenile delinquency cases.

Dr. Jennifer McCormack presented for the Indiana Department of Education (DoE). DoE's objectives include Career and Technical Education, emphasis on Science, Technology, Engineering, and Math, Reading, and Advanced Placement/International Baccalaureate programs. Dr. McCormack then discussed relevant data to vulnerable youth. She noted that the homeless population was staying fairly stable. Arrests were not tracked by DoE until 2015-2016, but the agency is now paying more attention to this information. Alternative education programs are reducing the number of suspensions and expulsions over the last five years. The agency is now doing a better job of data sharing, partnering through the Indiana Network of Knowledge to share data with FSSA, the Commission on Higher Education, and the Department of Workforce Development. Other priorities involving vulnerable youth include Title I funding for at-risk youth, special education funding, new computer science standards to discourage cyberbullying, and comprehensive counseling planning grants from the Lilly Endowment. Chief Justice Rush asked if the Lilly grants would result in more counselors in schools. Dr. McCormack replied that the grants were still in the planning stages, but could result in more counseling staff or new counseling programs – they will be dependent on the needs of specific areas. DoE supports Gov. Holcomb's initiative to expand Pre-K programs, and is also offering funding for school safety programs and non-English speaking students.

Joan Blackwell, Chief of Staff for Attorney General Curtis Hill, spoke briefly and stated that work with vulnerable youth is a passion that she and Attorney General Hill share. The Attorney General's Office is excited about its work with the CISC moving forward.

#### 4. CISC Operational Plan Update

Mary Willis offered a brief update on the Operational Plan. She walked through forms developed for the CISC that evaluate whether a project is within the CISC's scope and outline the process for assignment of work and policy recommendations. Willis also discussed HB 1080, which creates an Executive Director position for the CISC. The bill has passed committee with full support and passed the House. It will now head to the Senate. Funding still may be an issue, but neither legislative body has said "no" yet. Chief

Justice Rush explained briefly the importance of having an Executive Director for the CISC. Mary Willis also noted a CISC flyer which listed the CISC's identity, vision, purpose, and accomplishments.

## 5. Children's Mental Health

Kevin Moore gave a brief introduction for DMHA. The agency recognizes there are gaps throughout the state in access to mental health services for children. There are 25 Community Mental Health Centers for 92 counties. Many services are provided in community locations, and some are provided in schools. Some are even provided in the recipient's home. One in five individuals will experience a mental health issue at some point. Our current system doesn't come close to meeting that significant need. There are currently only a small amount of state hospital beds available for children. The new Neurodiagnostic Institute will be replacing Larue Carter Hospital. This change will reduce the number of beds available at that location from 42 for children to 24. DMHA is seeking a Medicaid waiver to pay for addiction services for children on a much larger scale than what is currently provided, but the waiver is not active or approved yet.

Moore introduced Jayme Whitaker to discuss Systems of Care (SoC). Whitaker gave an overview of SoC's vision and described what the program hoped to accomplish. SoC is intended to build a comprehensive support system that leads to sustainable success for youth and families. The program works not only for children but also for the whole community. Whitaker expressed concern about a "culture of trauma" being created around children. Whitaker had been placed in 14 different placements as a child and was never included in those decisions. Whitaker emphasized the importance of using data to evaluate the success of the program. SoC decreases behavioral and emotional problems, suicide rates, substance use, juvenile justice involvement. SoC's involvement leads to a 42% reduction in use of inpatient psychiatric and residential treatment, a 38% decrease in juvenile detention and other out-of-home placements, and a 57% reduction in use of physical health services and emergency rooms for children involved in the program. The goal is to have SoC in every county in the state; currently, there are 74 total SoCs in various stages of development. There are 58 local coordinators. Regional training will occur going forward.

Chief Justice Rush asked how many children are currently being served by SoC. Whitaker replied that SoC doesn't provide any services at all, but rather acts as a coordinating piece to ensure services are working together properly. Chief Justice Rush asked about the significant outcome data cited: who is tracking this information? This data is national data and is not Indiana-based, although there is some data tracked locally. Director Bonaventura asked who actually organizes SoC. In many counties, the local CMHC has a SoC coordinator, but not always. SoC focuses on coordination rather than providing any services itself. Director Bonaventura expressed her appreciation for Whitaker sharing his personal story with the CISC. The CISC needs to hear what children are going through. Chief Justice Rush felt judges needed more education on SoC and what exactly the program does.

Madeline Zielinski, Director of Indiana YouthMove, spoke briefly and discussed her personal story with the CISC. YouthMove is an advocacy group helping youth change the negative connotations surrounding mental health and is an initiative of SoC. Zielinski understands the struggles these children face daily. Her sister has Asperger's, her father is an alcoholic, and she lost several close friends to overdoses. She believed a youth should be on the CISC to provide this perspective. Chief Justice Rush expressed her thanks for Zielinski talking with the CISC about her personal experience.

