Commission on Improving the Status of Children

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JULY 10, 2019

Agenda

1. Welcome and Introductions
2. Consent Agenda—Minutes

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3. Strategic Priority: Mental Health & Substance Abuse
   - Dr. Leslie Hulvershorn—Suicide Prevention

Agenda

3. Strategic Priority: Mental Health & Substance Abuse
   - Jennifer Tackitt-Dorfmeyer and Gil Smith—Mobile Response

Mobile Response Overview

Jennifer Tackitt
Gilbert Smith

choices®
COORDINATED CARE SOLUTIONS

Mobile Response and Stabilization Subcommittee

- **Endorsed by the Mental Health and Addictions task force 2 years ago.**
- **Attended by:**
  - Choices
  - DCS
  - Community Health Network
  - Office of Medicaid Policy and Planning
  - Division of Mental Health and Addiction
  - Eskenazi Health
  - The Lutheran Foundation
  - Four County Mental Health Center

What is Mobile Response for youth?

Mobile Crisis, or Mobile Crisis Rapid Response Team is a mental health service in the United States and Canada which services the community by providing immediate response emergency mental health evaluations and intervention.

https://en.wikipedia.org/wiki/Mobile_Crisis

SYSTEM

vs. Services

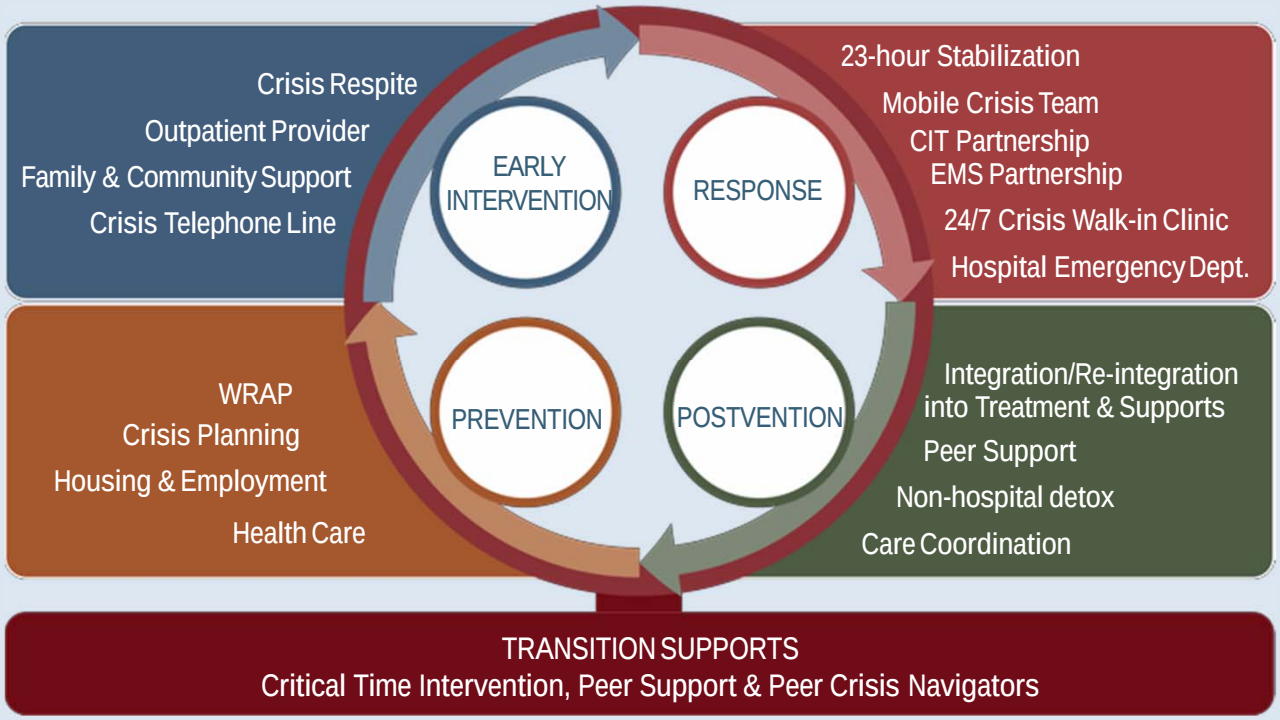
NASMHPD 2019

A crisis system is **more than a collection of services**.

