



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

DECEMBER 7, 2022

Agenda

1. Welcome
2. Consent Agenda
 - a. Minutes from October 2022 meeting

Agenda

3. Strategic Priority: Educational Outcomes
 - a. Jarod Wilson, Foster Success

The background of the slide features a large, faint, circular seal of the State of Tennessee. The seal contains the text "THE GREAT SEAL OF THE STATE OF TENNESSEE" around the top and "1816" at the bottom. In the center of the seal is a figure holding a plow and a sheaf of wheat, with a rising sun in the background.

Increasing Postsecondary Success for Vulnerable Youth

November 2022 CISC Meeting

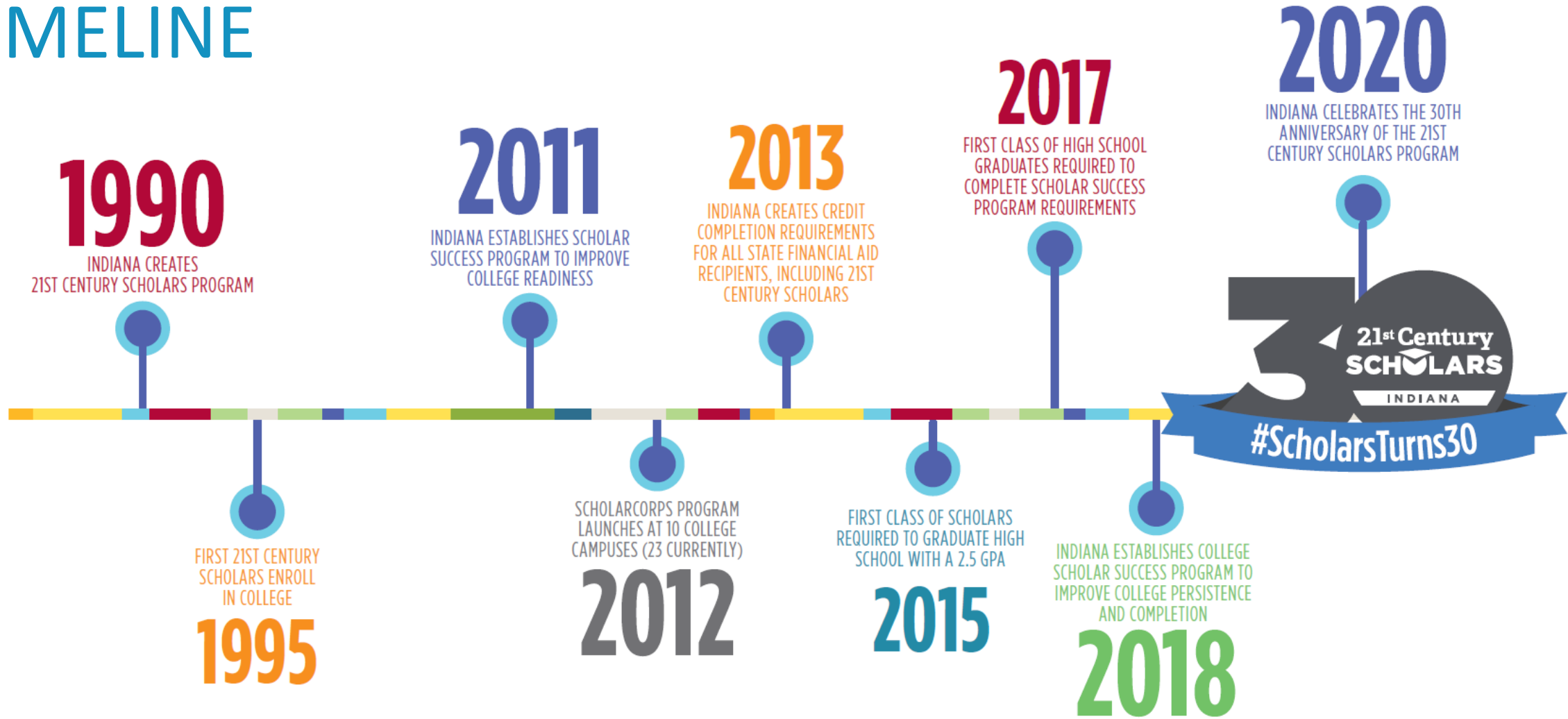
Jarod Wilson, Senior Director of Education & Workforce, Foster Success

PROGRAM HISTORY

- ▶ Established in 1990 to increase Hoosier students' aspirations for and access to higher education
- ▶ Income-eligible students enroll in 7th or 8th grade
- ▶ Students who fulfill the Scholar Pledge earn up to four years of paid tuition at an Indiana college
- ▶ More than 100,000 Hoosier students are currently enrolled (between 7th grade and college seniors)
- ▶ Over 45,000 Hoosiers have earned a degree through the scholarship program



TIMELINE



HIGH SCHOOL DEMOGRAPHICS



SCHOLAR DEMOGRAPHICS

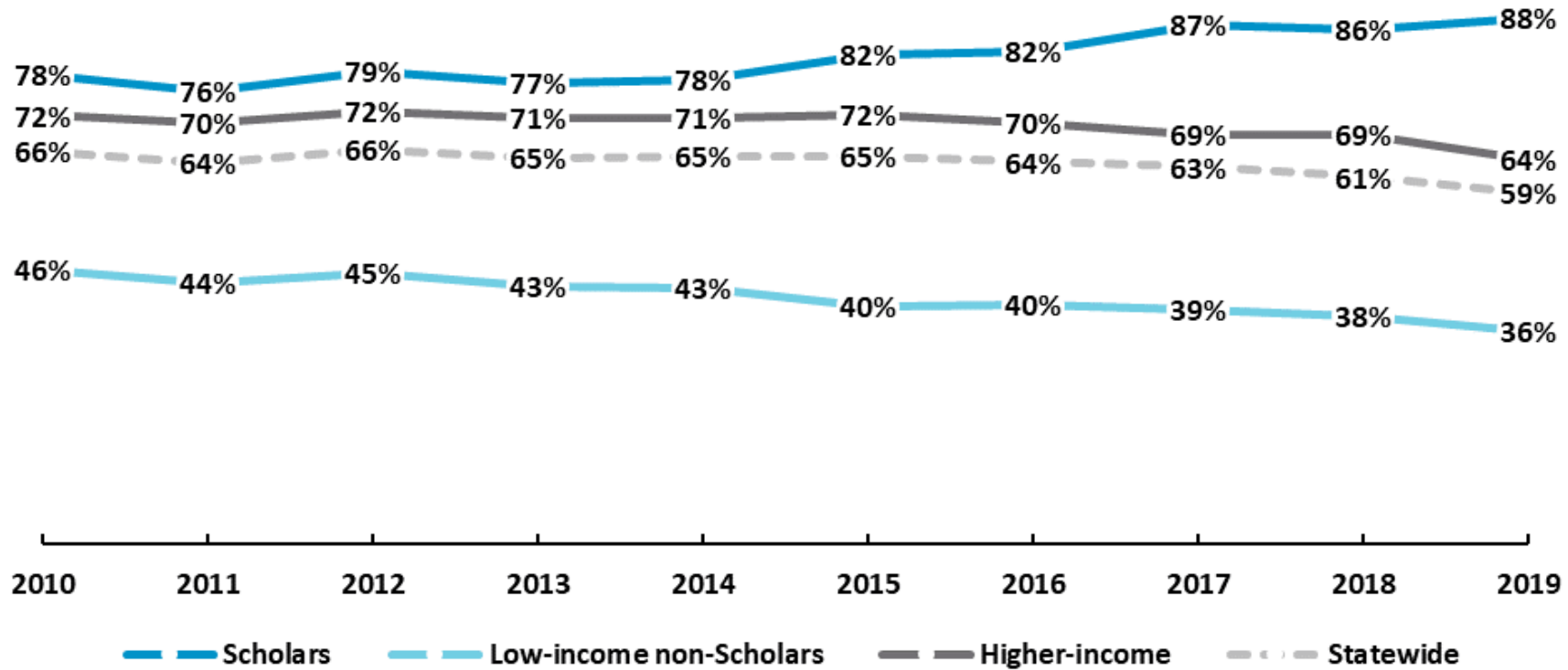
- ▶ Since 1990, more than 45,000 Hoosiers have earned a college degree with the 21st Century Scholarship.
- ▶ About 4 in 10 high school graduates are financially eligible for the Scholars program, but only 1 in 10 high school graduates is a Scholar.
- ▶ Women make up a larger share of 21st Century Scholars than men.



