COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

December 7, 2016

AGENDA

- Welcome and Introductions
- Approval of Minutes from meetings on August 17, 2016 and September 21, 2016

AGENDA

- Review and Approval of CISC Three Year Strategic Plan
  - *Barry Salovitz, Casey Family Programs*
  - *Kay Kornmeier and Kristie McCullough, Clarus Consulting Group*

Indiana Commission on Improving the Status of Children

Strategic & Operational Planning

Summer / Fall 2016

Project Overview

August 2016 Work Session

- Reviewed duties of the CISC and alignment of work to those duties
- Identified 4 Strategic Priorities and developed draft Goals and Objectives for each:
  - Child Safety & Services
  - Juvenile Justice & Cross-System Youth
  - Mental Health & Substance Abuse
  - Educational Outcomes
- Identified the need for an Operational Plan, in addition to the Strategic Plan, to capture short-term priorities

September 2016 Work Session

Strategic Plan:

- Confirmed Strategic Priorities and Goals
- Finalized and prioritized Objectives

Operational Plan:

- Developed Action Steps for Operational Priorities; identified timeline and persons responsible for implementation
- Developed draft processes for determining if projects are in scope, project assignments, policy recommendations and legislative directives

Strategic & Operational Plan
2017-2019
Summary Report

Strategic Plan 2017-2019

Strategic Priorities

- Child Safety & Services
- Juvenile Justice & Cross-System Youth
- Mental Health & Substance Abuse
- Educational Outcomes

Child Safety & Services

***Strategic Goal**: Support the well-being of Hoosier children by promoting a continuum of prevention and protection services for vulnerable youth and their families*

Child Safety & Services: Objectives

1.1 Support efforts to prevent child abuse and neglect

1.2 Support efforts to ensure the safety of children in state care

1.3 Promote programs and services that support older youth with successful transition to independence

1.4 Promote the practice of funding for money follows the family/child

1.5 Study and evaluate barriers to receipt of Medicaid for prevention, early intervention, and treatment

1.6 Promote an improved understanding of the impact of trauma on children and youth and the efficacy of trauma-informed practice

1.7 Coordinate and communicate child safety efforts with Indiana Perinatal Quality Improvement Collaborative (IPQIC)

1.8 Coordinate with the Indiana State Suicide Prevention Advisory Council

Juvenile Justice & Cross-System Youth

***Strategic Goal**: Promote interagency communication and collaboration to improve prevention, outcomes and address the unique and complex needs of Juvenile Justice and/or cross-system involved youth*

Juvenile Justice & Cross-System Youth: Objectives

2.1 Advocate for increased availability of and access to emergency shelter care and alternative therapeutic placements

2.2 Support the enhancement of services across the spectrum (in-home and residential)

2.3 Support efforts to decrease youth violence, including assessing the root causes of youth involved in violent crimes and/or crime involving weapons

2.4 Study and make recommendations on services to address the complex needs of runaway children, missing children, and child victims of human trafficking

2.5 Study and evaluate whether “status offenders” should be removed from Delinquency code and moved to CHINS code

2.6 Support funding for innovative youth programming through expansion and increased funding of the Justice Reinvestment Advisory Council

Mental Health & Substance Abuse

***Strategic Goal**: Support creative and effective methods of improving assessment, access to treatment, and wrap-around resources for vulnerable youth and households in need of mental health and substance abuse services*

Mental Health & Substance Abuse: Objectives

3.1 Explore policy change to promote integration of behavioral health and primary care for children

3.2 Identify and promote evidence-based and other effective supports and services that reduce youth mental health issues and substance abuse

3.3 Support effective alternative locations, modalities and treatments for substance abuse and mental health services

3.4 Support efforts to increase the number of mental health and substance abuse providers; improve service coordination to simplify delivery of services for children and their families

3.5 Support development of models to identify youth at-risk for substance abuse and mental health issues

3.6 Engage with Governor's Commission to Combat Drug Abuse to address issues of children's use of prescription drugs and children being raised by parents suffering from addiction

3.7 Support efforts to ensure access to care / treatment for youth and parents with substance abuse issues, including inpatient, outpatient, and rural coverage as well as services for youth after release from JJ / DYS

Educational Outcomes

***Strategic Goal**: Promote interagency collaboration to better connect vulnerable youth with appropriate education and career pathways that lead to successful completion of high school equivalency, post- secondary education, job certification, and sustainable employment*

Educational Outcomes: Objectives

4.1 Explore models to develop an "educational passport" to provide a comprehensive understanding of the educational history of vulnerable children and youth when they move from place to place and school to school.

4.2 Advocate for more and improved wrap-around services co-located in the schools.

4.3 Recommend methods to incentivize schools to help vulnerable youth complete high school.

4.4 Recommend strategies for promoting a positive learning climate for all students to address disproportionality in school discipline practices and to stop the tide of bullying.

4.5 Support efforts to develop alternative educational options and resources for youth not able to survive/thrive in a traditional school setting.

4.6 Study and report on the graduation rate of vulnerable youth.

4.7 Study and report where youth coming out of the juvenile justice system and/or cross-system youth are being educated.

Operational Plan

Operational Priorities

- Organizational Structure
- Task Force Assignments & Workflow
- Communication & Collaboration
- Policy Recommendations & Legislation
- Outcomes & Impact

Operational Priorities

Organizational Structure

- A1: Ensure CISC has the executive staff support needed to achieve the CISC mission
- A2: Ensure Task Forces understand their charge, purpose, roles and responsibilities

Task Force Assignments & Workflow

- B1: Formalize process of Task Force Assignments
- B2: Formalize process to establish whether proposed projects are within scope of CISC

Communication & Collaboration

- C1: Develop processes for improved information sharing among Commission members and between Commission members and their agencies
- C2: Promote the work of the CISC through the media and other outlets
- C3: Identify, leverage, and add value to work being conducted by other organizations involved with vulnerable children and youth

Policy Recommendations & Legislation

- D1: Formalize process for development of policy recommendations and legislation

Outcomes & Impact

- E1: Develop processes to measure and track outcomes and impact of CISC
- E2: Ensure cultural competence is demonstrated in the work of the CISC and its Task Forces

Work Group Update

Work Group Update

Work Group met on 11/14 and developed:

- Draft Charter for each Task Force
- Processes for:
  - Determining if proposed projects are within scope
  - Assignment of Work and development of Policy Recommendations
  - Legislative Directives

Proposed 2017 Work Plan

- Operationalize Strategic Plan
- Communication Plan Development
- Strategic Plan Progress Reviews

Proposed 2017 Work Plan

Operationalize Strategic Plan:

- Facilitate meetings with each Task Force to prioritize strategic plan objectives and develop a Recommendations Report for the CISC Executive Committee outlining recommend deliverables for each objective (**January / February**)
- Work with Executive Committee to develop a comprehensive strategy for communicating the strategic plan to stakeholders (**January / February)**

2017 Work Plan (Proposed)

Communication Plan Development:

- Work with Communications Committee (once established) and assist in development of a comprehensive communications plan for the CISC (**March – May**)

2017 Work Plan (Proposed)

Strategic Plan Progress Reviews:

- Facilitate meetings with each Task force to review and document strategic plan progress, identify challenges and strategies to address (**July & October**)
- Facilitate meeting with Commission and/or Executive Committee to review strategic plan progress and revise plan as needed (**November / December**)

Questions?

AGENDA

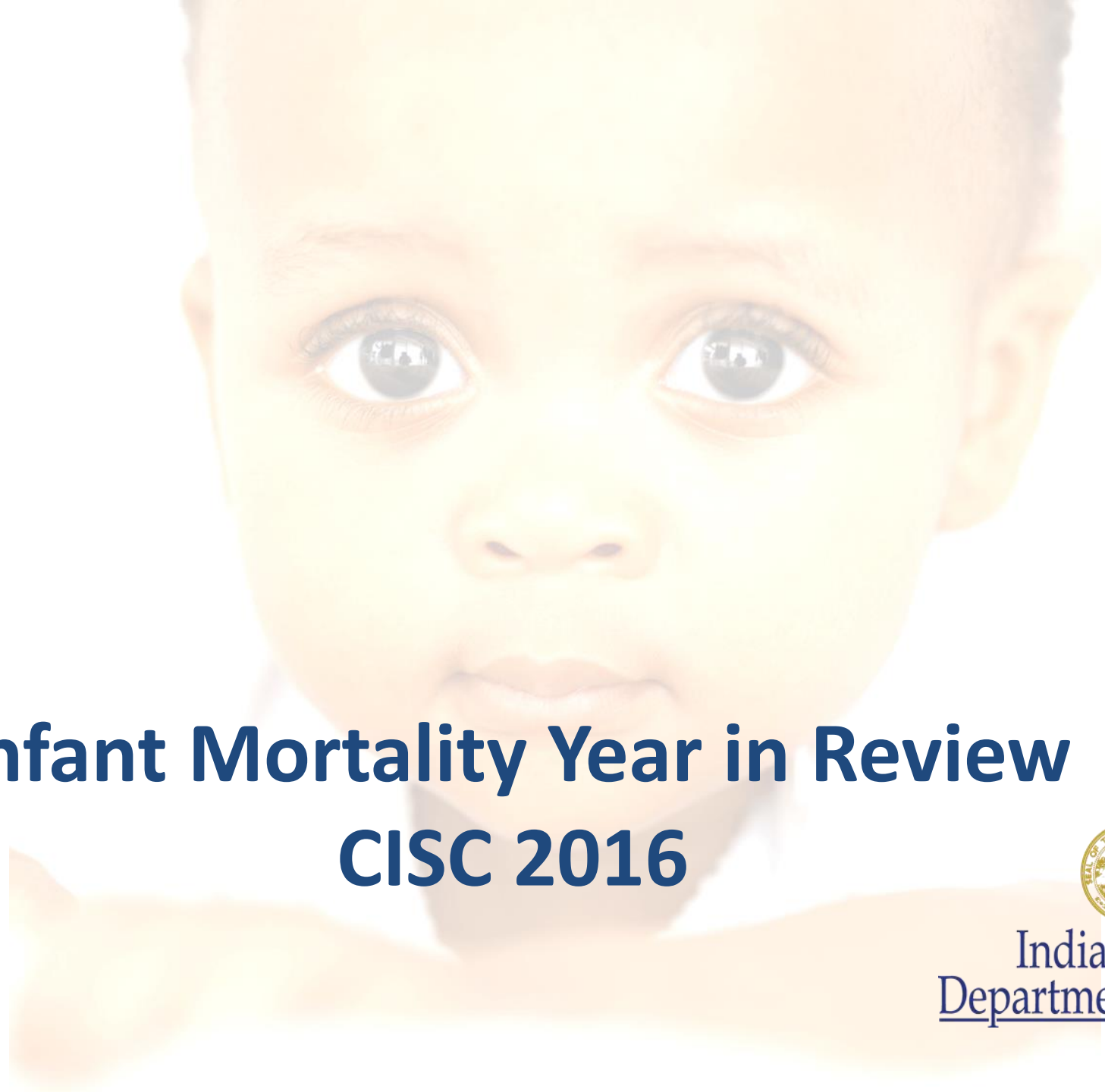
- Endorsement of CISC Executive Director Position
  - *Danielle McGrath, Deputy Chief of Staff, Office of the Governor*
  - *Mary Willis, Chief Administrative Officer, Indiana Supreme Court, Office of Judicial Administration*

AGENDA

- HEA 1369 (Innovative Juvenile Justice Programs, including Juvenile Community Corrections)
  - *Don Travis, Co-Chair, Cross-System Youth Task Force*

AGENDA

- Infant Mortality and Child Health
  - *Dr. Jennifer Walthall, Deputy Health Commission and Director of Health Outcomes, Indiana State Department of Health; Co-Chair, Infant Mortality and Child Health Task Force*



Infant Mortality Year in Review
CISC 2016

Indiana State Department of Health

Infant Mortality

Defined as the death of a baby before his/her first birthday

The Infant Mortality Rate (IMR) is an estimate of the number of infant deaths for every 1,000 live births

Large disparities in infant mortality in Indiana and the United States exist, especially among race and ethnicity