Crisis services must all **work together** as a coordinated system to achieve **common goals.**

And be **more than the sum of its parts**.

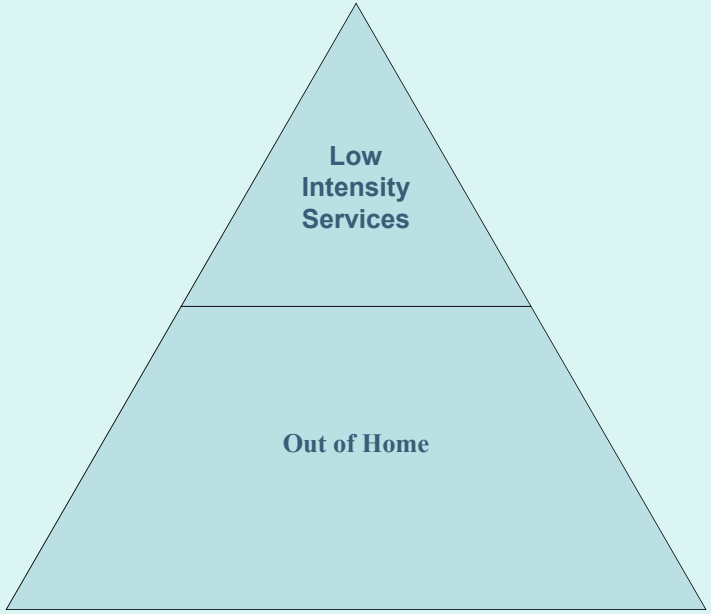
A crisis system needs a robust **continuum of services** to meet the needs of people in various stages of crisis.

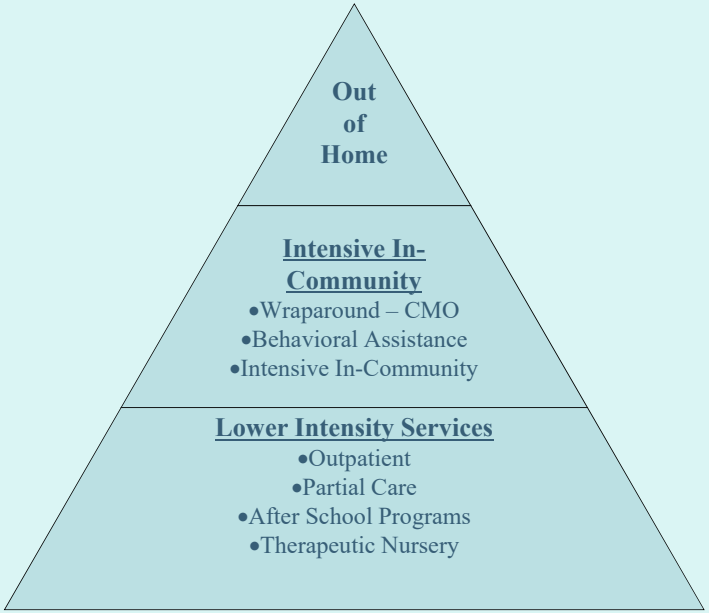


Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.

Overuse of Deep-End Services

E. Manley NWIC 2018





High Fidelity Wraparound

- **Provides:**
  - Comprehensive care management for children and youth with complex behavioral health (BH) needs (i.e. specific populations)
  - Intensive care coordination
  - Access to home- and community-based services and peer supports
  - Linkage to social supports and community resources
- **Allows parents/caregivers and family members to be in control of their care**
- **Strengthens Family and Youth Voice**
- **Supports families to develop or reconnect with their own informal support system**
- **Facilitates improved communication and collaboration**
- **Assists in better integration of care (BH and Primary)** SAMHSA TA Network, 2019

