



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

FEBRUARY 15, 2023

Agenda

1. Welcome
2. Consent Agenda
 - a. Minutes from December 2022 meeting
 - b. Approval of 21st Century Scholars Recommendation
 - c. Approval of co-chair appointments

Agenda

3. Strategic Plan
 - a. Julie Whitman, Executive Director

Strategic Plan

- Remaining the same:
 - Mission
 - Vision
 - Overarching Principles
 - How the Commission Does Its Work
 - Goal Statements

Strategic Area 1: Child Health and Safety

Goal: Improve the health and safety of vulnerable children and youth

Objectives:

1. Increase community-based **social and concrete support for families** with children, including those being cared for informally by relatives.
2. Increase **housing stability** for families with children.

Strategic Area 1: Child Health and Safety

3. Recommend ways to increase the **power and voice of children in state care**
4. Identify and encourage adoption of effective and promising models for promoting **healthy teen relationships, preventing unplanned pregnancy, and reducing the sexual victimization of adolescents**
5. Increase access to **early intervention** for vulnerable young children

Strategic Area 2: Mental Health & Substance Abuse

Goal: Increase access to quality mental health and addiction services for children and their families

Objectives:

1. Increase the use of **evidence-based practices** in mental health care and addiction treatment for youth and families
2. Increase collaboration and solution-finding among the mental health, disabilities, child services, and juvenile justice systems with regard to **children with high-acuity care needs**.

Strategic Area 2: Mental Health & Substance Abuse

3. Increase screening for **prenatal alcohol exposure**, FASD awareness and training, and access to effective family-based interventions for FASD
4. Identify and encourage adoption of effective and promising ways to **promote mental health** and **prevent addictions** in youth, especially those whose families experience mental health and substance use disorders.
5. Increase access to programs and interventions that **improve teen mental health** and **reduce youth suicide**.

Strategic Area 3: Education

Goal: Improve educational outcomes of vulnerable youth

Objectives:

1. Improve access to high-quality **early care and education** for vulnerable children and families
2. Increase use of **restorative practices** in schools throughout the state
3. Identify and encourage adoption of effective and promising practices that promote **trauma-informed schools**

Strategic Area 3: Education

4. Improve access to **quality education for youth in** residential, detention, and corrections **facilities**

5. Identify and encourage adoption of effective interventions for **youth who have individualized education plans** and are involved with one of the other state systems (DCS, FSSA, juvenile justice)

6. Identify and encourage adoption of effective and promising practices to promote **access to postsecondary education and workforce readiness** for vulnerable youth, including building a **pipeline to future work in youth-serving professions.**

Strategic Area 4: Youth Justice

Goal: Improve safety and outcomes of youth who come into contact with the justice system

Objectives:

1. Identify and encourage adoption of effective and promising practices for identification, referral, and appropriate services for victims of **commercial sexual exploitation of children (CSEC)**
2. Identify and encourage adoption of effective policies and practices that promote **family engagement, healing, and growth** in juvenile **status offense cases**

Strategic Area 4: Youth Justice

3. Identify and encourage adoption of effective and promising programs and practices to support the healthy development of **children with an incarcerated parent**

4. Identify and encourage adoption of effective and promising practices and policies that **integrate the science of child and adolescent development** into the justice system's response to children and youth

Operational Plan

- Committees
 - Integrate Equity and Trauma expertise into task forces and sunset those committees
 - Review function of Child Services Oversight Committee
 - Charge communications committee with broader awareness
- Process Improvements
 - Onboarding for co-chairs
 - Improving documents, creating manual
 - Continuing and improving implementation updates

Operational Plan

- Community Engagement
 - Implement youth and family plan
 - Two-way communications structure with local child and family collaboratives
 - Increase membership of locals from outside Indy on task forces
- Staffing
 - Add second staff if funding comes through
 - Continue to recruit a paid intern (MSW student)

Roles and Responsibilities

- Updated to reflect changes in operational plan
- Executive Director role updated to match current job description
- Highlights are items to examine in the coming year

Agenda

3. Strategic Plan—Youth and Family Engagement
 - b. Blane Cook, Commission Intern

Youth/Family Engagement Recommendation Outline

- Importance
- Background/Current Setup
- Recommendation Plan
 - Recruitment/Facilitation
 - Structure
 - Compensation/Evaluation

Importance

- Informed Policy
 - Nobody is better equipped to design solutions than those who experience the issue (Capacity Building Center for States, 2019)
- Community Engagement
 - Engaging members of the community fosters the larger community's endorsement and participation in change. (National Center for State Courts, 2022)
- Youth Development
 - Those youth/families involved develop service capacities, problem-solving skills, and networking opportunities (Annie E. Casey Foundation, 2012)