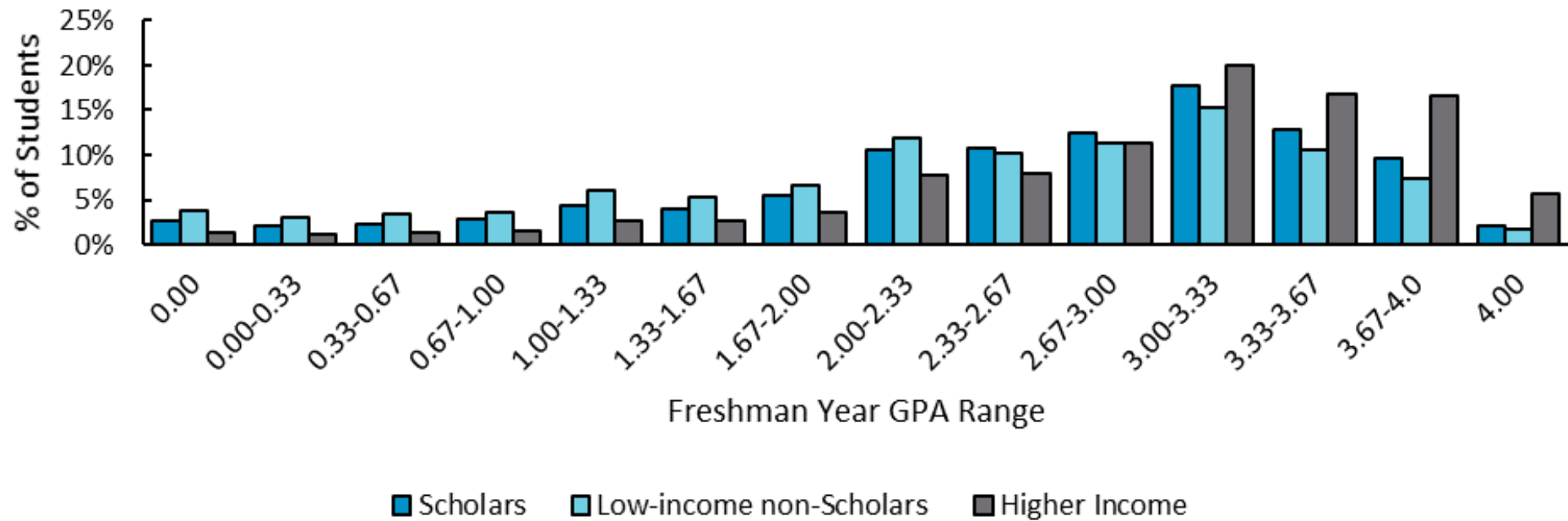
COLLEGE ACCESS, SUCCESS AND COMPLETION



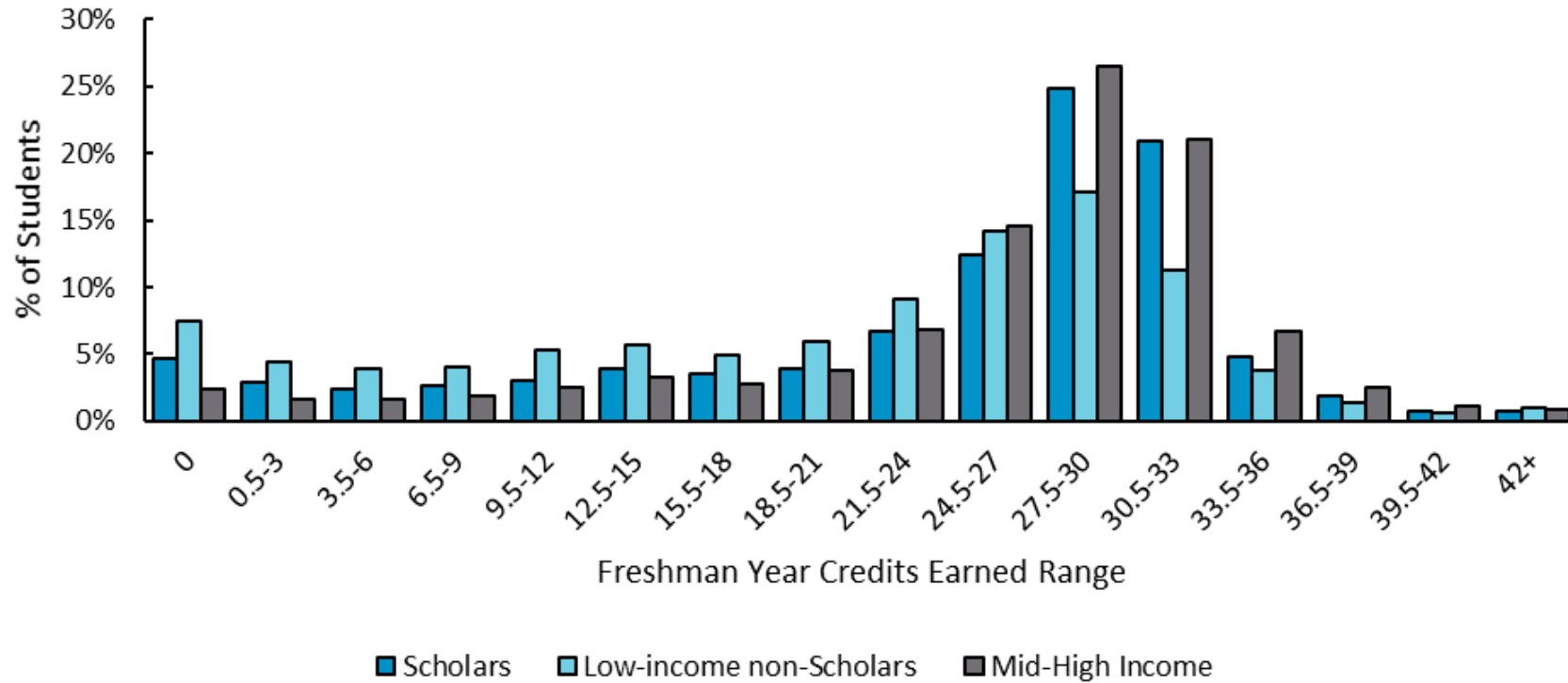
Scholars are more likely to go to college than non-Scholars