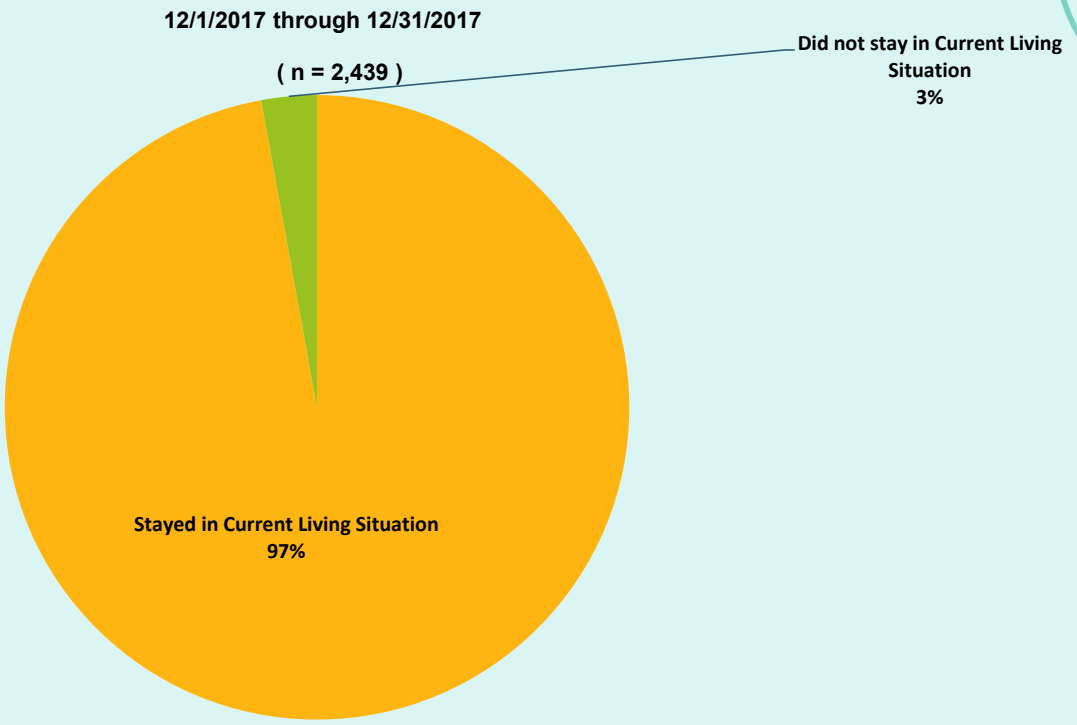
Mobile Response

- Empowers parents/caregivers and family members to be responsive in times of (self defined) crisis and strengthens Youth and Family Voice
- Reduces need for higher levels of care
- Diverts youth away from the juvenile justice system
- Decreases placement disruptions in child welfare
- Facilitates linkage into better longer term, more appropriate care
- Supports children and families in times of traumatic events or emotional crisis.
- Works directly with law enforcement to identify children who have witnessed violence in community and may have been exposed to trauma. It is the community policing/trauma response component of MRSS.
- Crisis is common occurrence to many behavioral health conditions, MRSS brings the intervention to the population in need, and thereby addresses a significant known barrier to accessing BH services (i.e. lack of transportation to an office-based setting).
- Works across systems and connects other child serving systems