Background

- Strategic Plan

- Youth and family engagement remained a priority
- Not a policy or funding request, HB1259 already includes funding portion

- Current Setup

- 2 youth representatives, aged 18-29 who fit "vulnerable" definition

- Commission action item process

- Strategic goal  Sub-committee work  Taskforce/committee review 
Commission executive committee  Presented to Commission for vote

- Task: research and recommend a way to expand youth and family voice in the Commission's work groups

Recommendation Plan: Recruitment/Facilitation

- Community partner
 - Time efficiency
 - Qualification
- Criteria
 - No upper age limit
 - 18 and older that fit vulnerable youth definition
 - Addition of family
 - Recruit parents of those who fit vulnerable youth definition
 - 2 generation approach

Recommendation Plan: Structure

- Advisory board
 - Time/effort efficient and existing models to follow but less thorough
- Individuals in each group
 - More thorough but open to challenges of coordination and isolation
- Recommended hybrid model
 - Establish advisory group
 - Allow individuals from the group to attend taskforce/committee meetings of their choosing
 - Allows for both bottom-up engagement and a collective sharing space

Recommendation Plan: Compensation and Evaluation

- \$75 per meeting and travel reimbursement
- Community partner evaluation
 - Survey youth and families to gauge their engagement experience

Recommendation Summary

- Contract with a community partner for recruitment, training, and facilitation, with support from Commission staff
- Create an advisory group that meets on its own and allows individuals to attend taskforce/committee meetings
- Ensure advisory members are compensated equal to the Commission's youth representatives and engage in evaluation with the chosen community partner

Contributors

- Julie Whitman, CISC
- Joshua Oswald, IARCA
- Kia Wright, Voices
- Angel Crone, Foster Success
- Kate Schedel, IDOH
- Dejuna Rodriguez, CISC
- Stephany Knight, CISC
- Jessica Rodriguez Hernandez, ProAct

Agenda

4. Strategic Priority: Mental Health and Substance Abuse
 - a. Susan Elsworth, FASD United



CISC – FASD RECS

FEBRUARY 15, 2023

Susan Elsworth, Chair FASD
Subcommittee

CHALLENGES

Lack of FASD Awareness

- Missed or misdiagnosis
- Labelling
- Isolation
- Ineffective interventions
- Perpetuation of old messaging
- Number of exposed pregnancies increasing

Lack of Support

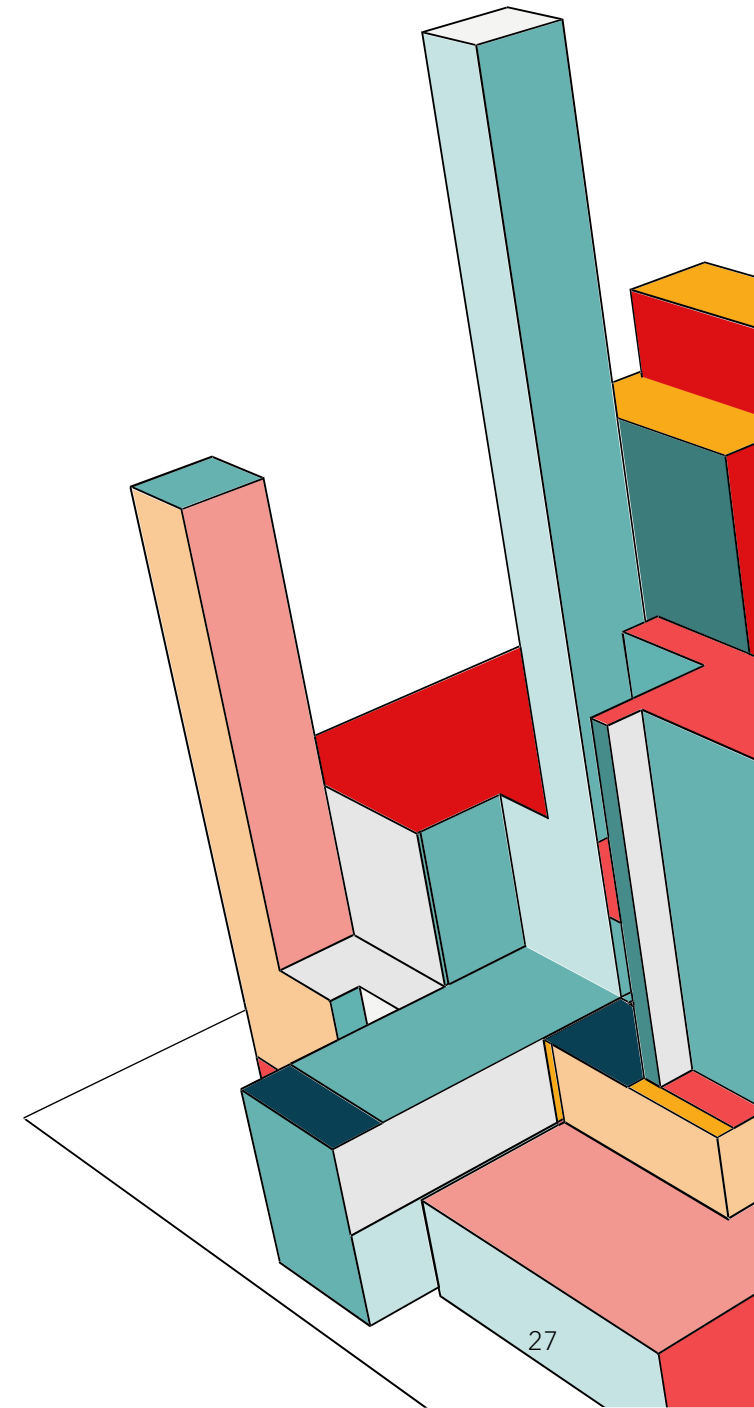
- Secondary & tertiary disorders
- Loss of opportunities
- Quality of life impact