Infant Mortality is the #1 indicator of health status in the world

Indiana Infant Mortality

Indiana consistently ***worse*** than HP 2020 national goal ***every year***

IN 7.1 per 1,000 (2014, unchanged from 2013)

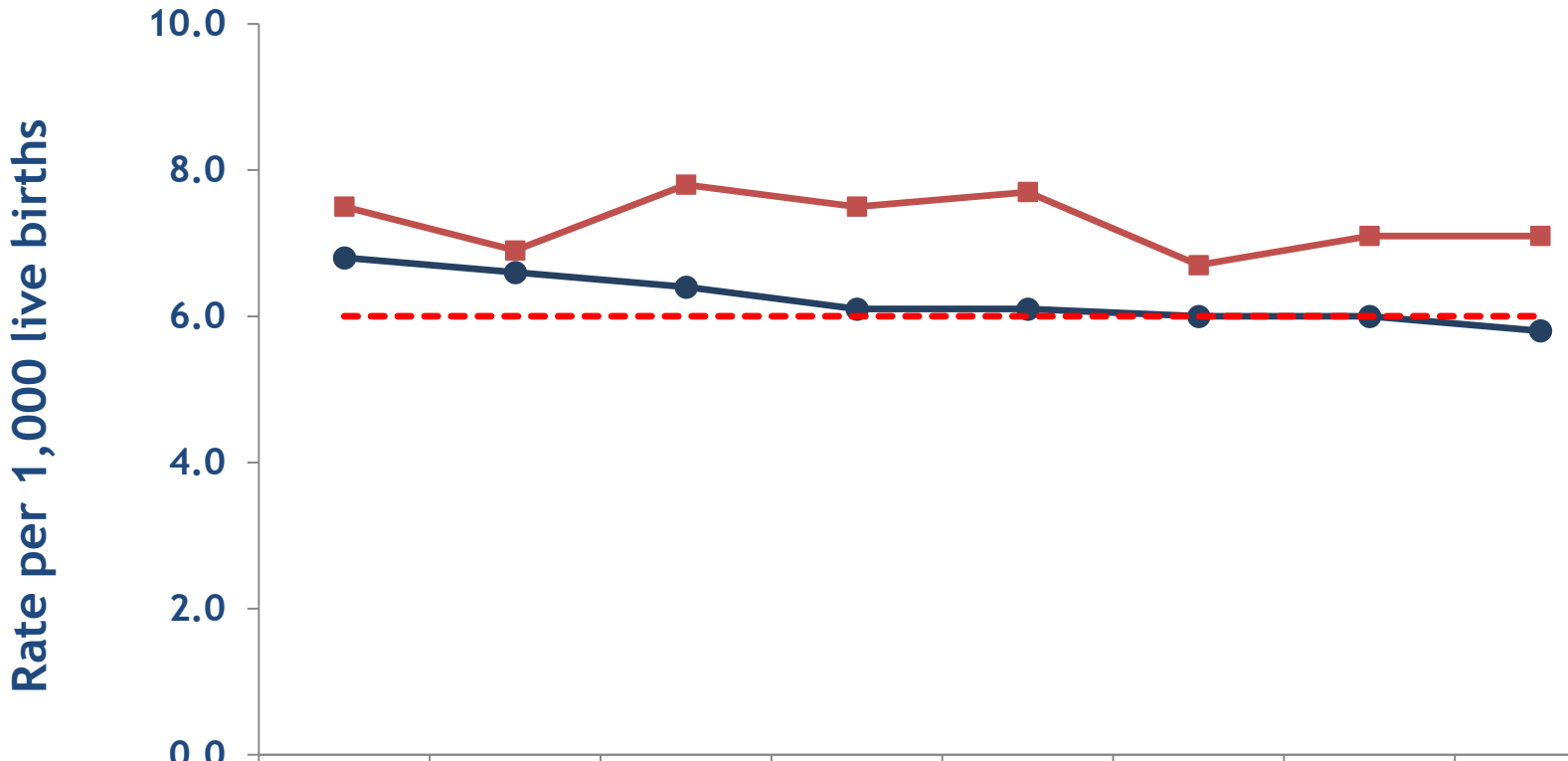
U.S. 5.82 per 1,000 (2014, lowest rate in U.S. recorded history)

Healthy People 2020 Goal is 6.0 per 1,000

Large disparity among races in Indiana, with Black infants being ***2.5 times*** more likely to die than White infants

Rate of SUIDs deaths typically ***worse*** than the national rate

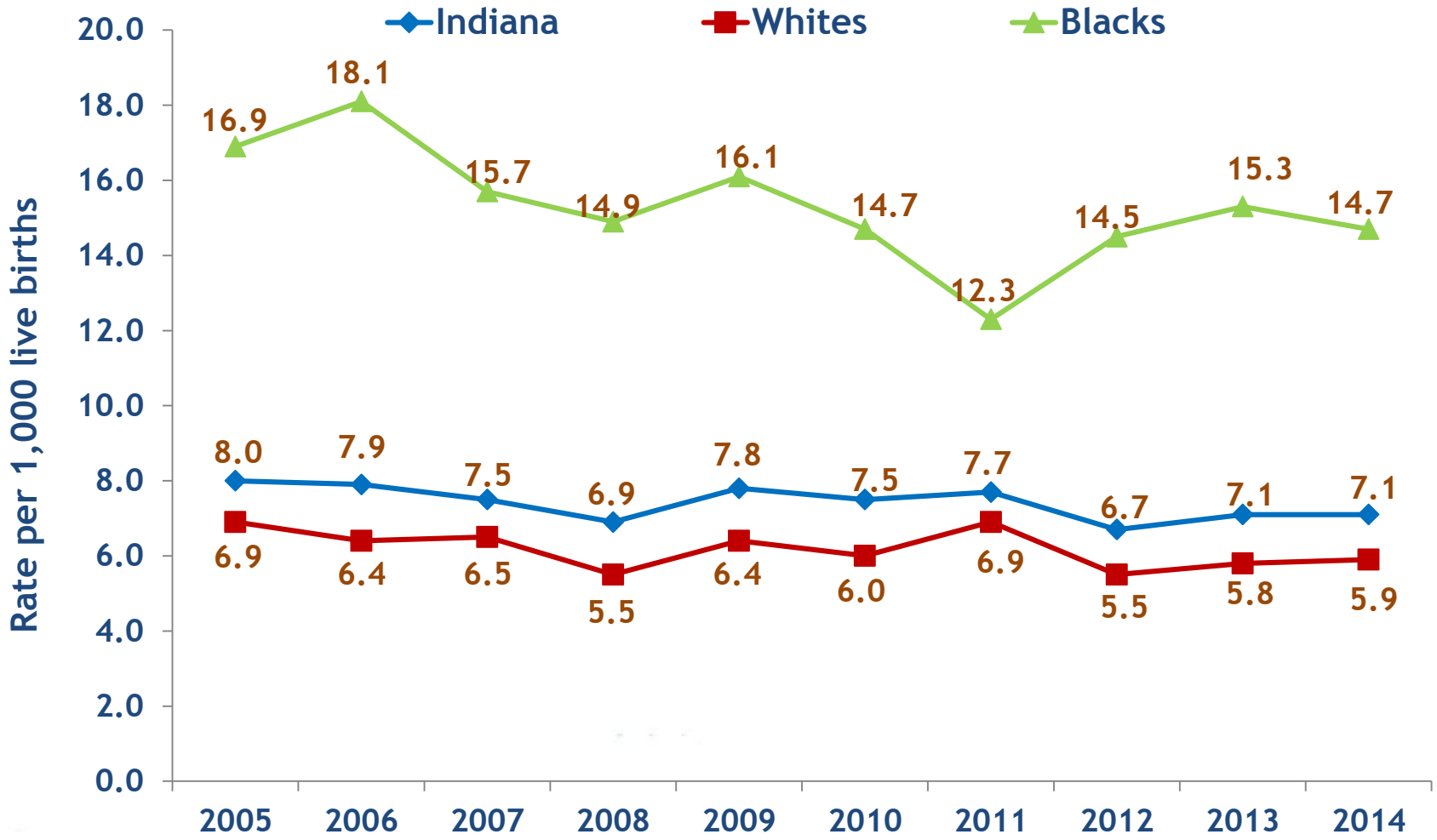
Infant Mortality Rates
Indiana, U.S. and Healthy People 2020 Goal: 2007 - 2014



	2007	2008	2009	2010	2011	2012	2013	2014
Indiana	7.5	6.9	7.8	7.5	7.7	6.7	7.1	7.1
U.S.	6.8	6.6	6.4	6.1	6.1	6.0	6.0	5.8
HP 2020 Goal	6.0	6.0	6.0	6.0	6.0	6.0	6.0	6.0

Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [February 23, 2016]
United States Original: Centers for Disease Control and Prevention National Center for Health Statistics
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

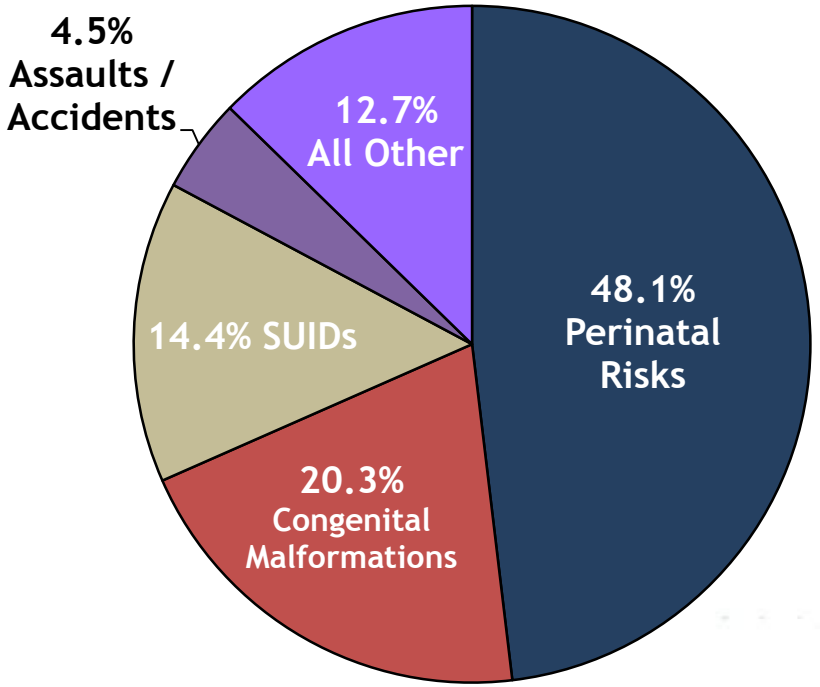
Infant Mortality Rates by Race
Indiana 2005 - 2014



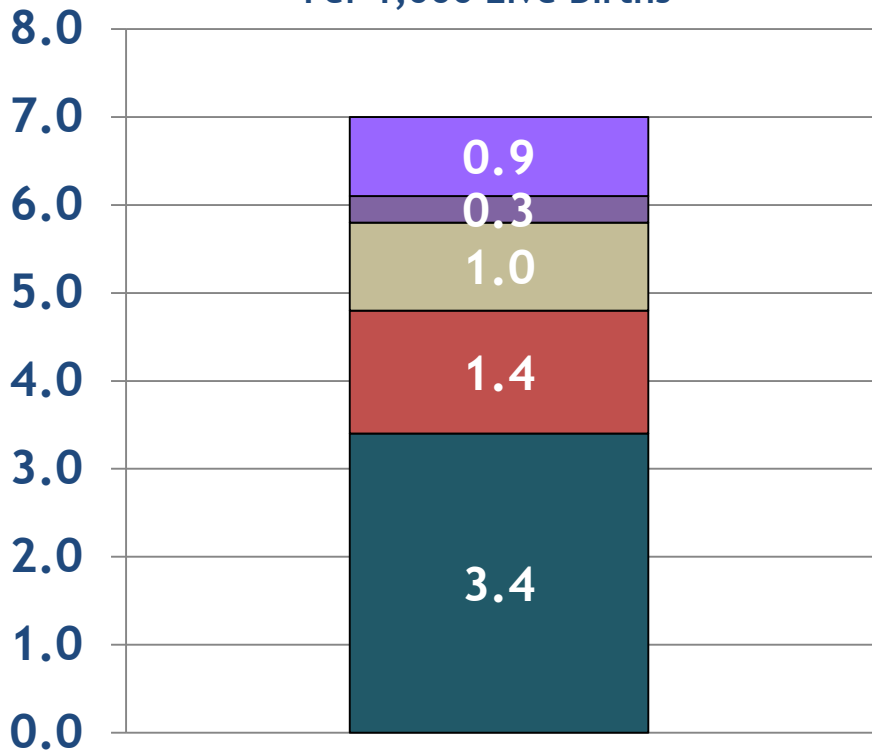
Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [February 23, 2016]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Infant Mortality Distribution by Cause
Indiana: 2014