SAMHSA TA Network 2019

New Jersey Outcomes

E. Manley NWIC 2018



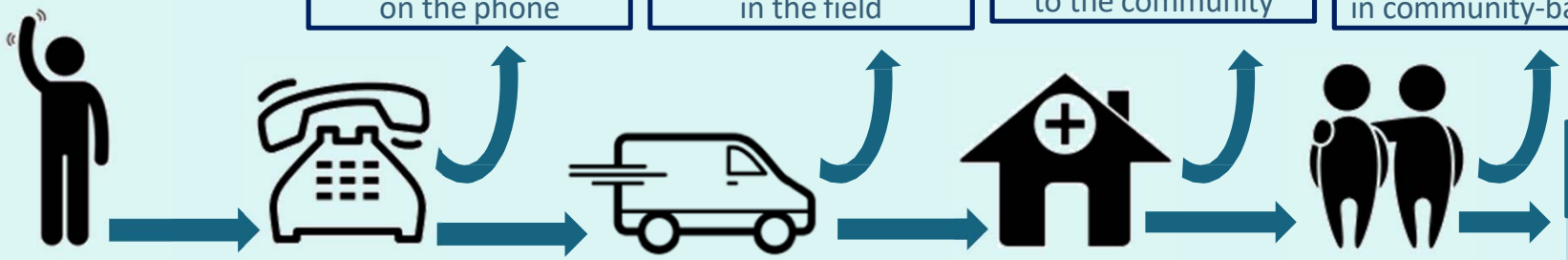
The Crisis Continuum
Arizona

80% resolved
on the phone

70% resolved
in the field

65% discharged
to the community

80% remain stable
in community-based care



Person in Crisis

Crisis Line

Mobile Crisis Teams

Crisis Facility

Post-Crisis Wraparound

Decreased Use
of jail, ED, inpatient

Easy Access for Law Enforcement = Pre-Arrest Diversion

LEAST Restrictive = LEAST Costly

References

NASMHPD, Meet-Me Here Webinar March 21st 2019

E.Manley, MRSS Collaborative Webinar February 8th 2019

Mobile Response and Stabilization Services and High Fidelity Wraparound: Foundational Elements of a Children's System of Care SAMHSA TA Network April 22nd, 2019

Agenda

4. Strategic Priority: Child Safety & Services
   - Mark Fairchild—Medicaid and Developmental Screening

Developmental Screenings

Recommendations to Improve Indiana's Completion Rates

Child Safety & Services Task Force

Sub-Committee on Medicaid Access & Prevention

Overview of Problem

- The Indiana Office of Medicaid Policy and Planning (OMPP) reports to the Centers for Medicare and Medicaid Services (CMS) on the percentage of children age 3 years and younger on Medicaid and CHIP who have received a developmental screening.
- In 2017, the rate reported to CMS by Indiana was only 13.4%. This rate was 12.2% in 2016 and 11.1% in 2015.

Overview of Problem

- Compared to nationwide numbers, Indiana's 2017 rate of completed developmental screenings was 25 out of the 27 states reporting on this CMS Child Core Quality Measure with the 27 state median at 39.8%.
- In the 2018 Kids Count Data Book only 23% of Indiana parents said their children between 10 months and 5 years received a developmental screening in the past year. This compared to a national average of 30%.

Overview of Problem

- Nationwide appx. 8-9% of children between ages of 3 and 5 have been diagnosed with a developmental delay.
- Low Indiana developmental screening rates could mean some children with developmental delays are not being diagnosed in at an ideal treatment age.
- Delayed treatment of a developmental delay is considered to be more costly and less effective as when a diagnosis has led to earlier intervention.

Current Response

- OMPP asked its managed care entities to ensure they reimbursed for developmental screenings as a separate service, rather than bundled with other services.
- Providers may have perceived that they were not being reimbursed for the completion of screenings and therefore may have not identified developmental screening completion by CPT Code 96110 on their claim submissions.
- This CPT Code is used to calculate our completion rate as reported to CMS.

Current Response

- OMPP recognizes the BrightFutures® periodicity schedule established by the American Academy of Pediatrics for well-child visits as the standard of care for children's developmental screenings.
- The Bright Futures schedules states that developmental screenings should be completed at the 9-month, 18-month, and 30-month visits.
- OMPP will reimburse for any recognized developmental screening tool a provider choses to utilize at these points.

Current Response

- OMPP, First Steps, the Department of Health the Department of Child Services and other entities are coordinating on a project called Help Me Grow.
- This project helps parents and providers identify children through developmental screenings and link them to community-based services while empowering families to support the child's healthy development.
- Any child identified with a delay through a developmental screening will receive a referral to First Steps.

Comparative Research

- The subcommittee reviewed Indiana's performance on the CMS Developmental Screening measure over three years, which began at 11.1% in 2015 and improved to 13.4% by 2017. While modestly improved, this remained low compared to a national mean of 38.9%
- OMPP spoke to 3 other states, Texas who has a 45.2% screening rate, Illinois who has a 55.1% screening rate, and Massachusetts who has a 77.5% screening rate. Like Indiana, all of those states contract with managed care entities.

Comparative Research

- Illinois allows providers to use any recognized screening tool like Indiana, whereas Texas and Massachusetts limit providers to select list of screening tools.
- These states believe most providers are completing screenings because it is seen as the standard of care for children at certain ages, but that some are not submitting CPT Code 96110 on claims.
- All three states have engaged in coordinated communication campaigns targeting providers and their communities.

Recommendations

- The feasibility of expanding CPT Code 96110 utilization to First Steps providers and/or WIC offices is recommended.
- This would provide additional points of screening under CPT Code 96110 and better capture the statewide rate of developmental screening completion.
- An OMPP assessment of the potential expenditures and feasibility within the current budget of OMPP will be the initial stage of this consideration.

