



Commission on Improving the Status of Children in Indiana

Annual Report 2017-2018



Contents

Introduction	2
Members	4
Strategic Plan	6
Priorities	8
Committees	16
Looking Ahead	19



Commission on Improving the Status of Children in Indiana

July 2018

Dear Fellow Hoosier,

August 2018 marks five years since the first meeting of the Commission on Improving the Status of Children in Indiana and the one-year mark since I was named Executive Director. Since it was signed into law in 2013, the Children's Commission has stood out for several accomplishments:

- ✓ Strengthening relationships among Indiana's leaders focused on improving the lives of children
- ✓ Recruiting more than 140 volunteers to contribute their expertise on task forces and committees
- ✓ Raising awareness of the distinct needs of children served by both the child welfare and juvenile justice systems
- ✓ Passing the nation's first dual-status legislation to establish a process for systems to work together for the best outcomes for youth
- ✓ Developing an information-sharing guide and mobile app to provide child-serving professionals with legal guidance on appropriate record sharing
- ✓ Applying research and study to issues referred by the General Assembly and advocating for evidence-based policy in the best interest of children

The enormity of the task of improving the wellbeing of our state's children would be intimidating, if not for the tremendous leadership of the Executive Committee and all the work that has already gone into building strong, productive collaboration for kids over the Commission's first years of life. It is a unique honor and privilege to support and guide the work of the Commission and its numerous volunteers toward achieving a brighter future for our kids.



For the Children,

Julie L. Whitman, MSW
Executive Director



The Commission met five times during the fiscal year; meetings are typically open to the public.

Introduction

The **mission** of the Children’s Commission is to improve the status of children in Indiana. Its **vision** is that every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult. How does the Children’s Commission hope to accomplish this mission and vision? The secret is in the people who make up the Commission and how the work is structured.

Children’s Commission members are leaders within their respective branch of state government—decision-makers with the ability to make change for children. This high-level leadership participation on the Commission—as seen in the member listing on the following pages—demonstrates the State of Indiana’s commitment to children.

The Commission has also recognized that improving the effectiveness and efficiency of our state’s response to vulnerable youth requires the input of many subject matter experts, from the ranks of government agencies and nonprofit community partners, as well as youth and families themselves. Therefore, the Children’s Commission has created four task forces, three committees, and numerous subcommittees, whose work is detailed in this report.

It is the magic of dedicated professionals and volunteers sharing their expertise with decision-makers that creates the greatest chance of success for Hoosier children being served by state programs.

In late 2016, the Children’s Commission adopted its first strategic plan, designed to guide its work through 2019. That plan includes four strategic priorities:

1. Child Safety & Services
2. Juvenile Justice & Cross-system Youth
3. Mental Health & Substance Abuse
4. Educational Outcomes

Each priority includes a strategic goal and a number of objectives—specific areas in which the Commission may make recommendations, issue reports, or endorse best practices to improve the state’s response to vulnerable youth.¹ These goals and objectives provide the framework for understanding the Commission’s work over the past year and the year to come.

Following the listing of Commission members, and the strategic plan itself, the reader will find a detailed summary of the work accomplished during State Fiscal Year 2018 toward achieving the Commission’s goals. The next page contains a summary list of the Commission’s actions during the past year.

1 / The 2013 statute that created the Commission defines “vulnerable youth” as those served by the Department of Child Services, the Office of the Secretary of Family and Social Services, the Department of Correction, or a juvenile probation department. IND. CODE § 2-5-36-1 (2013 Supplement v.1)

Children's Commission Actions

State Fiscal Year 2018: July 1, 2017 to June 30, 2018

MET during the fiscal year:

- Full Commission in August, November, February, April, and June
- Executive Committee in July, September, October, December, January, March, April, May, and June

HEARD presentations on:

- The Indiana Department of Education's state education plan in response to the federal Every Student Succeeds Act
- Infant mortality and children born with an addiction
- Detailed data on Medicaid births
- Statewide Child Fatality Review Committee 2016 Annual Report
- Children's Mental Health Month (see student artwork beginning page 20)
- Findings and recommendations from the assessment of the Indiana Department of Child Services conducted by the Child Welfare Policy and Practice Group

