



Commission on Improving the Status of Children in Indiana

Impact Evaluation October 2022

Prepared by Transform Consulting Group

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1. Introduction

The Commission on Improving the Status of Children in Indiana (Commission) was created by statute in 2013 to study issues concerning vulnerable youth, make recommendations concerning legislation, and promote information sharing and best practices. The statute defines "vulnerable youth" as children served by the Indiana Department of Child Services, the Family and Social Services Administration, the Department of Correction, or a juvenile probation department.

According to the enabling legislation, <u>IC 2-5-36</u>, vulnerable youth are defined as youth (0-23) 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.

In the nine years since its establishment, the Commission has grown to include more than 300 volunteer members of various work groups. It added an executive director in 2017 and is working through its second, three-year strategic plan. The Commission wished to understand the impact its work has had on Hoosier children and how it can achieve even better results in the future.

The Commission sought an evaluator to gather feedback from the public- and private-sector human services professionals who work with the Commission to assess their research questions and develop a continuous quality improvement (CQI) process. The Commission contracted with Transform Consulting Group (TCG) to evaluate the impact of their work and develop a CQI process for the Commission to implement going forward. Funding and technical assistance was provided for this project by Casey Family Programs.

The Commission's Why

Indiana's most vulnerable children, as defined by the enabling legislation IC 2-5-36, face adverse outcomes for their current and future well-being. Publicly available data highlights why the Commission's work is essential in Indiana. Multiple systems within Indiana's government serve children and families in most need. The data below does not provide the exact number of vulnerable children and families in Indiana due to the duplication of children and families receiving multiple services. Data collection in Indiana is siloed, and not all data is publicly available, thus relying on other public sources. The Commission is an intermediary between children and families with the most need and the state agencies. The data below highlights the need for the Commission's work. Since the start of the Commission in 2013, improvements for vulnerable children and families in Indiana have seen some slight improvements; however, many children and families are still struggling.

Indiana Youth

Source: American Community Survey 2013 and 2020: ACS 5-Year Estimates

Total Population (0-17)

1,571,013 **↓**

1,596,141 (2013)

Race Composition

o American Indian and/or Alaskan Native: 2,691

Asian and Pacific Islander: 36,767
Black or African American: 175,616

Hispanic or Latino: 177,239Non-Hispanic White: 1,102,494

O Two or More Races: 104,708

Youth Involved with DCS

Source: Indiana Department of Child Services, as of September 2013 and 2022

CHINS	Total Informal	No Repeat	Median Days in
	Adjustments	Maltreatment	Foster Care
12,630	1,896	95.3%	452
↓	↑	↑	↑
13,929	1,836	92.9%	355

Youth Involved with The Juvenile System

Source: The Supreme Court of Indiana, 2013 and 2020

Juvenile Probation Referrals	Committed to DOC	Status Offense	Delinquencies
19,081 ↓	140 ↓	12,406 ↑	6,622 ↓
38,059	522	10,966	26,678

Youth Involved with Family and Social Services Administration

Source: American Community Survey 2013 and 2020: ACS 5-Year Estimates

Children Without Health Insurance	Children in Poverty	Receipt of Supplemental Security Income, Cash Public Assistance Income, or Food Stamps/ SNAPs
6.3% (105,012) •	17.6% (269,471) ↓	21.5% ↓
8.5% (135,593)	22% (342,185)	26.5%

♦ Decreased **↑** Increased: Change from 2013 to current year reported, if available.

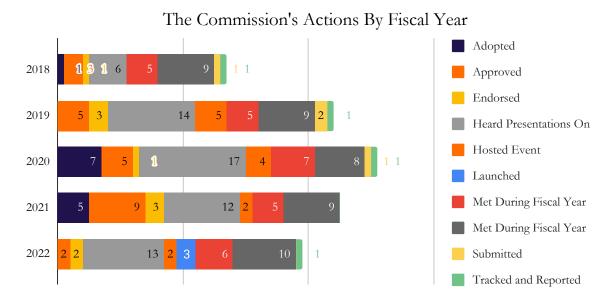
Historical Timeline of the Commission

The table below highlights key milestones between calendar years 2013 and 2022 that contributed to the structure and operation of the Commission.

