Members Present: Sirrilla Blackmon, FSSA - Division of Mental Health and Addiction; Suzanne F. Clifford, Community Health Network; C.J. Davis, Four County Counseling Center; Mindi Goodpaster, Marion County Commission on Youth; Senator Randy Head, Chair; Marc D. Kniola, Indiana Department of Correction, Division of Youth Services; Lisa Rich, Indiana Department of Child Services; Jessica Skiba, Indiana State Department of Health; William G. Wooten, MD; Holly Walpole, Professional Licensing Agency; Carey Haley Wong, Child Advocates

Members Absent: Cathy J. Boggs, Community Health Network; Cathleen Graham, IARCCA, an Association of Children & Family Services; Lt. Kevin Hobson, Indiana State Police; Chief Stan Holt, Batesville Police Department; Suzanne O'Malley, Indiana Prosecuting Attorneys Council; Letecia Timmel, Otis R. Bowen Center;

Staff Members Present: Mike Brown, Indiana State Senate

Call to Order: 1:04 P.M.

New Task Force Protocol: The Commission issued new Task Force protocol back in July. Senator Head went over the new protocol and each member was provided with a copy of the updated protocol.

Presentations:

Presentation – Dr. Robin Kohli, PsyD, HSPP: Dr. Kohli is a licensed psychologist with Woodview Psychology Group, LLC and her presentation was on common mental health diagnoses with CHINS and JD populations. Most of her work has been in residential treatment.

Dr. Kohli went over typical child and adolescent mental health and anxiety disorders. The top two mood disorders are Major Depressive Disorder and Persistent Depressive Disorder. The most common anxiety disorder is PTSD. Also, she went over common psychotic and disruptive disorders. She sees a lot of kids with alcohol and substance abuse disorders, in particular: marijuana, alcohol, spice, and cigarettes. Does not see as much prevalence with crack, crystal meth, or hallucinogens. However, heroin is becoming a bigger problem.
In 2013 the University of Michigan conducted a study and found that in the past year 36.4% of 12 graders used marijuana; 8.7% amphetamines; 7.9% synthetic marijuana; 7.4% Adderall; and 5.3% Vicodin.

Commonly seen emerging personality disorder traits include: borderline personality disorder, antisocial personality, dependent personality, and narcissistic personality.

Very common (about 60%) of kids who come into the juvenile justice system have extensive probation involvement, raised by a single mom and have an absent father. Usually they are diagnosed with some sort of conduct disorder. The goal with these kids is to involve them with a male adult figure, find them a mentor, change their peer group, involve them in sports, and work through their history of trauma. Those children with specialized issues such as those charged with sexual abuse it is difficult to find specialized treatment because there are few specialists around the state.

Evidence Based Treatment (EBT): Most diagnoses have EBT’s associated with them but not all. There are high costs with EBT’s because of training costs and because they are not widely available. Most frequent EBT’s: Cognitive Behavioral Therapy; Trauma focused CBT; Dialectical Behavior; Functional Family Therapy, Attachment Therapy; and Parent Child Interaction Therapy.

Senator Head asked Dr. Kohli what challenges she sees at the end of the day. She sees a few challenges to serving Children: 1) finding and developing stable homes with stable parents; 2) frequent changes in service providers; 3) finding qualified therapists especially in rural areas; 4) developing an appropriate education plan; 5) finding qualified psychiatrists; and 6) limited independent living services.

ADHD is the most common disorder that drives kids to use and abuse drugs because they are impulsive and very active.

Recommendations to solve the issues: Telecommunication should be expanded; barriers include lack of organization of telecommunication services. Having a better plan to train providers especially in rural areas will be key.