Recommendations

- Existing materials available through the BrightFutures® and Help Me Grow® initiatives will be assessed to be utilized as appropriate; examples from each initiative are attached.
- The Communications Committee of the Commission for Improving the Status of Children will work with OMPP, Bright Futures/APP and Help Me Grow to select appropriate materials for a coordinated communications campaign.

Recommendations

- Those materials assisting providers in emphasizing the importance, occurrence and key components of developmental screenings at well child visits will be expressly included in the campaign.
- The campaign will also include materials that are designed to improve parent awareness of those same key aspects of developmental screenings.
- No new materials are proposed to be created for these recommendations.

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4. Strategic Priority: Child Safety and Services
   - Dr. Zachary Adams—Trauma and Resilience

Agenda

5. Strategic Priority: Educational Outcomes
   - Christy Berger, Todd Bess & Kristen Martin—Positive Discipline

School Discipline and Climate Subcommittee Update

Christy Berger-Indiana Department of Education

Todd Bess- Indiana Association of School Principals

Kristen Martin- Marion County Prosecutor's Office

Indiana DEPARTMENT OF EDUCATION

Working Together for Student Success

House Enrolled Act 1421

School discipline. Provides that the Indiana Department of Education (IDOE) model evidence based plan for improving student behavior and discipline must:

(1) reduce out-of-school suspension and disproportionality in discipline and expulsion;

(2) limit referrals to law enforcement or arrests on school property to cases in which referral to law enforcement or arrest is necessary to protect the health and safety of students or school employees; and

(3) include policies to address instances of bullying and cyberbullying on school property of a school corporation.

Provides that, beginning in the 2019-2020 school year, IDOE, in collaboration with parent organizations, teacher organizations, educational support professional organizations, and state educational institutions, shall, upon a school corporation's request, provide information and assistance to the school corporation regarding the implementation of the school corporation's evidence based plan to ensure that teachers and administrators receive appropriate professional development and other resources in preparation for carrying out the plan.

Comprehensive Positive School Discipline Resource Guide

Education

Education provides the gateway to postsecondary success and ultimately for many students it is the opportunity to change the overall trajectory of one's life. It is critical that all Indiana students have access to schools with culturally responsive practices and policies, including equitable school discipline.

"Too often we forget that discipline really means to teach, not to punish. A disciple is a student, not a recipient of behavioral consequences."
~Dr. Dan Siegel

If you want to change a child's behavior, you must connect before you correct.

Students In Need

National Data

- Black boys still made up 25 percent of all students suspended out of school at least once in 2015-16, and black girls accounted for another 14 percent, even though they each only accounted for 8 percent of all students.
- Black students make up nearly a third of all students arrested at school or referred to law enforcement, but only 15 percent of overall enrollment.

SOURCE: U.S. Department of Education, Office for Civil Rights Data Collection, 2015-16

State Data

- 34% of Indiana youth ages 0-17 have experienced 1-2 ACEs (Adverse Childhood Experiences). Nearly 1 in 6 have experienced 3 or more ACEs.

SOURCE: Estimates from National Survey of Children's Health, 2016

- Approximately 21% of Indiana High School students have a parent who served time in jail.

SOURCE: IN Kids Count Data, 2017

- Approximately 19% of Indiana students were bullied on school property.

SOURCE: Youth Risk Behavior Survey, 2015

What's Inside?

Highlights

- ★ School and Climate Culture
- ★ Cyberbullying and Bullying Tips and Resources
- ★ Culturally Responsive Education Practices
- ★ Trauma Responsive Practices
- ★ Restorative Practices
- ★ Frequently Asked Questions (Empowering Educators)

Distribution of report

- ★ Dr. McCormick's weekly email
- ★ Social-emotional learning professional development
- ★ Indiana Association of School Principals

