Commission on Improving *the* Status *of* Children in Indiana

Community Input on the 2016-2019 Strategic Plan

Audiences

Between March and September 2018, the Executive Director presented the Commission strategic plan and gathered feedback via a paper survey at several conferences and convenings. The events and their audiences are listed below.

- March 29, Elkhart County Juvenile Summit: mixed audience including law enforcement, judicial officers, mental health professionals, educators, and others (158 responses)
- April 9, Indiana Afterschool Summit, afterschool program providers (7 responses)
- June 14, Indiana Systems of Care Conference, mental health and other youth- and family-serving professionals (57 responses)
- June 15, Indiana First Steps Conference, early intervention home visitors (11 responses)
- June 22, Juvenile Judges Annual Meeting, juvenile and family court judges (23 responses)
- September 14, CASA Conference, CASA directors and staff members (99 responses)
- September 25, Indiana Disproportionality Committee (12 responses)

A total of 367 surveys were collected. Results are summarized below.

Most Urgent or Important Objectives

For each of the four strategic priorities, participants were asked, "Which objective under this goal strikes you as the most urgent or the most important?" The objectives most often cited as the "most urgent or important" are listed below, in the order of most endorsed to least endorsed.

1. Promote an improved **understanding of the impact of trauma** on children and youth and the efficacy of trauma-informed practice. (163 endorsements)
2. 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. (153 endorsements)
3. Advocate for **additional and improved services integrated in schools** to address mental health and wellness (115 endorsements)
4. Advocate for increased availability of and access to **emergency shelter care** and alternative therapeutic placements (102 endorsements)
5. Support efforts to **prevent child abuse and neglect** (96 endorsements)
6. 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. (92 endorsements)
7. Support efforts to develop **alternative educational options** and resources for youth not able to survive/thrive in a traditional school setting (89 endorsements)
8. Promote programs and services that **support older youth with successful transition** to independence (76 endorsements)

Commentary on Top Priorities

Participants were also asked for the reasons they endorsed a particular objective as a top priority. The comments vary, but some themes are listed below.

Child Safety & Services

1.1 Preventing child abuse would stop the cycle and prevent many other problems. Need a way to intervene before issues rise to the level of needing to remove children. We are reactive as a state instead of preventative. Need to provide information at the community level to child care providers, caregivers, children and teens. Need a proactive approach to assist parenting. "Building stronger kids and families to prevent abuse, neglect, trauma, etc. is so much better than trying to fix damage that has already occurred."

1.2 Safety of children in state care is foundational and a primary responsibility. Several comments about the need for more and better trained foster families. Importance of ensuring the system does not cause further trauma.

1.3 Older youth are often forgotten, inadequate services once they turn 18, lack of independent living skills, need for workforce and social skills too. Better serving older youth can break the cycle and prevent their children from entering the system. Older youth with disabilities are a special population within this group, and in need of voc/rehab. Many also have mental health needs. Many youth at 18 are still in school, could be served in schools but there is nothing for them. Also focus on youth leaving detention. Need for transition plans—kids lose the support they were used to without having the skills to live on their own. Need ways to encourage kids to take advantage of Collaborative Care.

1.5 Barriers to Medicaid: people sometimes switch between managed care & fee for service, depending on what they need and what is covered, when they switch they gain something but also lose something. Families lose Medicaid, long wait to get back on; claims denied; inadequate provider networks; clients confused and overwhelmed by enrollment process and don't know where to get help.

1.6 Trauma is a key to all the other objectives, often the root of other problems. Not only children's trauma, but also that of their parents must be addressed. Trauma training is needed for: foster parents, DCS workers, schools, rural areas, First Steps, judges, every agency/service that works with children. Need to differentiate between trauma and ADHD. Traumatized children labeled as "bad;" their behavior is not understood. Trauma has both short-term and long-lasting effects. We need to build resilience. There is a lot of awareness of trauma, but services are not sufficiently trauma-informed.

