

**Minutes**  
**Senate Committee on Children and Youth and the House Committee on**  
**Aging, Children and Youth, Legislative and Military Affairs**  
**Meeting Jointly**  
**Wednesday, June 10, 2015**

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The Senate Committee on Children and Youth and the House Committee on Aging, Children and Youth, Legislative and Military Affairs met jointly on Wednesday, June 10, 2015, at 10:00 a.m., in Room 130 of the State Capitol Building in Little Rock, Arkansas.

Committee members present: *Senators* Stephanie Flowers, Chair; Alan Clark, Bobby J. Pierce, Linda Collins-Smith and Greg Standridge. *Representatives* George B. McGill, Co-Chair; Karilyn Brown, Charlene Fite, Justin T. Harris, Vivian Flowers, Mickey Gates, Bob Johnson, Julie Mayberry, David Meeks, Rebecca Petty, Sue Scott, Brandt Smith, James Sturch, Dan Sullivan and DeAnn Vaught.

Non-committee members present: *Representatives* Charles L. Armstrong, Trevor Drown, Kenneth B. Ferguson, Bill Gossage, Mary P. "Prissy" Hickerson and James L. Sorvillo.

**Consideration to approve minutes of May 13, 2015**

**Representative McGill made a motion to approve the May 13, 2015 minutes, without objections the minutes were adopted.**

**Consideration of Interim Study Proposals (ISPs) [EXHIBITS C1-C6]**

**Representative Gates made a motion to adopt ISPs 2015-057, 2015-102, 2015-075, 2015-103, 2015-105 and 2015-106, without objection all of the ISPs listed were adopted for interim study.**

**Arkansas Children's Hospital, Injury Prevention Program, Dr. Pamela Tabor, Program Director, Arkansas Infant and Child Death Review Program Annual Report [EXHIBIT D]**

Ms. Tabor provided a summary of the report noting that from 2012-2013, five local Infant and Child Death Review (ICDR) Teams were established. These teams are located in Faulkner, Sebastian, Washington, Pulaski and Craighead counties. In 2014, an additional three local ICDR teams were added in Boone, Saline and Crittenden counties. These local ICDR teams reviewed approximately 73% of all eligible pediatric deaths (birth to 17) as defined in Act 1818 of 2005.

Also in 2014, the Arkansas Infant Mortality (AIM) Team was formed to exclusively review deaths of infants (<1 year old) in counties not covered by local ICDR teams, allowing 100% of eligible infant deaths in the state to be reviewed. With the addition of the AIM Team, 82% of eligible pediatric deaths (birth-17) will have the opportunity to be reviewed.

One of the largest responsibilities of the program is to "explain and investigate" sudden unexpected infant death. Training is provided to coroners and law enforcement officers based upon Crimes Against Children Division (CACD) Guidelines. Ms. Tabor along with Patrick Moore, President, Arkansas Coroners Association, wrote and teaches the curriculum providing training to first responders on how to reenact an infant death and what to do. As of today 136 people in 36 counties have received training with an additional 74 CACD supervisors scheduled to receive training in October, 2015.

**Moving Forward:**

- Use of telehealth will be expanded to included training team members
- The Sudden Unexpected Infant Death Investigation (SUIDI) training will be expanded by utilizing the

Pediatric Understanding & Learning through Simulation Education (PULSE) Center at Arkansas Children's Hospital to provide hands-on simulation training and role playing during the SUIDI course. Additionally, the PULSE Center will work with the SUIDI instructors to create a training video for future trainings.

- A press release will be prepared focusing on data presented in the annual report
- Requests for the presentation on The Arkansas ICDR Program, Abusive Head Trauma and Sudden Unexpected Infant Death will be met. Thus far the Little Rock Police Department and the White County Sheriff's and Prosecuting Attorney's offices have requested these presentations
- Funding permitting, there will be one day training for multiple members of the AIM and ICDR teams in the spring of 2015.

Representative Scott asked the average age of parents that are involved in co-sleeping cases. Ms. Tabor replied the average age falls in the low twenties. Ms. Tabor also stated that they are currently doing an interim study through University of Arkansas at Little Rock (UALR) and Arkansas Children's Hospital rewriting the policies on educating mothers upon discharge.

Representative Gates asked how many cases are reviewed. Ms. Tabor replied 119 cases were reviewed during this reporting period. Representative Gates asked how many cases are contributed to SIDS. Ms. Tabor stated there has not been a death caused by SIDS in the state of Arkansas since 2010; because it is considered a natural cause of death and nothing is found for the exact cause of death.

Senator Flowers pointed out that SB786 now Act 1211 of 2015 was created to assist with sudden unexpected death reviews. Lastly, Ms. Tabor stated what she needs from the legislature is support from all agencies to work together in gathering information whenever these deaths occurs.

