



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, February 19, 2020

Indiana Statehouse, Supreme Court Courtroom

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Jay Chaudhary, Director, Division of Mental Health and Addiction
- Bernice Corley, Executive Director, Public Defender Council
- Representative Dale DeVon
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- John Hammond IV, Office of the Governor
- Curtis T. Hill, Indiana Attorney General (non-voting member)
- Senator Erin Houchin
- Zac Jackson, Director, State Budget Agency
- Susan Lightfoot, Chief Probation Officer, Henry County Probation Department
- Dr. Jennifer McCormick, Superintendent of Public Instruction, Indiana Department of Education
- Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
- Justice Loretta Rush, Chief Justice of Indiana
- Terry Stigdon, Director, Indiana Department of Child Services
- Dr. Jennifer Sullivan, M.D., Secretary, Indiana Family and Social Services Administration
- Representative Vanessa Summers

1. Welcome and Introductions

Rep. DeVon introduced himself as the new Chair of the Commission for 2020. All members introduced themselves. At Rep. DeVon's invitation, Terry Stigdon invited all those present to a moment of silent reflection on the weight of the decisions to be made that impact children's lives.

2. Consent Agenda

Action: Chief Justice Rush moved approval of the consent agenda, which included three items—the December [meeting minutes](#), task force and committee [appointments](#), and approval of a [common language document](#) on equity, inclusion, and cultural competence. The motion was seconded and passed 12-0.

Discussion: Chief Justice Rush asked whether all those being appointed as co-chairs had indicated their willingness to serve, and Julie Whitman confirmed that they had.

3. Strategic Priority: Juvenile Justice and Cross-System Youth

Presentation: Rep. Wendy McNamara described Indiana’s recent history of juvenile justice initiatives and why she feels the time is right to do a thorough review of the system to ensure that Indiana is treating all youth appropriately and getting the best possible outcomes. She reported connecting with the Council of State Governments (CSG) Justice Center at a summer conference and learning about the type of work that they do with states. Rep. McNamara stated that she had initially drafted legislation to conduct a juvenile justice review, but decided not to file the legislation in favor of gaining efficiencies by conducting the review under the auspices of the Children’s Commission. Therefore in December she requested that the Commission [create a task force](#) made up of members of the Commission’s existing Juvenile Justice and Cross-System Youth Task Force and its Data Sharing and Mapping Committee, to work with CSG on a statewide juvenile justice system review.

Josh Weber, of the Council of State Governments Justice Center, made a presentation (slides 4-12 in the [meeting PowerPoint](#)). The presentation described CSG’s work with other states on juvenile justice, and stressed that CSG always takes a consensus-based, collaborative approach. He presented a [plan for CSG to work with an Indiana task force](#) on review of the state’s juvenile justice system, with a focus on data systems, understanding current initiatives, and interviewing state and local stakeholders to determine whether there is consensus on any recommendations to move forward. The project would serve as a first phase, possibly leading into a more thorough top-to-bottom assessment of Indiana’s juvenile justice system.

Discussion: Chief Justice Rush asked whether the CSG assessment would look at the availability of trauma-based services, and Josh said it would.

Rep. DeVon asked whether there was information available now on how Indiana compares to other states in terms of best practices. Josh explained how the assessment would catalogue the good practices Indiana already has in place, identify gaps, and bring in the national research on what is working around the county.

Chris Naylor noted that Indiana has had great collaborative work on the adult side but noted that coming up with an agreed-upon definition of recidivism was an ongoing challenge. He asked Josh whether there was any national consensus on how to define that term. Josh replied that those definitions do vary by state, and sometimes even by county, which can lead to misinterpretation of the data at times. CSG encourages systems to measure recidivism in many different ways, including different points of contact with the system as well as various time frames.

Action: Bernice Corley moved to approve the recommendation to create a new juvenile justice reform task force under the Children’s Commission to work with CSG on the proposed system review. The motion was seconded by Chief Justice Rush and passed 13-0.

4. Strategic Priority: Mental Health and Substance Abuse

Presentation: Dr. Carrie Cadwell of Four County Counseling and Dr. Jennifer Vohs of IU School of Medicine presented on the benefits of integrated medical and behavioral health care for children.

Discussion: Dr. Box reported that her OB/GYN practice had added integrated mental health care and it was a great improvement. She stated that both she and Dr. Sullivan were very supportive of the idea of integrated care and would encourage any clinic or medical practice to pursue it.

Dr. Sullivan spoke about the importance of building a robust data system to demonstrate the effectiveness of integrated care.