APPROVED:

- Legislative recommendations—which subsequently became law—on mental health licensing proposed by the Mental Health & Substance Abuse Task Force
- A Memorandum of Understanding that commits state agency attorneys to annually review and update the content of the Information Sharing Guide and mobile app
- A comprehensive communications plan

TRACKED and **REPORTED** on all state legislation impacting children

SUBMITTED a report to the Legislative Council on two study assignments from the 2017 legislative session—licensing barriers for child therapists and neonatal abstinence syndrome and infant mortality

PRESENTED the Commission's strategic plan to five different audiences of community stakeholders (juvenile judges, afterschool providers, early intervention specialists, mental health providers, and juvenile justice stakeholders)

ENDORSED the Zero Suicide Academy, an evidence-based model for policy and practice change in hospitals and mental health centers

PROVIDED a letter of support to the Indiana Criminal Justice Institute for a federal grant to assist opioid-affected youth

Formally **ADOPTED** Roles and Responsibilities for all Commission members and groups

MEMBERS 2017 - 2018



Christine Blessinger

Executive Director,
Division of Youth Services,
Indiana Department of Correction



Representative David Frizzell

State Representative,
District 93

Member, Executive Committee



Mary Beth Bonaventura

Executive Director,
Indiana Department of Child
Services (former)

(Term ended December 2017)

Member, Executive Committee



John R. Hammond, IV

Policy Director,
Office of the Governor

2018 Commission Chair
Member, Executive Committee



Kristina Box, M.D.

Indiana State Health
Commissioner



Curtis T. Hill, Jr.

Indiana Attorney General



Senator Jean D. Breaux

State Senator,
District 34



Senator Erin Houchin

State Senator,
District 47

2017 Commission Chair
Member, Executive Committee



Jason Dudich

Director,
State Budget Agency



Larry Landis

Executive Director,
Indiana Public Defender Council

2017 - 2018 MEMBERS



Susan Lightfoot

Chief Probation Officer,
Henry County Probation
Department



Jane Seigel

Interim Chief Administrative
Officer, Indiana Supreme Court
(Term began April 2018)



**Jennifer
McCormick,
Ph.D.**

Indiana Superintendent of Public
Instruction



Terry Stigdon

Director,
Department of Child Services
(Term began January 2018)

Member, Executive Committee



Kevin Moore

Director,
Division of Mental Health and
Addiction, Family and Social
Services Administration



**Representative
Vanessa
Summers**

State Representative,
District 99



David Powell

Executive Director,
Indiana Prosecuting Attorneys
Council



**Jennifer
Walthall, M.D.**

Secretary, Family and Social
Services Administration



**Honorable
Loretta Rush**

Chief Justice of Indiana

2019 Commission Chair
Member, Executive Committee



Mary G. Willis

Chief Administrative Officer,
Indiana Supreme Court (former)
(Term ended April 2018)

Strategic Plan

/ 2017-2019 /

Mission

To improve the status of children in Indiana

PRIORITY

Child Safety & Services

GOAL

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

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
- 1.5** 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

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

- 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 and missing children
- 2.5** Study and evaluate whether "status offenders" should be removed from Delinquency code and moved to CHINS code in collaboration with Child Safety & Services Task Force
- 2.6** Support funding for innovative youth programming through expansion and increased funding of the Justice Reinvestment Advisory Council
- 2.7** Support the ongoing efforts of the Commercially Sexually Exploited Children (CSEC) workgroup in addressing the identification of exploited juveniles and the coordination of services related to juvenile victims of human trafficking

Vision

Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult

Mental Health & Substance Abuse

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

- 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

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

- 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 additional and improved services integrated in schools to address mental health and wellness
- 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

Child Safety & Services

Goal

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

Data

In 2016, 57 children ages 10 to 19 and 100 youth ages 20 to 24 died by suicide,² and in 2015 one in five Indiana high school students seriously considered attempting suicide in the past year.³ In a 2016 review of sudden unexplained infant deaths, 99 out of 105 infant deaths included at least one unsafe sleep factor.⁴

One in five
Indiana high school
students seriously
considered suicide
in 2015

2 / "Indiana State Department of Health - Index - 2016 INDIANA MORTALITY REPORT." IN.gov. Accessed July 26, 2018. <https://www.in.gov/isdh/reports/mortality/2016/index.html>, archived at <https://perma.cc/CTS9-CA4P>.