Agenda

5. Strategic Priority: Educational Outcomes
   - Maggie Novak—Early Childhood System Strategic Planning

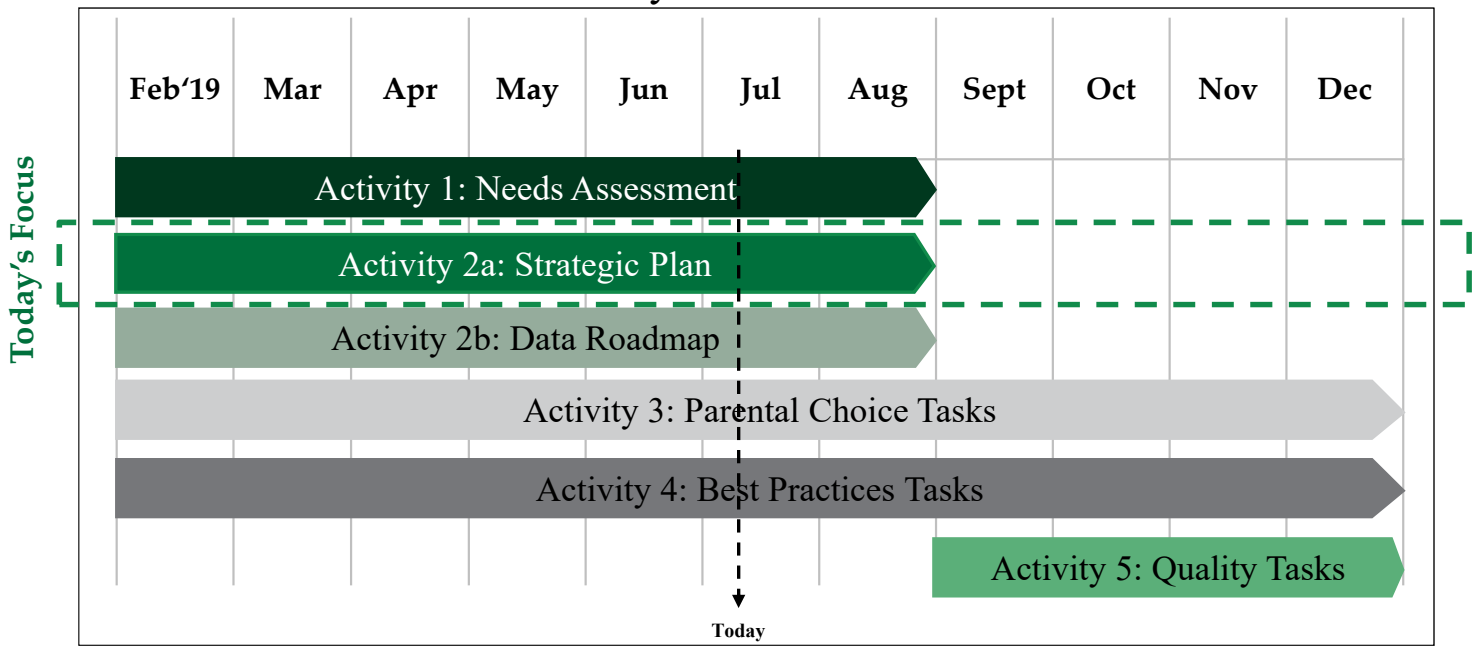
Indiana Birth-5 Strategic Planning Process Overview

Maggie Novak, Ikaso Consulting

July 10, 2019

Indiana's Preschool Development Grant

The State of Indiana, via the Office of Early Childhood and Out-of-School Learning (OECOSL) received a one-year, Preschool Development Grant (PDG) from the federal Administration for Children and Families (ACF). The grant focuses on children from birth-5 years old.



The grant narrative and information about the State's work is available on the Brighter Futures webpage: http://brighterfuturesindiana.org/indiana-preschool-development-grant-pdg/

PDG Governance & Strategic Plan Partners

The grant outlined a robust group of stakeholders including families and different types of early childhood education providers.

PDG Grant Partners, Advisors, and Key Stakeholders	
• Hoosier families and children • Early Childhood Care and Education (ECE) programs • Family & Social Services Administration (incl. OECOSL) • Department of Child Services • Head Start • Indiana Department of Education • Indiana Youth Institute • Governor's Taskforce on Drug Prevention, Treatment, & Enforcement • Commission on Improving the Status of Children • Home Visiting Advisory Board • Indiana Housing and Community Development Authority	• Governor's Office • State Department of Health • Early Learning Advisory Committee (ELAC) • Early Learning Indiana • Indiana AEYC • Lilly Endowment • Fairbanks Foundation • Department of Corrections • Childcare Coalitions • Department of Workforce Development • Indiana University • Purdue University • Riley Hospital, Child Development • Indiana System of Care Advisory Board • Business & Philanthropy Leaders

