



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

OCTOBER 20, 2021

Agenda

1. Welcome and Introductions
2. Consent Agenda
 - a. Minutes from August 2021 meeting
 - b. Appointments of co-chairs

Agenda

3. Data Sharing and Mapping Committee
Tamara Weaver, Office of the Attorney General
Information Sharing Guide Update

Go to the App Store or Google Play Store and search for “Indiana Information Sharing” or view the desktop version via the link in the agenda

Agenda

4. Strategic Priority: Educational Outcomes

Bart Doan, Department of Workforce Development, Discipline subcommittee

Recommendation on corporal punishment in schools



EOTF SUBCOMMITTEE RECOMMENDATION: ENDING CORPORAL PUNISHMENT IN SCHOOLS

- 19 States (including Indiana) still allow
- Only 2 states have banned at the private and public school level (Iowa & New Jersey)
- Recommendation seeks to end it at both private and public level
- No local reporting mechanism to IDOE
- Reported at the federal level (public schools only)
- Nationally, African-American students make up 18% of student population but comprise 40% of corporal punishment incidents reported
- Indiana does not show a disparity in corporal punishment use by race



EOTF SUBCOMMITTEE RECOMMENDATION: ENDING CORPORAL PUNISHMENT IN SCHOOLS

Harmful Impact of Corporal Punishment

- Aggression
- Mental health problems
- Anti-social behavior
- Negative relationships
- Academic decline
- Nationally: Black students = 16% of total student body but account for over 1/3 of the instances where corporal punishment is used

"...there is no evidence that spanking does any good for children and all evidence points to the risk of it doing harm." - Gershoff, E. and Grogan-Kaylor, A., 2016. Spanking and child outcomes: Old controversies and new meta-analyses. *Journal of Family Psychology*, 30(4), pp.453-469.

Agenda

5. Strategic Priority: Mental Health and Substance Abuse

Dr. Christopher Drapeau, Executive Director of Prevention, Suicide Prevention, and Crisis Response, DMHA

Indiana's statewide plans for suicide prevention and 9-8-8

Indiana Suicide Prevention and Crisis Response Updates

Christopher W. Drapeau, PhD, HSPP

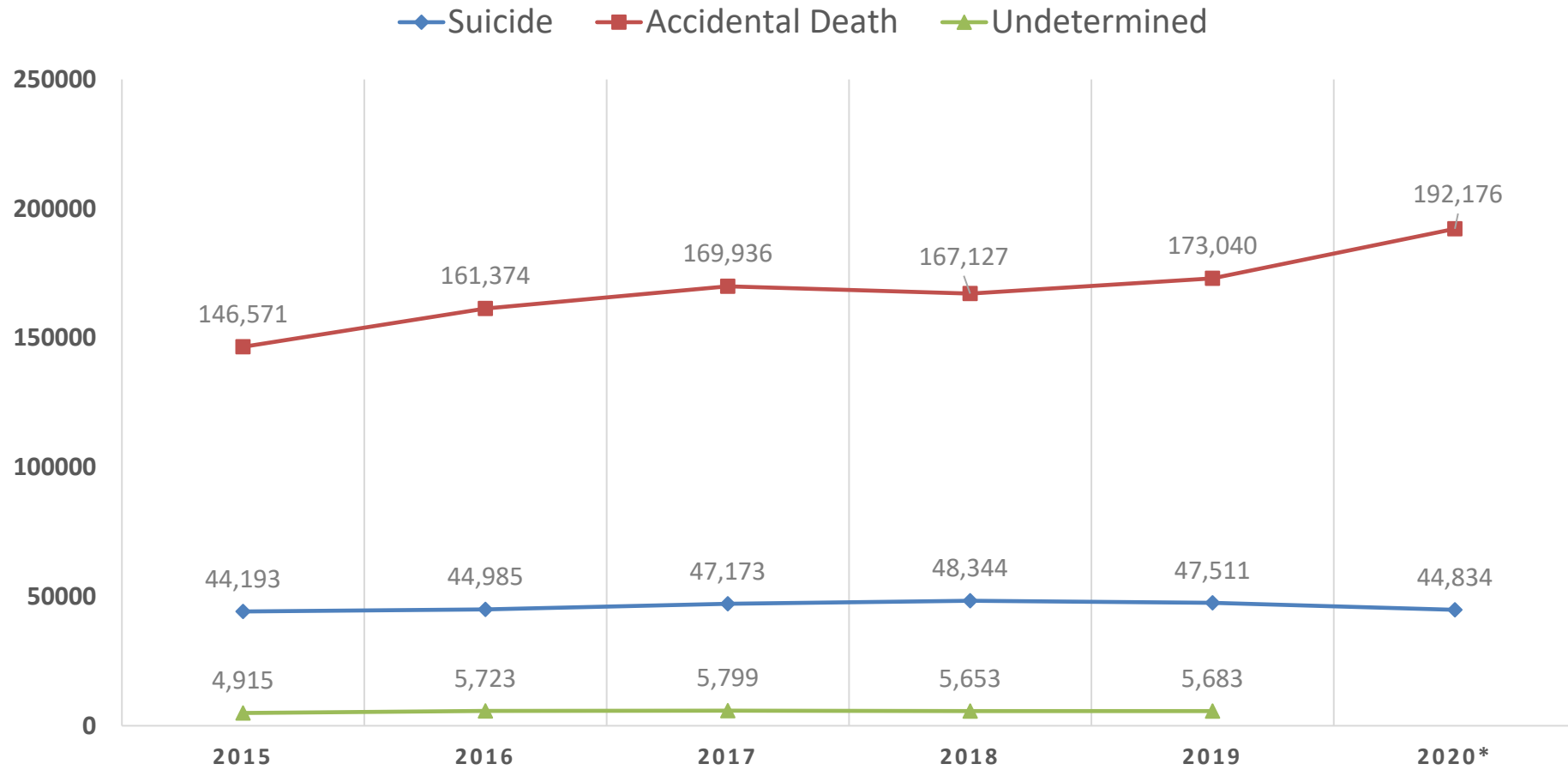
Executive Director

Prevention, Suicide Prevention and Crisis Response

Division of Mental Health and Addiction



Number of Deaths, United States, 2015-2020

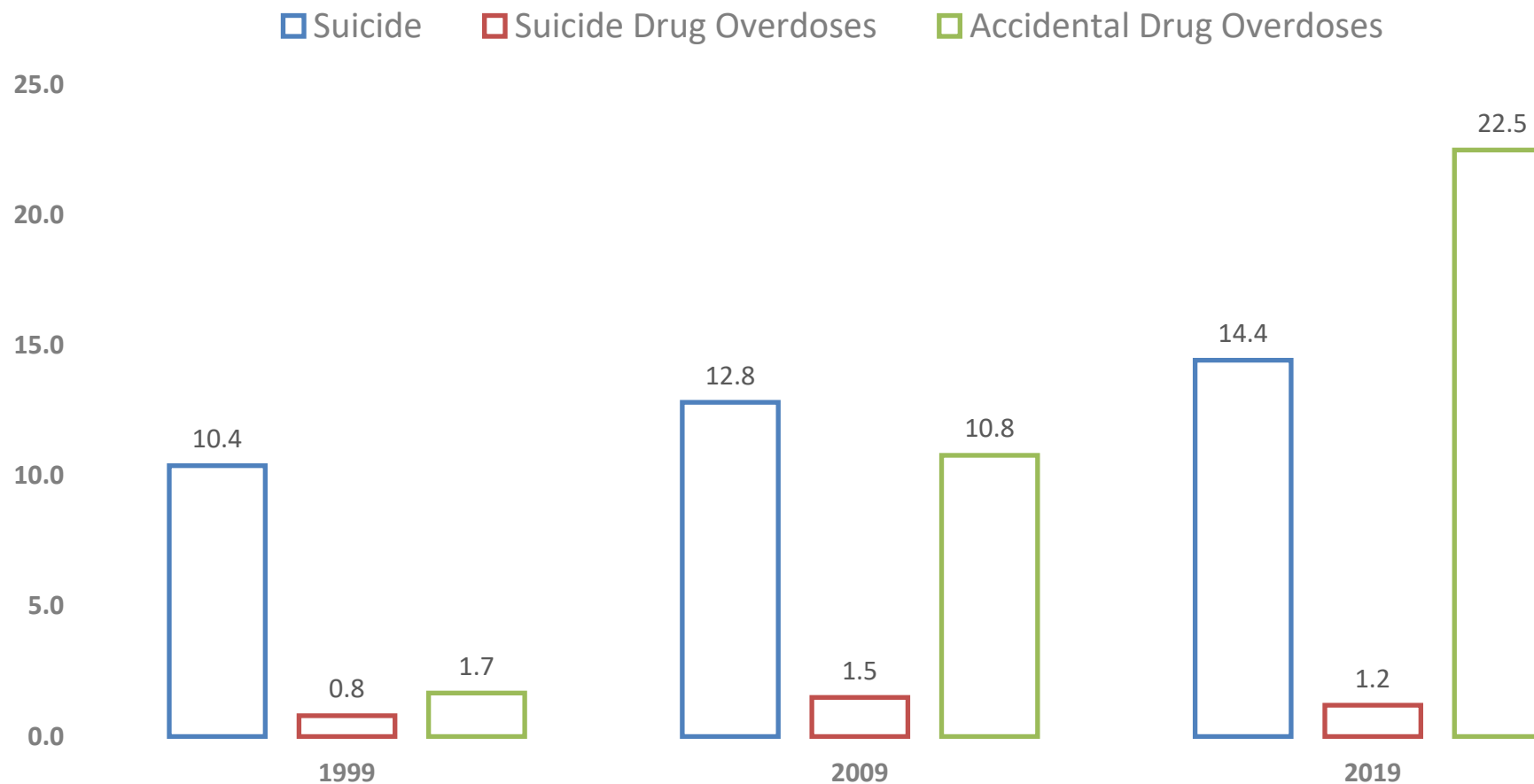


*2020 data are provisional and not final

Sources: Ahmad & Anderson (2021); Centers for Disease Control and Prevention (n.d.)