Chief Justice Rush proposed that the child welfare system might also want to look at integration, given the number of different services that families are often ordered to complete. Terry Stigdon affirmed that the DCS-involved families that have service providers with an integrated care model have much higher rates of completing services. She agreed that integration works well. She also mentioned the family support center model as well as the OB navigator model. Chief Justice Rush asked whether Family First dollars could be used to support integrated care, and Terry clarified that those dollars are given as reimbursement for services that appear on the national clearinghouse. Integrated care is not currently on the clearinghouse. Terry said she sees integrated care as more of a prevention model.

Chris Naylor asked about the general shortage of mental health providers and asked the presenters if they were aware of any initiatives to incentivize a larger workforce. Dr. Cadwell responded that integration and partnerships between different types of providers can help with the shortages, especially in rural areas. She also mentioned that certain paraprofessionals can be skilled up, with providers having advanced education playing a supervisory and consultative role. Jay Chaudhary affirmed that integration across systems can be a resource multiplier. Dr. Box mentioned several initiatives at ISDH to increase the mental health workforce, including administering the federal health professional shortage areas, adding three psychiatry residencies, and helping to train mental health social workers.

Action: Chief Justice Rush moved to support continued work on integration through collaboration between the Mental Health and Substance Abuse Task Force and FSSA. The motion was seconded and passed 12-0.

5. Strategic Priority: Child Health and Safety

Presentation: Dr. Box presented a brief update on Indiana's infant mortality data (slides 15-17 in the [meeting PowerPoint](#)). The rate declined in 2018 to the lowest rate Indiana has seen in six years, and importantly there was a significant decline in the Black infant mortality rate. Dr. Box emphasized that there is more work to do and Indiana is not where we need to be. There are several essential programs in place now to continue the work.

Discussion: Rep. DeVon asked about the state's work with local health departments. Dr. Box said she had been to all 93 local health departments and that ISDH was working together with DCS and FSSA to roll out the OB navigator program to connect women and families to care. Dr. Box talked about the importance of safe sleep education, especially for "aunties and grandmas" to support the current recommendations of having babies sleep on their back with nothing at all in the crib with them.

Chief Justice Rush asked about smoking while pregnant. Dr. Box noted that the rate of smoking has gone down, however she is afraid that is because women are vaping instead of smoking and answering "no" to the smoking question on the birth certificate form. ISDH is working on updating the question to reflect the reality of what people are using and what they call it (e.g., vaping, Juuling, etc.).

Chris Naylor asked about the connection between substance abuse and co-sleeping deaths, and Dr. Box confirmed that substance use is present in some of the unsafe sleep deaths, and it is clear how use of substances could impact a parent's ability to make good decisions for their children.

6. Census 2020

Presentation: Jill Carnell of the Indiana Department of Administration presented on the importance of Census 2020 participation, especially for children. She described the importance of counting every Hoosier to ensure that Indiana tax dollars come back to Indiana in proportion to our population. The estimate of funds missed for each person not counted is \$2700. Jill also described educational programs that are available to schools to help children understand the census.

7. Committee Updates and Legislative updates

Presentation: Julie Whitman presented brief updates from the Commission's committees. Other than the Equity, Inclusion, and Cultural Competence Committee, which had an item on the consent agenda, the other committees either had not met since the Commission's last meeting, or were in the process of forming or regrouping and planning for 2020.

Julie pointed out the legislative tracking document in the Commission's packet and highlighted a few of the bills she was tracking that would have an impact on children and/or child- and family-serving agencies.

Discussion: Commission members were invited to highlight any bills that they were working on related to children and families. Rep. Summers highlighted two bills on behalf of the Black legislative caucus, including a bill on lead testing for drinking water in schools, because some communities have been shown to have very high levels of lead. She also mentioned SB 449 related to juvenile offenders, which the Black caucus felt was dangerous to young black men. She reported that the caucus was actively opposing that bill.

Dr. Sullivan said that she and Dr. Box would welcome a deeper conversation with Rep. Summers on lead poisoning, which both FSSA and ISDH have been working on for years. She noted that pregnant women, infants, and preschoolers are at the highest risk for lead poisoning, so it's important to ensure mitigation in homes and day cares first. Rep. Summers said that she would love to facilitate a conversation between the NAACP and the two agencies. Dr. Box mentioned that NAACP has a representative on the ISDH lead advisory panel, and they are working on a statewide plan due out in April or May.

Chris Naylor highlighted the bill to raise the legal age of vaping and its impact on children. He recounted that his hometown has had several ambulance runs recently from the local high school due to vaping.

Rep. DeVon highlighted a bill he had filed that would require teacher training programs to include curriculum on the impact of trauma on children's behavior and learning, and trauma-informed strategies for classrooms.

8. Adjournment

The meeting was adjourned at 11:31 a.m.