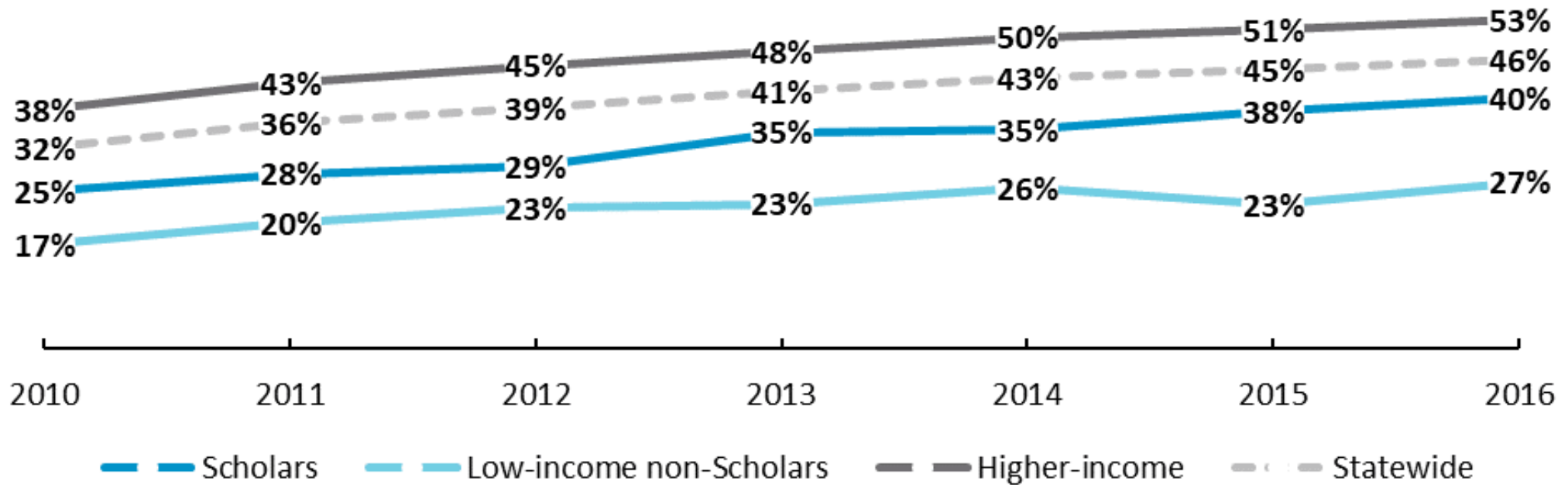
Scholars program helps to close the gap between income levels in freshman year GPA (2017 - 2019 HS Cohorts)



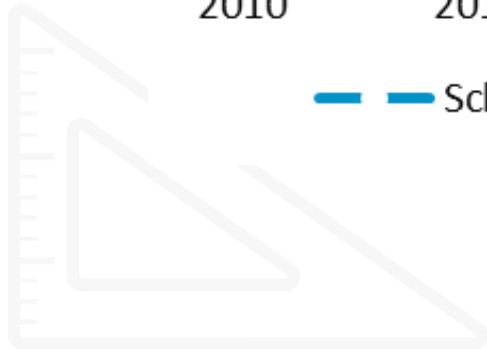
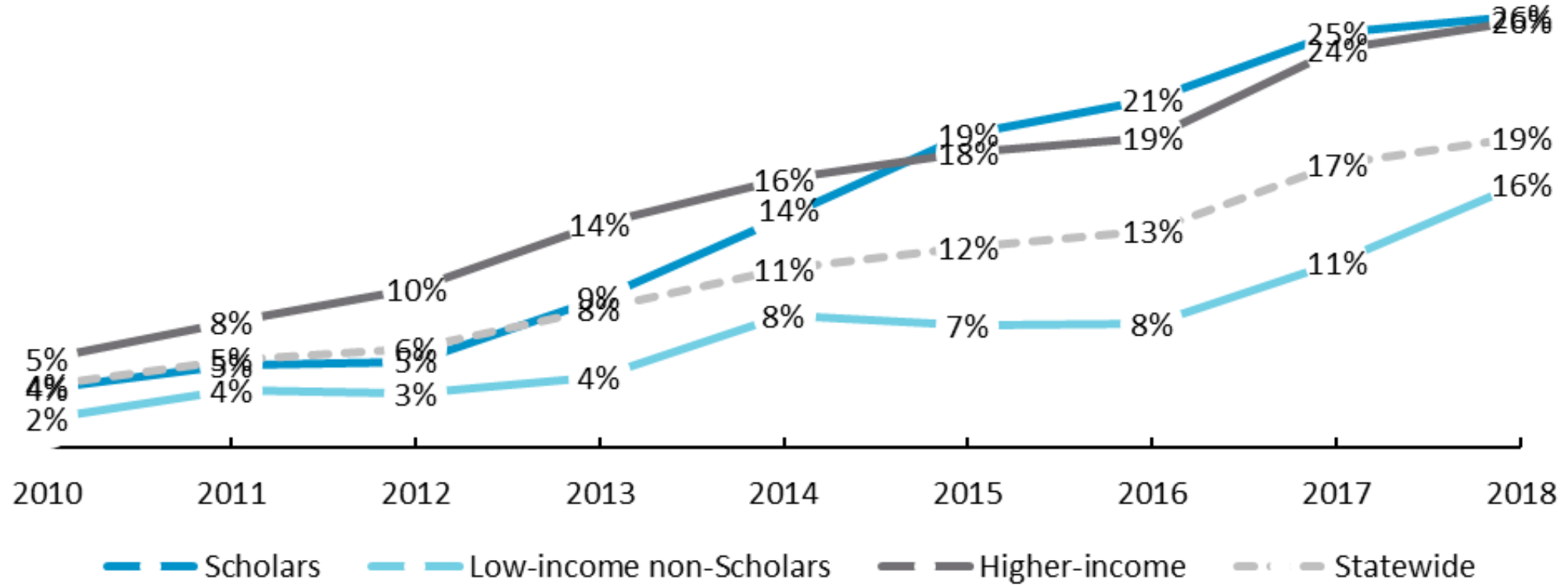
Almost three in four students earn 30 credit hours during freshman year, across all income levels
(2017-2019 HS Cohorts)



21st Century Scholars improve in on-time completion at four-year colleges



21st Century Scholars close two-year on-time completion gap



FOSTER CARE AND THE 21ST CENTURY SCHOLARSHIP

- ▶ In 2018, CHE and DCS created a data share agreement to auto-enroll all young people in foster care (7th grade and on)
- ▶ This has allowed caseworkers to focus on immediate needs
- ▶ Also ensures that students don't fall through the cracks