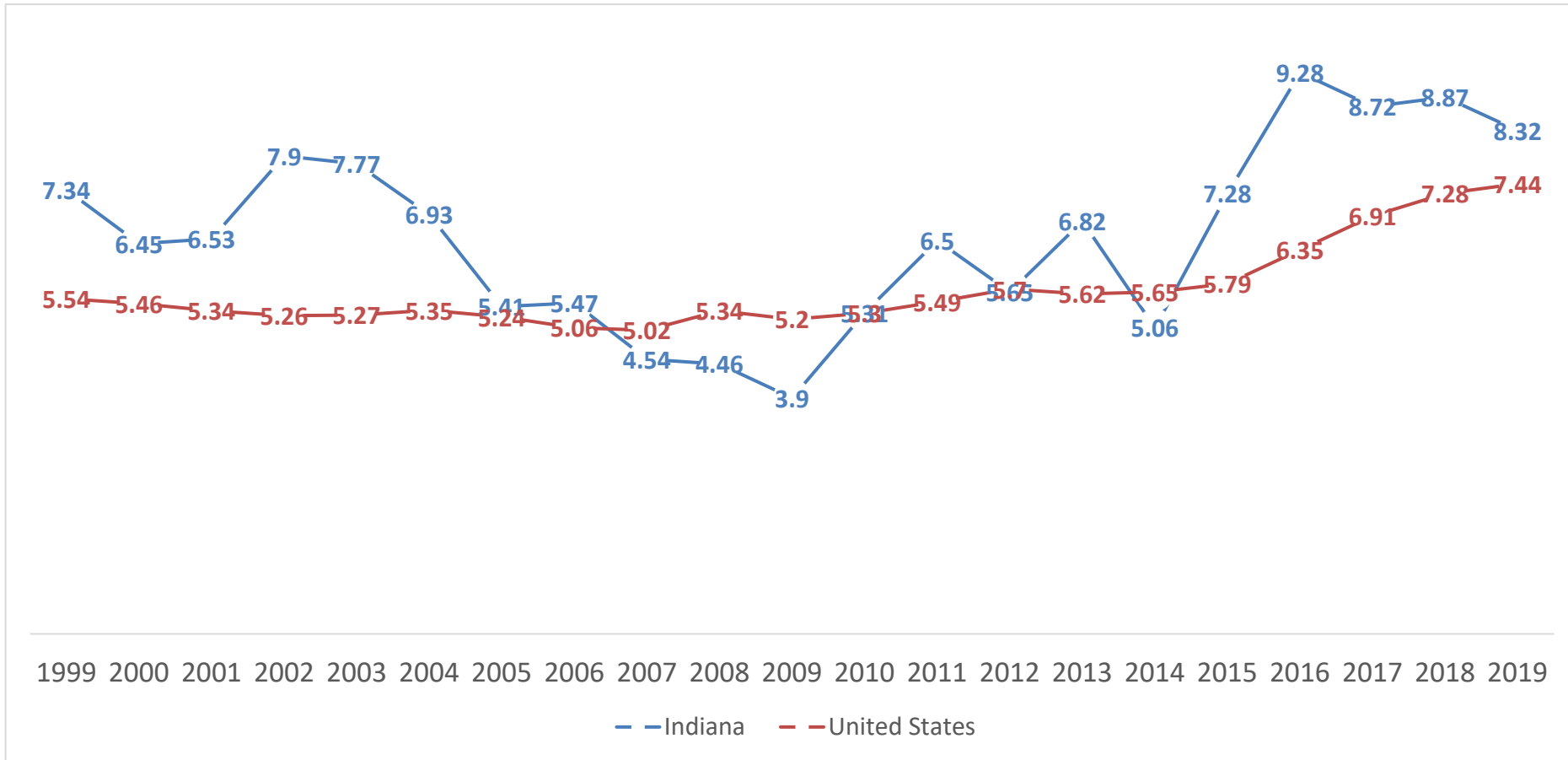
Crude Death Rates, Indiana, Select Years



Source: Centers for Disease Control and Prevention (n.d.)



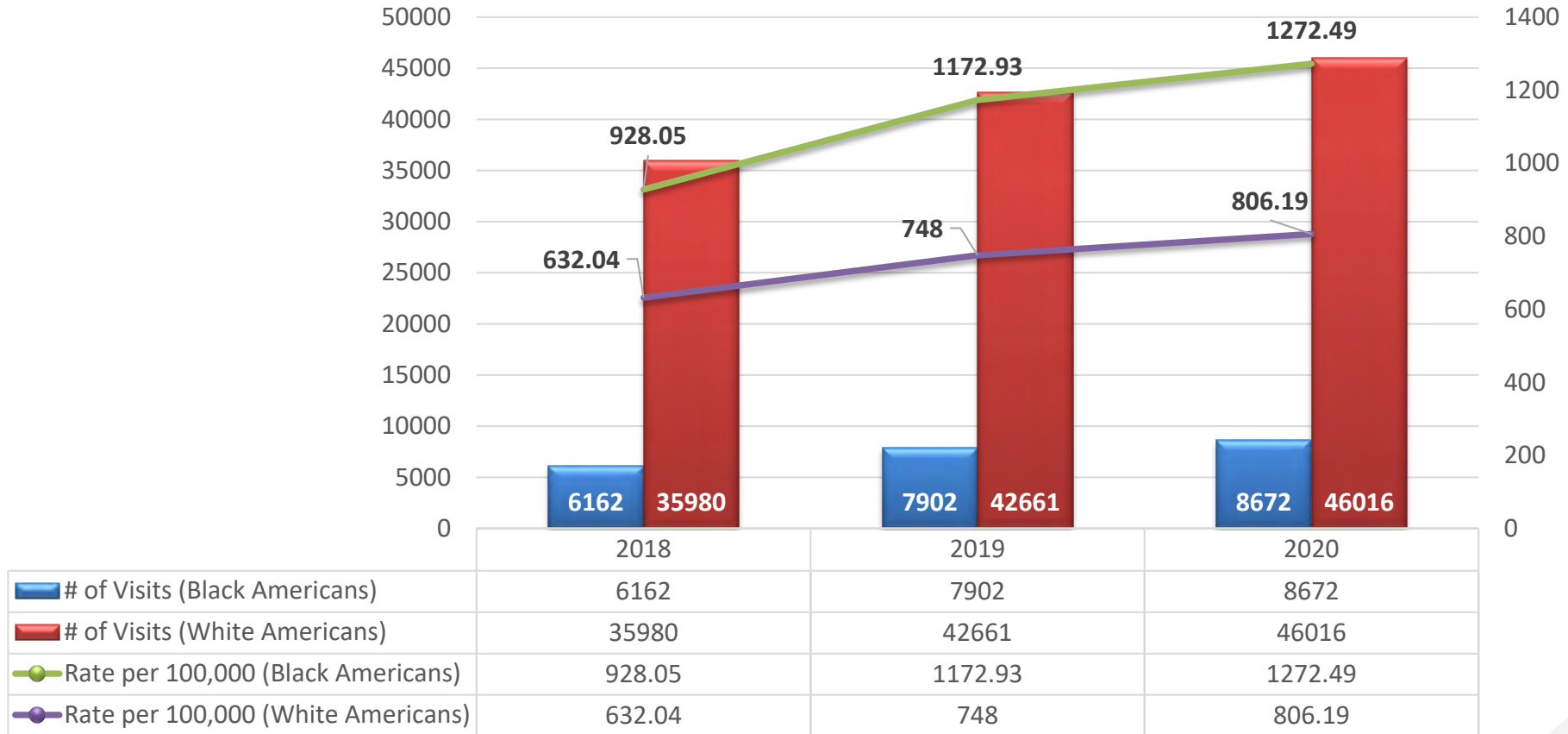
Crude Suicide Rate by Year, Black Americans (non-Hispanic), Indiana and the United States, 1999-2019



Source: Centers for Disease Control and Prevention (n.d.)



