

**Minutes**  
**Commission on Improving the Status of Children in Indiana**  
**December 7, 2016, 10:00 a.m. – 2:00 p.m.**  
**Indiana Supreme Court Courtroom, State House Room 317**

**Members Present:**

- Dr. Jennifer Walthall, for Dr. Jerome Adams, Indiana State Health Commissioner, Indiana State Department of Health
- Brian Bailey, Director, State Budget Agency
- Christine Blessinger, Director, Department of Correction, Division of Youth Services
- Mary Beth Bonaventura, Director, Indiana Department of Child Services
- Representative David Frizzell
- Senator Erin Houchin
- Larry Landis, Executive Director, Public Defender Council
- Senator Tim Lanane
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Danielle McGrath, Deputy Chief of Staff, Office of the Governor
- Kevin Moore, Director, Division of Mental Health and Addiction
- David Powell, Executive Director, Indiana Prosecuting Attorneys Council
- Representative Vanessa Summers
- Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education
- Justice Loretta Rush, Chief Justice of Indiana
- Dr. John Wernert, M.D., Secretary, Indiana Family and Social Services Administration
- Mary Willis, Chief Administrative Officer, Indiana Supreme Court, Office of Judicial Administration
- Greg Zoeller, Indiana Attorney General

1. Welcome and Introductions

Chief Justice Rush welcomed all attendees to the meeting. CISC members introduced themselves and briefly summarized their roles. Danielle McGrath, Greg Zoeller, and Glenda Ritz were attending their last meeting as CISC members. Chief Justice Rush recognized them for their significant contributions to the CISC and thanked them for their efforts.

2. Approval of Minutes for August 17, 2016 and September 21, 2016

The CISC reviewed proposed minutes for the August 17, 2016 and September 21, 2016. The proposed minutes were approved.

3. Review and Approval of CISC Three-Year Strategic Plan

Chief Justice Rush described the background and development of the strategic plan, thanking Casey Family Programs and Barry Salovitz for their assistance. Mr. Salovitz introduced Kay Kornmeier and Kristy McCullough, Clarus Consulting Group, to present details of the plan.

Ms. McCullough discussed the strategic planning process and gave a brief overview of the plan. The new plan recognizes four strategic priorities: (1) Child Safety and Services; (2) Juvenile Justice and Cross System Youth; (3) Mental Health and Substance Abuse; and (4) Educational Outcomes. The CISC also decided there was a need for an Operational Plan to handle its internal processes.

Kay Kornmeier described each of the four priorities. Each priority has a corresponding task force and a liaison to the CISC. Each priority also has a strategic goal. The objectives of each priority may change

over time, as the task force determines necessary. The objectives listed in the plan for each task force were determined by the CISC members, task force members, and staff. These objectives were all derived from the CISC's statutorily defined duties and responsibilities.

Ms. McCullough explained the Operational Plan next, which revolved around the CISC's internal organization and communication. The Operational Plan included five priorities: (1) Organizational Structure; (2) Task Force Assignments & Workflow; (3) Communication & Collaboration; (4) Policy Recommendations & Legislation; and (5) Outcomes & Impact. The Operational Plan is listed as a one-year plan; however, functionally, it is more likely to be a six month or quarter long plan to complete all objectives it encompasses. Charters have been prepared for all of the task forces and the drafts are ready for Executive Committee review. Chief Justice Rush explained that task forces now have more specific direction. The task forces directed this process, and they are in favor of it.

Ms. McCullough then explained the next steps to implement the plan. Each task force will develop a report for the Executive Committee, and will work together with the Executive Committee to develop a strategy for communicating the plan to interested stakeholders. The Executive Committee and task forces will work with the Communications Committee to develop a communication plan.

Glenda Ritz asked about the consolidation of some task forces, and wondered if there was a list. Chief Justice Rush noted that there is a corresponding task force to each established priority in the strategic plan. Superintendent Ritz then moved to accept the plan. Representative Summers seconded the motion. Larry Landis then asked whether priorities or objectives could be added to the strategic plan. He had significant concerns about appointment of counsel for children in CHINS and TPR cases. Appointments of counsel for children in child welfare cases is currently not required. Chief Justice Rush added a caveat that objectives within the strategic plan were subject to change throughout the duration of the plan. With that addition, the plan was unanimously approved.