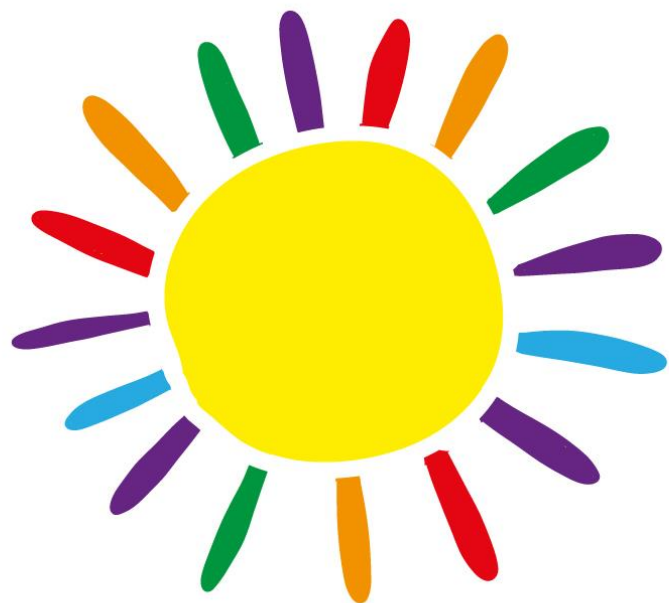
Agenda

4. Strategic Priority: Mental Health and Substance Abuse
 - a. Susan Elsworth, FASD United



CISC Indiana FASD Needs Assessment

SUSAN ELSWORTH



INDIANA ALLIANCE

On Prenatal Substance Exposure

Educating, Advocating, Supporting Across the Lifespan



FASD United

THE NATIONAL VOICE ON FETAL ALCOHOL SPECTRUM DISORDERS
Formerly NOFAS

Indiana FASD Needs Assessment Report



- Completed on September 30, 2022
- Prepared by BVC, LLC (Emerald Consulting, who complete the first assessment in 2006)
- Indiana Alliance on Prenatal Substance Exposure
- Grant funded by DMHA

Discussion & Recommendations

❖ Input from people with lived experience –

Electronic surveys not the best vehicle to solicit participation

Proposed Action Step: Build personal relationships to learn more about their experience and how best to capture input



Discussion & Recommendations

❖ **Awareness about healthy pregnancies** - Survey data suggests improved awareness about healthy behaviors related to pregnancies. However, some respondents do not believe wine is harmful and 24% of providers said FASD can occur if the pregnant person drinks certain types of alcohol

Proposed Action Step: Expand public awareness effort and education about the potential harmful effects of any alcohol consumption by pregnant people.

Discussion & Recommendations

Alcohol consumption during pregnancy – Survey indicates an increased consumption during pregnancy both three months before pregnancy and during an average week in the past month.

Proposed Action Step: There is a need for ongoing education about consuming alcohol during pregnancy. Popular beliefs about occasional drinking and that some types of alcohol (wine and beer) are acceptable during pregnancy should be addressed.

Discussion & Recommendations

❖ **Understanding FASD** – Data suggests there remains a continues lack of understanding of the criteria for describing and diagnosing of FASD.

Proposes Action Step: Ongoing and expanded public awareness and education about Fetal Alcohol Spectrum Disorder aimed at the broader community is necessary. Information and training should be targeted to both the general population, especially pregnant people, and their families, as well as providers of all backgrounds.

Discussion & Recommendations

❖ **Screening** – Results of the assessment suggest a general lack of awareness about the purpose, availability and utility of screening tools.

Proposed Action Step: Information and training for providers about available and accessible screening tools should be included in awareness and education efforts. Policymakers may wish to consider ways to encourage use of screening tools to identify pregnant people and children at risk for alcohol exposure.

Discussion & Recommendations

❖ **Registry** – Results of the assessment suggest a lack of knowledge among non-medical providers about the Indiana Birth Defects and Problems Registry (IBDPR). *This is how Indiana determines prevalence for FASD.*

Proposed Action Step: Additional research may be needed to explore the best ways to identify and document prenatal alcohol exposure to support accurate diagnosis across the lifespan (beyond age 5) and to inform necessary and appropriate services for people diagnosed with FASD. Agency leaders and policymakers may want to consider how data collection can be improved, and how data can support planning for services and programs to meet the needs of people with FASD, their families and their communities.



Discussion & Recommendations

❖ **Resource sharing/Education materials:** The needs assessment results suggest an ongoing need and demand to provide current resources using preferred information access methods of target audiences.

Proposed Action Step: Explore ways to share more information digitally through websites, social media and apps in addition to traditional brochure and print materials.

Discussion & Recommendations

❖ **Coordination of efforts around FASD** – The results of the 2022 needs assessment echo the findings from 2006 regarding the need for a coordinated approach to the complex issues of FASD.

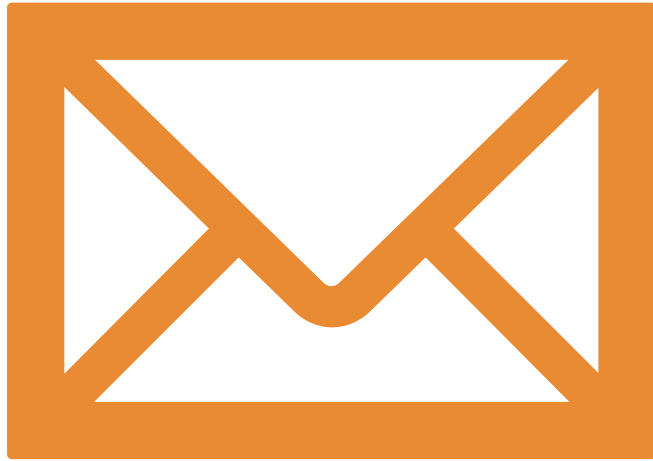
Proposed Action Step: Establish a statewide FASD Task Force with appointed membership representing people with lived experience, providers, agency leaders, associations, content experts and policymakers supported by a paid Coordinator to:



- a. Respond to needs identified in the FASD needs assessments
- b. Oversee a comprehensive public awareness campaign
- c. Collect data to inform education and policy efforts
- d. Coordinate with appropriate agency partners, associations, and community leaders
- e. Make recommendation about policy, programs, and services
- f. Report regularly to policymakers and the community

Closing Comments

The FASD sub committee will be submitting official recommendations regarding evidenced based programs to address mental health and behavioral concerns for individuals with prenatal alcohol exposure in the coming weeks.



Contact Information

Susan Elsworth: elsworth@fasdunited.org

Jackie Franks: jfranks@mhai.net

<https://inalliancepse.org>

THANK YOU!



Agenda

5. Strategic Priority: Juvenile Justice and Cross-System Youth
 - a. Hon. Ryan King, Ripley Circuit Court, and Waylon James, DCS

New Juvenile Competency Law

IC 31-37-26

EFFECTIVE DECEMBER 31, 2022.