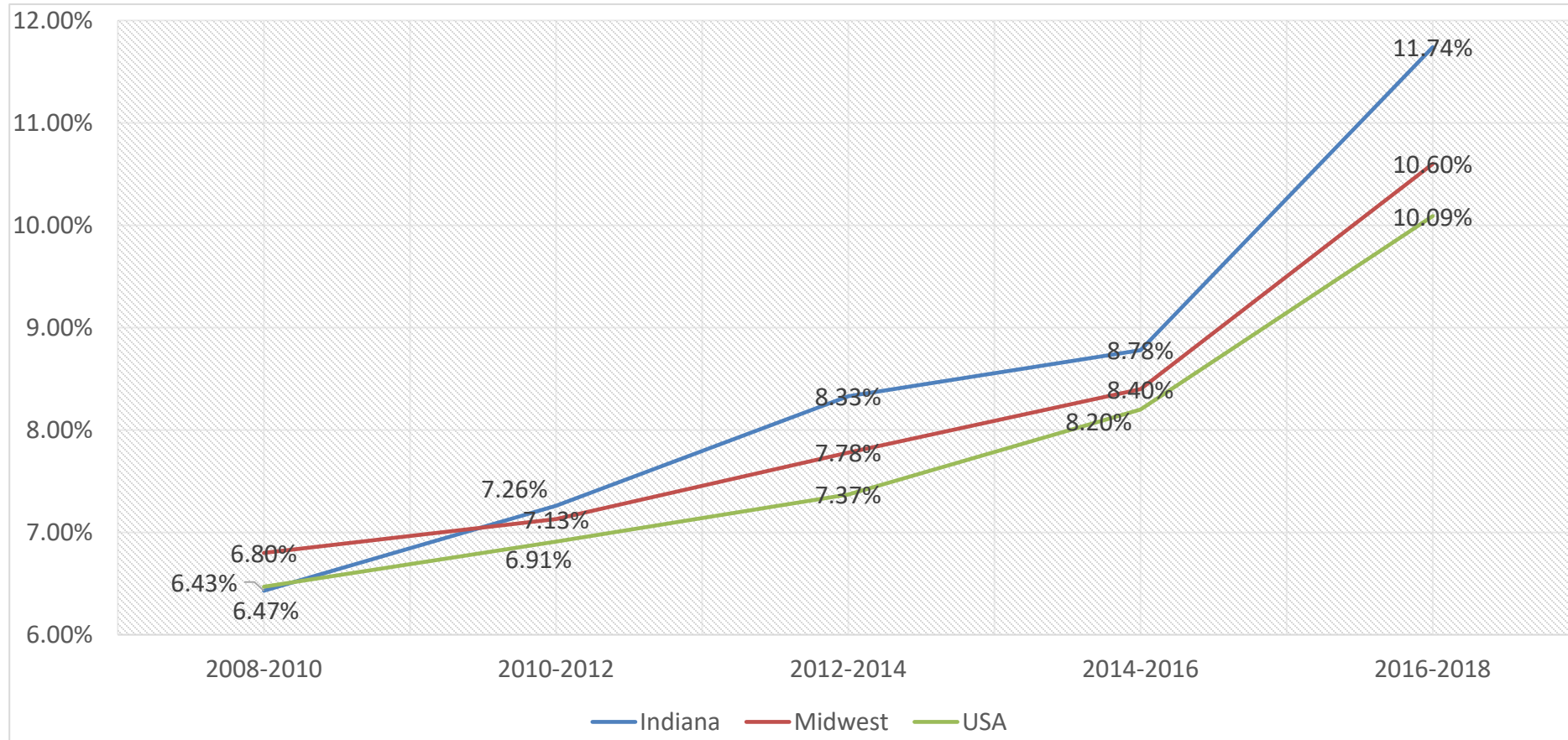
Total Number and Rate of EMS/ED Visits by Year and Racial Group, Suicide/Harm to Self, Indiana, 2018 to 2020



Source: Management Performance Hub created EMS/ED dashboard



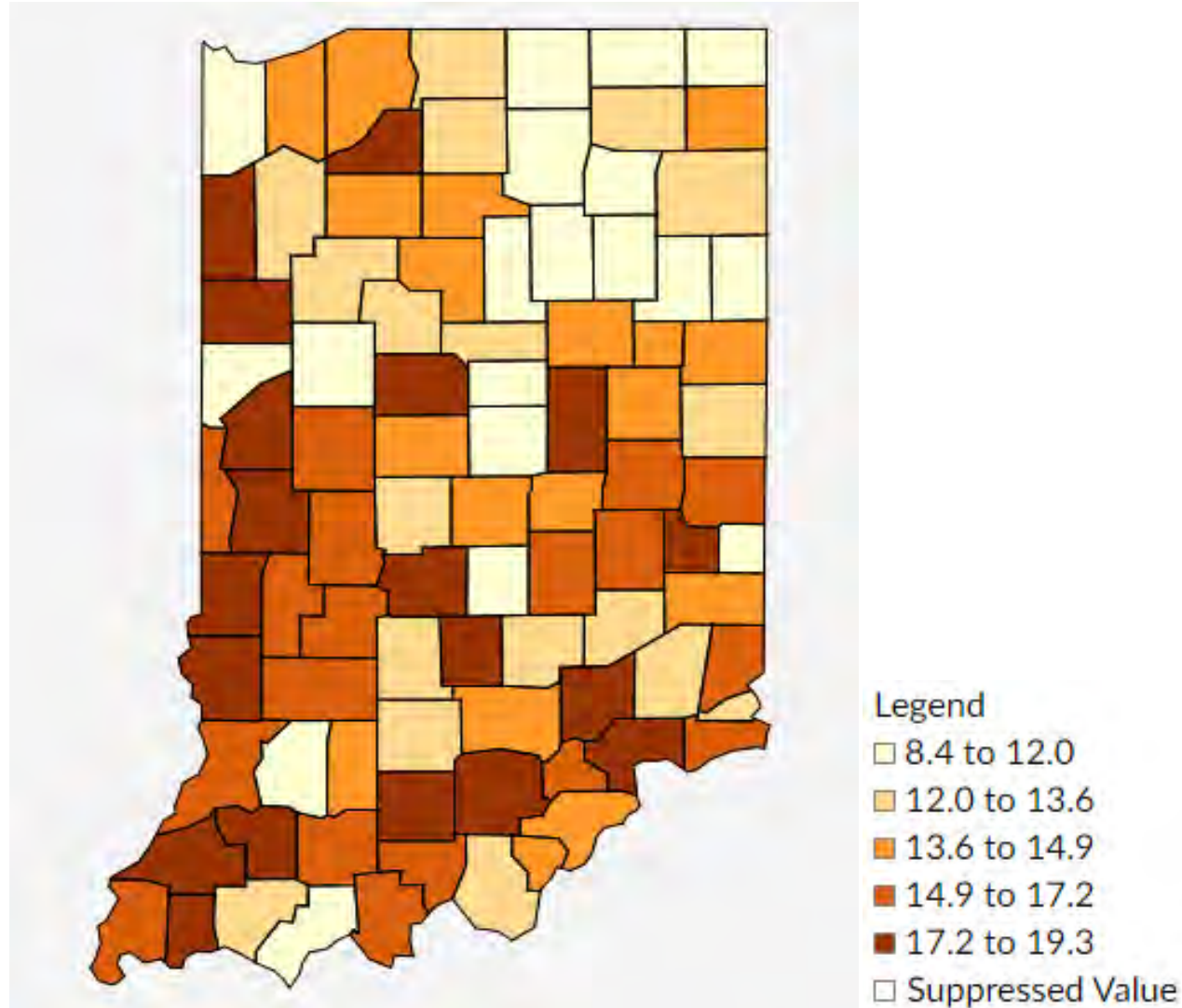
Suicide Ideation Prevalence Estimates for Indiana, the Midwestern US, and the entire US, Adults Aged 18 to 25 Years, 2008-2018.



Source: SAMHSA (n.d.)



Age-Adjusted Suicide Rates by Indiana County, 2001-2019



Source: Map created on 7/2/2021 via the CDC Fatal Injury Data Visualization Tool



Suicide Rates by Indiana County, Black Americans (non-Hispanic), 1999-2019.