% Distribution of Infant Deaths
N = 597

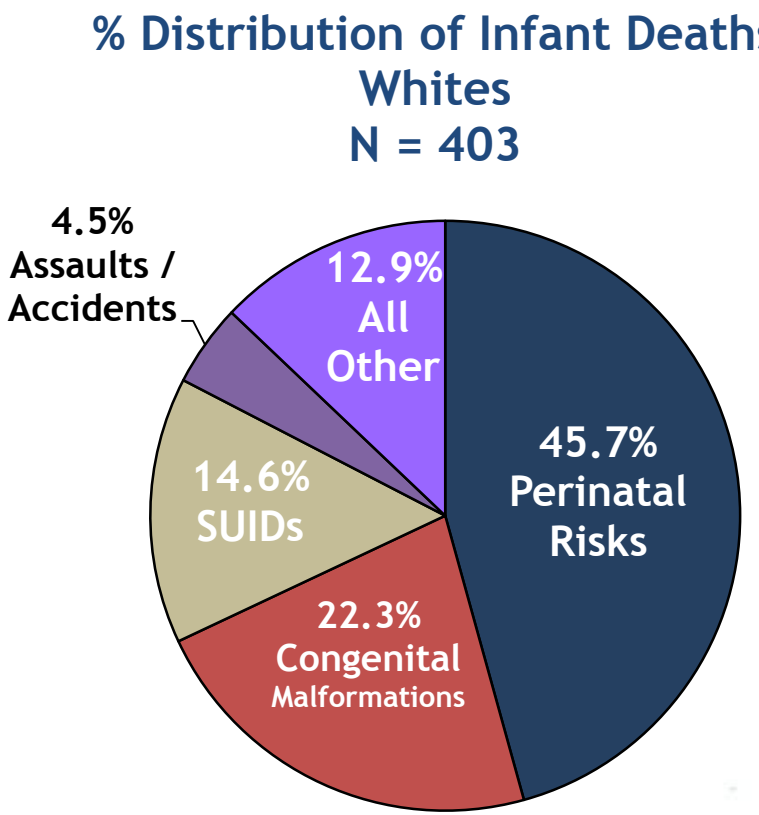


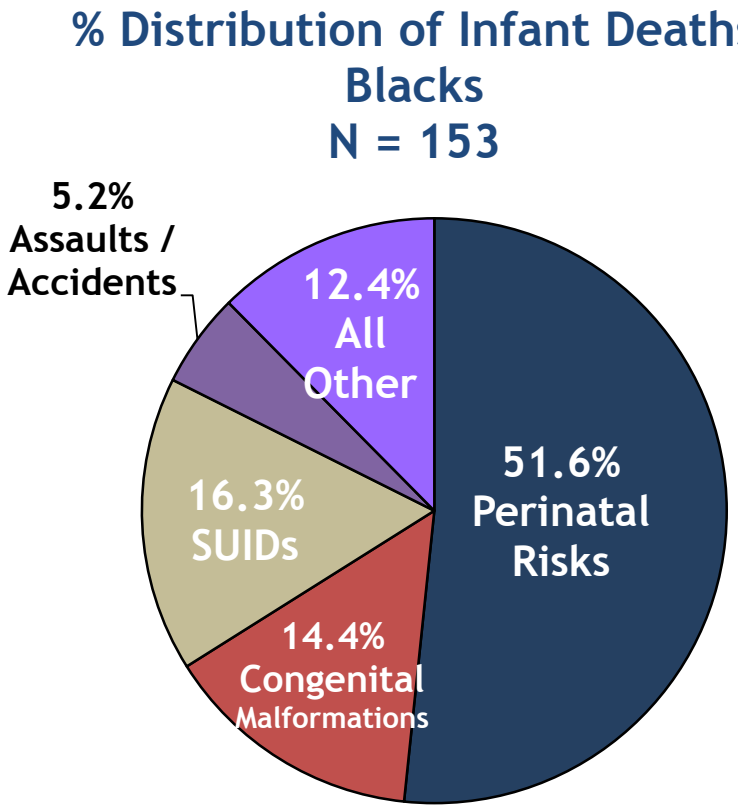
Cause Specific Mortality Rates*
Per 1,000 Live Births



*Note: Cause specific mortality rates may not exactly equal the overall infant mortality rate due to rounding.
Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [February 24, 2016]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Infant Mortality Distribution by Cause Indiana, by Race: 2014





Source: Indiana State Department of Health, Maternal & Child Health Epidemiology Division [February 24, 2016]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

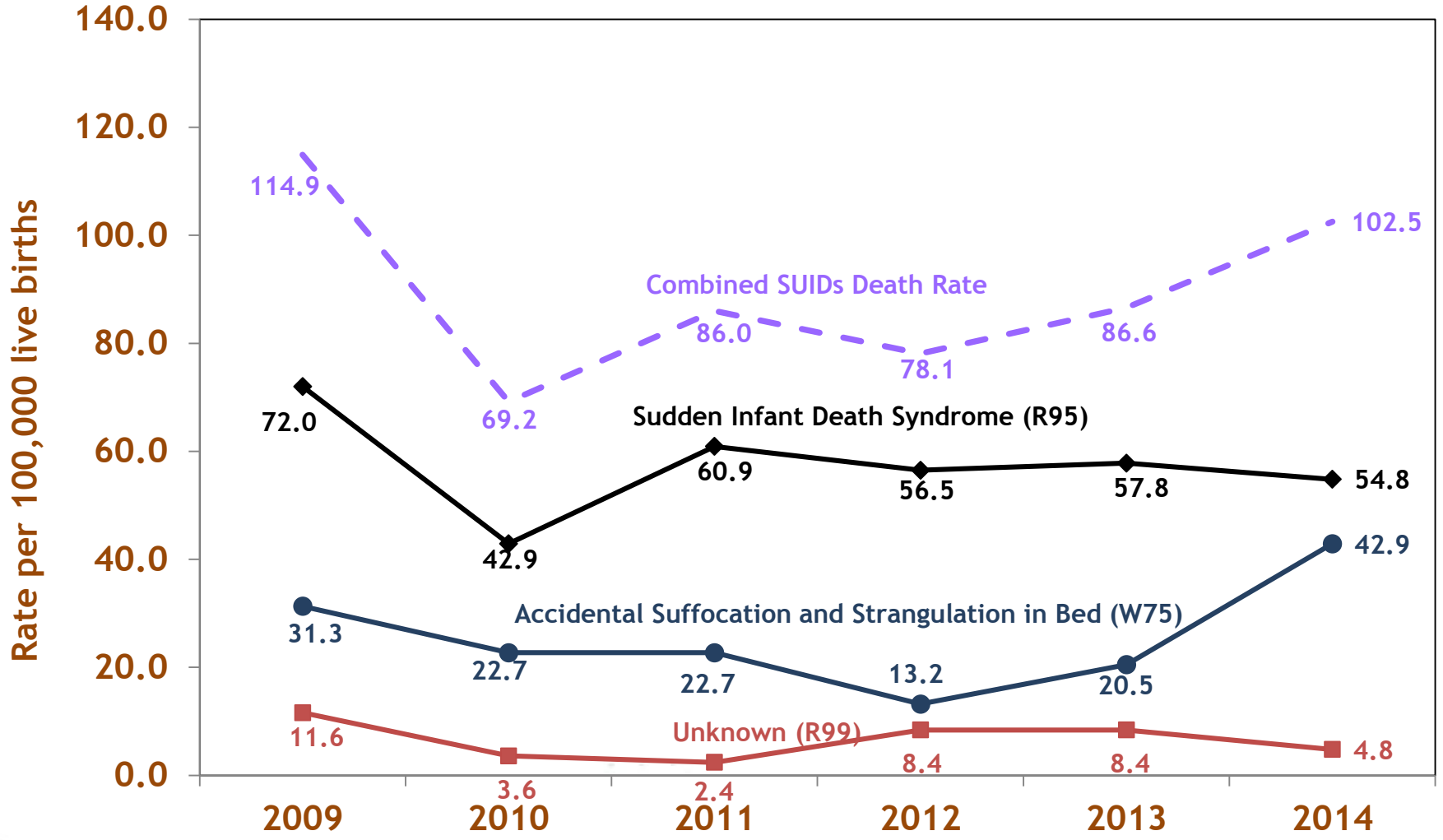
2010 – 2014

Infant Mortality Rates by Zip Code

Zip Code	County	Births	Deaths	Infant Mortality Rate (IMR)	White IMR	Black IMR
46312	Lake	2,517	41	16.3	**	**27.8**
46953	Grant	1,416	23	16.2	16.0*	**
46324	Lake	1,479	23	15.6	17.4*	20.9*
46806	Allen	2,426	37	15.3	7.5*	**24.1**
46226	Marion	3,502	52	14.8	5.3*	**19.5**
46208	Marion	1,477	21	14.2	7.1*	18.2*
46201	Marion	2,899	40	13.8	7.4*	**23.8**
46218	Marion	2,544	31	12.2	**	**14.1**
47302	Delaware	1,875	22	11.7	**12.1**	**
46203	Marion	3,351	39	11.6	**10.1**	14.4*
46229	Marion	2,070	23	11.1	6.8*	13.0*
46219	Marion	2,387	26	10.9	7.3*	17.8*
47711	Vanderburgh	1,986	21	10.6	**11.1**	**
46205	Marion	2,403	25	10.4	7.5*	12.6*
46222	Marion	3,167	32	10.1	4.9*	15.5*

*Numerator less than 20, the rate is unstable.
**Rate has been suppressed due to five or fewer outcomes.