Workgroup Participants

- ▶ Dr. Robin Kohli, Woodview Psychology Group
- ▶ Judge Lynn Murray, Howard County
- ▶ Magistrate Robert Vann, Lake County
- ▶ Magistrate Daniel Pappas, Allen County
- ▶ Joel Wieneke, IPDC
- ▶ Tracy Fitz, IPAC
- ▶ Susan Lightfoot, Henry County Probation
- ▶ Don Travis, DCS
- ▶ Jeff Bercovitz (IOCS)
- ▶ Angela Reid-Brown (IOCS)
- ▶ Mindy Pickett (IOCS)
- ▶ Nancy Wever (IOCS)

Workgroup Work

- I. **Discussed Competency Evaluation Process with Drs.**
 - ▶ Developing a “Juvenile Competency Evaluation Report Contents” doc
- II. **Developing a “Juvenile Competency Timeline” flowchart**
- III. **Order Forms are being drafted for Evaluator Appointment, Probation and Party Production of Relevant Information, and Dispositional Orders**

EVALUATION

ATTAINMENT

EVALUATOR(S)

- ▶ **(1) Psychiatrist or Psychologist HSPP....ONLY**
 - ▶ The Court “shall appoint 1” ... and appoint 2 “if a party requests”
 - ▶ Consecutive appointments will take up TIME

- ▶ **(2) Expertise in Juvenile Competency**

I. Juvenile Competency Evaluation Contents

- ▶ Detailed Identity of Juvenile / Charges / Date Place of Eval
- ▶ Purpose of Evaluation – determine comp, and services needed for comp
- ▶ List of Information Considered – Interviews, PI, Records, Psych or other tests
- ▶ Relevant History of the Juvenile and of the Matter – Background
- ▶ Mental Status – Juvenile’s Test Results; current presentation, cooperative, diagnosis, consistency across information, malingering assessed
- ▶ Expert expounds on issues related to competency
 - ▶ Expert’s Analysis, Synthesis, and Reasoning

Juvenile Competency Evaluation Contents

- ▶ **Competency Determination – clear statement of Competent or Incompetent**
 - ▶ (1) Able to understand nature and objectives of proceeding?
 - ▶ (2) Able to Assist in Defense?
- ▶ If not competent, Evaluator gives recommendations for attaining competence

II. Evaluation/Hearing Timeline

- ▶ Everyone should treat matters like “TIME IS OF THE ESSENCE”.
- ▶ IOCS Competency Timeline flowchart includes detail. Front end (before Attainment) time:
 - ▶ 7 days to collect “files”; ???; 14 days to submit Written Eval, once completed
 - ▶ (1) Statute is silent as to time for Evaluator to complete Evaluation. Also, there’s usually a waitlist.
 - ▶ (2) Consecutive Evaluations could take a lot of time. Timing issue essentially double.
 - ▶ “As soon as **practicable**” Court shall determine if competent – if Hearing then ++ days
 - ▶ If Incompetent, send Evaluations to Attainment Contractor w/in 10 days
 - ▶ Attainment Contractor sends Court Attainment Plan for approval within 30 days
 - ▶ **A Petition can pend for up to 1 year. IC 31-37-26-6(o). But see also 31-37-11-11.**

III. Order Forms

- ▶ Order Appointing Expert or Experts
- ▶ Order to probation and parties to provide relevant info to Evaluator
- ▶ (1) Order finding Competent;
- ▶ (2) Order finding Incompetent, not competent within 180/90 – next slide
- ▶ (3) Order finding Incompetent, **MAY attain competency** within 180/90 – **Refer to Attainment Contractor.** Court receives Report every 30 days. Any change in the juvenile's status must be acted upon by the Court within 3 days.
.....**after time is up, then what?**

Forms: (1) Order to Dismiss w/o prejudice; (2) Order Delaying Dismissal up to 90 & refer to:

- ▶ (1) DCS for a CHINS assessment
- ▶ (2) DMHA or BDD...but no obligation to provide services
- ▶ (3) Otherwise to secure services to reduce potential JD or criminal
- ▶ (4) Probate Court to consider Civil Commitment, if the person is Mentally Ill

“

After dismissal then what?

Possible to refile.

Timing issues?

”

IC 31-37-26-6(M)

Unchartered Waters



Questions?

Workgroup Update

- ▶ **Ryan J. King**
- ▶ **Ripley Circuit Court, Juvenile Court**
- ▶ **A JDAI County**
- ▶ **Juvenile Justice Improvement Committee**
- ▶ **Juvenile Competency Workgroup, Chair**
- ▶ **rking@ripleycounty.com**



Competency Attainment Services

December 7, 2022

Competency Attainment Goals

- Hoosier children are guaranteed their right to due process and a fair trial
- Hoosier children are restored to competency whenever possible
- The child understands the legal process, the nature of their offense, and is able to assist in their own defense
- Services are provided in the least restrictive setting possible based on the child's needs and the safety of the child and the community
- Service provision is individualized to the needs and developmental level of the child



Competency Attainment Services



The eligible population for these services are children deemed not competent to stand trial in accordance with IC 31-37-26-5 and referred for DCS Competency Attainment Services



DCS Competency Attainment Services must be offered statewide

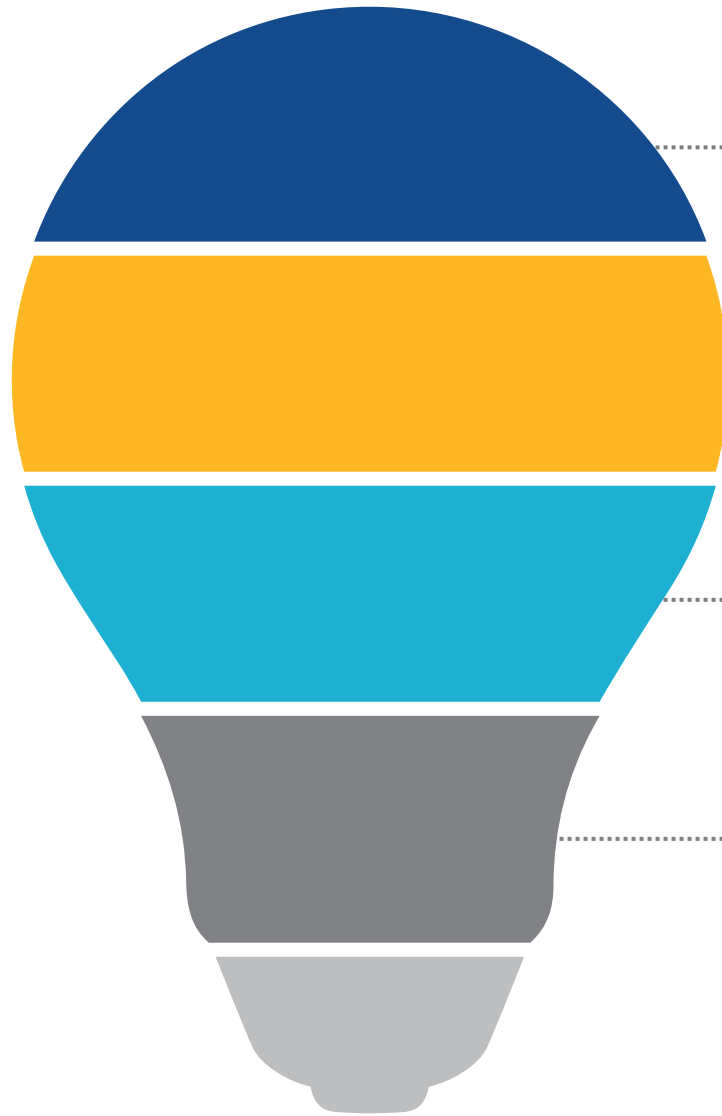


Competency Attainment Services in the least restrictive setting that is consistent with the child's ability to attain competency, and the safety of both the child and the community.