#### 4. Endorsement of CISC Executive Director Position

Mary Willis provided the job description of the new Executive Director position and asked that the CISC approve the description. Danielle McGrath stated the Executive Director could truly represent the CISC as a whole rather than being beholden to their particular branch of government. Chief Justice Rush emphasized the importance of the Executive Director as an advocate and mouthpiece for the CISC. However, concerns were raised about funding for the position. Attorney General Zoeller expressed a need for urgency to get this position filled, or temporary funding streams may no longer be available. Kevin Moore asked if the position were PERF-eligible. Chief Justice Rush replied that the position was a contractor position moving toward a fully funded one if enabling legislation could be passed in the upcoming legislative session. Representative Summers expressed willingness to sponsor legislation if needed. She moved to approve the job description, and Director Bonaventura seconded.

#### 5. HEA 1369

Mary Willis gave a report from the Cross-System Youth Task Force in place of Don Travis, who was ill. Willis outlined the recent steps taken with HEA 1369, which discusses funding for juvenile community corrections and the composition of local community corrections boards. The recommendations of the task force requested new money be apportioned for juvenile community corrections not to be diverted from adult community corrections funding, flexibility be given to create juvenile community corrections boards or expand existing community corrections boards, and innovative juvenile community corrections programs be supported with any new funding.

Chris Blessinger discussed the proposed bill from the Indiana Department of Correction point of view. Juvenile and adult community corrections funding are currently separated, but they are not a separate line item in the budget. Representative Summers expressed concern about the timing of any request for new money, given the proximity of the legislative session and budget presentations. Director Bonaventura asked if the allocated money is separated at the local level. Ms. Blessinger was unsure. Larry Landis recommended to the Justice Reinvestment Advisory Committee (JRAC) that juvenile justice community corrections funds be a separate line item. JRAC would support additional juvenile funding but would not support taking away any adult funding. Representative Wendy McNamara, who is sponsoring HEA 1369, entered the meeting and discussed the history of the bill. Chief Justice Rush referenced Medicaid as one potential funding source for some of these kids, but Medicaid will not cover children returning from a stay at the Department of Correction. Senator Lanane expressed that this issue boils down to funding, and a strong case must be made to the General Assembly and the Budget Committee. Chief Justice Rush accepted a suggested amendment by Larry Landis that juvenile funds be a separate line item. With that addendum, Senator Lanane moved to approve the recommendation of the Cross-System Youth Task Force. Representative Summers seconded, and the motion passed as amended.

## 6. Infant Mortality and Child Health

Dr. Jennifer Walthall updated the CISC on the work of the Indiana State Department of Health (ISDH) and the Indiana Perinatal Quality Improvement Collaborative (IPQIC). The Infant Mortality and Child Health Task Force is being sunset as a result of the substantial work being done by ISDH and IPQIC. Dr. Walthall and Dr. Adams have been working on this issue for two years.

Dr. Walthall relayed anecdotally that progress is being made on awareness of Indiana's infant mortality problem, although there is a long way to go. 42% of Sudden Unexpected Infant Deaths result from unsafe sleeping issues. If this were a disease, it would be referred to as an epidemic. A group in Greene County is now giving safe sleep materials to every child born. The Indianapolis Colts and Riley Children's Hospital have purchased 30,000 safe sleep sacks to distribute.

Indiana's infant mortality rate is 7.1 deaths per 1000. This rate is above the national average. There are large disparities in Indiana infant mortality rates on the basis of race and ethnicity. The infant mortality rate of African American infants is 2.5 times higher than Caucasian infants. Dr. Walthall showed a graph of Indiana infant mortality broken down by cause of death. Coroners are trained to investigate and identify sleep conditions at sites of infant deaths. IPQIC is out of its infancy and working hard on this issue. Dr. Walthall also referenced IPQIC's Neonatal Abstinence Committee. 23 additional pilot hospitals are now working with the committee to study the issue of prenatal substance use, bringing the total to 26. According to that work, although a specific number is difficult to ascertain, the committee estimates that one in every five infants born in Indiana has been exposed to opiates prior to birth. The Indiana Department of Child Services (DCS) has been an incredible partner in this effort, and Dr. Walthall thanked them for their collaboration. A punitive approach to this issue has been demonstrated to be ineffective in other states. Attorney General Zoeller asked about drug screening for pregnant women. Dr. Walthall could not speak for IPQIC on this issue but felt personally that it would be productive to test all mothers at their first prenatal visits.