1.7 IPQIC—provide parents with information at medical visits to prevent abuse.

1.8 There has been an increase in teen suicide in the last few years.

Juvenile Justice & Cross-System Youth

2.1 Access to emergency shelter care and alternative placements—when there are no local options, kids are removed from their communities placing cost and transportation burdens back on families. What few options there are often won't take kids with disabilities or significant behavioral challenges. Several comments on the need for emergency access to respite for parents who struggle, before police or DCS become involved. "Many youth would benefit from emergency shelter or therapeutic placements more than JDC placements, but space is not easy to locate for these youth."

2.2 Enhance services across the spectrum. Several comments on the need especially for preventative and early intervention services, but also crisis services and residential, including for teen moms. "Services and programming prevent violence and running away." Need for full spectrum, including community-based activities such as sports, volunteer opportunities, summer jobs, etc. to decrease risky behavior and family stress. This is also a workforce issue—jobs to provide services are there, but no one is applying in rural areas.

2.3 Decrease youth violence. It's important to get to the root cause to prevent further problems. Several commented that violence, including fighting, gun violence, dating violence, and bullying seem to be increasing. Need to intervene in home environments. "You are what you know."

2.4 Addressing the needs of runaways. Need "trauma-informed police practices" encouraging runaways to be open to help rather than prosecution.

2.5 Status offenders need help not a delinquent label; often the problem is parental neglect or other family issues. Need in general for coordination between DCS and probation. Several comments about the negative impact on a child of being labeled as delinquent. From a judge: "Most status cases in my court should be CHINS cases."

2.6 Support funding for innovative youth programming through JRAC. Funding is key to programming; there is not enough. Need for innovation and different types of programs like mentoring, prevention, healthy activities, the concept of "aftercare" for juvenile justice, family support and peer support, restorative justice, more evidence-based programs.

2.7 Human trafficking is a growing issue and under-reported. Need for more research and evidence-based programs.

Mental Health & Substance Abuse

3.1 Integration of mental health and primary care. Importance of taking advantage of the opportunity for early intervention when children visit the pediatrician. A way of working around mental health stigma. Bridge between physical and mental health, focus on wellness. Would be especially helpful for kids with IDD. Too many entities working insolation.

3.2 Identify and promote evidence-based interventions and supports. Need for early intervention, infant and early childhood mental health, trauma-focused CBT. Use of evidence-based practices is not widespread; this produces poor results and wastes resources; standards are needed. Using EBPs would save money by shortening time of intervention.

3.3 Support effective alternative locations, modalities and treatments for substance abuse and mental health. Several comments on the need for substance abuse treatment for youth, long wait lists for mental health treatment for kids and families, need for additional/alternative locations, including in schools.

3.4 Increase number of providers and improve service coordination. Access to services is a problem for families; wait lists are long and sometimes families give up; youths' mental health and/or substance abuse issues increase while waiting for services, leading to justice system involvement or school problems. Especially acute shortage of providers who work with children and families. Delays in licensing process for new therapists. Providers not taking Medicaid because rates have not increased in years and the MCEs may deny claims. Need to simplify coordination—families have trouble navigating the system. Not only are more services needed, but also better quality services.

3.5 Models to identify youth at risk. All comments focused on need to identify youth at risk in order to do prevention and early intervention, prevent later problems. Need to confront stigma and blame, teach kids coping skills before they are exposed to substances.

3.6 Engage with Governor's Commission to Combat Drug Abuse. Children whose parents have substance use disorder are at risk of repeating the cycle. Services for adults are growing, now we need to pay attention to the children.

3.7 Ensure access to care/treatment for youth and parents. Stigma and lack of funding are barriers. Needs for inpatient care, plus aftercare step-down services. Need to include parents in services; ineffective to treat kids without addressing parents and family culture. Need to ensure treatment for substances other than opioids. Replicate programs like the VOA mother-baby opioid program but for cocaine and crack.

Educational Outcomes

4.1 Educational passport. Kids lose educational progress with every move; increasing stability is so important. Receiving a new student, would be so helpful to know what was done in their previous setting. Would be especially helpful for IEPs/504s and prior testing, to quickly get kids enrolled in appropriate classes. Educators need to be trauma-informed. San Antonio, TX, has a good model for this.