Competency Attainment Providers must have experience providing Competency Attainment Services

Competency Attainment Service and Curriculum



1

The Contractor shall provide individualized, in-person services, unless a virtual meeting is required for health and safety. Any virtual meetings must be approved in writing by the Probation Department.

2

The Contractor's Competency Attainment curriculum must be approved by the State prior to the initial provision of services.

3

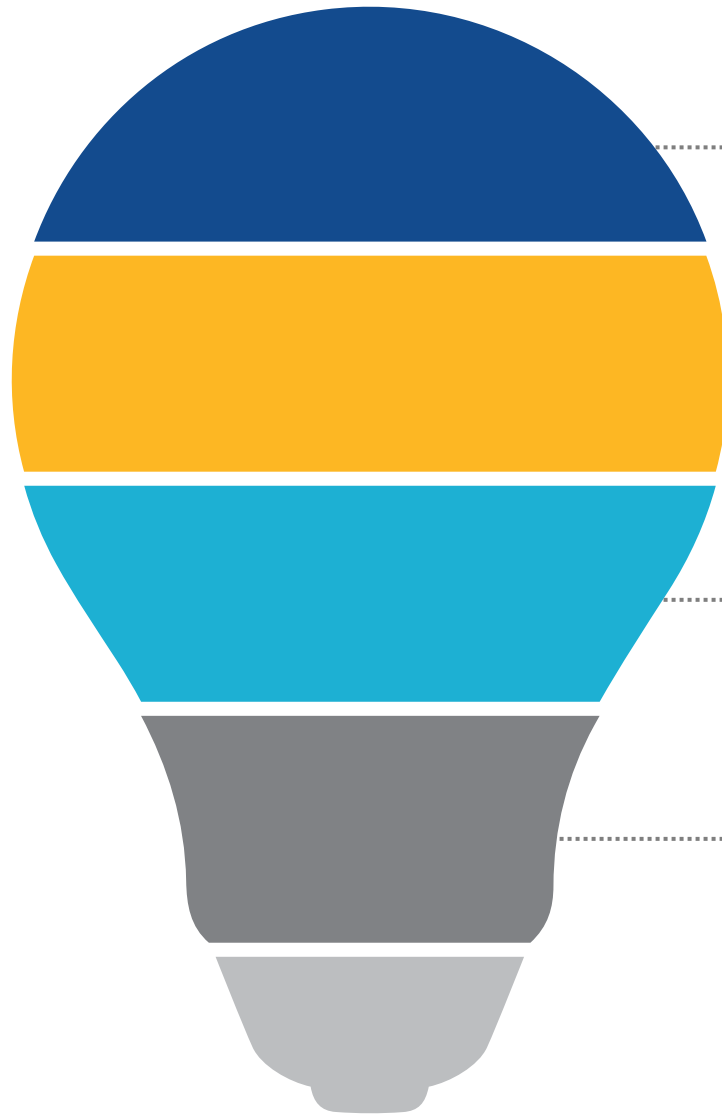
The curriculum shall include comprehensive instruction about the delinquency trial process and the child's legal rights in a delinquency case

4

The curriculum shall include assessment of the child's ability to connect their understanding of prior behavior with the potential consequences of this behavior and help to bridge any gap in this understanding.



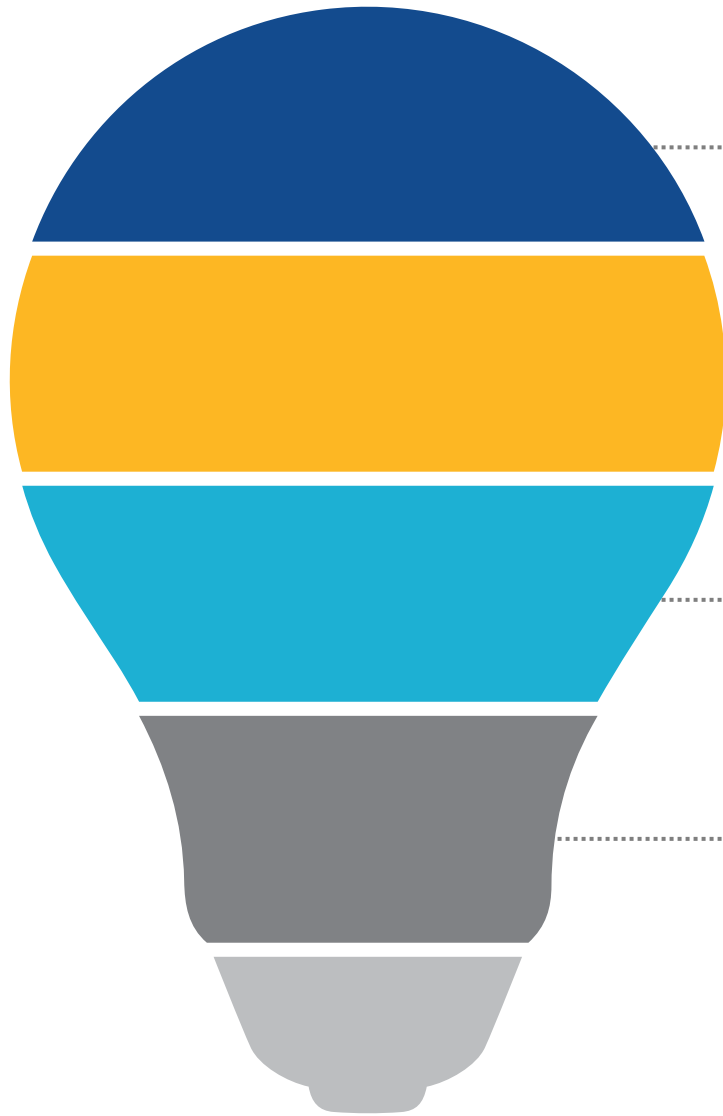
Additional Supporting Services



- 1** In support of the DCS Competency Attainment curriculum, Contractors shall also provide case management services and coordinate with other entity(ies) to provide mental health, psychological services or medication management.
- 2** In support of this, the contractor shall coordinate with other entities to provide medical and therapeutic care as necessary or provide these service directly.
- 3** The Contractor shall provide Competency Attainment services in the community, detention centers or residential treatment facilities.
- 4** The Contractor shall be expected to collaborate when necessary and maintain a cooperative relationship with other Contractors.