**Representative McGill asked staff to provide a copy of Act 1211 to the committee.**

**Representative McGill made a motion to consider the Infant and Child Death Review Program Annual Report reviewed by the committee. Without objections the motion was adopted.**

**Department of Human Services (DHS) – Division of Children and Family Services (DCFS), Review of Rules, Ms. Christin Harper, DCFS Policy Unit Manager** [EXHIBITS E1-E3]

Ms. Harper presented the following three rules for review:

**Revision to Team Decision Making Policy and Procedures**

- Allows all Garret's Law allegations to be referred for Team Decision Making (TDM) Meetings in counties in which TDM is implemented and establish procedures related to those referrals.
- To clarify content and routing instructions for the TDM Summary Report.
- To specify TDM referral procedures involving the TDM Supervisor.

**Revisions to Differential Response Policy and Procedures**

- To ensure Differential Response services are provided to families when a service need is identified per Act 1215 of the 90<sup>th</sup> General Assembly, Regular Session 2015.

**Revisions to Notifications of Parents of a Sibling of a Juvenile Taken into DHS Custody**

- To require DCFS to notify all parents of a sibling of the juvenile where the parent has legal custody of the sibling per Act 1038 of the 90<sup>th</sup> General Assembly, Regular Session 2015 and federal Public Law 113-183.

Ms. Harper mentioned that the “*Team Decision Making Policy*” is one of Arkansas’s Federal IV-E Waiver interventions with a phase-in implementation in eighteen counties. **Senator Flowers asked that the eighteen counties be named. Ms. Harper noted the counties as follows: *Pulaski, Saline, Hot Springs, Prairie, Garland, Faulkner, Conway, Hope, Sebastian, Crawford, Craighead, Greene, Randolph, Lawrence, Miller, Lafayette, Columbia, and Union Counties.***

Representative Meeks mentioned his concerns regarding expanding the Differential Response Program and reinstating family resource programs into the schools. Two programs with proven success; he asked that DHS provide the committee with budget cost when available, to be used when making legislative decisions regarding these topics.

**Representative McGill made a motion to recommend approval of the rules. Without objection the motion was adopted.**

**DHS – Division of Youth Services, Quarterly Performance Report (QPR), Third Quarter, SFY 2015, January 1, 2015 – March 31, 2015, Marcus Divine, Director, [EXHIBIT F]**

Mr. Divine pointed out some of the changes to the report specifically, the addition of Commitments by Offense and Commitments versus Recommits (juveniles who were previously committed to DYS and received another order of commitment during the same quarter). He briefly summarized highlights in the report and mentioned Act 1010 of 2015 which created the Youth Justice Reform Board (Board). He will serve as Chair of this Board along with other appointed stakeholders. This legislation requires the Board to examine solutions aimed at reducing commitments in the future and whatever reforms need to take place for the entire Juvenile Justice System to be effective.

The DYS daily census in Juvenile Detention Centers (JDCs), as of today is seventy-nine (79). DYS has responsibility for 769 youth around the state. DYS pays providers by the day and not for a specific number of beds. Lastly, Mr. Devine followed up with Senator Flowers regarding a question about the 94% disability rate that was mentioned in previous meetings. He stated that he would not have characterized that number the same as previous DYS staff. He said that presenting it in that way makes it too inclusive and that some of the youth that are committed to DYS have diagnoses that could include numerous disabilities related problems.

**Senator Flowers asked for data on DYS commitments who later enter the adult corrections system (Arkansas Department of Correction, Department of Community Corrections, etc.). She also requested a breakdown of the number of DYS youth in each of the JDCs around the state. As well as the number of youth who are committed to DYS who have Individual Educational Plans (IEPs). The information regarding the number of youth committed to DYS who earn GEDs while in custody and information on the program with Shorter College will be provided to the committee in a separate report.**

**DHS – Office of Appeals and Hearings (OAH), Teri Hays, Managing Administrative Law Judge, Maltreatment Appeals and Hearings [HANDOUT #3]**

Ms. Teri Hays, Mr. David Mackie, Supervising Administrative Law Judge, and Mr. David Sterling, Chief Counsel, DHS were recognized. Ms. Hays gave an overview of the Maltreatment Appeals and Hearings process.

She followed up with response to concerns that were raised in the last meeting regarding “*case totals and outcomes*”. An analysis of the past three years of OAH administrative appeals shows that 85% of total True Findings made by DHS remain as True Findings, and 15% are overturned through the appeals process. She noted that not all True Findings are appealed. Of those appealed to the OAH 52% are upheld and 48% are overturned. Four percent (50 decisions per year) of OAH final decisions are appealed to Circuit Court for judicial review. In

the period under review, 62 cases have been decided by higher courts.

Representative Gates expressed concern about the 48% of appeals overturned and would like for this to be addressed in more detail.

With no further business, the meeting adjourned at 12:30 p.m.

DRAFT