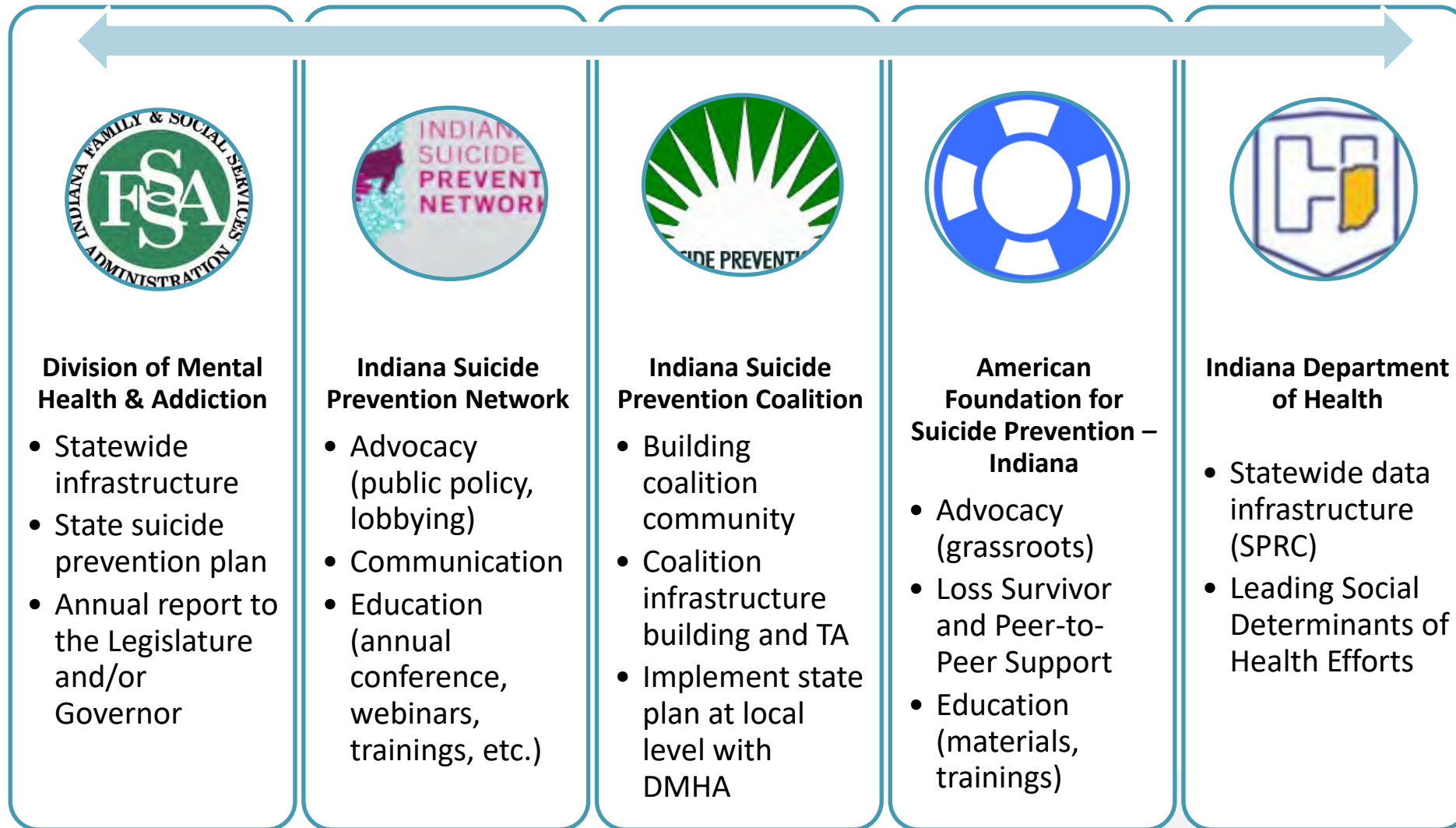


1. Allen (8.2 per 100,000)
2. St. Joseph (7.8 per 100,000)
3. Vanderburgh (7.7 per 100,000)
4. Marion (7.1 per 100,000)
5. Lake (6.0 per 100,000)

Source: Centers for Disease Control and Prevention (n.d.)



Sharing Responsibilities and Creating an Egalitarian Structure



Moving Our Vision from Zero Suicides to Improving Quality of Life

... the wellbeing or ill-being of people and/or the environment in which they live
(Bubolz, Eicher, Evers, & Sontag, 1980, pp. 107)

- Life satisfaction
- Health satisfaction
- Healthcare satisfaction
- Family life satisfaction
- Social life satisfaction
- Financial satisfaction
- Employment satisfaction
- Home satisfaction
- Neighborhood satisfaction
- Personal safety satisfaction

How do (or which) quality of life indicators influence suicide in Indiana?

Will the likelihood of suicide decrease as perceived quality-of-life increases?



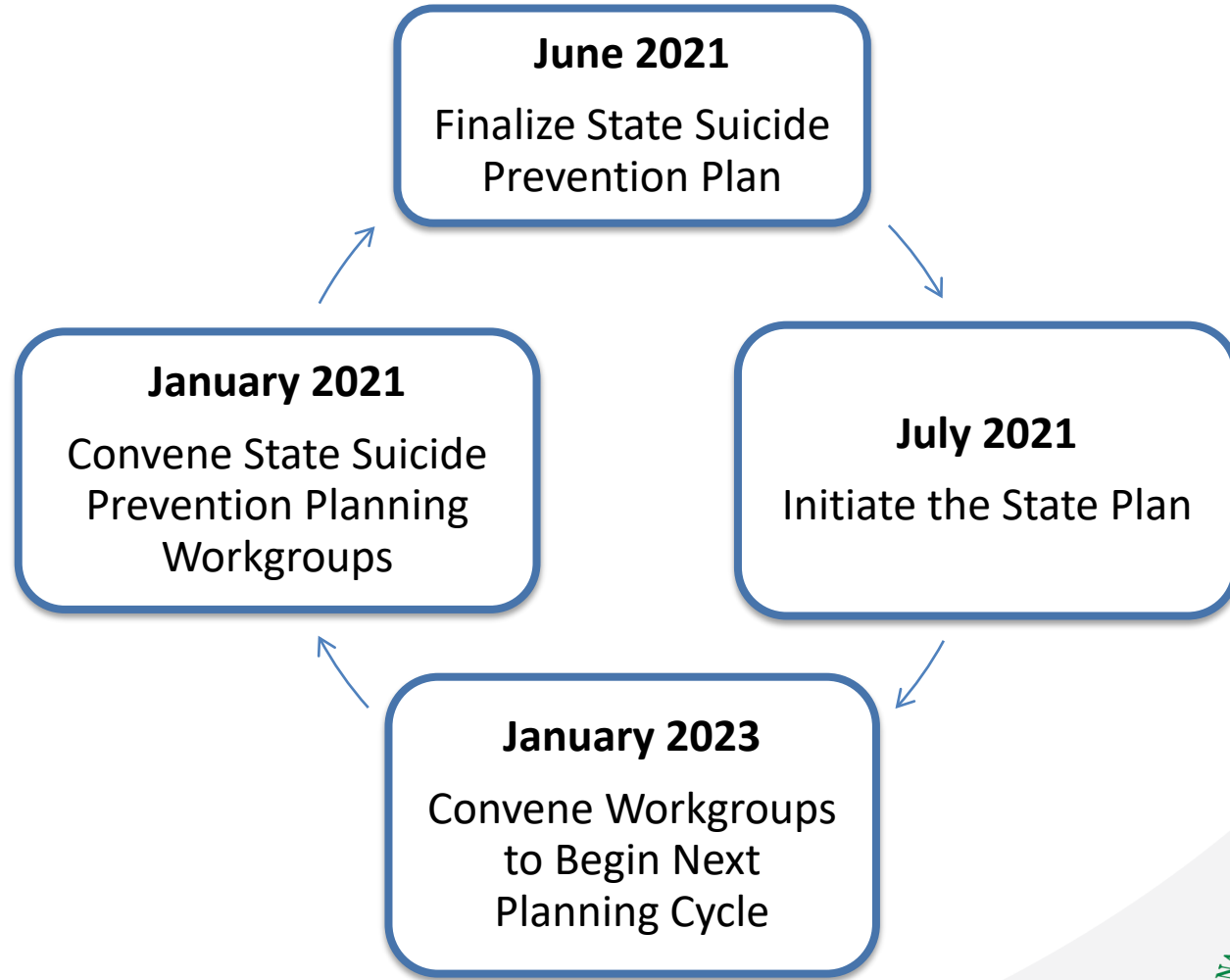
State Suicide Prevention Planning Cycle

Goal: Update the state suicide prevention plan every 2-3 years

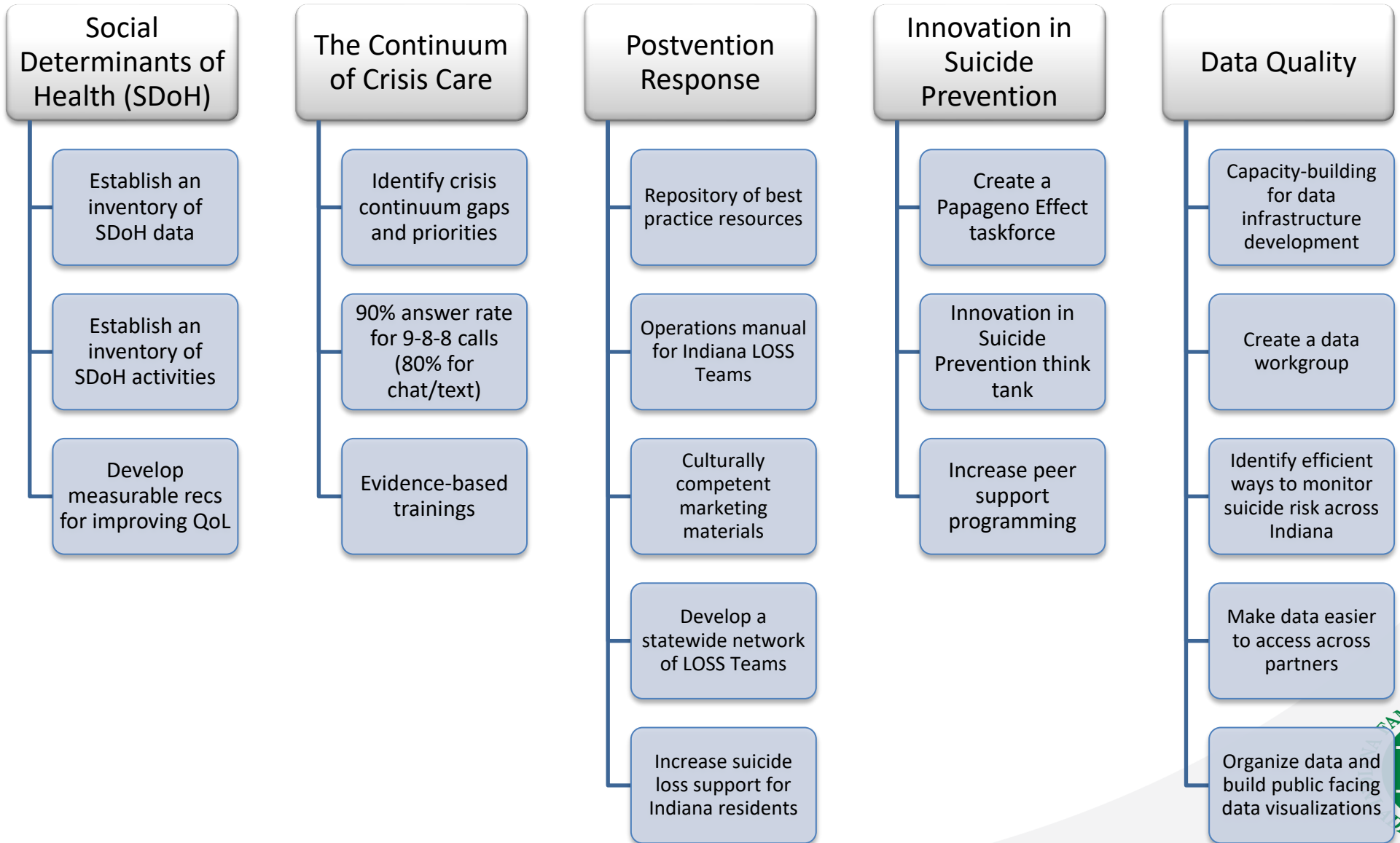
What Informs Our Updates?