3 / 2018 *Indiana KIDS COUNT Data Book: A Profile of Child Well-Being*. Indiana: Indiana Youth Institute, 2018, at pg.86.

4 / "Indiana State Department of Health, Statewide Child Fatality Review Committee 2016 Annual Report, Sudden Unexplained Infant Death: Prevention Through Understanding." IN.gov. Accessed July 26, 2018. [https://www.in.gov/isdh/files/2016 Statewide Child Fatality Review Committee Annual Report.pdf](https://www.in.gov/isdh/files/2016%20Statewide%20Child%20Fatality%20Review%20Committee%20Annual%20Report.pdf), archived at <https://perma.cc/46J8-5JVH>.

Why it matters

Keeping children safe is everyone's business, beginning in the home, extending into the community and, if necessary, working through the government. The more we can prevent harm to children, the less we will need to do in the long run to mitigate the effects of harm and promote opportunities for children to grow into healthy and productive adults.

Progress

Over the past year, the task force has:

- ✓ Drafted a report summarizing improved access to primary health care through an increase in providers accepting Medicaid.
- ✓ Studied surveys of the rate of trauma-informed practice in settings where children are cared for and what is needed to be gained from training.
- ✓ Reviewed recommendations to improve educational outcomes, access to housing, funding for services, and support for mental health needs in older youth—particularly those involved in foster care.
- ✓ Drafted a report on existing child abuse prevention efforts in Indiana.
- ✓ Coordinated with the Indiana Perinatal Quality Improvement Committee to address Indiana's high infant mortality rate.

Each of the four task forces is focused on a specific priority from the Commission's strategic plan.

Highlights

The Commission sought and received two separate presentations related to infant mortality by staff from the Indiana State Department of Health (ISDH). The first presentation, in November 2017, detailed efforts of a pilot project to test infants' umbilical cords for substances upon indication of risk. This testing helps hospitals identify new mothers who may need treatment and infants who may need special care, with the goal of intervening early to protect the health of the infant and mother while ensuring a safe environment for the infant. ISDH reported that 27 hospitals participated in the pilot, and the testing was expected to go statewide in 2018.

The second presentation, in April 2018, detailed the findings of the Statewide Child Fatality Review Committee's 2016 annual report. The team reviewed data on sudden unexplained infant deaths and found that unsafe sleep factors such as sleeping in an adult bed or in a crib with soft bedding contribute to nearly all infant sleep-related deaths. The study also found a significant need for improved child death scene investigations and data entry into state systems.

In April 2018, the Children's Commission endorsed the Zero Suicide Academy, an evidence-based model for policy and practice change in hospitals and mental health centers that can lead to a

decrease in suicide by patients. The Academy will be held in July 2018 and is expected to lead to improved policies and protocols in at least eleven facilities that serve patients with mental health needs who may be suicidal.

In June 2018, the Commission acknowledged that recognizing and treating child traumatic stress is crucial to the achievement of many of its stated goals and endorsed the exploration of a centralized web-based repository for resources, definitions, and training opportunities on trauma and resilience.

Task Force Members

Dr. Leslie Hulvershorn, M.D.
Co-Chair

FSSA/Division of Mental Health and Addiction

Sarah Sailors
Co-Chair

Indiana Department of Child Services

Zachary W. Adams, Ph.D., HSSP

IU School of Medicine, Department of Psychiatry

Rachel Fisher

Lutherwood

Maureen Greer

Indiana Perinatal Quality Improvement Collaborative

Matt Hagenbush

Indiana Office of Court Services

Brent Kent

Indiana Connected By 25, Inc.

Jason Murrey

FSSA/Division of Mental Health and Addiction

Gary Parker, J.D.