Increase Systems Stress

- Mental Health
- Education
- Justice
- Resource waste
- Complex issue that crosses all systems

Risk of Maltreatment

- Emotional, mental, physical abuse
- Increased risk of entering the child welfare system
- Manipulation by others



RECOMMENDATIONS

FASD Subcommittee

Strongly recommend the FASD Subcommittee remain intact to assess best practices, identify system changes and community partners

DCS and Justice Staff

Strongly recommend that DCS and juvenile justice staff be FASD trained as they will be responsible for the daily care and decision made for individuals with a FASD

Foster & Adoptive Parents

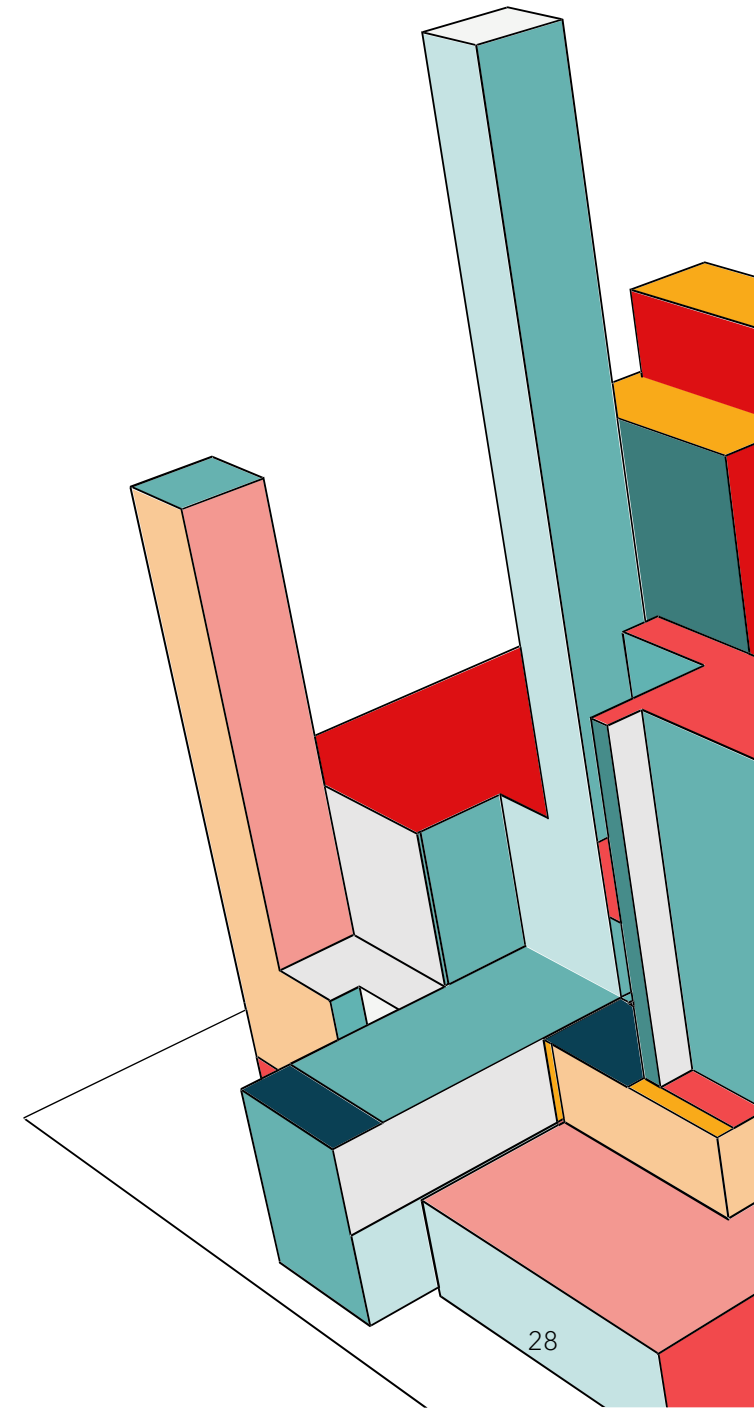
Strongly recommend all foster and adoptive parents be FASD trained to reduce placement disruption and to establish appropriate expectations