Available data (including results derived via state plan measurement strategies) and the annual state suicide prevention reports

Create Annual State Suicide Prevention Report for Legislature and/or Governor's Office



2021-2023 Indiana Suicide Prevention Plan Goals



President Signs National Suicide Hotline Designation Act Into Law

S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW

Hide Overview ✕

Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

Committees: Senate - Commerce, Science, and Transportation



What is 9-8-8? We're Just Talking about a New Suicide Prevention Crisis Line, Right?

- “9-8-8 is designated as the universal telephone number within the United States for the purpose of the **national suicide prevention and mental health crisis hotline system**”
- “Use of 9-8-8 funds.--A fee or charge collected under this subsection shall only be imposed, collected, and used to pay expenses that a State ... is expected to incur that are reasonably attributed to—
 - (A) ensuring the efficient and effective **routing of calls** made to the 9-8-8 national suicide prevention and mental health crisis hotline to an appropriate crisis center; and
 - (B) **personnel and the provision of acute mental health, crisis outreach and stabilization services** by directly responding to the 9-8-8 national suicide prevention and mental health crisis hotline.”
- “the fee or charge is held in a sequestered account to be **obligated or expended only in support of 9-8-8 services, or enhancements of such services**, as specified in the provision of State or local law adopting the fee or charge.”

S.2661 - National Suicide Hotline Designation Act of 2020

116th Congress (2019-2020)

LAW [Hide Overview](#) ✕

Sponsor: [Sen. Gardner, Cory \[R-CO\]](#) (Introduced 10/22/2019)

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What is 9-8-8? We're Just Talking about a New Suicide Prevention Crisis Line, Right?

- “Specifies that the division of mental health and addiction (division) has primary oversight over suicide prevention and crisis services activities and coordination and designation of the 9-8-8 crisis hotline centers. Sets forth requirements to be designated as a 9-8-8 crisis hotline center. **Establishes the statewide 9-8-8 trust fund.**”
- “**Not later than July 1, 2022**, the division may designate at least one (1) 9-8-8 crisis hotline center in Indiana to coordinate crisis intervention services and crisis care coordination to individuals accessing the **9-8-8 suicide prevention and behavioral health crisis hotline** (9-8-8 crisis hotline) from anywhere in Indiana twenty-four (24) hours a day, seven (7) days a week.”
- Per the bill, **DMHA will have oversight over**
 - 9-8-8 crisis hotline center(s)
 - Crisis receiving and stabilization services
 - Mobile crisis teams

House Bill 1468

Enrolled House Bill (H)

Authored by [Rep. Steven Davisson](#).

Co-Authored by [Rep. Edward Clere](#), [Rep. Brad Barrett](#), [Rep. Rita Fleming](#).

Sponsored by [Sen. Michael Crider](#), [Sen. Ed Charbonneau](#), [Sen. Vaneta Becker](#), [Sen. Ronald Grooms](#), [Sen. Jon Ford](#), [Sen. Lonnie Randolph](#).



9-8-8 is More than a Number: It's a Chance to Transform Crisis Care in Indiana



Someone to Call

Statewide 24/7 Call
Center(s)



Someone to Respond

Mobile Crisis Teams



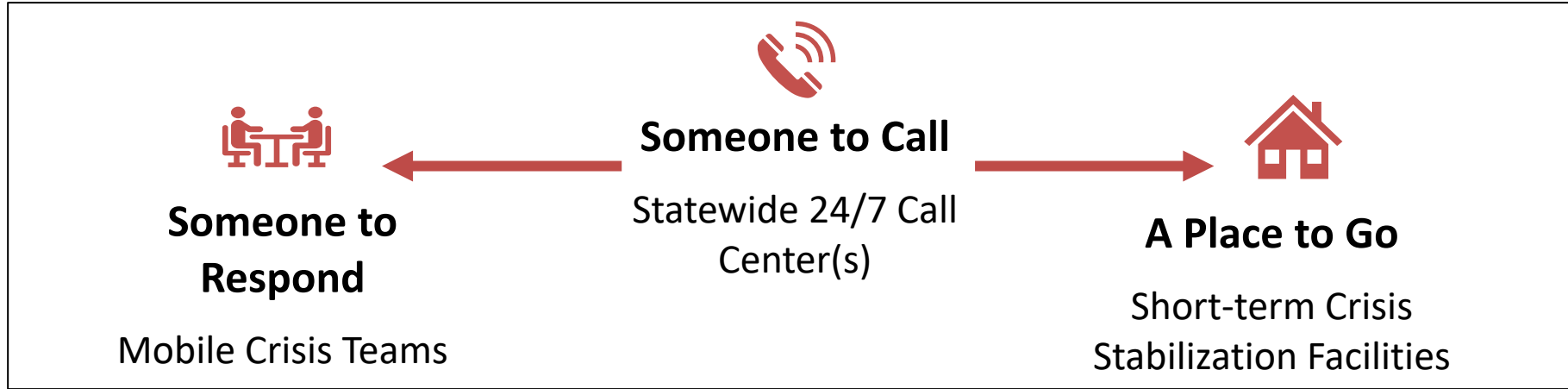
A Place to Go

Short-term Crisis
Stabilization Facilities

**A system that will serve anyone, anytime,
anywhere**



The 9-8-8 Centers can function as *Care Traffic Control Centers*



**Status
Disposition
for Intensive
Referrals**



**24/7
Outpatient
Scheduling**



**Shared
Bed/Chair
Inventory
Tracking**

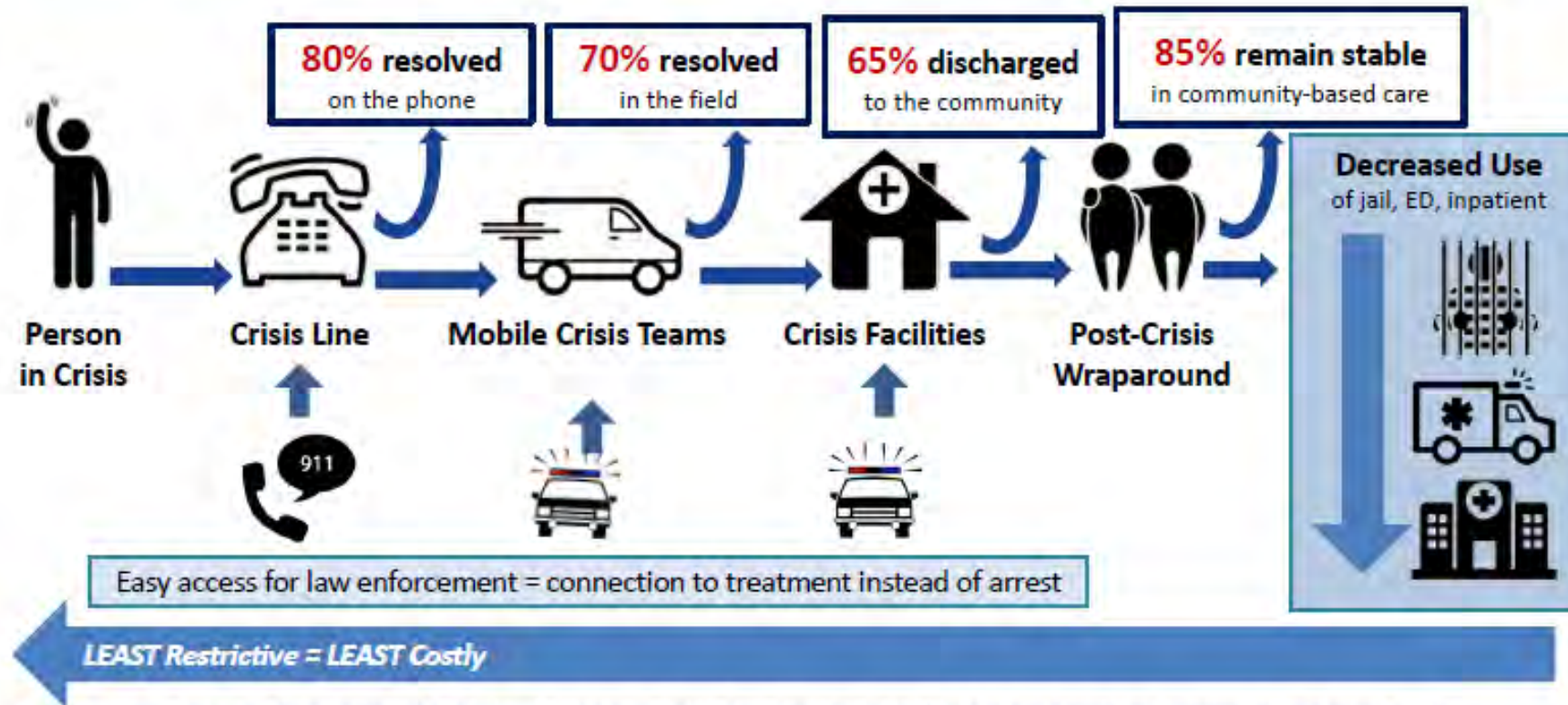


**High-tech,
GPS-enabled
Mobile Crisis
Dispatch**



**Real-time
Performance
Outcomes
Dashboards**

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies*. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