SUIDs Rates by Cause
Indiana, 2009-2014

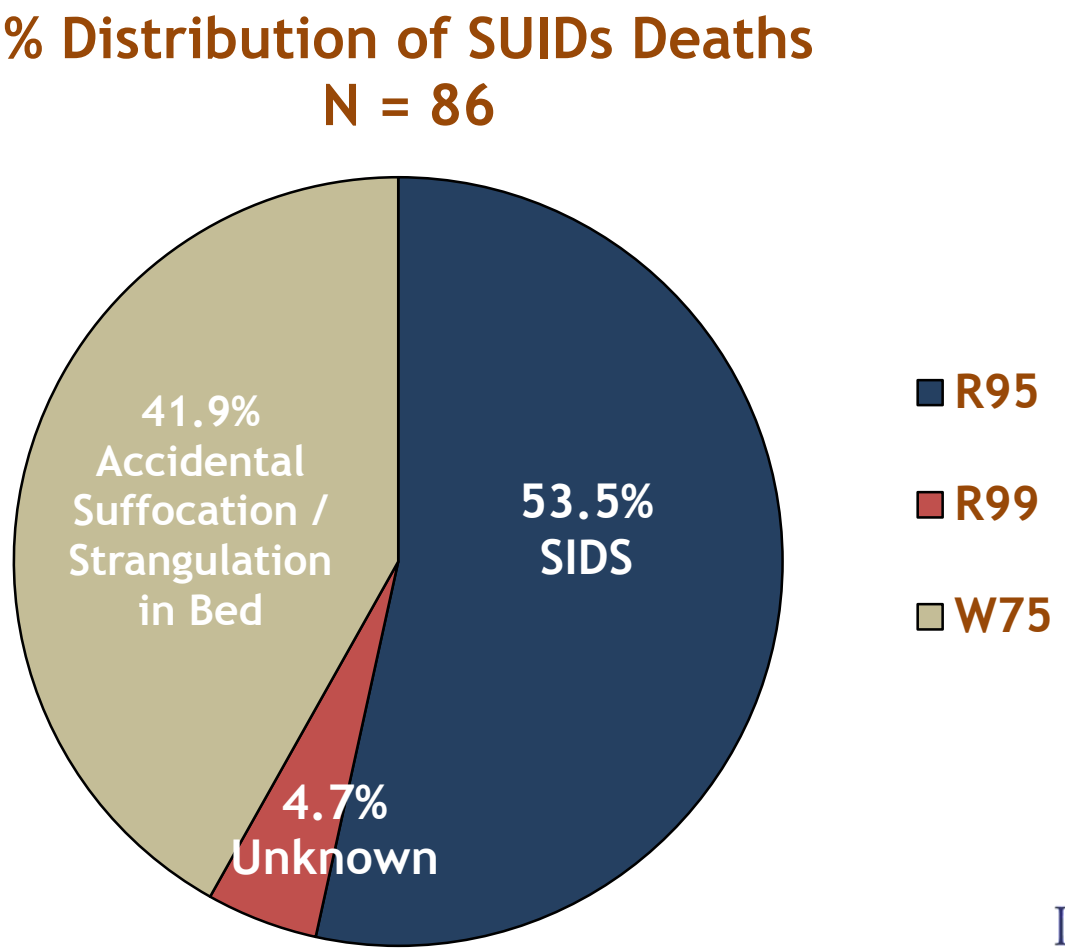


SUIDS = W75, R95, R99

Source: Indiana State Department of Health, Maternal & Child Epidemiology Division [December 21, 2015]

Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Breakdown of SUIDs deaths Indiana, 2014

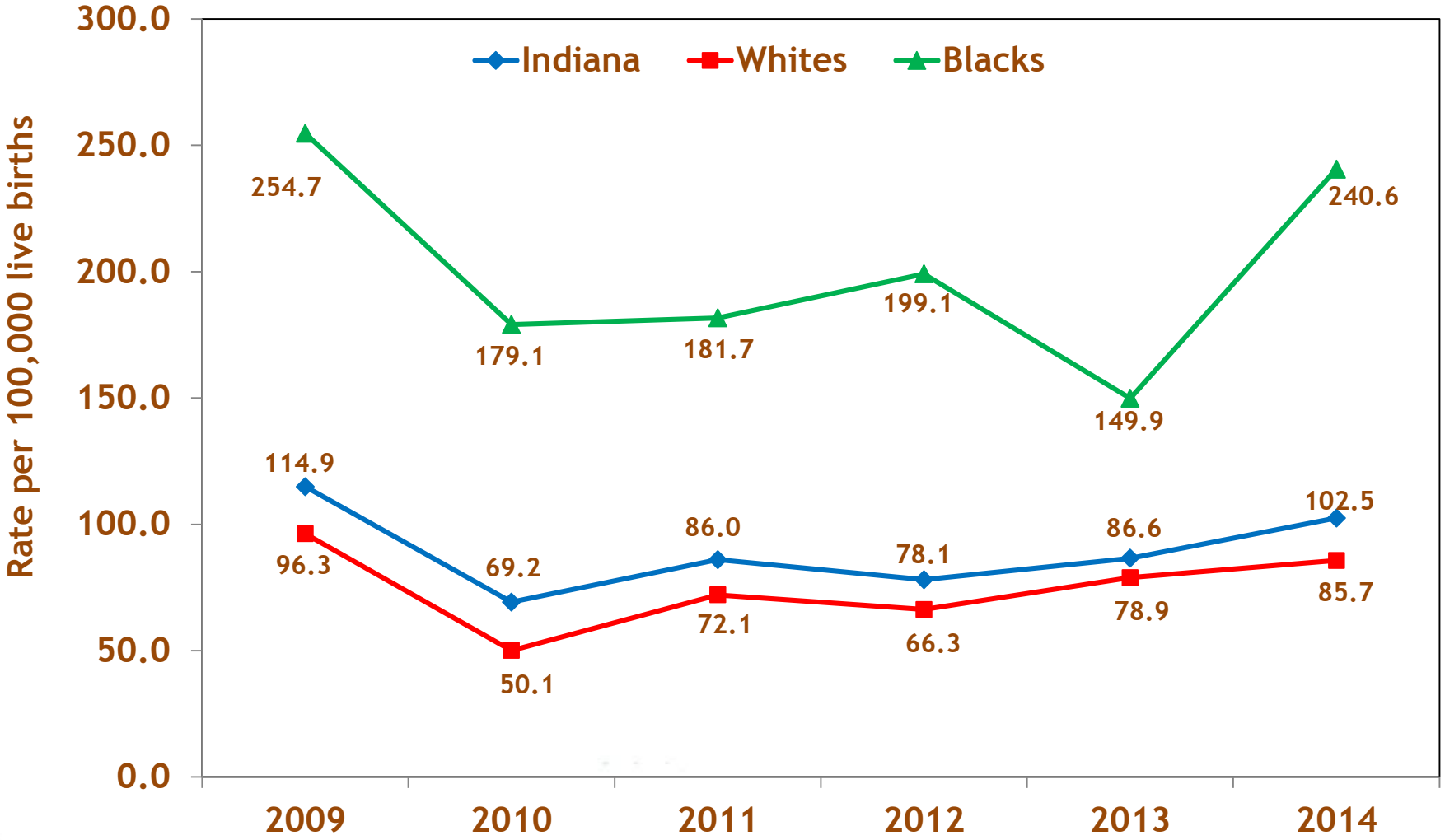


SUIDS = W75, R95, R99

Source: Indiana State Department of Health, Maternal & Child Epidemiology Division [December 21, 2015]
Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Indiana State Department of Health

SUIDs Rates by Race
Indiana, 2009-2014

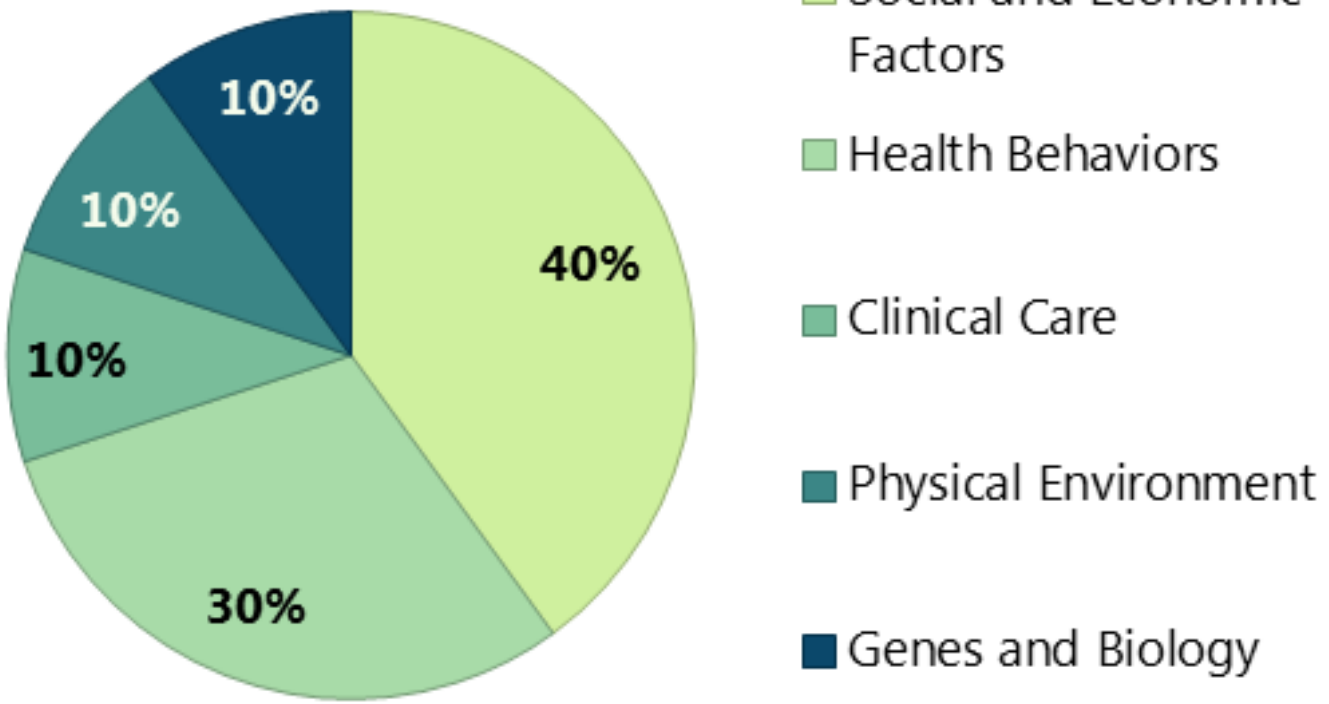


SUIDS = W75, R95, R99

Source: Indiana State Department of Health, Maternal & Child Epidemiology Division [December 21, 2015]

Indiana Original Source: Indiana State Department of Health, PHPC, ERC, Data Analysis Team

Factors Influencing Health and Well-Being

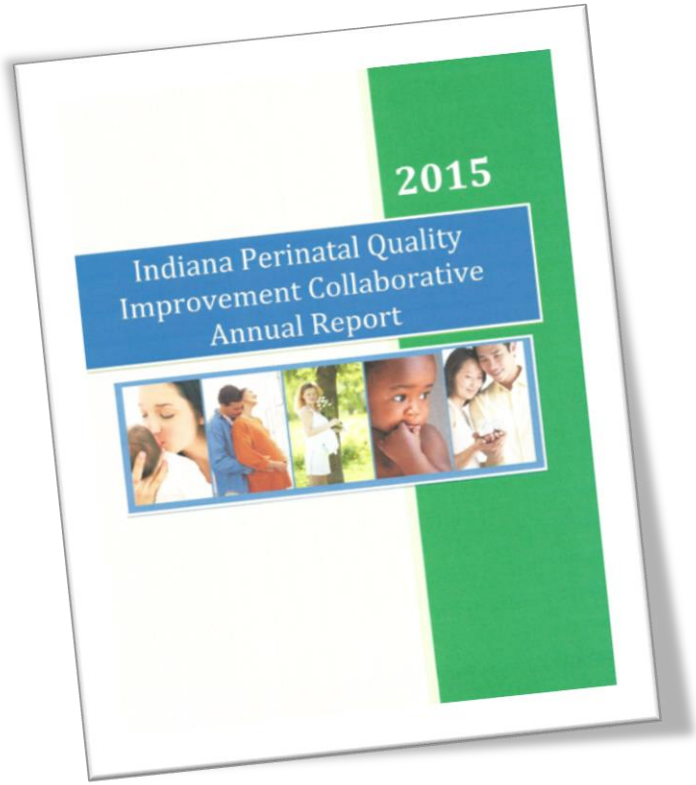


Source: http://www.health.state.mn.us/divs/opi/gov/chsadmin/intro.html

Indiana Perinatal Quality Improvement Collaborative

IPQIC Highlights

- Early Elective Deliveries: July 2014, Medicaid stops paying for non-medically indicated inductions before 39 weeks
- Neonatal Abstinence Syndrome (NAS): December 2015, four Indiana hospitals are piloting programs to identify and report on NAS
- 17P: June 2015, development of recommendations for utilization of progesterone therapies to prevent prematurity
- Birth Certificate: QI project that made system improvements to Indiana Death Registry System, including provision of training, feedback mechanisms, and recommendations for next phase of QI