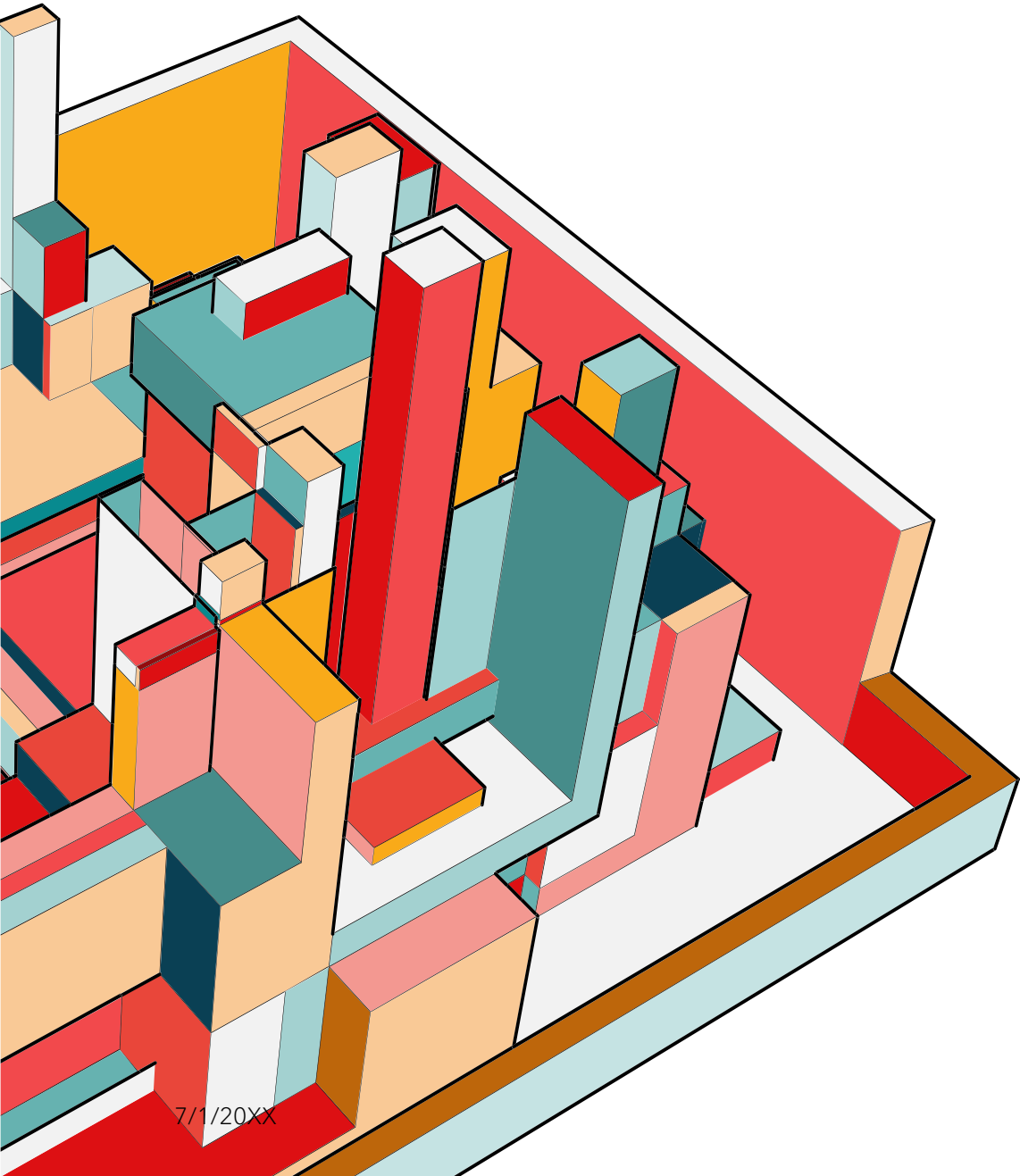
Screening Children

Strongly recommend all children entering the child welfare system be screened for FASD to ensure proper placement, services and support