*The above image is a reproduced slide from the April 2, 2021
Congressional Briefing: Mental Health is Not a Crime:
How 988 and Crisis Services will Transform Care*



Vision and Mission Statements for 9-8-8 (Indiana)

Vision

Providing quick, competent, and nation-leading crisis response services for every Indiana resident

Mission

Creating a sustainable infrastructure that will fully coordinate crisis care for mental health, substance use, and suicidal crises

Applying a recovery orientation that includes:

- *trauma-informed care,*
- *significant use of peer staff,*
- *person and family centered focus,*
- *collaboration with law enforcement,*
- *and a commitment to Zero suicide/suicide safer care and the safety of consumers and staff*



Core Area Planning Committees

Core Areas
1 and 3

- (1) Ensure Statewide 24/7 Coverage for 988 Calls, Chats, and Texts
- (3) Expand and Sustain Center Capacity to Maintain Target In-State Answer Rates for Current and Projected Call, Text, and Chat Volume

Core Area 2

- Secure Adequate, Diversified, and Sustained Funding Streams for Lifeline Member Centers

Core Area
4 and 7

- (4) Support Crisis Centers in Meeting Lifeline's Operational Standards, Requirements, and Performance Metrics
- (7) Ensure All State Centers Can Provide Best Practice Follow-Up to 988 Callers/Texters/Chatters

Core Area 6

- Maintain a Comprehensive, Updated Listing of Resources, Referrals, and Linkages; Plan for Expanded Services

Core Area 8

- Plan and Implement Marketing for 988 in Your State



The Final Sprint to the July 2022 Finish Line

1. Core Area Planning Committees will finalize 9-8-8 implementation plans for Indiana
2. Committee Progress will be communicated via quarterly emails to all who are interested
3. A Q&A Microsoft Teams channel will be created for the public about 9-8-8 and the implementation planning process



Thank you!

Christopher W. Drapeau, PhD, HSPP

Executive Director

Prevention, Suicide Prevention and Crisis Response

Division of Mental Health and Addiction

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219.258.0114



Agenda

6. Strategic Priority: Juvenile Justice and Cross-System Youth
Coleen Connor, Tippecanoe County CASA, Family Engagement Subcommittee
Family Engagement in Juvenile Justice

Commission on Improving the Status of Children in Indiana

Juvenile Justice and Cross System Task Force



Juvenile Justice and Cross System Youth Task Force Subcommittee members



Amber Becker, Department of Mental Health

Coleen Connor, Tippecanoe County CASA

Lisa Decker, Indiana State University

dianna Huddleston, Aspire Indiana Health

Rebecca Humphrey, Tippecanoe County Youth Services

Deb Kesler, Vigo County Probation

Kristen Ludeker-Seibert, A Healthier Hamilton County: SOC

Michael Ross, Indiana Criminal Justice Institute

Crystal Whitus, Department of Child Services

OBJECTIVE BREAKDOWN

Identify and **encourage** adoption of **effective** and promising programs for justice involved youth and their parents in effective **treatment, services,** and **community** connections.

IDENTIFY

Survey

Personal Outreach

Contemporary Literature

ENCOURAGE

Incentive for stakeholders and providers

Clear messaging

Court orders

EFFECTIVE

EBP

Sustainable

Positive Outcomes

TREATMENT

Mental Health

Physical Health

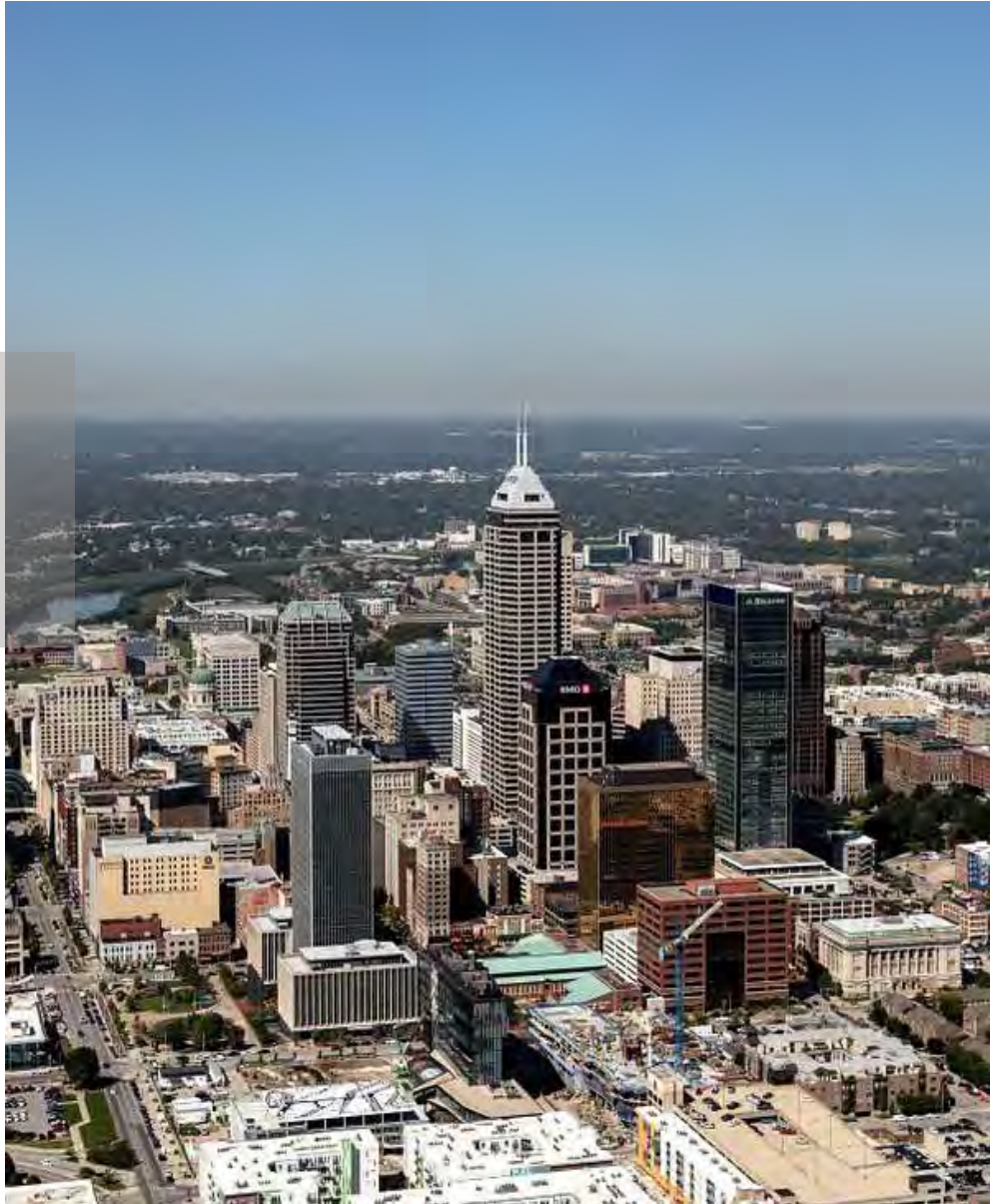
SERVICES

Accessible
Affordable

COMMUNITY

Youth-serving organizations
Schools, libraries, and faith-based programs
After-school programs
Community Sports organizations





FOUNDATION: WHAT GUIDED OUR WORK

CREATE LANGUAGE CHANGES

Instead of:	Say:
Autistic person	Person living with Autism
Disabled person	Person living with disability
Addict	Person with a substance use disorder
Unfit parent	Parent experiencing barriers
Weaknesses	Needs
Mentally ill	Person with a mental illness diagnosis

Focuses on illness or disease

Empowers, context of the whole person

PARTNER WITH PARENTS & GUARDIANS

PARTNER WITH PARENTS

- Get rid of a hierarchy-focused lens.
- Remember parents are the experts of their lives and the lives of their children.

FOCUS ON COMMUNICATION

- Use culturally competent communication.
- Be cognizant of professional microaggressions.
- Provide opportunity for feedback, and follow-up on that feedback.



UTILIZE STRENGTHS-BASED PERSPECTIVE

This perspective better supports youth engagement in pro-social roles within their communities, which reduces the likelihood of recidivism.

Why?

- In the face of adversity, people reveal their inner strengths.
- Everyone has the potential to utilize their strengths.
- Shines a clear focus on human potential, strengths, abilities, and aspirations.



Key Elements of the Wraparound Process, National Wraparound Implementation Center, <https://www.nwic.org>

ADOPT RESTORATIVE PRACTICES

Restorative justice seeks to understand and repair the harm that was done.

Restorative justice focuses on restoring the victim and repairing damaged relationships, rather than on punishing the offender.

Restorative justice repairs the harm caused by crime.

Restorative justice allows the people most affected by the crime to participate in its resolution.