Source: http://www.in.gov/laboroflove/664.htm

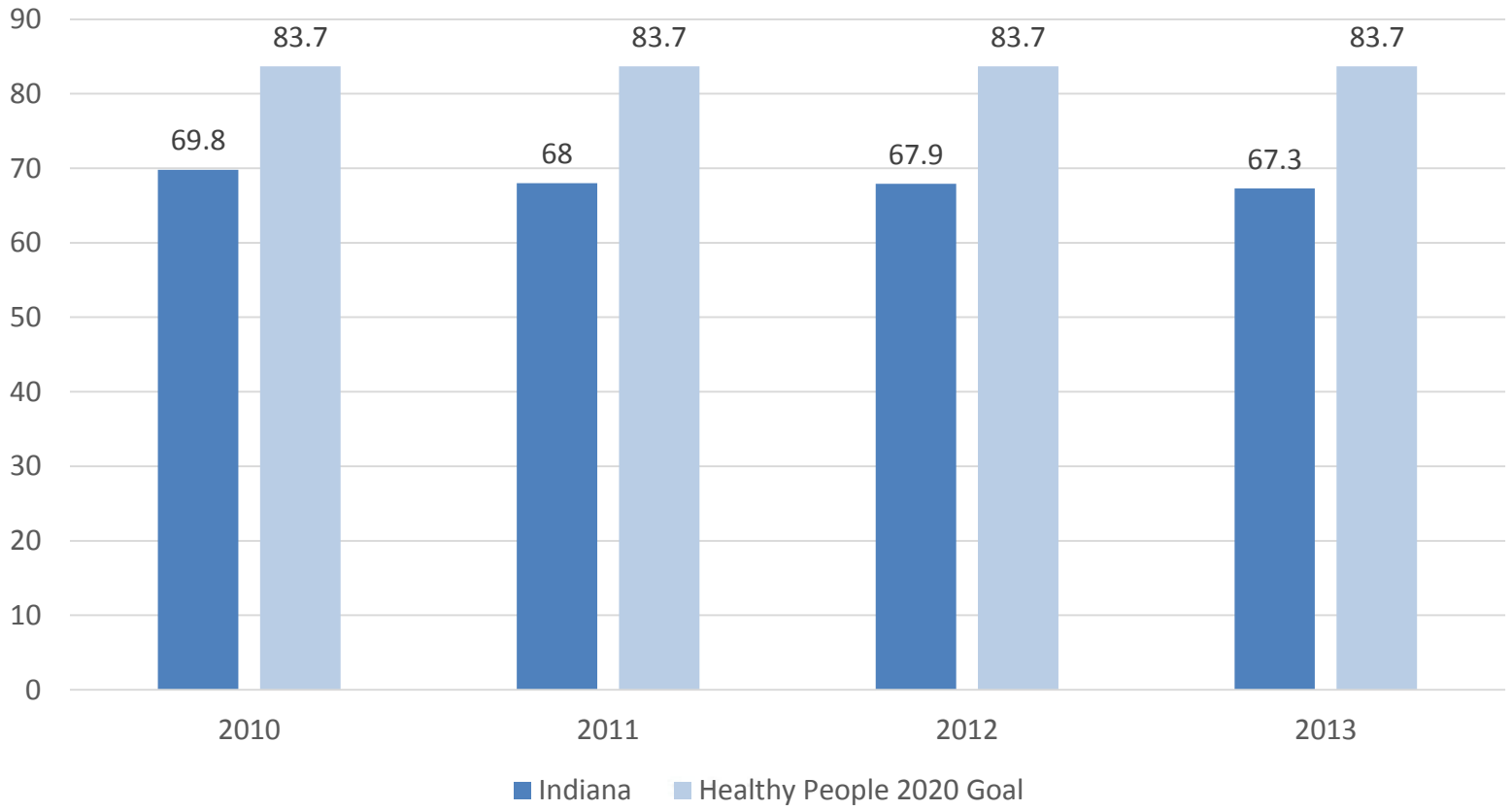
Perinatal Levels of Care

Vision Statement:

- All perinatal care providers and all hospitals have an important role to play in assuring babies born in Indiana have the best start in life.
- All babies will be born when the time is right for both the mother and the baby.
- Through a collaborative effort, all women of childbearing age will receive risk-appropriate care before, during and after pregnancy.

Indiana State Department of Health

Percent of VLBW Born in Level III Hospitals



Levels of Care and Survey Status For Indiana Birthing Hospitals

Maternal and Child Health, Indiana State Department of Health

As of March 1st, 2016

Applied Level of Care (LOC)

n=90

I II III IV

Hospital Locations

Surveyed *(n=30)*

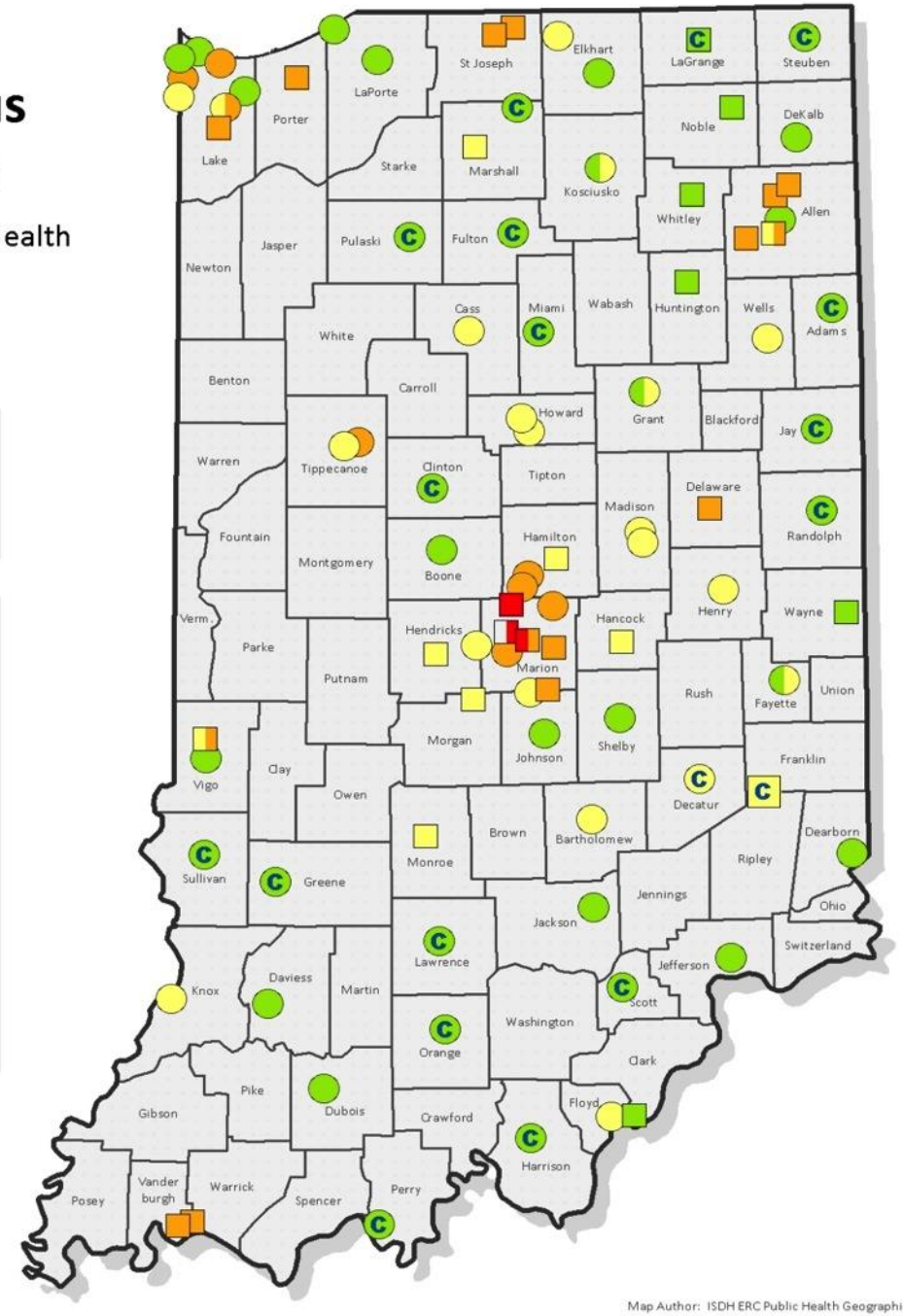
OB LOC

Neo LOC

In Que *(n=60)*

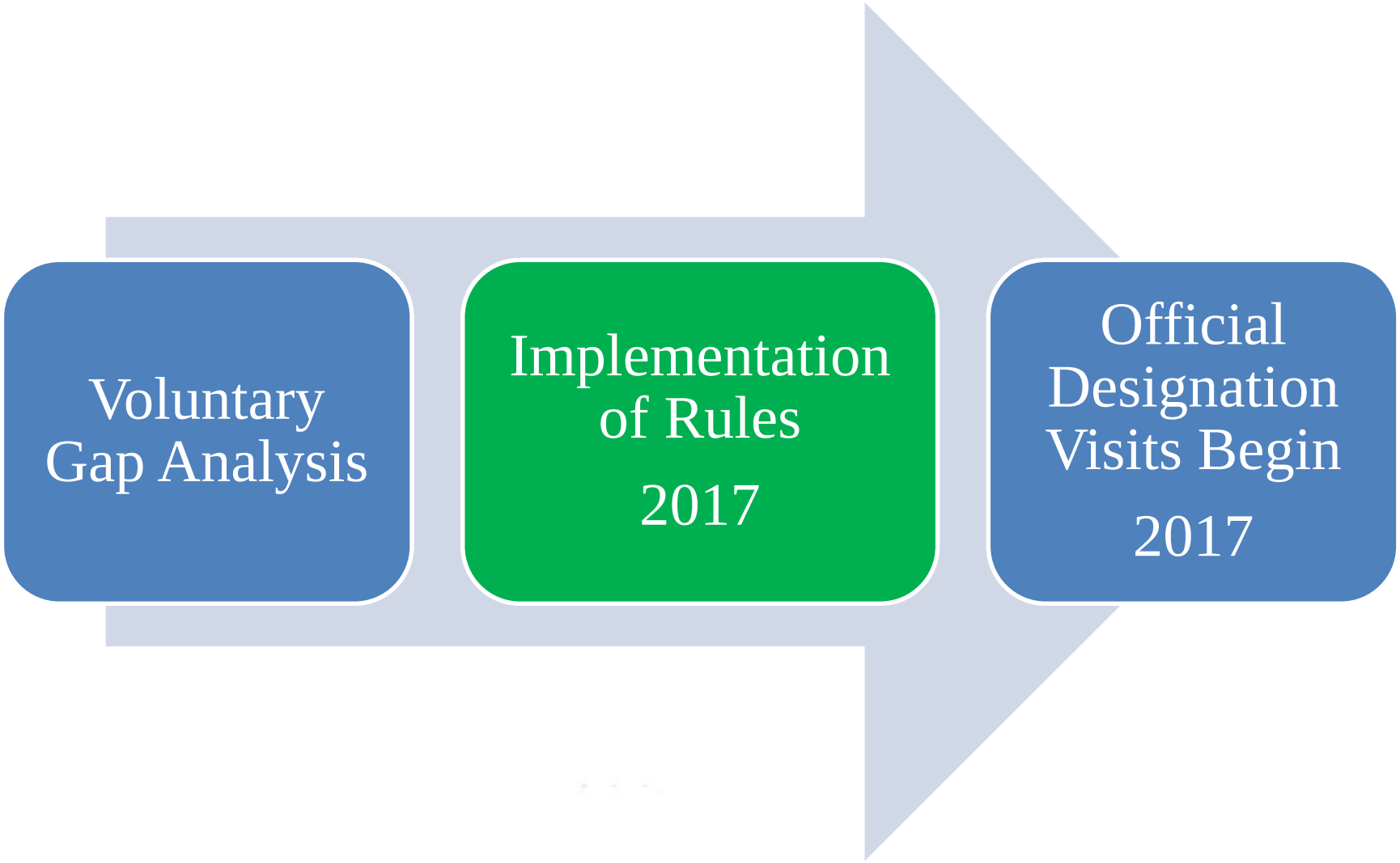
C = Critical Access (CAH)

(21% of hospitals)



Map Author: ISDH ERC Public Health Geographics - 3.02.16

Levels of Care timeline



Perinatal Centers

- Level III or IV OB and Neonatal
- Responsibilities to affiliate hospitals:
  - Education
  - Quality improvement
  - Support services
  - Back transport
  - Developmental follow-up for high risk infants

Labor of Love

Helping Indiana Reduce Infant Death

Campaign Goals:

- Raise awareness of the problem of infant mortality in Indiana, and engender support for education and prevention efforts.
- Educate Hoosiers that everyone has a role to ensure our babies reach their first birthdays.