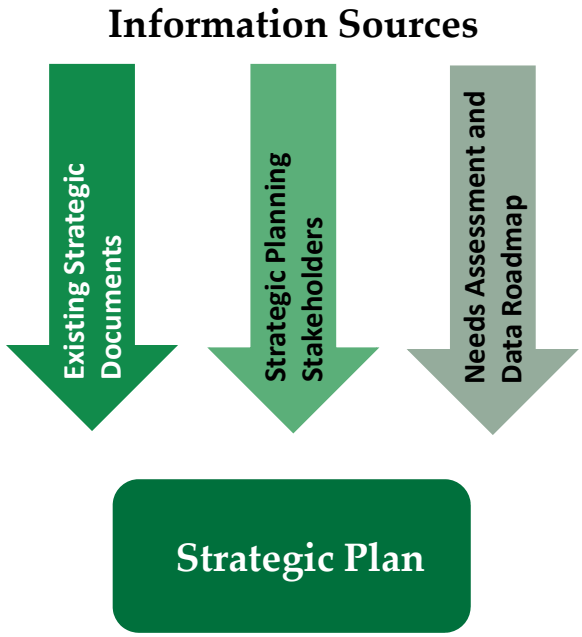
Strategic Plan Overview

By the end of August, the strategic planning committee will develop one comprehensive draft strategic plan that addresses birth-5 programs and services.

Birth-5 targeted population: infants, toddlers, preschoolers and kindergartners, with a specific focus on children who are in vulnerable circumstances and/or low-income homes.

The strategic planning committee commits to address the following guiding principles:

1. Addressing collaboration and coordination in the B-5 service array
2. Incorporating perspectives from the diverse spectrum of Hoosier families with children of all abilities and from all cultural and linguistic backgrounds
3. Making data-driven recommendations and defining measurable action items and outcomes



Strategic Plan Key Topics

The strategic planning committee is focused on early childhood care and education as well as the larger array of services for children aged 0-5.

Key Areas of Discussion	ACF Guidance
The strategic planning committee is divided into four workgroups to consider the following topics: 1. Early childhood education (ECE) program improvement and high-quality capacity building 2. Enhanced and increased family engagement 3. Preparing children for elementary school throughout the B-5 service array 4. Expansion of partnership opportunities in local communities	As the grant funders, ACF outlined strategic plan expectations including but not limited to: • Provide a framework for increasing participation in high-quality ECE programs • Delineate improved coordination and collaboration across ECE providers • Identify activities for improving the transition to kindergarten • Address partnerships and collaboration in the B-5 service array

Next Steps

- Continue working on the strategic plan goals via workgroups
- Incorporate Birth-5 needs assessment
- Incorporate data roadmap
- Convene strategic planning committee for next meeting on July 18th
- Conduct family focus groups
- Disseminate family questionnaire and incorporate findings
- Draft and revise plan
- Provide updates to stakeholder groups, including ELAC and CISC
- Post updates on Brighter Futures webpage

Agenda

6. Committee Reports
   - Wendy McNamara—Child Services Oversight
   - Tamara Weaver and Tyler Brown—Data Sharing and Mapping
   - Kathryn Dolan—Communications
   - Equity, Inclusion & Cultural Competence—Written Update

Agenda

7. Executive Director Update
   - Strategic Plan
   - Annual Report
   - Upcoming Events

Strategic Planning Process

- Survey (July)
- Interviews (August-September)
- Incorporate Community Feedback
- Develop Draft Plan (September)*
- Present Draft Plan for Feedback (October)
- Approve Final Plan (December)

*Strategic Planning Committee—volunteers?

Annual Report

- Your Feedback is Due **July 11**
- Layout & Design begin next week
- Final report for approval & distribution at August meeting

Upcoming Events

July 18—Thursday

- Resilience Screening + State Leaders Panel Discussion
- Indianapolis Central Library, 2:30 p.m. – 4:30 p.m.
- DCS, ISDH, DMHA, IDOE + Legislators

July 19—Friday

- Understanding Childhood Trauma/ACES
- Pike Performing Arts Center, 9 a.m. – 4 p.m.
- Dr. Robert Anda & Lora Porter

Agenda

8. Commission Chair Update
   - Chief Justice Rush—National Judicial Opioid Task Force

Commission on Improving the Status of Children

Contact Information

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