Programs

Recommend the **Families Moving Forward** and **FASCETS** evidence-based programs to assist with emotional and behavioral challenges for individuals and families with prenatal alcohol exposure





SUMMARY

FASD is a complex disorder that creates a vulnerable population that our systems are ill equipped to deal with. Individuals are often viewed as problems to be solved and their potential to contribute positively to society with support and scaffolding is ignored. Adopting these recommendations is a positive step in building a responsive system and improving the quality of life for those affected.

THANK YOU

Susan Elsworth

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Agenda

4. Strategic Priority: Mental Health and Substance Abuse
 - b. Dr. Maria Finnell, FSSA



Children with High Acuity Needs Project - Children's Commission

S. Maria E. Finnell, MD, MS
Chief Medical Officer, FSSA
February 15, 2023



Introduction to Children w/ High Acuity Needs Project



- The Children with High Acuity Needs Project is an interagency collaborative effort to provide appropriate and timely services to all Hoosier children, including children with high acuity needs
 - DCS
 - DOC
 - DOE
 - FSSA (*DDRS, DMHA, OMPP*)
- Agency Leadership:
 - David Reed, Deputy Director Child Welfare Services, DCS
 - Dr. Maria Finnell, Chief Medical Officer, FSSA



Background on Children with High Acuity Needs



The Indiana Department of Child Services (DCS) has made significant and *meaningful strides in the provision of services to children and youth* who have faced adverse childhood experiences necessitating DCS involvement. DCS has reduced the number of removals of children from their homes and has achieved measurable gains supporting children in community-based settings.

While significant progress has been made, Indiana and many other states nationwide are still working to serve children experiencing high acuity needs, especially with regards to identifying *suitable and swift location for treatment and services responsive to their specific needs*. This issue has been *exacerbated by the pandemic and related workforce issues*.