FSSA/Office of Medicaid Policy and Planning

Sandy Runkle

Prevent Child Abuse Indiana

Tami Silverman

Indiana Youth Institute

Deanna L. Szyndrowski

SCAN, Inc.

Juvenile Justice & Cross-System Youth

Goal

Promote interagency communication and collaboration to improve prevention and outcomes, and to address the unique and complex needs of juvenile justice and/or cross-system involved youth

Data

It costs an estimated \$264.97 each day to house a youth in the Department of Correction.⁵

It costs about
\$265 a day
 to house a youth in
 the Department
 of Correction

Why it matters

Large percentages of youth in the juvenile justice system have also experienced child maltreatment. These youth have needs that are more complex and need to be addressed effectively to improve their outcomes and reduce system costs.

Progress

Over the past year, the task force has:

- ✓ Studied the adequacy and appropriateness of services and funding for youth on probation.
- ✓ Studied the best way to handle juvenile “status offenders” (those whose offense would not be a crime if committed by an adult).
- ✓ Added the study of a minimum “age of reason” for delinquency cases to the topics to be explored.

5 / 2018 Indiana KIDS COUNT Data Book: A Profile of Child Well-Being.
 Indiana: Indiana Youth Institute, 2018, at pg.112.

Each of the four task forces is focused on a specific priority from the Commission's strategic plan.

Highlights

The task force received offers of cost-free assessment and technical assistance from two different national organizations. The task force reviewed the work of these groups in other states and evaluated their potential to provide a comprehensive, research-based review of Indiana's juvenile justice system. After careful consideration, the task force decided to pursue a relationship with Pew Charitable Trusts to conduct the review and offer technical assistance in 2019. The review is expected to answer questions the task force has previously explored regarding status offenders, minimum age of delinquency, and the service array for delinquent youth.

The Commercially Sexually Exploited Children work group is a subcommittee of the Juvenile Justice & Cross-System Youth Task Force. The group has worked over the past year to pilot a human trafficking screening tool in five county juvenile probation systems to better identify youth who may be trafficking victims and refer them to the Department of Child Services for further assessment and potential services. The group has collected data on the screenings and decided to expand the pilot project to additional counties in the fall of 2018.

Task Force Members

Hon. Charles Pratt Co-Chair

Allen Superior Court

Don Travis Co-Chair

Indiana Department of
Child Services

Jeffrey Bercovitz

Indiana Office of Court Services

Sirrilla Blackmon

FSSA/Division of Mental Health
and Addiction

Christine Blessinger

Indiana Department of
Correction, Division of
Youth Services

Coleen Connor

Tippecanoe County CASA

Chris Daley

Indiana Association of
Resources and Child Advocacy

Elizabeth Darby

Indiana Criminal Justice
Institute

Hon. Kimberly Dowling

Delaware Circuit Court

Kory George

Wayne County Probation

James (Mike) Goodwin

Sullivan County Department of
Child Services

JauNae M. Hanger

Children's Policy
and Law Institute

Angela Reid-Brown

Indiana Office of Court Services

Daniel C. Schroeder, Esq.

Marion County
Public Defender Agency

Jane Seigel

Indiana Office of
Judicial Administration

Nancy Wever

Indiana Office of Court Services

Mental Health & Substance Abuse

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

Data

4.4 million Hoosiers live in designated Mental Health Professional Shortage Areas.⁶

Why it matters

Unmet needs for mental health and addiction treatment in youth can lead to poor educational outcomes as well as social, emotional, and family problems. When parents suffer from mental illness or addiction, their ability to ensure their children's safety and well-being can be compromised.

4.4 million
Hoosiers live in an area where there is a shortage of mental health services

Progress

Over the past year, the task force has:

- ✓ Taken testimony from rural and urban subject matter experts.
- ✓ Studied service access and availability, including ways to expand existing services.
- ✓ Studied the need to create new services, such as mobile crisis response, to meet the needs of Indiana's children.
- ✓ Studied maps of Indiana's mental health and substance abuse providers to determine where gaps exist and explore possible solutions, such as telemedicine.
- ✓ Considered ways to coordinate efforts with the Indiana Commission to Combat Drug Abuse.
- ✓ Conducted research that informed legislation on continuing education requirements for opioid prescribers (Senate Enrolled Act 225) and surveying practitioners upon license renewal (Senate Enrolled Act 223).