Julie Gries next addressed the CISC on substance abuse prevention efforts at DMHA. Some statewide trends are good – alcohol and tobacco use are down among youth in the state. However, marijuana use is up in youth, and the national opioid problem is affecting youth as well. Gries discussed general thoughts on prevention. The traditional focus on 12-18 year old children has expanded to up to 25 years old, an age that represents full development. Prevention does work, although results take a long time and can be

difficult to measure. DMHA's efforts are influenced by prevention science and data, and are focused on implementing evidence-based programs. This year, DMHA is focused on highest risk communities. Those not eligible were not funded. Chief Justice Rush asked what makes a county highest risk. Gries referenced crime data and health factors. The State Epidemiological Report was used. Gries explained the Strategic Prevention Framework that DMHA is requesting funded communities to employ. Chief Justice Rush expressed her concern with the number of heroin overdoses and wanted to look at how to connect services to overdose victims who survive a trip to the emergency room. Kevin Moore noted that with a potential new grant, if given, overdose victims would be given a recovery coach right there in the hospital and that coach will follow the patient back into the community. Chief Justice Rush asked how many counties would be funded. Moore replied that 10-12 would be the target.

Gries then summarized several DMHA funded initiatives, including Baby and Me Tobacco Free, Project Lead (a peer mentoring project), the Indiana Coalition to Reduce Underage Drinking, and the State Epidemiological Workgroup. The Indiana Prevention Resource Center is responsible for the Indiana Youth Survey, which has gone out to youth in schools since 1993. Other programs include a full outside evaluation of the prevention system, capacity building efforts for local coordinating councils, and a Fetal Alcohol Syndrome strategic plan developed in 1996 that has not been put into place. Gries emphasized the need for coordination with other agencies to provide a prevention infrastructure in the state. To that end, a Prevention Leader's Group exists to develop uniform state policies on prevention, a comprehensive prevention plan, and a process for educating stakeholders and prevention providers.

For State Fiscal Year 2018, DMHA will be emphasizing increased efforts with the 18-26 age group, increased internal and external collaboration, improved data collection and reporting, greater response to the opioid crisis, and expanded evidence-based practices. Gries provided several handouts on DMHA's prevention efforts.

## 6. Legislative Updates

Parvonay Stover, Legislative Director for DCS, provided an update on DCS' pending legislation. As the CISC did not have a quorum, Stover did not ask for an endorsement of the DCS bill. DCS is seeking \$50 million to increase its staff in response to the ongoing CHINS increase. This money would be used to hire Family Case Managers, supervisors, support staff, and attorneys. Stover briefly discussed other legislation involving children. She noted there were several school safety bills pending, as well as two human trafficking bills. HB 1218 is one of those bills, and it offers expungement for offenses related to trafficking. SB 166 has similar provisions. SB 366 enables foster children to get driver's licenses by waiving the fee associated with acquiring that license. SB 447 is the DCS agency bill. Highlights included an emphasis on the duty of school personnel to immediately report abuse and neglect to DCS and a clarification of the Safe Haven law. The bill passed the Senate a few days prior to this meeting and now moves to the House.

## 7. ISDH Safe Sleep Kit

Mary Willis presented on the Safe Sleep Kit. The kit is based upon work done in Finland, which has the lowest infant mortality rate in the world. 14% of infant deaths in Indiana are Sudden Unexpected Infant Deaths (SUIDs), including Sudden Infant Death Syndrome and accidental suffocation or strangulation in bed. These deaths are nearly 100% preventable with consistent safe sleep practices. Dr. Walthall noted that Dr. Adams considers this issue to be of "epidemic proportions." Director Bonaventura moved, and Larry Landis seconded, to place safe sleep information on the CISC website. The CISC approved this motion.

## 8. Information Sharing Guide Demonstration

Ruth Reichard and Leslie Dunn presented on the Information Sharing Guide and demonstrated the application to the CISC. Reichard described the brief history of the application as well as its purpose to provide clear, easily understandable guidance to field staff on what information can be shared and how that information can be acquired. The application is currently available on the Apple Store, and it will soon be available on Android as well. The application was a large collaboration with stakeholders across the state. Continued cooperation will be necessary to update the application each year. Chief Justice Rush thanked Casey Family Programs for helping to fund this project, and the Indiana Office of Technology for waiving the annual fee for hosting this application.

## 9. Future Meeting Topics

Chief Justice Rush noted that the Smart on Juvenile Justice presentation on this meeting's agenda would be presented at the May meeting. Chief Justice Rush felt that discussions of the opioid crisis and of child support collection should be future topics. The new executive director for drug prevention, treatment, and enforcement, Jim McClelland, should be brought in to attend a future meeting. Anne Murphy from Community Hospital could also be brought in to discuss Neonatal Abstinence Syndrome.

## 10. Next Meeting

The Commission on Improving the Status of Children in Indiana will meet on May 10, 2017, from 10:00 AM-2:00 PM at the Indiana Government Center – South.