Definition of Children with High Acuity Needs



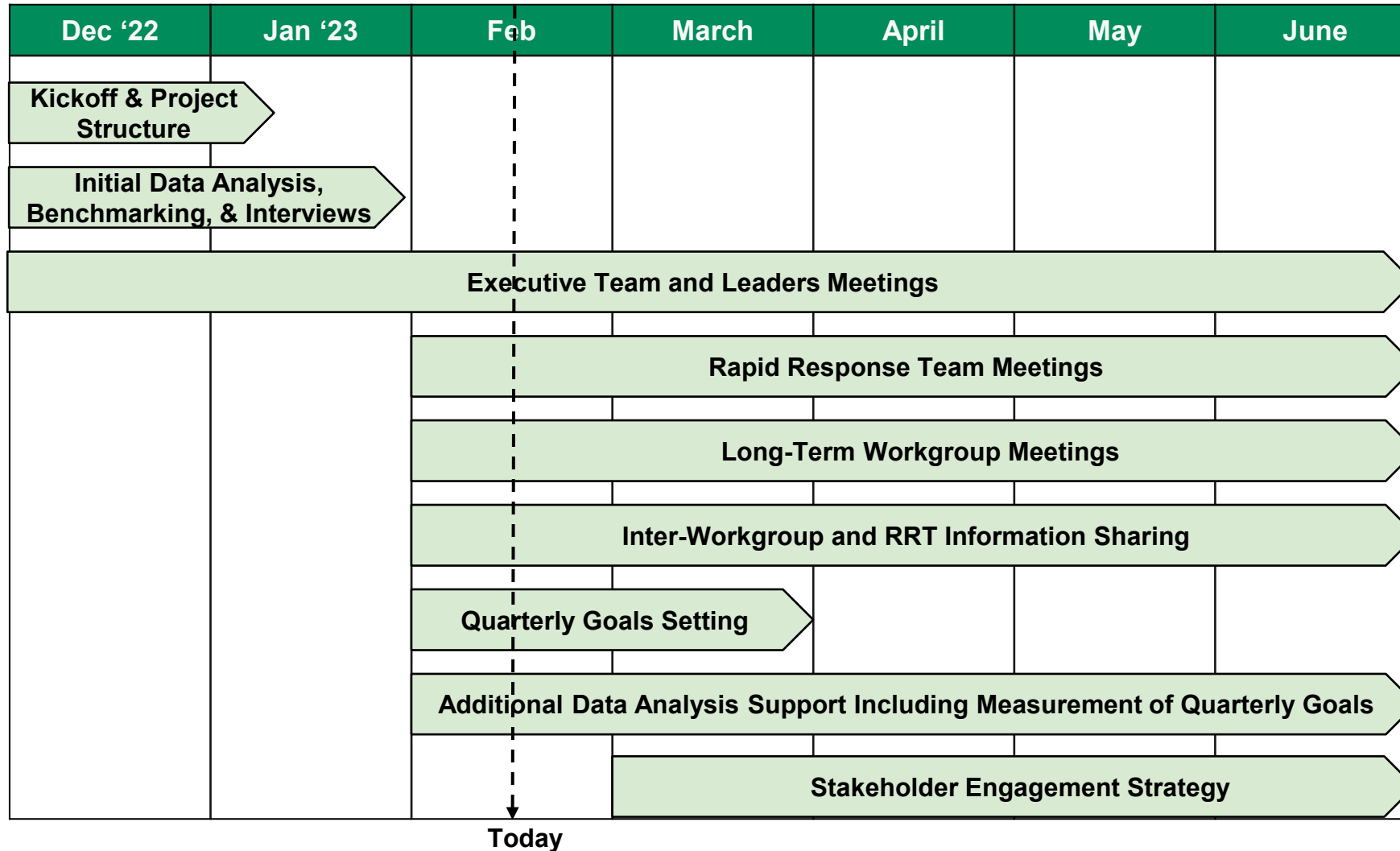
Children with High Acuity Needs *require a higher level of care and supervision due to safety concerns* for themselves and others in the community. Due to these safety concerns, and the requirement for intensive services, *past interventions and other service offerings have typically not been sufficient* to meet the child's unique challenges. Children with High Acuity Needs require the identification of timely and highly specialized locations for treatment and services.

While each child's needs and experiences differ, many Children with High Acuity Needs often present with one or more of the following behaviors: *violence (incl. towards peers, adults, and family), aggression, elopement, defiant behavior, maladaptive sexual behavior, self-harm, property destruction, and substance use disorder*. Children with High Acuity Needs also frequently have *multiple diagnoses (incl. mood disorders), a history of placement disruptions, intellectual and/or developmental disabilities, as well as behavioral and/or mental health concerns*.

Children with High Acuity Needs, due to the circumstances listed above as well as past trauma and other compounding social and community factors, may require additional care, supervision, structure, and resources.