Highlights

To address the mental health workforce shortage in Indiana, and in response to a request from the Indiana General Assembly, the task force sought experts to testify about barriers to licensing for mental health professionals.

⁶ / 2018 *Indiana KIDS COUNT Data Book: A Profile of Child Well-Being*. Indiana: Indiana Youth Institute, 2018, at pg.85.

Each of the four task forces is focused on a specific priority from the Commission's strategic plan.

The task force proposed the following recommendations, which were unanimously approved by the Children's Commission in November 2017:

- ✓ Reduce the required internship hours for a Licensed Mental Health Counselor (LMHC) from 1000 to 700 to be consistent with accredited master's degree program requirements and those of surrounding states, thus helping to prevent "brain drain."
- ✓ Correspondingly reduce the amount of supervised contact hours required for the LMHC.
- ✓ For all mental health license types, allow up to 50% of required supervision hours to take place virtually to address the fact that licensed professionals in each category (Social Work, Marriage and Family Therapy, Mental Health Counseling) are not necessarily available to serve as supervisors in every county in Indiana. Allowing aspiring counselors to access an appropriate supervisor virtually for up to half of the required hours has the potential to ease a travel burden for providers, especially in rural areas.

Senate Enrolled Act 224, which incorporates these recommendations, was authored by task force co-chair Senator Head, passed and was signed into law by Governor Holcomb in March 2018.

Task Force Members

Sirrilla Blackmon Co-Chair

FSSA/Division of Mental Health and Addiction

Senator Randall Head Co-Chair

District 18

Cathy J. Boggs

Community Health Network

Dr. Carrie Cadwell

Four County Counseling Center

Chris Daley

Indiana Association of Resources and Child Advocacy

Cindy Dean

Child Advocates

Vivian Frazer

FSSA/Office of Medicaid Policy and Planning

Mindi Goodpaster

Marion County Commission on Youth

Julie Gries

FSSA/Division of Mental Health and Addiction

Dr. Leslie Hulvershorn, M.D.

FSSA/Division of Mental Health and Addiction

Kristina Johnson

Lutheran Foundation

Marc D. Kniola

Indiana Department of Correction, Division of Youth Services

Barbara Moser

NAMI Indiana

Cathy Robinson

FSSA/Bureau of Developmental Disabilities Services

Carol Satre

Indiana University School of Social Work

David Reed

Indiana Department of Child Services

Nancy Wever

Indiana Office of Court Services

Jeff Wittman

Indiana Department of Education

Educational Outcomes

Goal

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

Data

47,778 Indiana students received in-school suspensions in 2017. Another 60,039 received out-of-school suspensions and 3,070 were expelled. Black students were at least two times more likely than white students to face each of these forms of discipline.⁷

More than 100,000 students in 2017 received in-school or out-of-school suspensions

Why it matters

Children with a history of trauma in their lives are at higher risk of behavioral and emotional difficulties that can disrupt their education. Schools and systems that effectively address students' social, emotional, and behavioral challenges see more academic success as well.

Progress

Over the past year, the task force has:

- ✓ Studied what happens to a student's academic records when he or she is moved between educational settings and worked on developing ways to expedite the transfer of information from school to school. The goal is to ensure the student receives all necessary educational services and is placed correctly in the learning environment when they move due to placement in or release from juvenile detention, a foster home, or another out-of-home placement.
- ✓ Developed and submitted a data request to the Indiana Management Performance Hub (MPH) to understand the academic progress and high school graduation rate of vulnerable youth, as defined in the Children's Commission statute. The Commission's Data Sharing and Mapping Committee as well as MPH are now working on this request.

7 / 2018 Indiana KIDS COUNT Data Book: A Profile of Child Well-Being. Indiana: Indiana Youth Institute, 2018, at pg.54.

Each of the four task forces is focused on a specific priority from the Commission's strategic plan.