Baby and Me, Tobacco Free™

Baby and Me, Tobacco Free™ (BMTF)

is an evidenced-based smoking cessation program for pregnant women, through her child's first birthday

- Program Components
  - Individualized education from BMTF certified facilitator
  - 4 sessions prior to baby's birth
  - Monthly postpartum visits until baby turns 1
  - Biochemical testing at every visit
  - Provides up to 12, **$25** diaper vouchers

Laurie Adams, CEO/Executive Director Baby and Me Tobacco Free Program, Oct 16, 2013
Researched from 2006 – 2009, NY State Department of Health, Bassett Research Institute

Baby and Me, Tobacco Free™

October 2013 – March 2016

1,532 Program Enrollees*

369 Infants born nicotine-free

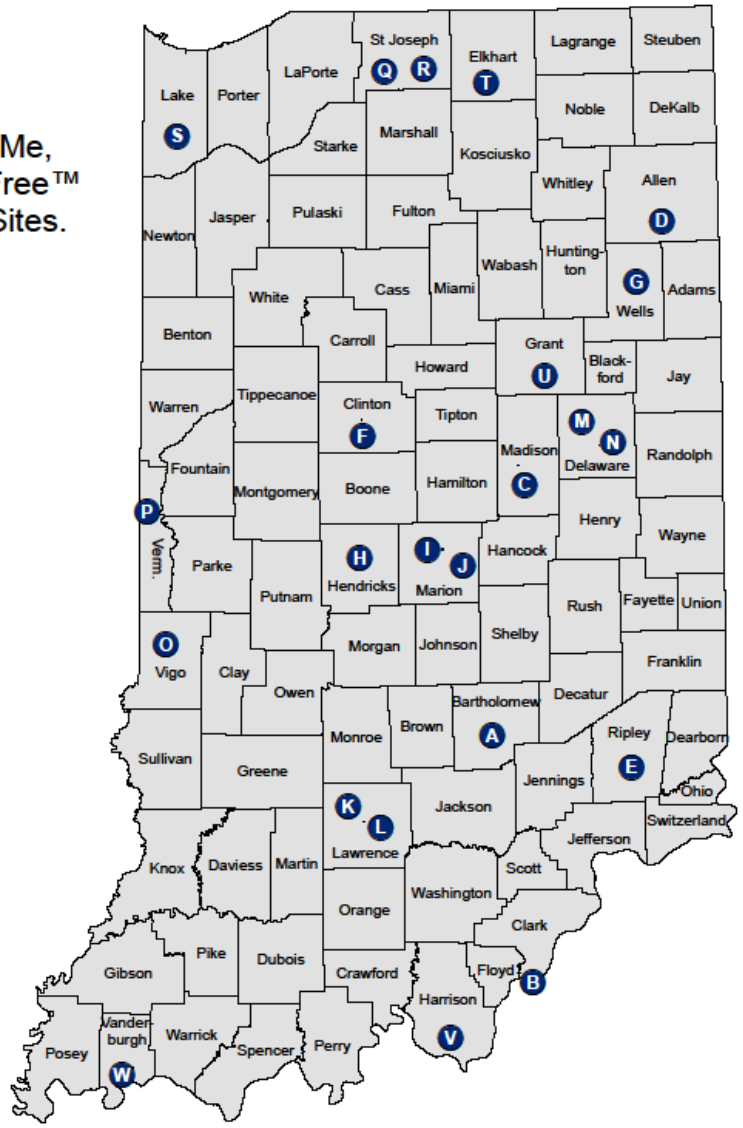
- 92% born ≥ 37 weeks gestation
- 95% born ≥ 5 lbs. 8 oz.

1,620 Vouchers distributed

2014 Data

- 15.1% pregnant Hoosiers smoke
- County rates range from 2.7% to 38.5%
- For women on Medicaid, the number jumps to 25.3%

Baby and Me, Tobacco Free™ Program Sites.



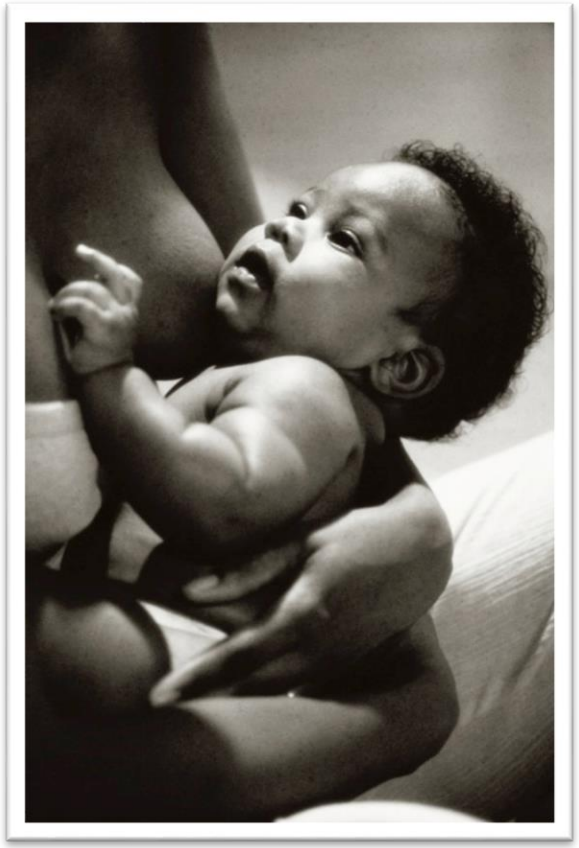
- Includes March of Dimes and Anthem affiliated Indiana sites
- Data Source: 2014 Indiana Natality Report

Breastfeeding

If 90% of US families complied with medical recommendations to breastfeed exclusively for 6 months, the United States would save

- $13 billion per year,
- prevent an excess 911 deaths.

Nearly all lives saved would be infants ($10.5 billion and 741 deaths at 80% compliance).



Indiana State Department of Health

http://www.in.gov/isdh/files/Indiana_State_Breastfeeding_Plan_Final_2016(1).pdf

Bartick, M., Reibold, A. (2010). The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics,* 125(5). E1048-56. doi: 10.1542/peds.2009-1616. Epub 2010 Apr 5.

Centering®

An Evidence-Based Practice to Improve Birth Outcomes

Better Care • Better Health • Lower Cost

ISDH is expanding Centering Pregnancy in Indiana by funding:

- Advanced Training and Expansion of Centering at Eskenazi facilities
- A brand new implementation of Centering at the Women's Prison
- Certification of Centering implementation at Maple City Health Care Center in Goshen

ISDH is bringing current, and newly interested parties together by spearheading a statewide *Centering Consortium* in an effort to maximize awareness and facilitate new implementations of this program model that has shown marked success in reducing infant mortality and disparities.

Child Fatality Review	Fetal Infant Mortality Review
Focus on Injury Prevention	Focus on Improving Health Resources and Access
Birth – 17 years	Fetal Loss Infants: Birth – 1 year

Commonalities Between Reviews

- Shared cases – child maltreatment, SUID/SIDS/Unsafe Sleep
- Goals of improving systems, supporting families and preventing deaths
- Shared membership
- State and local focus
- Data collection and reporting

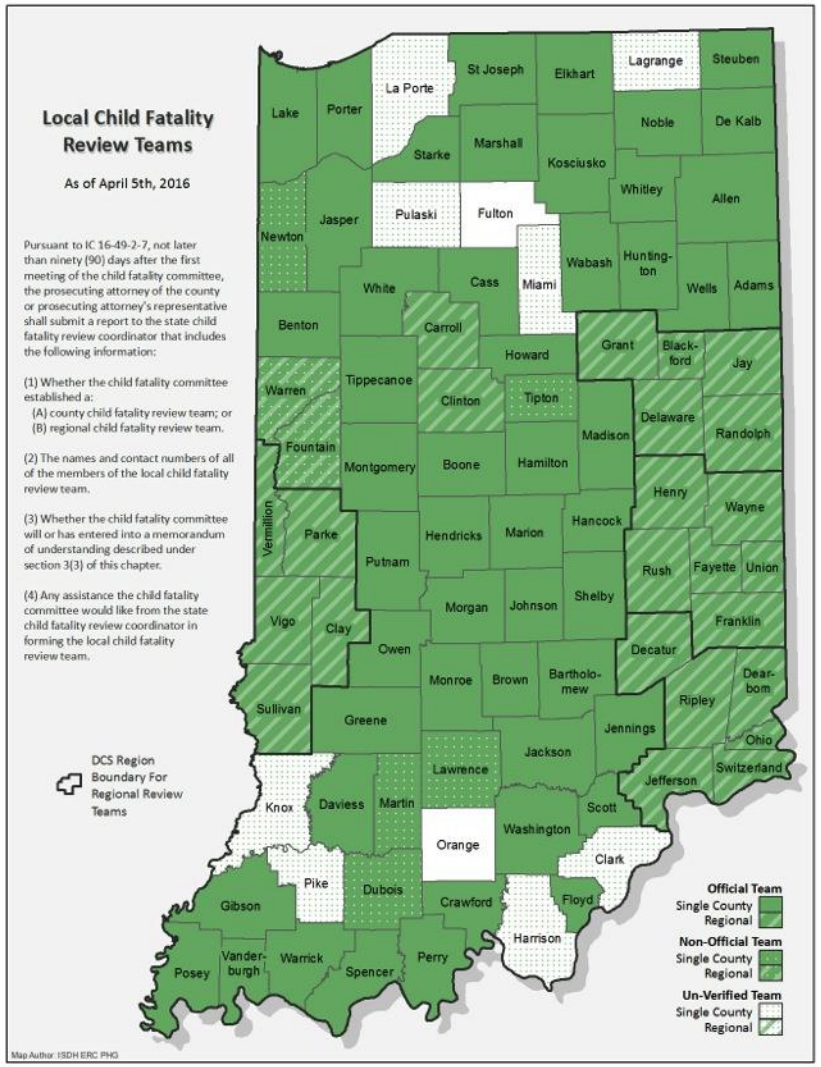
Indiana State Department of Health

Child Fatality Review

Child Fatality Review (CFR)
Teams currently in 91 counties

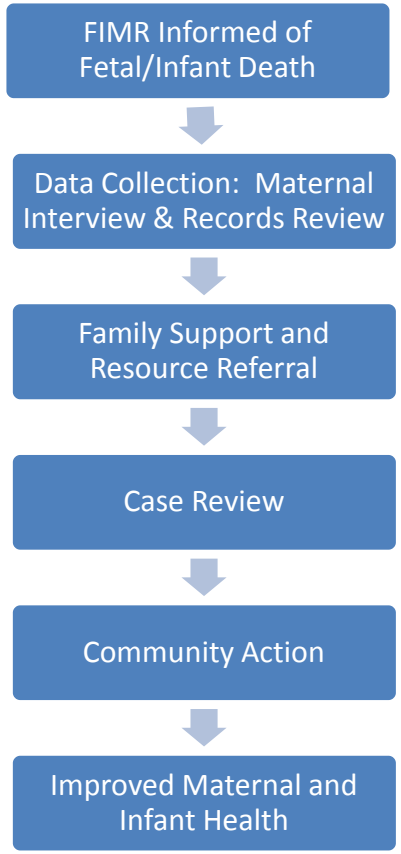
Impact Highlights:

- Death due to consumer product resulted in warning labels to prevent strangulation/choking.
- Local team noticed need for enhanced communication between drug task force and local DCS office that resulted in new policy and improved system response.
- Safe Sleep education in local high school became integral part of ongoing curriculum.
- Many teams have prevention programs in areas such as: water safety, gun safety, and safe sleep.



Fetal Infant Mortality Review

The FIMR Process



Fetal and Infant Mortality Review (FIMR)

- Currently 6 FIMR teams covering 14 counties
- 2 in formation will cover 6 additional counties
- Marion County FIMR well established and has informed many intervention/prevention strategies and serves as resource for others

The purpose of the FIMR is to understand how social, economic, health, educational, environmental and safety issues result in an infant death.