4.2 Mental health and wellness services integrated in schools. Need to also look at other alternative settings, like early childhood and afterschool programs. Need for coordination among service providers, schools, DCS. Schools may not know what is available to them. Consider how school counselors and school social workers are currently used and how they could be used. Supporting children's mental health and social-emotional needs improves their academic achievement. "Stressed brains can't learn."

4.3 Recommend methods to incentivize schools to help vulnerable youth graduate. This is critical for adulthood. Homebound services are not appropriate for these kids.

4.4 Promote a positive learning climate; address disproportionality in school discipline practices; stop bullying. Bullying remains a challenge for schools, bullying law has no "teeth." Need for educators to understand trauma and how to deal with challenging behaviors so those kids can learn and not be segregated or pushed out. Need for trauma-informed discipline policies. Offer resources to all parents, not just low-income. Address disproportionality in discipline and hire more teachers of color.

4.5 Alternative educational options. Several comments that traditional schools don't work for everyone. Some concern that alternative options give schools an excuse to push students out. Need to find a way to address educational needs and personal needs at the same time.

4.6 Study and report graduation rate of vulnerable youth.

4.7 Study and report where youth coming out of the JJ system are being educated.

What good work is already happening in Indiana?

Participants listed many agencies and programs as examples of good work happening in Indiana. Below are some of the most frequently cited, according to the strategic priority area where they were referenced.

Child Safety and Services

- Many examples of trauma-informed care, trauma training, and work related to ACES. Growing awareness of trauma was applauded.
- Mental health first aid
- Systems of Care, strong local collaboration
- Collaborative Care through DCS
- Independent living and transitional housing programs for older youth
- TIP (Transition to Independence Program)
- Older Youth Services
- Lifeline Youth Ministry
- Triple P parenting program
- Child and Parent Services (CAPS)
- Head Start
- Healthy Families
- First Steps
- Community Partners for Child Safety
- JDAI
- Gateway Woods
- Oaklawn
- Navigators
- Boys and Girls Clubs
- DCS child protection teams
- Increased awareness in schools of children's mental health needs; partnerships with CMHCs
- Elkhart County Partnership for Children
- Open door health services
- Wrap-around services
- Home visiting programs and home-based services
- Prevent Child Abuse Indiana

Juvenile Justice and Cross-System Youth

- Juvenile Detention Alternatives Initiative (JDAI)
- Dual status-coordination between DCS and probation is going well in some places
- Bashor

- Oaklawn
- Villages
- Children’s Mental Health Initiative (CMHI)
- Camp Mariposa
- Boys and Girls Club
- Partnership for Children
- Education programs in prisons
- Training and collaboration around child trafficking—treating children as victims, not offenders
- Collaboration in local counties
- Community Mental Health Centers (CMHC) as preventative service
- Restorative justice, Victim Offender Reconciliation Program (VORP)

Mental Health and Substance Abuse

- Oaklawn
- Partnerships for Children
- New Hope Program
- Triple P—Positive Parenting Program
- Trust Based Relational Intervention (TBRI)
- Systems of Care
- Drug Courts, Recovery Works
- Mentoring programs
- More awareness of and treatment for substance use disorders
- Telemedicine
- Collaboration between primary care and mental health is increasing.
- Collaboration between DOC, DCS, and DMHA; collaboration among nonprofits
- Increased training on mental health and substance abuse
- Fairbanks, HOPE Academy

Educational Outcomes

- Many single-mention school-based programs: Telehealth at Mississinewa Middle School, Marion County’s charter school operating in detention center, Lebanon High School’s Graduation Coach program, Horizon Education Alliance in Elkhart County, collaboration in Brown County between schools and Centerstone, Step One program at Warsaw Community Schools
- Triple P offered in some schools
- Elkhart County System of Care includes schools
- School without Walls, Elkhart
- Alternative schools: Crossroads Academy, Goshen Online Academy, The Excel Center—South Bend, Gateway Woods
- Partnership for Children
- Boys and Girls Club, Big Brothers Big Sisters
- Center for Community Justice in Elkhart working with schools in Elkhart and Goshen on restorative justice
- DWD partnerships, Jobs for America’s Graduates (JAG), High School Equivalency
- Positive Behavior Interventions and Supports (PBIS)
- Increasing availability of school-based mental health
- Lilly Endowment Comprehensive Counseling Initiative
- Wraparound increases graduation rates
- Online programs

What is missing?