Based on national guidelines, and entirely voluntarily, standards for different levels of birthing centers have been assembled and data has been gathered on facilities meeting those standards. Implementation of those standards and official designation visits will also begin in 2017.

Dr. Walthall then reviewed some of the ongoing ISDH efforts in the areas of infant mortality and child health. The Labor of Love campaign is ending, and was largely successful. Labor of Love was an

education program to raise awareness of infant mortality issues. Baby and Me, Tobacco Free is an evidence-based smoking cessation program for pregnant women up until their child's first birthday. This program is ongoing and has been helpful. Programs to encourage breastfeeding are in place, and current efforts are meant to support breastfeeding in the workplace. Centering Pregnancy is an evidence-based practice to improve birth outcomes. ISDH is expanding this program in Indiana by creating a Centering Consortium to assist in new implementations of this model and increase awareness of its existence. ISDH now has a child fatality review team in every county in the state. 23 counties have fetal infant mortality teams. Safe sleep continues to be a significant priority for ISDH. The Nurse-Family Partnership is a national paradigm for nurse visits to the home of first time moms. The Partnership is now expanding into southern Indiana. Outcomes created by this program are outstanding. The Moms Helpline was launched March 1. It provides information, referrals, and resources relating to maternal and child health care services. The Helpline's use is picking up as awareness increases.

Dr. Walthall mentioned the Indiana Birth Defects and Problems Registry, for which data is available at the ISDH website. All infants are required by statute to have certain screens before leaving the hospital. These include cystic fibrosis, congenital heart defects, sickle cell, and hearing issues. Lack of early detection can lead to intellectual disability, inadequate development, or even death. The Safety PIN Bill appropriated \$13.5 million to fight infant mortality in Indiana. \$2.5 million is dedicated toward the development of an app for pregnant mothers to encourage better prenatal care. The remaining \$11 million is earmarked for distribution through a grant program. Notifications to grant recipients were being sent out on the date of this meeting. The Labor of Love initiative held an Infant Mortality Summit in October 2016. The father engagement message at this summit was well received and powerful.

Chief Justice Rush wanted to ensure teenagers who become pregnant and are in child welfare or delinquency actions received this information. These resources are invaluable to that population, and she wanted to ensure courts could coordinate their efforts to help these children with the availability of these programs. Senator Lanane asked why pregnant women were not getting appropriate prenatal care. Dr. Walthall indicated that was a complex issue. One reason was transportation; Dr. Walthall believed telemedicine could be a potential solution to transportation roadblocks, particularly in rural communities. Education is a huge component. A large number of women are not aware that as soon as you become pregnant, you are presumed eligible for health insurance in the state. Senator Lanane also asked about infant mortality rates for non-white, non-African American children. Dr. Walthall replied that data for the Hispanic population was uncertain, but she believed that rate was low.

## 7. Substance Abuse and Child Safety 2017 Initiatives

Mindi Goodpaster reported on behalf of the Substance Abuse and Child Safety Task Force. Telemedicine is one initiative focused on by the Task Force. The project is intended to benefit kids who do not live close enough to a facility to obtain treatment. A two-year pilot program has begun, evenly split between urban and rural areas. The program bypasses a current requirement of an in person meeting prior to using telemedicine. Dr. Wernert added his knowledge of those requirements. One concern was with prescriptions and how they would be handled in a telemedicine setting.