Notification Requirements to the Court



1

Report on the child's progress every thirty (30) days and upon service termination via the Individual Monthly Progress Report

2

If the Contractor determines that the child could receive services in a less-restrictive setting, the Contractor shall report this to the court within three (3) days of determination

3

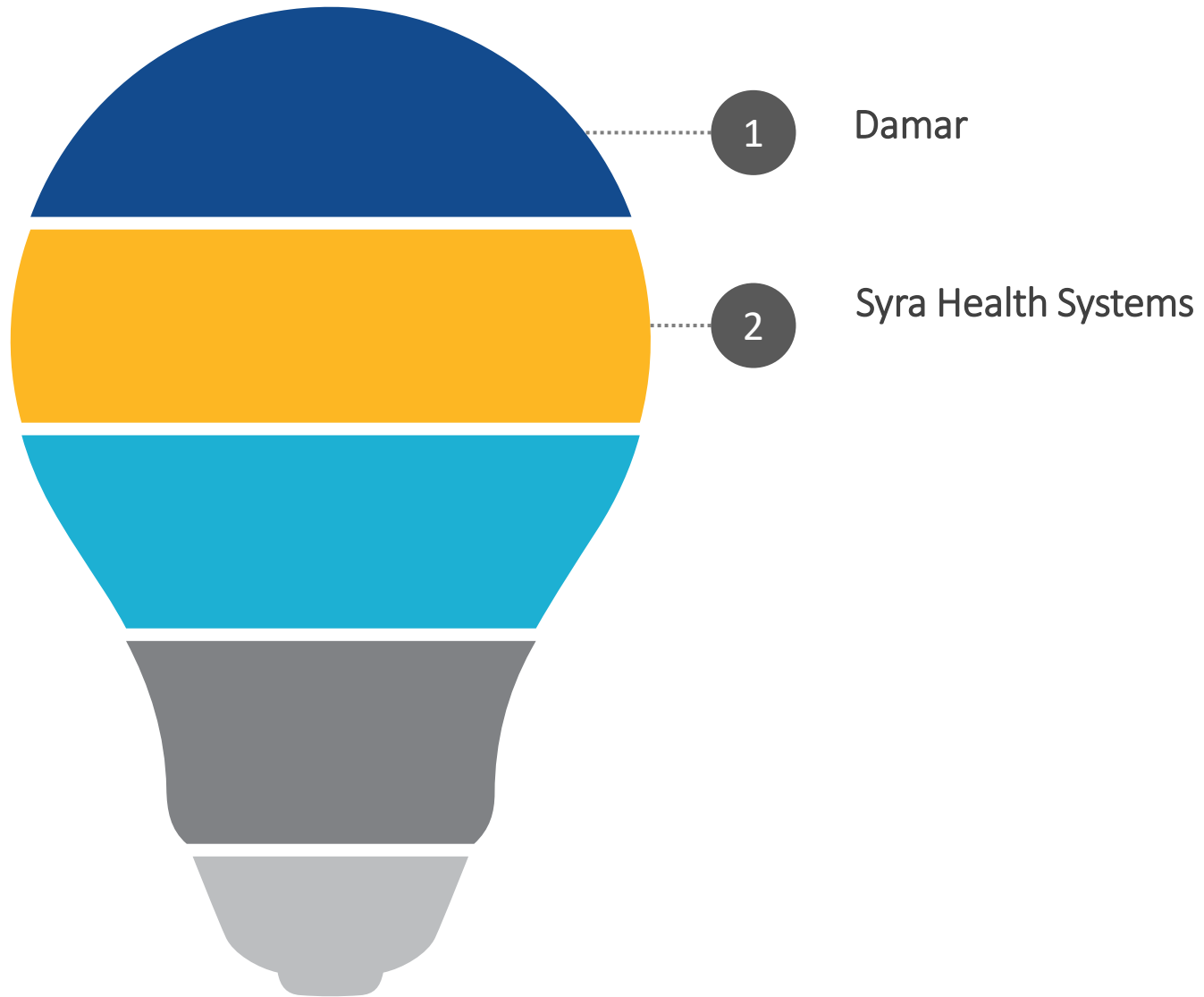
If the Contractor determines that the child has achieved the goals of the Competency Attainment plan and understands the nature and objectives of the proceedings and can assist in their own defense, the Contractor shall report this to the court within three (3) days of determination

4

If the Contractor determines that the child will not achieve the goals of the plan within the applicable time period, the Contractor shall report this to the court within three (3) days of determination. This report shall include recommendations for services for the child that supports the safety of the child and community.



DCS is currently working on Contracts with the following providers



Questions?

Agenda

5. Strategic Priority: Juvenile Justice and Cross-System Youth
 - b. JauNae Hanger, CPLI, and Sandy Runkle, PCAIN

Minimum Age for Juvenile Court Jurisdiction

Informational Presentation

Juvenile Justice & Cross-System Youth Taskforce Subcommittee on Objective 8:
Identify and encourage adoption of effective and promising practices and policies that integrate the science of child and adolescent development into the justice system's response to children and youth

JauNae Hanger and Sandy Runkle, Co-chairs
Caden Pociask, CPLI Intern, J.D. Candidate

Why Establish a Minimum Age?

- Behavioral & nonviolent minor offenses overwhelmingly account for young children entering the juvenile justice system
- Young children cannot meaningfully understand & participate in legal proceedings
- Young children are better served through services that identify & treat the root causes of behavior
- Early system involvement *increases* the likelihood of future system involvement

Vulnerabilities of Youth Should be Addressed Through Early Intervention

- Youth with learning disabilities are overrepresented in the juvenile justice system
 - ◆ 9% of the general population have an identified special education disability
 - ◆ 28–43% of youth in the juvenile justice system have an identified special education disability

- Many system-involved youth struggle with their mental health
 - ◆ 65-70% of the residential population meet the criteria for at least one mental health disorder
 - ◆ 50% of the non-residential population meet the criteria for at least one mental health disorder

- Many youth in the juvenile justice system have experienced trauma
 - ◆ Responses of youth surveyed in residential population: 70% “had something very bad or terrifying happen to them;” 67% had “seen someone severely injured or killed”

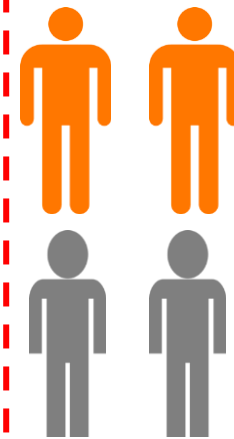
Prosecuting Children Compounds Racial Disparities

→ **Racial & Ethnic Minorities are Overrepresented in Juvenile Cases Involving Children 12 and under**

- ◆ In 2018, 52.7% of youth 12 and under processed in U.S. juvenile courts were a racial or ethnic minority
- ◆ Black children are the most substantially overrepresented
 - 16.9% of total population vs. 35.8% of cases processed in juvenile courts nationally

→ **Similar Disparities Exist Within Indiana's Juvenile Justice System**

- ◆ 50.9% of youth in Indiana's juvenile justice system are a racial or ethnic minority
- ◆ Only 34.1% of youth in Indiana are a race or ethnicity other than white



2 in 4

Hoosier youth in the justice system are kids of color

What are the Consequences of Early System Involvement?

- **Formal processing=worse outcomes**
 - ◆ Increased risk of future system involvement
 - ◆ Lower education & employment success
- **Collateral Consequences of a Delinquency Record**
 - ◆ School failure & barriers in future employment
 - ◆ Stigmatization & rejection from peers
 - ◆ Financial burden of court costs & fees

“By removing the threat of prosecution, it reduces the chance that children or families will avoid accessing treatment because of fear of legal repercussions.”