Participants were asked about goals, objectives, or issues that the Commission should consider for inclusion in the next strategic plan. Common themes are listed below. (Comments that repeat items in the current strategic plan are not included.)

- Non-Medicaid funding for behavioral health services
- Allowing LMHC/LCSW to provide Medicaid behavioral health services without MO/HSPP sign-off
- Focus on early intervention/prevention
- For parents: Programming, services, education, peer support, mental health awareness, mentoring
- Moving from reactive to proactive
- Shorten time to permanency for DCS cases; provide more supports to family and kinship placements
- Respite care for caretakers of kids with trauma and/or special needs
- More involvement of families who have tried to use existing systems
- More input from workers in the field
- Recruiting more foster parents
- More collaboration for aftercare, step-down from residential programs, after-treatment planning
- More in-home services
- Juvenile competency statute
- Encourage restorative justice practices in schools and communities
- School safety
- Breaking down siloes of services by creating comprehensive waivers, programs, blending funding
- Single point of entry for all supports and services
- Enforcement of federal law on termination of parental rights
- Inpatient mental health treatment for children, inpatient addiction programs
- Effective services for prenatally drug exposed children once they get to school
- Autism Spectrum Disorder
- Prioritizing wellness of children as a public policy goal, not just response to problems.
- Decriminalizing cannabis possession to reduce the number of children with incarcerated parents
- Improved coordination of services for individuals with dual diagnosis
- Infant/early childhood mental health
- Allowing group homes and residential programs to house Narcan on site
- Data sharing between schools and afterschool programs
- Equal access to quality education
- Vocational education, summer and afterschool skills workshops, career training earlier
- Standardized entrance assessment for kindergarten
- School attendance
- Experience of girls specifically, also minority girls
- Diploma mills
- Job supports for young adults
- Educational neglect/truancy, monitoring the learning of children being home schooled
- Suspensions of young children-K and 1st grade, mandate restorative practices before exclusionary discipline
- Technology for all to address achievement gap
- Equity and cultural competence
- Understanding all types of diversity
- Support for LGBTQ youth
- Recognize the impact of bias, develop services appropriate to the client base
- Funding in school budgets for mental health services
- Funding for wraparound services
- Presumptive eligibility for Medicaid for children

- Sustained funding, not just for start up
- Eliminate cliff effect for parents working their way up the economic ladder
- Transportation in rural areas
- Insurance barriers (not just Medicaid)
- More emphasis on workforce development
- Measuring quality of services, outcomes
- Better pay rates for workers
- Leadership education and training for new leaders in the field
- Children's rights
- Involve youth and families in developing strategic plan and work of the Commission
- Collaboration between task forces
- Health care
- Learn the differences from county to county
- School to prison pipeline
- Mentors for all youth with high needs
- More work to rehabilitate families as a whole, not just individuals
- More outreach and awareness of the Commission
- Children being referred to juvenile justice system to get services
- Train people already involved in kids' lives, rather than trying to get a trained person to be trusted enough to make an impact
- How to incentivize families to make healthy choices for their kids
- More healthy prosocial activities for kids, integration of mindfulness and spirituality
- Intersectionality
- Better serve children of undocumented immigrants
- Coordination between state and local service providers for accountability
- Fewer objectives to increase focus, include funding plans
- Service regardless of ability to pay
- Focus on rural areas as much as cities
- Special needs
- More opportunities for community members to serve, e.g., as mentors
- Physical and sexual health
- Poverty and rural health
- Disproportionality in educational outcomes and implicit bias in education
- Use of community health workers to fill gaps in care and address social determinants of health
- Healthy relationships and sex education
- Intellectually disabled parents and their children
- Poverty
- Need for disaggregated data to become aware of equity issues
- Quality of education for youth in residential programs and detention centers, and ways to fund it
- Adoption
- More focus on parents, improving parenting, serving families together to strengthen bonds and educate parents on meeting kids' needs
- Link between animal abuse and abuse of family members
- High medical needs children
- Funding
- Ways to promote longevity in the field for those working with children and families, passing on their knowledge to newer workers