Then, state systems and local communities use that information to improve systems of care and community resources to reduce fetal and infant mortality moving forward.

Safe Sleep

Cribs for Kids® sites throughout Indiana provide safe-sleep education by distributing a Graco® Pack ‘n Play® portable crib, pacifier, and safe sleep information to families who cannot otherwise afford a safe place for their babies to sleep.

Indiana State Department of Health

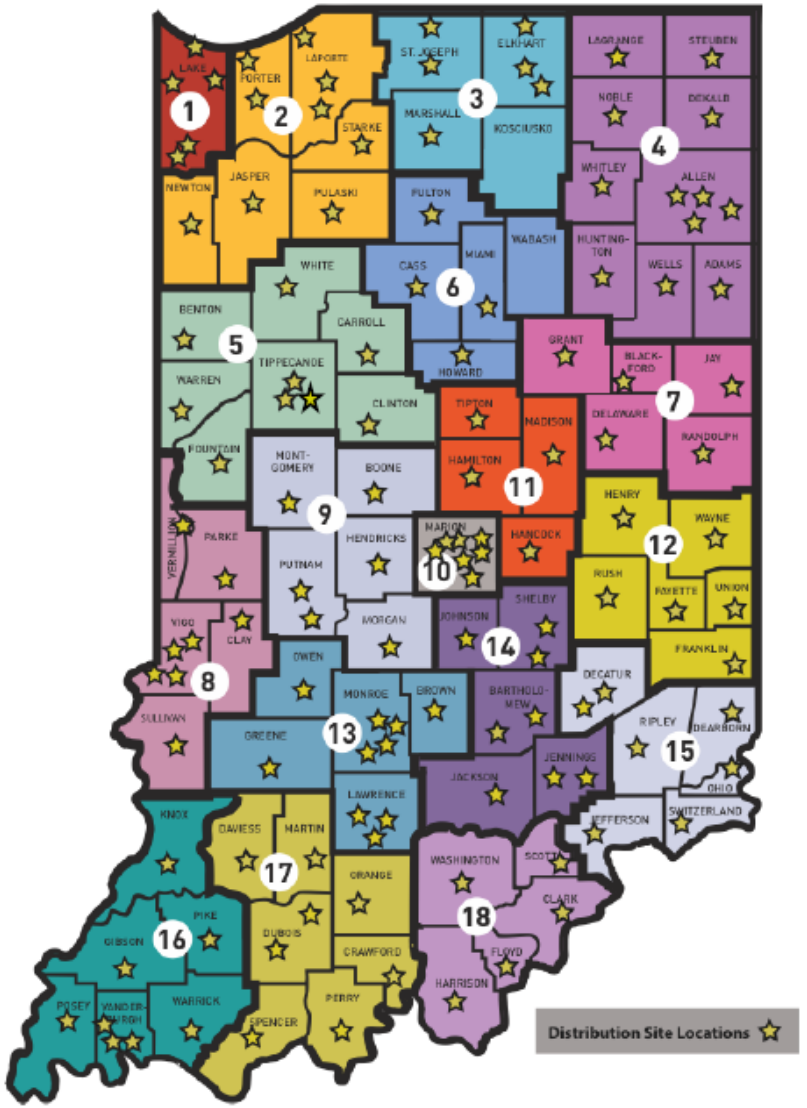
Safe Sleep Program Highlights

Messages: Focus on the **ABC**'s of Safe Sleep practices recommended by the American Academy of Pediatrics and National Institutes of Health:

- ✓ Babies should sleep **A**lone
- ✓ On their **B**acks
- ✓ In a **C**rib or bassinette

Achievements :

- More than 100 crib distribution partners joined the program since its inception in July 2014
- The program is now accessible in 91 of the 92 counties
- Since July 2014 approximately 6000 cribs went out to families across the state



Nurse-Family Partnership

Helping First-Time Parents Succeed

Nurse-Family Partnership® (NFP), is a maternal and early childhood health program that fosters long-term success for first-time moms, their babies and society. NFP has been widely researched and recognized for increasing healthcare access and improving health outcomes.

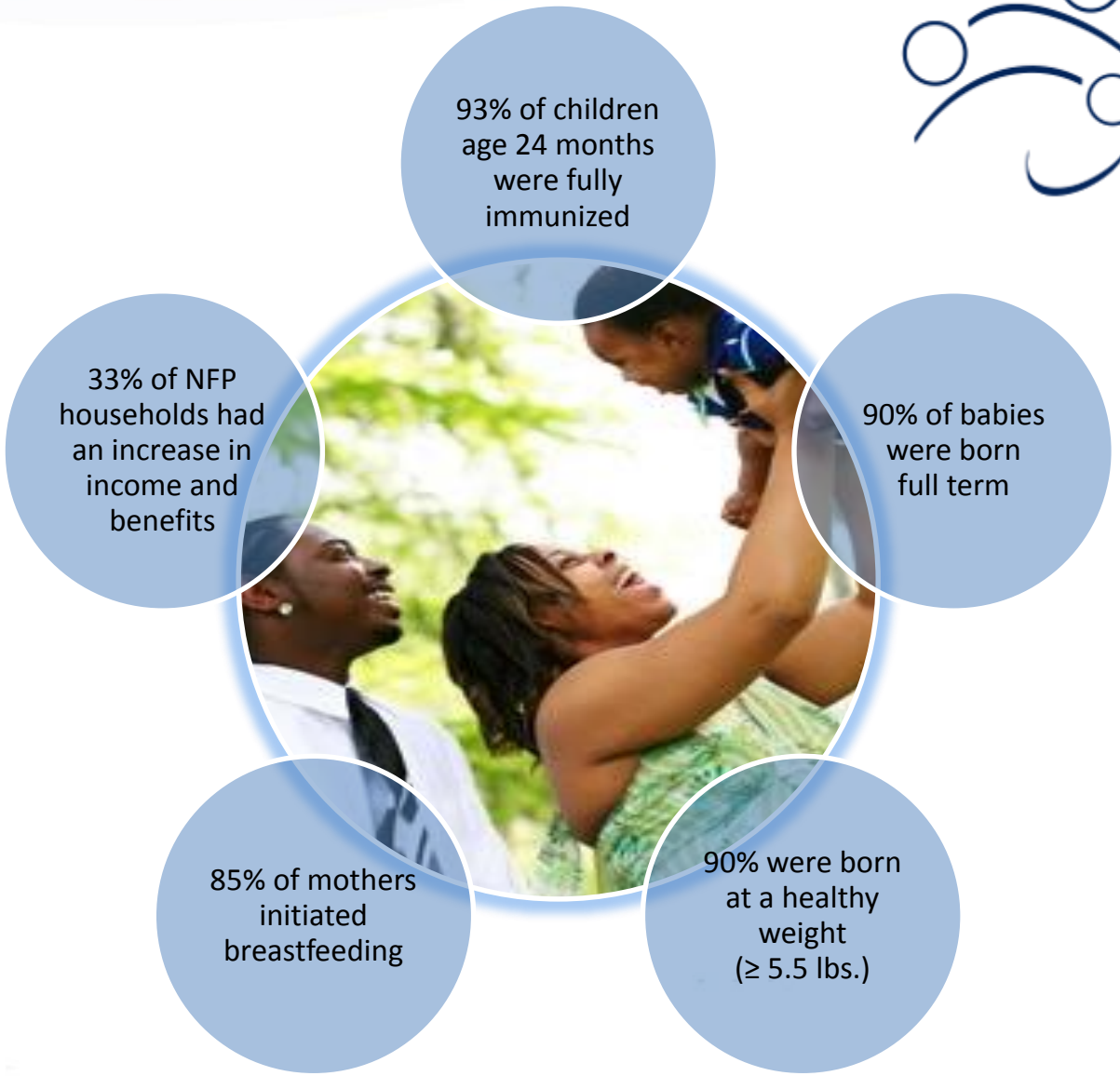
To qualify for the program, a woman must be less than 28 weeks pregnant with her first child, be Medicaid eligible, and live in a county where services are currently offered.

NFP can reduce infant death, by providing prenatal care and teaching parents about and encouraging smoking cessation, breastfeeding and safe sleep.

Source: http://www.nursefamilypartnership.org/

Nurse-Family Partnership

Helping First-Time Parents Succeed



Provided in Indiana by Goodwill Industries, NFP began in Marion County in November 2011 and today serves more than 500 families.

The program has expanded to Lake, Delaware, Madison, Tippecanoe, and White Counties*, with a capacity to serve more than 1,000 families.

Source: goodwillindy.org
Picture: http://www.nursefamilypartnership.org/First-Time-Moms/Stories-from-moms/Crystal-s-story
* Tippecanoe and White Counties funded by IU Health

MCH
MOMS
HELPLINE
1-844-MCH-MOMS
(844-624-6667)

The key to a healthy baby and a happy mom

Launched on March 1st, 2016!

♥ Provide information, referrals and resources relating to maternal and child health care services.

♥ Connect mothers and pregnant women with a network of prenatal and child health care services within local communities, state agencies and health care organizations around the state.

Indiana State Department of Health

MOMS Helpline Goals

- ♥ Promote the MOMS Helpline and the Labor of Love campaign goals throughout the state of Indiana.

- ♥ Provide valuable health care information and referral services to help reduce Indiana's infant mortality rate.

- ♥ Educate and advocate on behalf of moms and pregnant women.

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Indiana State Department of Health

Locating & Connecting with a Health Care Provider

Primary care providers

OB/GYNs

Certified Nurse Midwives

Pediatricians

Dental Care

Health Coverage Enrollment

- ♥ Medicaid
- ♥ Healthy Indiana Plan (HIP) 2.0
- ♥ Supplemental Nutrition Assistance Program (SNAP)

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Indiana State Department of Health

Care for Your Baby & Child

Women, Infants and
Children (WIC) site locations

Baby Items
- ♥ Clothing
- ♥ Baby Cribs
- ♥ Car Seat

Baby Programs
- ♥ Safe Sleep
- ♥ Baby & Me Tobacco Free

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Children
- ♥ Child care locations
- ♥ Child safety resources
- ♥ Early education programs
- ♥ Child abuse and prevention

Immunizations
- ♥ Schedules
- ♥ Site Locations
- ♥ MyVAX Indiana

Indiana State Department of Health

Care for Moms

Transportation Providers

- ♥ Medical appointments

Housing Assistance

- ♥ Homes for pregnant teens
- ♥ Women's shelters

Education

- ♥ Breastfeeding classes and support
- ♥ Healthy Families program

MCH MOMS HELPLINE
1-844-MCH-MOMS
(844-624-6667)
The key to a healthy baby and a happy mom

Nutrition

- ♥ Special Supplemental Nutrition Program for Women, Infants, & Children (WIC)

Behavioral health providers

- ♥ Substance abuse programs
- ♥ Postpartum depression (PPD) support groups

Indiana State Department of Health

MCH
MOMS
HELPLINE
1-844-MCH-MOMS
(844-624-6667)

The key to a healthy baby and a happy mom

Please visit our website for
a full list of services:
http://www.MomsHelpLine.isdh.in.gov

The MCH MOMS Helpline (formerly known as the Indiana Family Helpline) is a program of the Indiana State Department of Health, Maternal and Child Health Division.