National Trends

→ Professional Organizations in Support of Establishing a Minimum Age of 12+

- ◆ American Bar Association
- ◆ American Academy of Pediatrics
- ◆ American Psychological Association
- ◆ The Society for Adolescent Health & Medicine
- ◆ The National Association of Social Workers
- ◆ The National Juvenile Justice & Delinquency Prevention Coalition
- ◆ Youth Correctional Leaders for Justice
- ◆ National Juvenile Justice Network

Minimum Age	# of States	States
Age 13	2	New Hampshire, Maryland
		California,

Minimum Age in Motion: State Snapshots

- **Massachusetts (Age 12, enacted 2018)**
 - ◆ One part of a comprehensive reform bill
 - ◆ Designated board to track statutory changes and accept feedback
 - ◆ First annual report indicates positive impact

- **New York (Age 12, enacted 2021)**
 - ◆ Utilizes “differential response programs” to be created by the Office of Child and Family Services
 - ◆ Legislation itself created a statutory framework for comprehensive implementation

- **California (Age 12, enacted 2018)**
 - ◆ County-by-county development plans
 - ◆ Comprehensive guide provided to counties
 - ◆ 1-year Implementation
 - Assess existing resources
 - Develop partnerships to fill services gaps

Youth in Indiana's Juvenile Justice System Today

→ **Status & Misdemeanor Cases account for nearly 80% of all cases in the juvenile justice system**

- ◆ Top Status Offenses: leaving home w/o permission & truancy
- ◆ Top Misdemeanor Offenses: theft, possession of marijuana & disorderly conduct

→ **Referrals for Children 12 & Under**

- ◆ Status: 34.3%
- ◆ Misdemeanor: 51.9%
- ◆ Felony: 13.7%

→ **Youth Referral Outcomes**

- ◆ Status: 23.9% petition filed; only 9.9% actually adjudicated
- ◆ First-Time Misdemeanor: 35.2% petition filed; just 19.4% actually adjudicated
- ◆ Population 12 & Under: 27.8% petition filed; only 13.6% actually adjudicated

Improvement in Comprehensive Student Support Services is Essential to Early Intervention and Prevention

Position	Recommended Staff-to-Student Ratio	Indiana (2018)
School counselors	250:1	533:1
School social workers	250:1	4639:1
School psychologists	Ideal 500-700:1, max 1000:1	2324:1
School nurses	Max 750:1	729:1

Current Resources - Expansion and Elimination of Barriers

→ Schools

- ◆ COVID-19 funds (short-term)
 - ~\$2 billion remaining to expend by 2024
 - 17.1% budgeted for support services
- ◆ Medicaid reimbursement (long-term)
 - House Enrolled Act 1450 (2021) expanded medicaid reimbursement to cover additional student services including 504s, behavior intervention plans, services plans & individualized health care plans
 - approximately $\frac{2}{3}$ of what was previously spent on these services can be used for other expenses including comprehensive support services
 - 50%+ Indiana children are enrolled in Medicaid benefits

→ Community

- ◆ Indiana Division of Mental Health and Addiction
 - Children's Mental Health Wraparound
 - Barriers: Medicaid eligibility, 2 mental health diagnoses
- ◆ Indiana Department of Child Services
 - Child Mental Health Initiative
 - Barrier: involvement in the juvenile justice system, 2 mental health diagnoses
 - CHINS 6
- ◆ New Federal Gun Safety Law, Bipartisan Safer Communities Act (mental health funding)



Important
Considerations

1

What should the statutory minimum age for juvenile court jurisdiction be?

2

How can we use existing school & community services as alternative pathways for children under the statutory age?

3

How can we increase comprehensive support services in Indiana's schools?

4

How can we monitor long-term outcomes resulting from minimum age legislation? What are the next steps?

Important Considerations

1

What should the minimum age be?

- Most states w/ minimum age legislation have adopted an age of 12
- Some states have adopted discretionary jurisdiction for preteen ages and the most violent offenses
- A younger child's competency to stand trial should be assessed by the court

2

How can we use existing school & community resources as alternative pathways?

- Early Intervention
 - Positive school discipline & trauma-informed practices, school counselors, social workers & psychologists, behavioral intervention plans, community mental health resources
- Potential Alternatives to Court Intervention
 - DMHA, child's mental health wraparound
 - DCS-CMHI, CHINS 6

Important Considerations

3

How can we increase comprehensive support services in Indiana schools?

- Address systemic workforce development issues, including utilizing existing funding to expand support services by hiring more school counselors, social workers & psychologists
- Reduce access-barriers to existing community mental health resources
- Conduct a comprehensive evaluation to determine geographic need for additional services

4

How can we monitor long-term outcomes resulting from minimum age legislation?

- Creation of or delegation to a designated body to collect disaggregated data and track outcomes (i.e. the Massachusetts model)
- Recurring post-enactment stakeholder surveys
- Requiring an annual report provided to the General Assembly and the Public assessing impact

What are the Next Steps?

1. **Find Consensus on these Issues**
 - Stakeholders, including legislators, law enforcement, service providers, judges, and advocates, should come together to address and resolve the main issues presented
 - Encourage the Commission and the Juvenile Justice and Cross-System Youth Task Force to continue researching best practices and facilitating dialogue around this issue
2. **Emphasize student services as an important access site for families and children**
3. **Improve Collaboration among schools, agencies and service providers around community-based services and resources to emphasize prevention and early intervention**
4. **Encourage resource mapping and the use of 211 at the county level so that there is common understanding and access to community resources**

Check out our Recent Webinar: The Case for Establishing a Minimum Age for Juvenile Court Jurisdiction in Indiana

- **Featuring:**

- [Moderator] Lisel Petis, Senior Fellow, Criminal Justice & Civil Liberties, R Street Institute
- Lindsey Grossnickle, Deputy Prosecutor, Whitley County Prosecutor's Office
- Josh Rovner, Direct of Youth Justice, The Sentencing Project
- Jennifer Woolard, PhD, Professor and Chair of the Psychology Department, Georgetown University



Questions?

→ Contact:

- ◆ JauNae Hanger:

jhanger@wapleshanger.com

- ◆ Sandy Runkle:

education.pcain@villages.org

→ Included Resources:

- ◆ [California Guide](#)

- ◆ [Massachusetts 1st Annual Update](#)

- ◆ [State-by-State Minimum Age Statutes](#)



Agenda

6. Executive Director Updates

Strategic Planning

■ Contents

- New/refreshed strategic goals & objectives
- Associated Task Force & Committee Structure
- Recommendations for youth and family engagement
- State-to-local communication plan

■ Timeline

- Retreat held on November 7
- Draft in progress
- First round review in January
- Final review early February
- Adoption at February 2023 Meeting

Implementation Updates

- Amendments to various licensing requirements
 - [Indiana's Health Workforce report 2022](#)

	2017	2018	2019	2020	2021	2022
All Bx Health Board	11,332	12,775	14,806	14,585	16,055	15,842
LCSW	4645	4957	5322	5328	5823	5858
LMFT	893	934	986	949	1012	977
LMHC	2021	2250	2514	2577	2830	2910
LAC	242	259	270	245	260	226
LCAC	1285	1292	1317	1231	1269	1190

Implementation Updates

- Definitions of Trauma/Adversity and Trauma-Informed
 - Incorporating into guidance for YRBS with ACES questions
- Juvenile Violence Prevention Programs
 - Answered a survey from MCCOY on youth violence initiatives in Indianapolis; info was used in community planning

2023 Commission Meeting Dates

Meetings are on Wednesdays, 10 a.m. – noon

February 15th

April 19th

June 21st

August 16th

October 18th

December 20th

Agenda

7. Discussion: Future Meeting Topics or Other Items from Commission Members

Agenda

8. Next Meeting

Wednesday, February 15 10 a.m. – noon

Indiana Government Center South, Conference Room A