ADDRESS PROGRAMMING & PARENTING CLASSES

- 1** More partnerships with other local community entities outside of the justice system to implement education for parent/guardians on child development (i.e., adversity/resiliency, neurobiology, and developmental/behavioral markers).
- 2** Provide awareness of symptoms for the most common whole-health diagnosis.
- 3** Change the language of 'parenting classes,' which has a negative connotation, to a more strength-based term/phrase.
- 4** Ensure decision-makers at all levels have a clear understanding of programming and terminology.

FOCUS ON FAMILY & YOUTH ENGAGEMENT

What prevents meaningful family engagement:

A lack of understanding of the system on the part of family members, as well as transportation and scheduling problems, cultural differences, and language barriers.

Family engagement in juvenile justice involves establishing a **collaborative relationship** in which **families are partners** in both their **children's treatment** and in **developing the policies, programs, and practices** of the system.

Dignity and Respect

Peer-to-Peer Support

Collaboration/Partnership

Sustained Participation

Communication/Information Sharing



Summary

THE CHALLENGE: Lack of Implementation of well-researched programs

In recent years, research has increasingly recognized the importance of early, family-centered, approaches for successful outcomes regarding justice-involved juveniles. Although there has been wide acknowledgement of the need for such programs, agencies have generally been slow to identify and implement them.

Examples of contemporary literature:

- **Simons, I., Mulder, E., Breuk, R., Mos, K., Rigter, H., van Domburgh, L., & Vermeiren, R. (2017). A program of family-centered care for adolescents in short-term stay groups of juvenile justice institutions. *Child and adolescent psychiatry and mental health, 11*, 61. <https://doi.org/10.1186/s13034-017-0203-2>**
- **Burke, J. D., Mulvey, E. P., Schubert, C. A., & Garbin, S. R. (2014). The Challenge and Opportunity of Parental Involvement in Juvenile Justice Services. *Children and youth services review, 39*(April 2014), 39–47. <https://doi.org/10.1016/j.chilyouth.2014.01.007>**

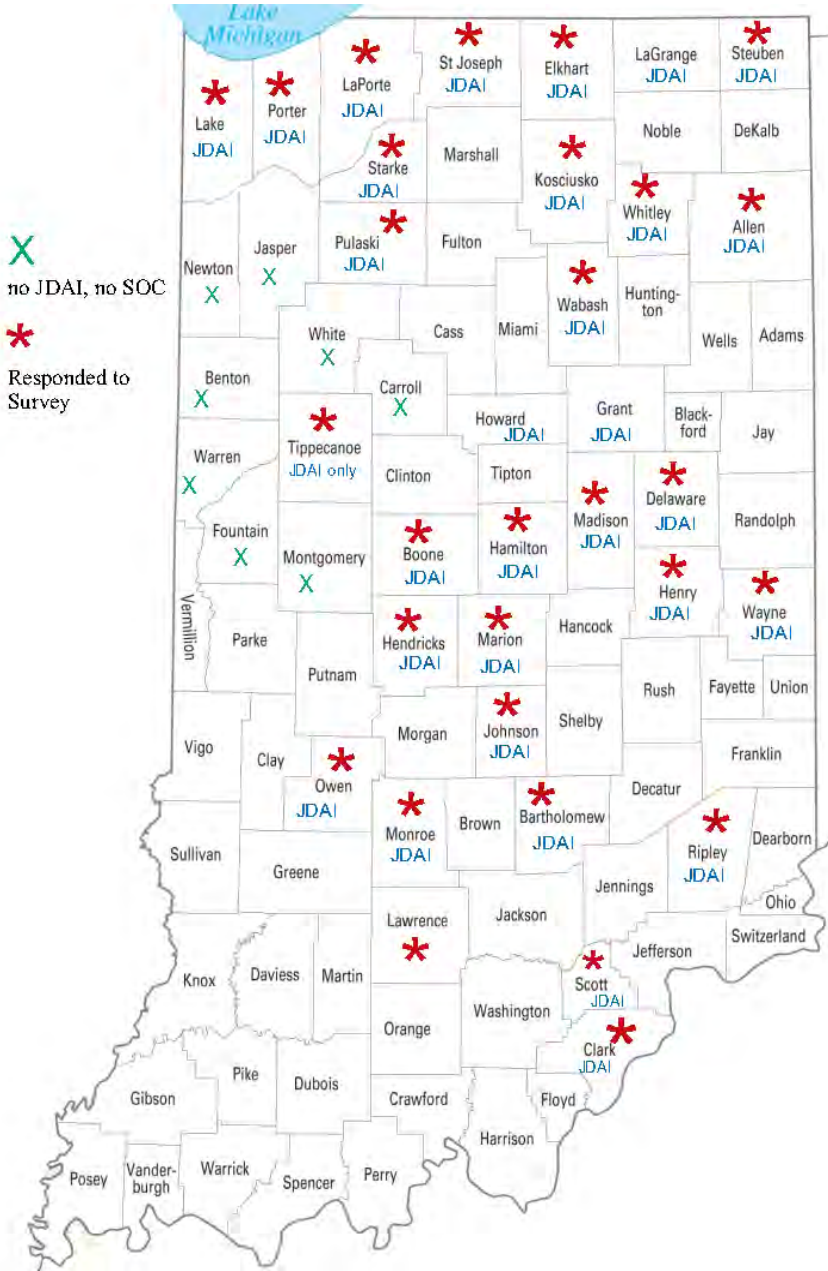


INDIANA'S CURRENT RESPONSE

Evidence of solid/effective work being done in pockets of the state

Efforts are disjointed around the state due to lack of sustainable evidence-based practices and identification/sources of funding

DATA AND BACKGROUND RESEARCH



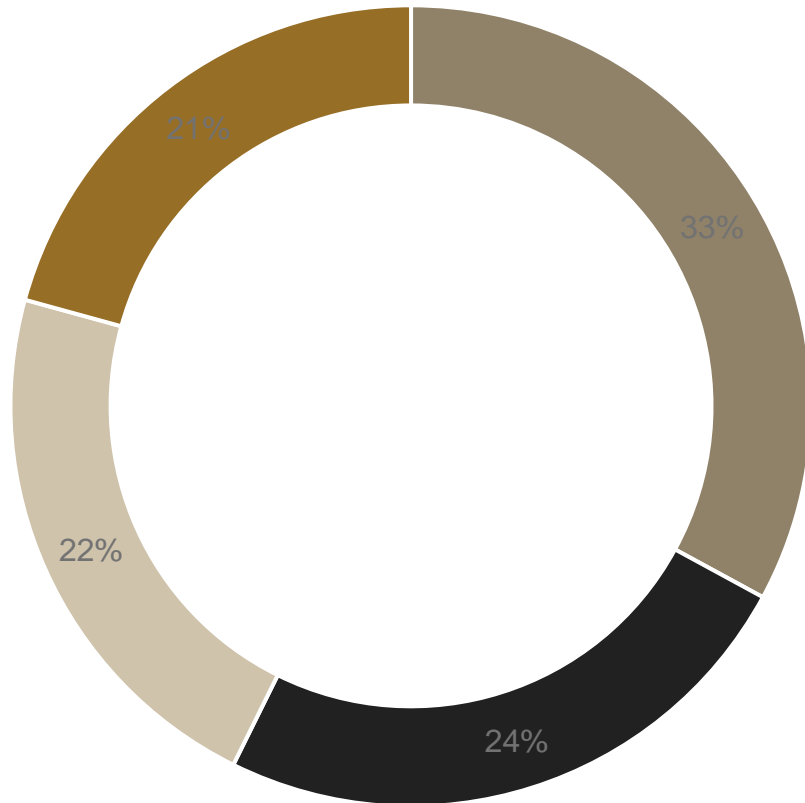
Survey was sent to 84 SOC Coordinators and 32 JDAI Coordinators and multiple county juvenile probation departments.

35% responses rate.



KEY SURVEY QUESTIONS

Describe the Youth Impacted



■ Adjudicated Juvenile Delinquent ■ Juvenile Status Offender ■ Youth in an Informal Adjustment ■ Other