MOMS Helpline Team

Diana Feliciano – Helpline Manager

Communication Specialists
Bertha Glenn
Troyce Golden
Patricia Ewing
Wanda Rasdall
Stacey Ware

Resource Database Specialist
Gary Jones – Lead Specialist

Monday – Friday
7:30am – 5:00pm

Spanish-speaking specialists available

Genomics and Newborn Screening

Two program areas:

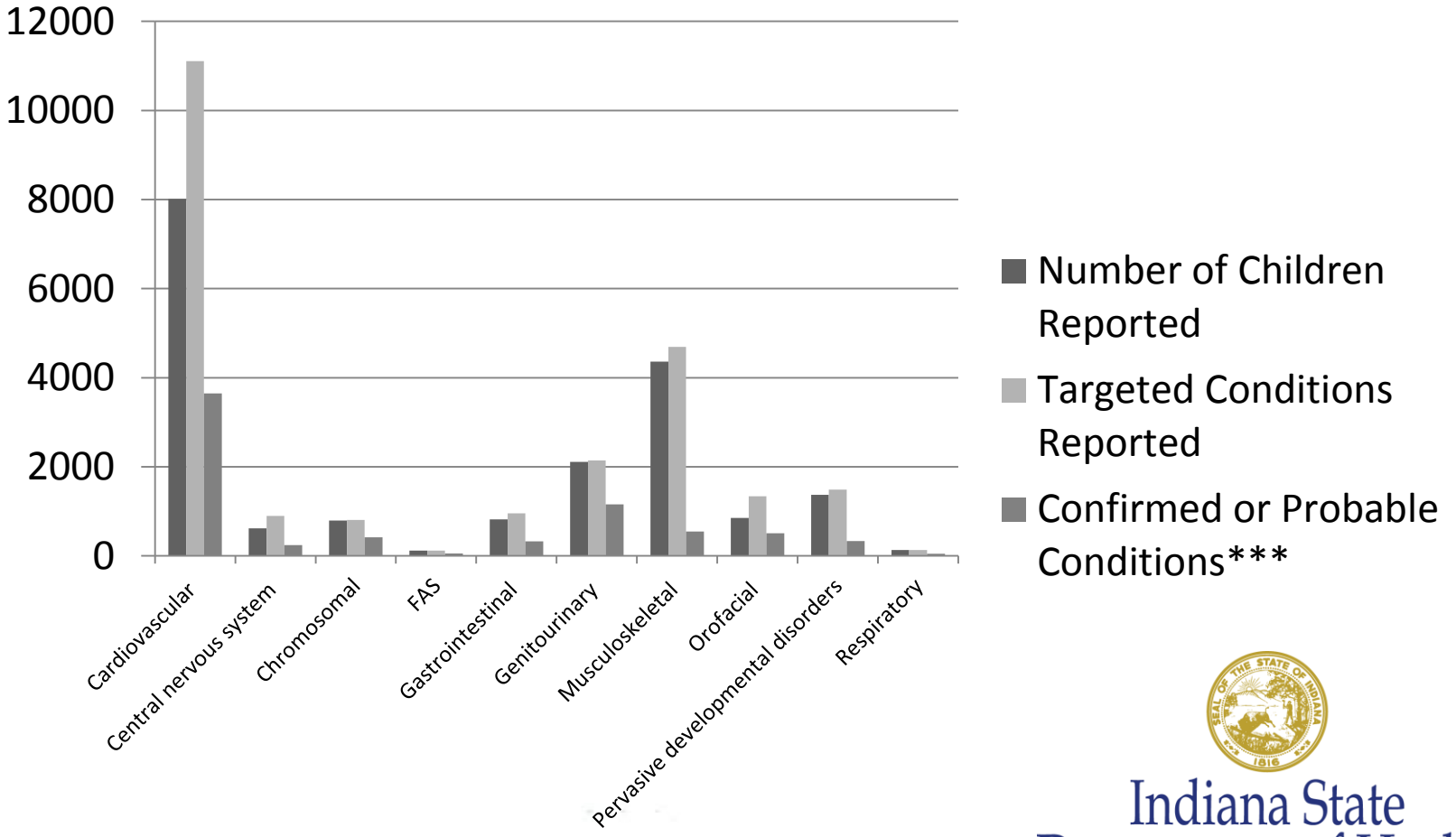
1. **Genomics:** IN Birth Defects and Problems Registry (IBDPR)
2. **Newborn Screening (NBS):** All newborns are mandated to have certain screens before leaving birth hospital

Indiana State Department of Health

Genomics: IBDPR

- IBDPR: IN Birth Defects and Problems Registry
- Annual report and statistics available at: http://www.in.gov/isdh/files/ibdpr_progress_report_july2013_june2014.pdf
- Physicians' offices required to report certain birth defects
  - Up to age 3 for most reportable birth defects
  - Age 5 for Fetal Alcohol Spectrum Disorders (FASD)
  - Any age for autism spectrum disorders (aka, pervasive developmental disorders)
- Instructions for reporting and full list of conditions available here: http://www.in.gov/isdh/20571.htm
- Hospitals passively report by submitting a large file of reportable ICD-9 codes monthly

IBDPR: Stats for 2007-2011 DOBs



***Not all cases audited, so not necessarily true numbers

Indiana State Department of Health

Newborn Screening (NBS)

3 mandated screens:

1. **Heelstick** (45 conditions): blood specimen 48hrs after birth
   - Inborn errors of metabolism
   - Endocrine conditions
   - Cystic fibrosis
   - Sickle cell
2. **Pulse oximetry** screening for critical congenital heart defects (CCHD): 24 hrs after birth
3. Universal Newborn Hearing Screen: overseen by the Early Hearing Detection and Intervention (EHDI) program

Indiana State Department of Health

Why do these screens?

- Required by Indiana Code 16-14-17
- Early detection & treatment of NBS disorders
  - Lessens severity
  - Improves quality and length of life
- Lack of early detection can lead to:
  - Severe intellectual disability
  - Inadequate growth & development
  - death

Indiana State Department of Health

Genomics and NBS Team

- **Victoria Buchanan**: Director of Genomics and NBS
- **Holly Miller** (Heindselman): Genomics Administrator (works remotely)
- **Phyllis Brown**: IBDPR Chart Auditor (works remotely)
- **Nicole Crawley**: Clerical Assistant
- **Christine Pokrajac**: NBS Follow-Up Coordinator
- **Picandra Elzie**: INSTEP Administrator
- **Ruwanthi Silva**: Data Source Coordinator
- **Sarah Shaffstall**: Data and Special Projects Director (works remotely)
- Two DBS technicians (at warehouse)

Safety PIN bill

- Appropriates $13.5 million to fight infant mortality in Indiana
- In two ways:
  - $2.5 million to develop a two-way app for pregnant moms to encourage better prenatal care
    - 8 applicants; evaluating proposals at this time
  - $11 million to distribute through a grant program—RFP posted Monday, May 16
    - http://www.in.gov/isdh/22430.htm

Safety PIN grants

- Innovative approaches to address IM
- Must show infant mortality rate reduction
- Competitive grants for:
  - Health departments
  - Hospitals
  - Other health care related entity
  - Nonprofit organizations
- Completed applications due July 1 (5 p.m. EST)
- Technical assistance webcast May 24 (12 to 1 p.m.)

  http://videocenter.isdh.in.gov/videos/


Mark your calendars!
Labor of Love
Infant Mortality Summit
Monday, October 17, 2016
JW Marriott
10 S. West Street
Indianapolis, IN 46204
Labor of Love
Helping Indiana Reduce Infant Death
For registration and additional information, visit:
www.infantmortalitysummit-indiana.org

Summary

- *597 infants* in Indiana died before their first birthday
- Black infants in Indiana are *2.5X more likely to die* than white infants
- 14.4% of infant deaths can be attributed to *SUIDs*
- Much *higher percentage* of women *smoking* during pregnancy when compared to the nation
- *Lower* percentages of women *receiving early prenatal care* and *breastfeeding* when compared to the U.S.
- *Large disparities* in all indicators make prevention efforts complex

Indiana State Department of Health

ISDH and IPQIC are proud to partner with CISC to continue this important work.

Indiana State Department of Health

AGENDA

- Substance Abuse and Child Safety Task Force-2017 Legislative Initiatives
  - *Mindi Goodpaster, Director, Public Policy & Advocacy, Marion County Commission on Youth*

Substance Abuse & Child Safety Task Force

Legislative Recommendations

Mindi Goodpaster, MSW

Task Force Member

Public Policy Director, Marion County Commission on Youth

Telemedicine

- Two year pilot program for at least two community mental health centers. Participation must be equal between rural and urban community mental health centers.
- Allow telemedicine between adolescents and community mental health centers that:
  - The adolescent does not need to establish a physician/patient relationship for telemedicine to begin; and
  - The doctor can prescribe controlled substances without meeting face-to-face and can prescribe after the first telemeeting
- Participating community mental health centers must report telemedicine prescriptions to INSPECT.
- Prescribing physicians must check INSPECT before prescribing.

Telemedicine

- Agency X (we are still trying to flush this out) must monitor telemedicine controlled substance prescriptions. This agency must then issue a report to the General Assembly on the effectiveness of the pilot program.
- Community mental health centers must apply to Agency X (still flushing this out, but likely FSSA - Division of Mental Health and Addiction) before they can participate in this pilot program.

Suicide Prevention

- Teacher and Staff Training
  - All professional educators and staff of students in grades kindergarten through twelve shall participate in 2-4 hours of training in evidence-based and age-appropriate youth suicide awareness every 5 years.
    - This should include school personnel responsible for counseling students such as school counselors, school social workers, school psychologists, and school nurses.
  - Schools should also develop plans for how and when personnel will be trained and the training should conform to national guidelines adopted by organizations that offer best practices, research-based training.

Suicide Prevention

- School Policies and Student Education
  - Schools shall develop and implement policies and standards in an effort to prevent student suicide that include training and programming for staff and students, family involvement, partnerships with community mental health providers, and plans for intervention and post-vention activities when students are identified as being suicidal or when a student dies by suicide.

Suicide Prevention

- State Suicide Prevention Coordinator
  - The Division of Mental Health and Addictions shall employ a State Suicide Prevention Coordinator who is responsible for ensuring that training, awareness, programming, and services are coordinated among the regional suicide prevention task forces and coalitions.
    - The coordinator shall be a resource to professionals and the public on information, resources and funding opportunities that exist to facilitate prevention and intervention activities.

Suicide Prevention

- Public and Private Higher Education Institutions
  - Colleges and universities across Indiana should be aware of the heightened risk that the young adults on their campuses face for suicide.
    - They should develop and implement policies to advise students and staff on suicide prevention programs available on and off campus that include access to information, resources, and services designed to provide and supportive learning environment for students.
    - Crisis intervention and counseling services should be made available to all students and information about how to access those services should be communicated across the higher education institution's information platforms.

Suicide Prevention

- Medical and Behavioral Health Professional Training
  - Require all existing and newly licensed professionals to complete an in-person, evidence-based training program in suicide assessment, treatment, and management listed in the Best Practice Registry of the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC) as part of their continuing education, continuing competency or certification, and recertification requirements.

Suicide Prevention

- Behavioral Health Workforce Expansion
  - The state should create a budget line item with renewable funding source for existing loan forgiveness program and expand eligibility to attract more professionals to apply for and utilize program.
  - Additionally, Indiana should address barriers to professional license portability and mobility between states to allow new professionals licensed in other states to practice in Indiana and to allow professionals in other states to practice telemedicine in Indiana.

Suicide Prevention

- Crisis Intervention (Language from SB485 Psychiatric Crisis Intervention – 2015)
  - The Division of Mental Health and Addiction shall establish a psychiatric crisis intervention pilot program in at least three locations including in rural and urban areas.
    - The pilot program should include prevention services, mobile crisis intervention teams, access to treatment such as hospitalization or urgent care, medically monitored detoxification, and referrals to community-based services.
  - An evaluation component should determine the impact on recidivism, sustainability, cost effectiveness, and clinical outcomes.

Licensure Portability/Mobility

- Add central registry/repository.
- Make Indiana law substantially similar to those states around us to close reciprocity loopholes.
- Revamp provisional licenses and add a grandfather clause, which would include specified number of years of experience.
- Incoming practitioners should be allowed to practice under supervision with a temporary license as they wait for approval (must still be in good standing and no disciplinary actions).
  - Add the ability to bill for those in training.

AGENDA

- Department of Child Services Proposed 2017 Legislation
  - *Parvonay Stover, Legislative Director, Indiana Department of Child Services*

AGENDA

- Information Sharing Guide
  - *Leslie Dunn and Ruth Reichard, Indiana Office of Court Services, Indiana Supreme Court*

AGENDA

- Next Meeting
  - *Wednesday, February 15, 2017, Indiana Government Center South, Conference Room A*

2017 MEETING DATES

INDIANA GOVERNMENT CENTER SOUTH

February 15, 2017

May 10, 2017

August 16, 2017

November 15, 2017