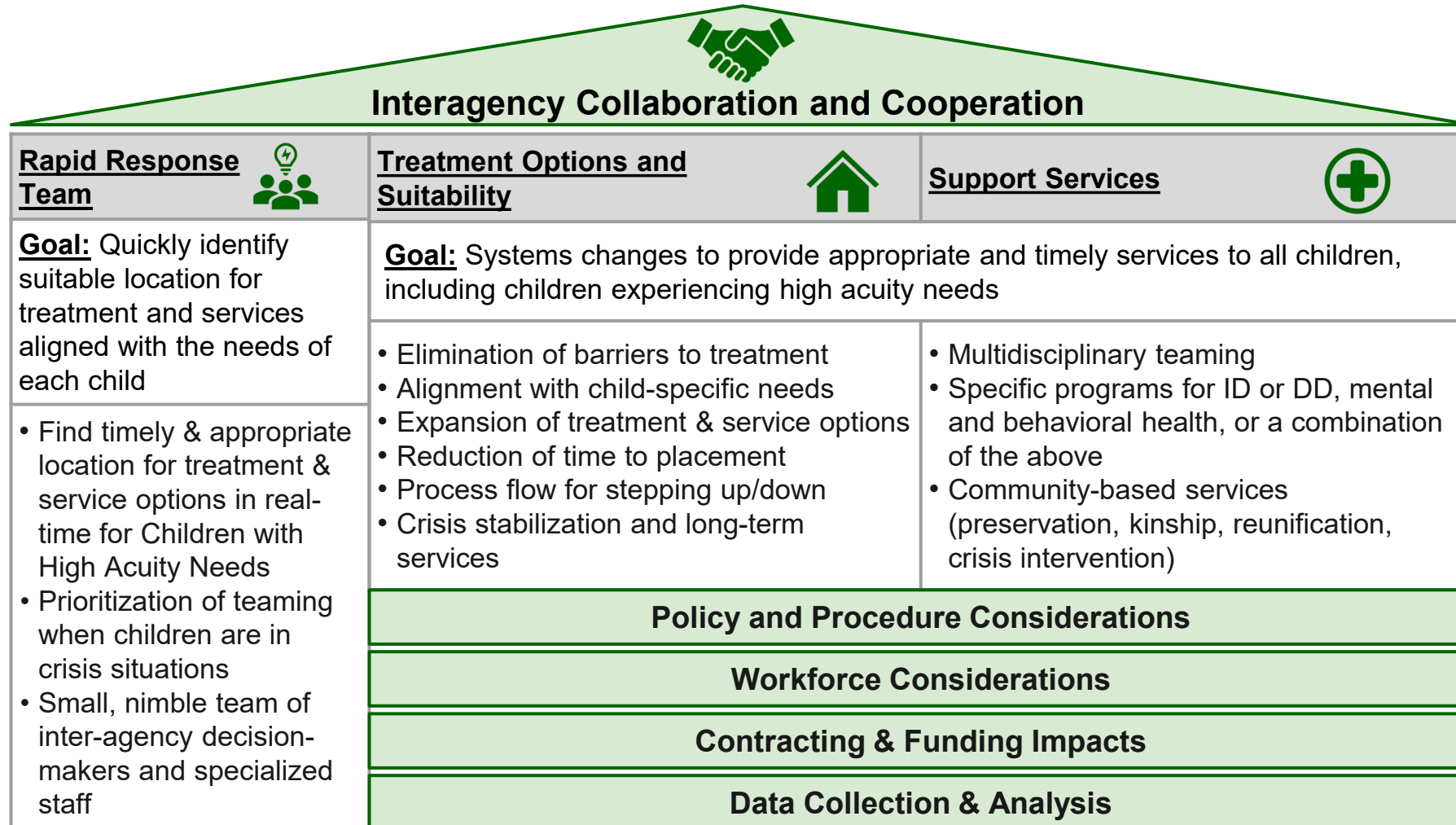
Project Timeline





Project Structure

The team plans to utilize three workgroups, to both address immediate needs and implement long-term systemic solutions.





Key Survey Response Themes



Ideas for Implementation - Workgroups:

- Data Sharing for Decision-Making
- Early Intervention and Identification
- Solicit Stakeholders with Lived Experiences
- Inter-Agency Collaboration
- Elimination of Barriers to Admission
- Review of Existing Contracts
- Education on Best Practice Models
- Expansion of Placement Options

Ideas for Implementation - Rapid Response Team:

- Ability for Statewide Response without Bureaucracy
- Relationship-Building with Community Organizations
- Person-Centered Approach with Focus on Community Care



Questions?

Agenda

5. Strategic Priority: Child Health and Safety
 - a. Aimee Wilkinson, Data Aims

DATA AIMS

SUMMARY OF INDIANA EARLY CHILDHOOD NEEDS ASSESSMENTS

Presented to the Commission on Improving
the Status of Children in Indiana

February 15, 2023

REPORTS INCLUDED

- » 2022 Needs Assessment Indiana Head Start and Early Head Start
- » Child Abuse and Neglect Annual Report of Child Fatalities 2020
- » ELAC 2020 Annual Report
- » How COVID-19 Has Impacted Indiana's Child Care System (2020)
- » Indiana Autism Spectrum Disorder Needs Assessment: An Examination of Hoosiers Navigating Autism Services and Supports (2021)
- » Indiana MIECHV Statewide Needs Assessment 2020 Update
- » Indiana State Health Assessment and Improvement Plan 2022-2026
- » Indiana Title V Needs Assessment 2020
- » Indiana Vocational Rehabilitation Comprehensive Statewide Needs Assessment 2022
- » Indiana's Birth to Age Five Mixed Delivery System Needs Assessment (2019)
- » Statewide Child Fatality Review Report 2020
- » The Consumption and Consequences of Alcohol, Tobacco, and Drugs in Indiana: A State Epidemiological Profile 2020

FINDINGS

Needs

- Access to services
- Training and Professional Development
- Young Child Services
- Coordinated Data Systems

Barriers

- Untreated and Undiagnosed Mental Health
- Cost of Services and Living Wage Jobs
- Transportation

Strengths

- Quality Programming
- Multi-Level or Blended Funding
- Partnerships and Community