SURVEY RESULTS

YOUTH IN
INFORMAL
ADJUSTMENT

22%

ADJUDICATED JUV
DELINQUENT

33%

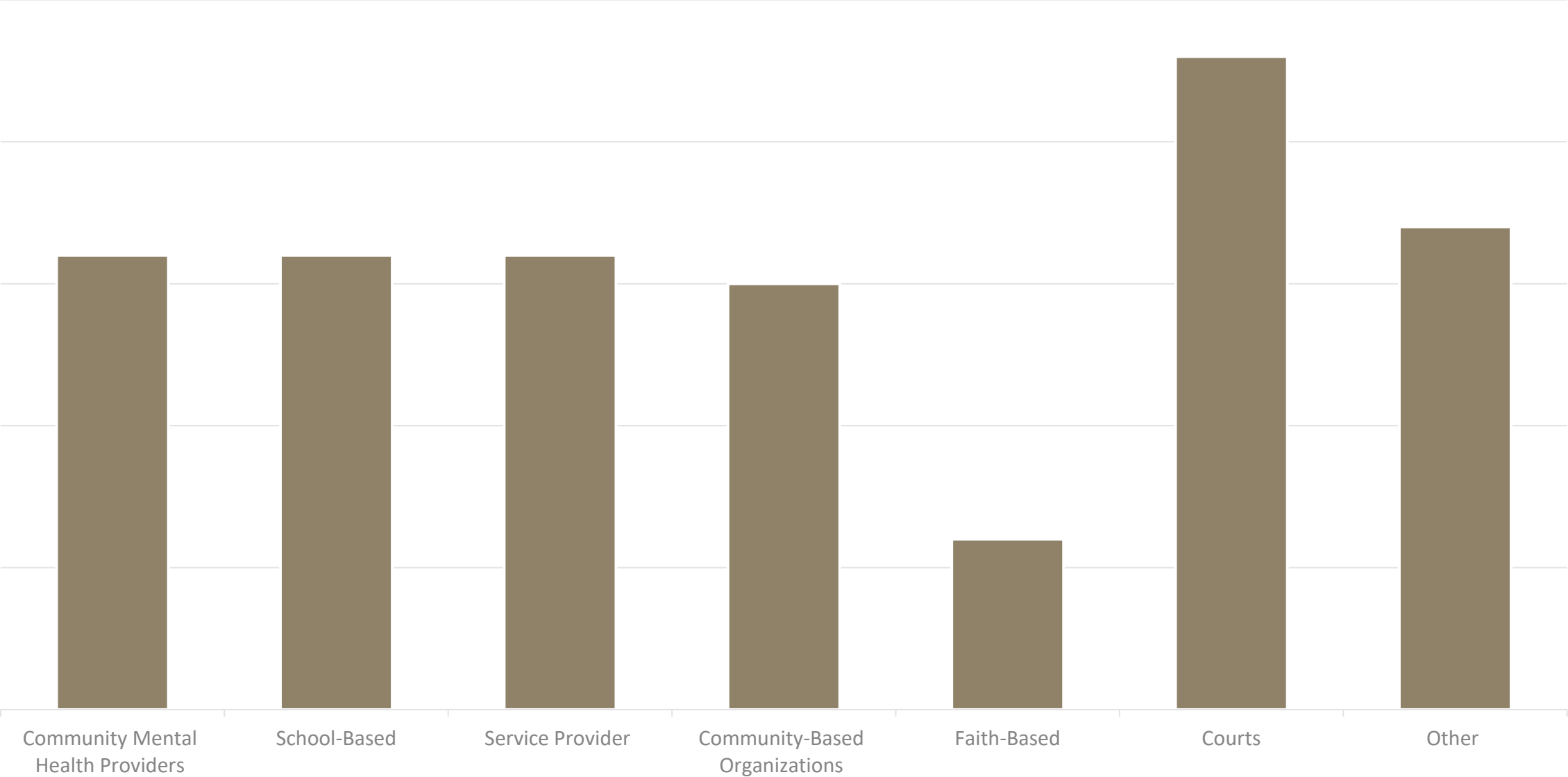
OTHER

21%

JUV STATUS OFFENDER

24%

Who are your partners in the development and/or implementation of this program, practice, service or alternative?



JDAI

An opportunity for local stakeholders to build a better and more equitable juvenile justice system. Accomplished by a data-driven, problem-solving approach utilizing a series of tools that are rooted in localized core strategies.

JDAI's EIGHT Core Strategies

1. COLLABORATION between key juvenile justice system stakeholders/agencies and non-system stakeholders, including youth and families, community members, faith-based organizations and others to plan and coordinate system improvement activities
2. USE OF ACCURATE data to diagnose and understand the challenges and opportunities in the juvenile justice system; to drive policy and practice decisions; to regularly monitor changes and impact
3. Reliance on OBJECTIVE ADMISSION criteria to guide detention decisions
4. Utilize ALTERNATIVES TO DETENTION for youth who do not require secure detention to ensure minimization of likelihood of re-offense and failure to appear pending disposition
5. Efficiency in CASE PROCESSING to reduce unnecessary delays and ensure that interventions are timely and appropriate
6. REDUCE the use of secure confinement for “special” Detention cases such as violation of probation, warrants and youth awaiting placement
7. COMMIT to reducing racial, ethnic and gender disparities by implementing practices and policies that eliminate institutional biases that differentially impact youth based on race, ethnicity and gender
8. ASSESS conditions of confinement using established methodology and ambitious standard

LAKE COUNTY SEEDS OF CHANGE

Lake County Seeds of Change is a social entrepreneurship program where youth plant, maintain, and harvest flowers to be used by local restaurants.

- Relationship-rich environment
- Attendance counts towards the youth's community service hours
- Youth are provided a meal and a life skill is taught by staff or neighborhood leader
- Junior Achievement's "It's My Job" Curriculum.
- Therapeutic gardening is incorporated into the experience
- GREAT families curriculum





TIPPECANOE COUNTY FAST PANEL

Finding **A**lternatives for **S**afety and **T**reatment

Provides an understanding of the Emergency Detention Hearing Process as well as gives parents a voice.

An opportunity to engage families with key stakeholders at the point of crisis to determine a unified response.

Feedback from Parents:

- “I like the round table atmosphere. It felt like a collaboration instead of a dictation.”
- “I felt like my opinion was taken into account.”
- “I felt much more comfortable going through the panel rather than straight to court.”

15-minute conversation with Family and Family Supports, Prosecutor, Public Defender, DCS, Probation, School and Mental Health Provider to determine opportunities to move youth to a less restrictive environment.



More Work to Be Done

Implement a practice similar to the Department of Child Services Child and Family Team Meeting Model. CFTMs are a very effective opportunity for the family to give input into the decisions about a child.

Expand JDAI

Further **exploration** as to why programs are successful

Funding for expansion of innovative ideas an/or pilot programs based on EBP

Provide more opportunities for training on evidence-based practices/successes for Probation Officers

QUESTIONS

Coleen Connor, Executive Director
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Agenda

6. Strategic Priority: Juvenile Justice and Cross-System Youth
Hon. Kim Dowling, Delaware Circuit Court 2
Update on Commercial Sexual Exploitation of Children Subcommittee

Agenda

7. Strategic Priority: Child Health and Safety

Sandy Runkle, Prevent Child Abuse Indiana, and Amanda Lopez,
Transform Consulting

Update on the Child Maltreatment Prevention Framework



TRANSFORM
— CONSULTING GROUP —

Strategic Framework for the Prevention of Child Abuse and Neglect

Our Partners



Strategies
that *move.*



Project Goals

- Increase the effectiveness, alignment, and coordination of existing child maltreatment prevention efforts
- Identify new opportunities to support the resilience and wellbeing of vulnerable children and families to decrease the incidence of child maltreatment in Indiana

Project Deliverables

- Statewide framework that includes an agreed-upon *vision statement*, as well as *guiding principles, outcomes, indicators, and actionable strategies*
- Toolkit that local communities can use to *innovate* and *customize* their efforts to prevent child maltreatment and build resiliency of families

Process for Framework Development



FRAMEWORK

The purpose of Indiana's *Supportive Communities, Resilient Families, Thriving Children* framework is to create a statewide approach to achieve the vision that:

All children thrive in safe, stable, nurturing, and supportive families and communities that foster resilience and well-being.

The framework provides a road map for the state and local communities to better support, empower, and protect families. It is centered on **primary prevention** efforts, or services and interventions available to the general population, to prevent child maltreatment before it happens.

Framework 5 Components

- 1. Vision Statement:** The framework vision statement is the aspiration vision that we aim to achieve for Indiana.
- 2. Guiding Principles:** These principles serve as the best standards for Indiana and local communities of what defines effective prevention efforts.
- 3. Outcomes:** This framework includes four overarching outcome domain areas where improvements would be contribute to achieving Indiana's vision for children.

Framework Components

4. **Indicators:** Four to five indicators are included for each of the outcome domains. These indicators provide a way for Indiana and local communities to track their progress throughout implementation of this framework.
5. **Strategies:** The strategies included in the framework provide communities with ideas of prevention approaches and interventions they can use to move the needle in their community and work toward the framework's desired outcomes.

Implementation Toolkit

This toolkit is a resource to support local communities and leaders in implementing the framework and preventing child abuse and neglect

**Supportive Communities,
Resilient Families, Thriving Children**

Indiana's Framework for the Prevention of Child Abuse and Neglect



Tools and Resources

- Guidance on bringing multi-sector partners together
- Community action planning template
- Implementation checklist
- Strategy prioritization rating tool
- Guidance on holding community cafes or forums
- Fund Development Support

Tools and Resources

- Examples of surveys or other stakeholder feedback tools
- Measurement guide to help communities measure impact
- Guidance on implementing marketing or awareness campaigns
- Resource list of evidence-based curriculum/resources/interventions
- Guidance on creating a local community resource list

How to Use Toolkit

This toolkit provides communities with tools and information needed to implement the framework at a local level.

- Adopt a Collective Impact Approach
- Identify Community Needs and Strengths
- Create a Community Action Plan
- Promote Awareness
- Track Progress

Next Steps

1. October - Finalizing the design of the toolkit; Convening Pilot Communities to review final toolkit and dissemination plan.
1. November - Disseminate Framework and Toolkit Statewide (print copies and digital)

Recommendations

- Fiscal support for community implementation
 - [Colorado](#) provided funding
- Awareness and Public Relations campaign statewide for prevention services
 - Arizona's campaign "[Lean on Me AZ](#)" is an example

Questions?



Project Contact:
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Transform Consulting Group



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Transform Consulting Group

Agenda

8. Executive Director Updates

Virtual Family and Youth Engagement Summit, October 22-23, 2021

Agenda

9. Discussion: Future Meeting Topics or Other Items
All Commission Members

Agenda

10. Next Meeting

Wednesday, December 15, 10 a.m. – noon, IGCS Conference Rooms B+C