The Task Force had several recommendations on suicide prevention. They recommended that all professional educators and staff working with student K-12<sup>th</sup> grade shall be required to participate in 2-4 hours of training in evidence-based and age-appropriate youth suicide awareness every 5 years, and that training should conform to national best practices. Schools should be required to develop policies to prevent suicide through training, partnerships, and plans for intervention. Further, they recommended DMHA hire a State Suicide Prevention Coordinator to coordinate awareness, training, programming, and services. Colleges and universities should provide on and off campus resources for students and faculty,

and crisis intervention and counseling services should be available. The state should support the expansion of the qualified mental health workforce through funding for student loan forgiveness and measures to allow license reciprocity between states. Medical and behavioral health professionals should be required to complete an in-person, evidence-based training program on suicide assessment, treatment, and management. DMHA should further establish a psychiatric crisis intervention pilot program in at least three counties.

Chief Justice Rush asked for the rationale behind these suicide prevention recommendations. Ms. Goodpaster replied that suicide is the second leading cause of death for children aged 15-24, and fourth for children aged 5-14. The more populous counties are having more severe issues with youth suicide, but there is no big trend in any particular county. Half of the counties in Indiana have experienced a youth suicide. Suicidal ideations are on the upswing, however, as are feelings of sadness and hopelessness.

License portability was a significant concern for the CISC. Attorney General Zoeller asked about interaction with the Legislative Services Agency on this point. There has been previous presentation on this topic, and Senator Head has been in contact with him. Chief Justice Rush suggested that any action on the legislation be sent back to the task force to address suggestions made by Dr. Wernert, including Medicaid billing for students in training to become mental health professionals.

#### 8. Department of Child Services Proposed 2017 Legislation

Parvonay Stover presented the DCS legislative agenda on behalf of DCS. A list of these proposals was distributed to the CISC in summary form. These priorities included: (1) prohibiting schools from restricting employees' duties to report child abuse or neglect; (2) mandatory training for employees to report; (3) Safe Haven changes requiring the child to be left with a person, not a "baby box"; (4) driver's licenses for foster youth; (5) updating the CHINS statute addressing drug-exposed infants; (6) drug screens for parents prior to adjudication and disposition; (7) paying fingerprint fees for adopting DCS children; (8) sharing information on missing and exploited children with the National Center for Missing and Exploited Children; (9) adding a definition of concurrent planning, and other smaller measures. Director Bonaventura requested the endorsement of the CISC for these matters. Senator Merritt is sponsoring the legislation. Representative Summers could not support all of these matters, and Larry Landis had concerns as well. No motion was offered.

#### 9. Information Sharing Guide

Leslie Dunn and Ruth Reichard, both from the Indiana Office of Court Services, presented on behalf of the Data Sharing and Mapping Task Force on the Information Sharing Guide (ISG) and mobile application. The project arose out of a delegation sent to Georgetown University, for an information sharing seminar. A survey was done of child welfare and delinquency stakeholders. Many did not know what information they could share with different entities. When they did share information, it was based upon prior relationships, as opposed to simply being based on the law. The ISG intends to clarify which data can be shared and with whom actors can share it.

The ISG was a team effort with lawyers from most of the agencies represented at the CISC meeting. The white paper upon which the application's content is based is more than 180 pages. The white paper was reviewed and approved by Attorney General Zoeller's office, and has now been converted into an easy-to-use application for use on tablets and smart phones.

Ruth Reichard demonstrated the mobile application, which was developed by the Indiana Office of Technology, for the CISC. The application was funded partially by Casey Family Programs and partially

by Court Improvement Program funds. Updates will be paid for by the Public Defender Council. This is a public application that has no link to Odyssey or any particular case management system. It contains no case data. Leslie Dunn added that Indiana is the first state to release an application of this nature for field staff to use. Dr. Wernert asked if there were links in the application to appropriate resources, and Ms. Reichard demonstrated the Resources tab which has helpful links. Dr. Wernert offered use of the Family and Social Services Administration legal guide within the app. Attorney General Zoeller and Chief Justice Rush both commended the project, with Chief Justice Rush calling it a significant and tangible product of the CISC. Director Bonaventura added that she would have loved to have had this sort of resource when she was a judge.

#### 10. Next Meeting

The Commission on Improving the Status of Children in Indiana will meet on February 15, 2017, from 10:00 AM-2:00 PM at the Indiana Government Center South.