ACCESS TO SERVICES

» Provider availability and capacity, affordable services, quality services

ECE	Pregnant Women & New Moms	CYSHCN	General Healthcare
<ul style="list-style-type: none">• Limited access to OMW & CCDF• 50%+ Live in childcare deserts• Lack of access to affordable high-quality care	<ul style="list-style-type: none">• Limited access to NFP• Pregnancy and post-partum health• Substance Abuse Treatment	<ul style="list-style-type: none">• Access to mental health providers• Knowledgeable providers• Services not aligned to needs	<ul style="list-style-type: none">• General & pediatric physicians• Wellness programs• Judgement free healthcare• Access to healthy foods

TRAINING AND PROFESSIONAL DEVELOPMENT

» Current staff need training and PD, state will continue to need ECE staff

ECE Staff Training

- ECE Directors need increased professional development
- Trauma informed care training

Home Visitor Training

- Cultural competence
- Tobacco cessation
- Education on local communities served
- Domestic violence prevention training

CYSHCN & Individuals with Disabilities

- Service provider and employer training
- Training on supporting individuals with ASD
- Employment pathways
- Disability awareness training

YOUNG CHILD SERVICES

» Infant and toddler care is a need across Indiana

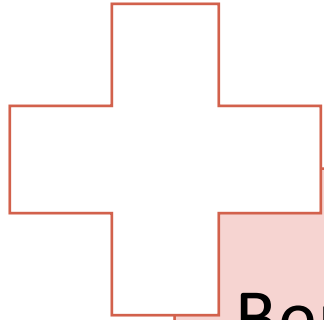
Capacity

- Mostly preschool age children in registered and licensed care
- Indiana ranks lowest in total capacity for infants and toddlers (8 per slot)

Cost

- Costs and accessibility of vouchers increase need for unregulated care
- Application, waitlist, eligibility, and availability limit voucher use

COORDINATED DATA SYSTEMS



Benefits

- Currently cannot accurately measure extent of need for early childhood services
- Variety in programs & screening tools limit knowledge on child outcomes

Existing Challenges

- Coordinated system with unique identifiers
- Reduce discrepancies between providers and duplicated count of children

UNTREATED AND UNDIAGNOSED MENTAL HEALTH

- » Rated as the top barrier to positive outcomes by healthcare providers, families, and service providers
- » Individuals see mental health as a top factor for the community, but not themselves
- » Mental health was cited as factors in child fatalities (parental stress, IPV, parental trauma)
- » More than half of adults felt nervous, anxious, or on edge in the last week

COST OF SERVICES AND LIVING WAGE JOBS

- » Services range from mental health, addiction, health care, childcare, and services for CYSHCN and individuals with ASD
- » Hoosiers making the median income would have to spend at least 14% of their income on ECE
- » Services are costly for individuals with disabilities even with insurance and Medicaid waiver
- » Wages might not outweigh the benefits that would be lost
- » The salary of preschool teachers is worse than it was 5 years ago
- » ECE salaries are at or near the FPL
- » Less than half of ECE providers have a sufficient labor pool

TRANSPORTATION

Public transit and transportation for those seeking services are needs across the state

Hoosiers in smaller communities might travel hours for services

Community members want increased public transit, bike friendly areas, and affordable transportation

Outpatient services for substance use treatment are limited

QUALITY PROGRAMMING

PTQ

- 44% increase in participation since 2014
- One-third of known providers are high quality

OMW

- Parents can get a job, start school/training, or work more
- Children experienced gains in language and math

Home Visiting

- 98% of HFI families did not receive a substantiated case of abuse/neglect

MULTI-LEVEL OR BLENDED FUNDING

- » Blended and braided funding in ECE
- » HS/EHS providers utilize numerous funding streams, including philanthropic and individual donors
- » OMW capacity building funding increased level 3&4 PTQ providers
- » Automatic referrals from TANF and SNAP to CCDF

PARTNERSHIPS AND COMMUNITY

Providers

- State partnerships recognized at the federal level
- EHS/HS partners report high levels of satisfaction with providers
- Home visiting partners with WIC, doctors, hospitals and community leaders

Community Members

- Family support strength for living a healthy life
- CYSHCN families participate in local and online support groups

QUESTIONS?

Aimee Wilkinson

Founder & President

aims@data-aims.com

Agenda

6. Strategic Priority: Juvenile Justice and Cross-System Youth
 - a. Justice Steven David

Agenda

7. Executive Director Hire

Agenda

8. Discussion: Future Meeting Topics or Other Items from Commission Members

Agenda

9. Next Meeting

Wednesday, April 19, 10 a.m. – noon

Indiana Government Center South, Conference Room C