Highlights

The School Discipline and Climate Subcommittee convened to look at ways the Children's Commission can help schools establish a positive learning environment for all students, reduce disproportionality in discipline practices, and reduce bullying. The subcommittee advised the Indiana Department of Education (IDOE) on the development of questions about discipline practices and bullying to be used in a new survey of schools required by House Enrolled Act (HEA) 1421 and HEA 1356. HEA 1421 additionally requires IDOE to develop a model school discipline policy that encourages positive discipline practices and reduces disproportionality. The subcommittee is poised to assist with the development of that model policy and present the work to the Commission.

The Mental Health Services in Schools Subcommittee worked to study effective models for delivering services in schools, what type of infrastructure is necessary, and the training needs of the mental health workforce in schools. This subcommittee will present its findings to the Commission in August 2018. The subcommittee has also worked closely with IDOE to ensure alignment among various policy efforts related to school-based mental health services. Additionally, this subcommittee has contributed to the work of a cross-task force subcommittee looking at the impact of trauma on youth and developing a trauma-informed workforce across the state.

Task Force Members

Catherine Danyluk

Co-Chair

Indiana Department of Education

Melaina Gant

Co-Chair

Indiana Department of Child Services

Melissa Ambre

Indiana Department of Education

Mary Beth Buzzard

Indiana Department of Correction

William Colteryahn

Family and Social Services Administration

Gina Doyle

FSSA/Division of Mental Health and Addiction

Derek Grubbs

Indiana Department of Correction

JauNae Hanger

Children's Policy and Law Initiative

Deepali Jani

Indiana Department of Education

Jill Johnson

Marion County Public Defender Agency

Susan Lightfoot

Henry County Probation

Kristen Martin

Marion County Prosecutor's Office

Danielle McGrath

Indiana Economic Development Corporation

Dr. Terri Miller

Hamilton Boone Madison Special Services

Brianna Morse

Indiana Department of Workforce Development

Dr. Theresa Ochoa

Indiana University

Alison Slatter

Indiana Association of Home Educators

Dr. Anita Silverman

Transitions Academy

Committee Members

Representative
Wendy McNamara,
Chair

District 76

Jolene Bracale

Indiana Department of
Education

Leslie Dunn

Indiana Office of Court Services

Hon. Stephen Galvin

Monroe Circuit Court

Larry Landis

Indiana Public Defender Council

Sean McCrindle

Bashor Children's Home

**Senator Mark
Messmer**

District 48

**Senator Frank
Mrvan**

District 1

Jim Oliver

Prosecuting Attorneys Council

Representative
Melanie Wright

District 35

Child Services Oversight Committee

Charge

- Review bi-annual data reports from the Department of Child Services (DCS)
- Review annual reports from the DCS ombudsman
- Make recommendations to the Children's Commission

Highlights/accomplishments

The committee discussed the following topics:

- ✓ Challenges to providing education to youth placed in residential facilities
- ✓ The increasing number of Children in Need of Services and efforts to reduce wait lists for Court-Appointed Special Advocates
- ✓ Capitalizing on a window of parental motivation when children are first removed from home, and the power of defense attorneys encouraging parents to comply with service plans

The committee will meet in July 2018 to review the evaluation of DCS prepared by The Child Welfare Policy and Practice Group and identify ways in which the Children's Commission can help implement report recommendations.

In addition to the task forces whose work is aligned with the strategic plan and described above, the Children's Commission has three committees, whose work is described below.

Data Sharing & Mapping Committee

Charge

- Review the strategic plan and work with task forces to provide data sharing and mapping services needed to implement the strategic plan objectives
- Respond to assignments from the Executive Committee and/or task forces

Highlights/accomplishments

The committee developed a process for updating the Indiana Information Sharing Guide, a white paper and mobile app that provides child-serving professionals with legal guidance on appropriate record sharing (downloadable on iTunes and Google Play). In June 2018, the Children's Commission approved a Memorandum of Understanding that commits state agency attorneys to annually review and update the information in the guide and app.