Presentation – Gretchen Morris, Diversion Detective Indiana State Police:
Detective Morris spoke about teenage prescription drug abuse from an enforcement perspective. She has worked with ISP for 27 years.
The presentation was very fact based and informative. The following statistics were pointed out to the Task Force:

- Seven of the top 11 drugs most commonly abused by high school seniors are prescription drugs or over the counter drugs;
- Vicodin and Amphetamines now rank up there with marijuana as the top 3 most commonly abused drugs among 12th graders;
According to the Substance Abuse and Mental Health Services Administration, young adults aged 18-25 had the highest rates of abuse of prescription medication, followed by youths aged 12-17;

Prescription drug use among Indiana’s high school seniors has risen from 5.9 percent in 1998 to 14.5 percent in 2012;

More high school athletes are abusing prescription pain medications than their peers with football players using the most illegal substances;

According to the federal Centers for Disease Control and Prevention, prescription drug overdoses have surpassed cocaine and heroin overdoses as the leading cause of poisoning deaths;

The prescription drug, Klonopin, is making a comeback

70 percent of prescription drugs teens are abusing are coming from medicine cabinets of parents, grandparents, relatives and friends; and

28.3% of Indiana’s high school students have been offered, given or sold drugs on school property in the last year

Officer Morris offered a couple of solutions for the Task Force to consider. First, parents need to secure their medications – lock them up. Second, more prescription drop boxes at pharmacies are key. If it’s convenient for parents then they will use the drop box. Finally, education in elementary school is key. We need more advertising on the effects of drugs and at an early age.

Presentation – Kevin Moore (DMHA), Rebecca Buhner (DMHA), and Lisa Rich (DCS):

This was a collaborative presentation about the topic of 1915i and the Children’s Mental Health Initiative.

Kevin understands that there is no silver bullet to the issues the Task Force will address. La Rue Carter has a long waiting list of female patients. The focus has been on building community capacity on developing systems of care, and building community partnerships.

There are 25 mental health centers around the state.

Rebecca and Lisa presented at the same time – In 2012, DCS and FSSA started talking about different solutions. DCS and FSSA sat down to brainstorm solutions. Applied for the Child Mental Health Wraparound. The wraparound serves the high end needs children. Regional meetings last year treatment in rural areas were discussed.

Presentation – Dr. Bill Wooten, MD and Founder of Youth First, Inc; Parri Black, President and CEO of Youth First; and Davi Stein-Kiley, Director of Social Work for Youth First:
Youth First provides access to masters-level, Youth First social worker services and evidence-based prevention programs to roughly 25,000 children in a five county area each year. Last year, the Youth First social workers served 12,431 of these children in a variety of ways. The most intensive, individual services were provided to 1406 at-risk children on the Youth First social workers’ case load. During the last school year, this Youth First-employed team of 36 social workers, who are placed in schools, performed 287 suicide assessments and performed 211 self-harm assessments.

The organization provides clinical supervision, human resource management, ongoing continuing education, program training & fidelity, evaluation, and continuous quality improvement for all services. This supportive infrastructure is a critical component for success.

Youth First currently partners with 10 public, parochial and private school corporations in southwestern Indiana.

**Presentation – Mindi Goodpaster, Task Force Member:**
Mindi provided the Task Force with an update on teen suicide issues.

**Suzanne Clifford – Zero Suicides for Indiana Youth Grant approval**
Indiana was just provided a 5 year, 3.6 million grant to prevent suicide. The grant must focus on those ages 10-24 by supporting early intervention, building a robust crisis network, and accelerating state of the art assessments and treatment. Indiana Dept. of Education is excited to be involved.

Suicide is preventable and is the second leading cause of death for those ages 15-34. For kids 10-14 it’s the third leading cause of death.

**Subcommittee Reports**
Subcommittee on increasing access for mental health and substance abuse services in the Department of Correction, Kaarin Lueck – Marc has taken the ball with DOC in working with student social workers. Connecting social workers and DOC is making progress. Kaarin went through all 8 proposals. There will be changes to the dependency center standards coming soon when children hit their door.

Subcommittee on addressing teen prescription drug abuse, Holly Walpole – The subcommittee met three times since last meeting. Wanted to look at top 10 drugs that teens abuse. More data needs to be collected, but the goal is to work with schools to provide preventative techniques.
Sirrilla Blackmon is now part of the Data mining Task Force and would like to work with this subcommittee

**Topic Proposals for Next Meeting**
- Senator Head asked everyone to email Mike Brown with ideas.

**Next Meeting Date**
Mike Brown is to email the members about the next meeting date.

**Approval of June Minutes:**
- Approved by consent.

**Adjourn:**
- 3:45 P.M.