The committee worked with MPH to determine how to fulfill a data request from the Educational Outcomes Task Force on the educational outcomes of vulnerable youth. The committee restructured its membership to include technical representatives of the necessary agencies to better support the data needs of the task forces.

Committee Members

Tyler Brown,
Co-Chair

Management Performance Hub

Tamara Weaver,
Co-Chair

Office of the Attorney General

Ashley Aiken

Indiana Criminal Justice
Institute

Sirrilla Blackmon

FSSA/Division of Mental Health
and Addiction

Michael Commons

Indiana Office of Court Services

Charlie Geier

Indiana Youth Institute

Garrett Mason

Indiana Department of
Child Services

Jeff Milkey

Indiana Department of
Education

Josh Ross

Indiana Department of
Correction

Lisa Thompson

Office of Judicial Administration

Committee Members

Kathryn Dolan,
Chair

Indiana Supreme Court

Jeremy Brilliant

Office of the Attorney General

Gabrielle McLemore

Indiana Senate Democrats

Kristen Casper

Indiana Public Defender Council

Jim Gavin

Family and Social Services
Administration

Jennifer O'Malley

Indiana State Department of
Health

Erin Murphy

Indiana Department of Child
Services

Isaac Randolph

Indiana Department of
Correction

Connie Smith

Indiana Prosecuting Attorneys
Council

Holly Stachler

Indiana Department of
Education

Will Wingfield

Indiana Criminal Justice
Institute

Communications Committee

Charge

- Develop a comprehensive Communication Plan to improve information sharing among Commission members, their agencies, and stakeholders
- Promote the work of the Commission through the media and other outlets
- Identify ways for the Commission to access reports of other organizations doing work in similar areas as the Commission
- Respond to assignments from the Executive Committee and/or task forces
- Work with Commission staff to develop and disseminate the Commission's annual report

Highlights/accomplishments

The committee developed and refined a communications plan, which was approved by the Commission in November 2017; developed and updated a media list; worked on expanding its membership to include representatives of all Children's Commission agencies; and supported the development of the annual report.

Looking Ahead

Building on five years of collaboration, study, and recommendations, the Children’s Commission looks to the future with enthusiasm and a sense of momentum. Over the coming year, the Commission expects to tackle the following issues, among others:

- Implementation of recommendations outlined in The Child Welfare Policy and Practice Group’s evaluation of DCS released in June 2018—especially recommendations pertaining to collaboration and the role of partner agencies
- Ensuring children in K-12 schools have access to the social and emotional support and mental health services they need to support their academic learning and ensure school safety
- Continuing to work on reducing Indiana’s infant mortality rate in partnership with multiple state agencies, medical providers, and community partners
- Reducing exclusionary and disproportionate discipline in schools and promoting a positive learning environment
- Integration of mental health and primary care for children
- Reducing youth suicide risk
- Preventing violence and harm to children
- Reducing duplication, increasing efficiency, and improving the effectiveness of the state’s services and interventions into the lives of children and families

The Commission welcomes the public at its meetings and the partnership of collaborators and stakeholders. It takes all parts of state government and all sectors of society to improve the status of our most vulnerable youth.

Join us!



How to Never Stop Being Sad

Anonymous
New Albany High School



The Never Ending Fall of Life

Anonymous
Mooresville High School



Stereotight

Olivia Kaelin
New Albany High School





Blooming from the Inside

Veronica Gonzalez
Lake Central High School



Untitled

Kira Grabinski
Lake Central High School

Your Mental Health Matters

High School Student Art Project

In observance of Children's Mental Health Awareness Month, Mental Health America of Indiana (MHA) in partnership with Adult & Child Health, the Indiana Arts Commission, the Indiana Center for Children & Families, the Indiana Family and Social Services Administration (FSSA), Infancy Onward, Reach for Youth, and Youth M.O.V.E. Indiana invited high school students across the state to continue the conversation around youth mental health and bullying by creating a piece of artwork that reflects that topic.

To learn more about this project and how to get involved please visit www.IN.gov/arts/3033.htm

Commission on Improving the Status of Children
251 N. Illinois Street, Suite 800 / Indianapolis, IN 46204 / 317-232-1945

www.in.gov/children