Date	Key Milestone
2013	 Commission created by Indiana General Assembly Commission Organizational Model adopted Cross System Task Force created Infant Mortality workgroup formed
2014	 Child Services Oversight Committee becomes part of Commission Educational Outcomes Task Force created Human Trafficking workgroup formed
2015	School Discipline and Climate subcommittee formed
2016	 First Strategic Plan adopted Executive Director position created
2017	Executive Director hired
2018	Roles and Responsibilities for Commission adopted
2019	 Second Strategic Plan adopted Equity, Inclusion and Cultural Competence workgroup created
2020	Juvenile Justice Reform Task Force created
2021	Addition of two youth members to the Commission
2022*	 Youth Justice Oversight Committee established Theory of Change developed

^{* 2022} includes information through August 2022

The visual below highlights the various actions the Commission has taken since 2018. Unfortunately, data on these actions since 2013 is unavailable due to data collection started in 2018. Overall, hearing a presentation on key topics was the main action taken by the Commission each year, followed by approving recommendations. From 2018 to 2020, the total actions taken by the Commission increased by 56% (2018: 25 and 2020: 39). To read more about these specific actions taken, view the annual reports on the Commission Reports page.



Theory of Change

As an early step in the evaluation project, TCG worked with the Commission to develop a theory of change. A theory of change is a method that explains how a given intervention, or set of interventions, is expected to lead to a specific change. To develop the theory of change, TCG reviewed the Commission statute, guiding documents, strategic plan, and other key materials. Feedback from the evaluation workgroup and Casey Family Programs also informed the development of the theory of change. The theory of change provides the strategies the Commission utilizes to drive towards the impact and outcomes it hopes to achieve for vulnerable youth and families in Indiana.

Commission on Improving the Status of Children in Indiana Theory of Change

Mission: To improve the status of children in Indiana through systemic collaboration

Vision: Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to reach their full potential and live a healthy and productive life.

Resources	Strategies		Short Term Impact for Indiana's Vulnerable Children	Long Term Impact for Indiana's Vulnerable Children*		
What we invest - People, staff, funding, etc	Staff	Task Forces / Committees / Subcommittees	Commission Members	1-3 years	the department of chi	e defined as youth (0-23) served by: (A) Id services; (B) the office of the secretary ervices; (C) the department of correction; ation department.
Executive Director Administrative support from the Office of Judicial Administration Commission Members Agency Authority Youth Voice Workgroups (Task Forces, Committees, Subcommittees) Relationships with subject matter experts Access to data and research through key agencies Access to policymakers Access to state government resources (space and technology) External funding support	Build cross-agency relationships Provide tools and templates with equity framework embedded Recruit diverse committee and task force members Collaborate and align with existing groups and initiatives Raise awareness about Commission's vision and work Set and follow infrastructure Identify and share relevant information with volunteers and Commission members Monitor the progress on strategic goals and objectives	Build cross-agency relationships Collaborate Active participation Study and evaluate issues related to vulnerable youth Use Data to inform work Collect Monitor Disaggregate Identify gaps related to supports for vulnerable children Provide information and recommendations to the Commission members Raise awareness about Commission's vision and work	Build cross-agency relationships Collaborate with fellow Commission Members Active participation Use presented information to better inform the policies and programs they oversee File legislation Develop and make recommendations Implement change within their own agencies Raise awareness about Commission's vision and work	Follow through on recommendations occur Funding directed toward evidence-based practices New collaborations and relationships with stakeholders that produce outcomes Alignment of existing state efforts Closed data gaps through new data collection efforts Policy/ Legislation is informed by research and best practice Vulnerable children and their families have increased access to quality services	Child Health and Well Being Mental Health Child Safety Youth Justice Educational Outcomes Equity Family Stability and Wellness	Vulnerable youth have access to consistent and reliable health and wellbeing resources Vulnerable youth and their families have access to quality mental health and addiction services Vulnerable youth are safe and secure in their homes and the community Youth who come into contact with the juvenile justice system have improved safety and equitable system contact and outcomes Vulnerable youth are engaged in school, graduate from high school, and pursue a postsecondary pathway that matches their interests and goals All vulnerable youth's voices are heard and included through data collection, policies, and programs Family stability is strengthened when family members are safe, healthy, and have chances for educational opportunities and economic stability

2. Data Collection Methodology

The Commission contracted with TCG to evaluate its impact on improving the lives of Hoosier children. TCG follows a four-step process for evaluation.

Step one is to establish clear outcomes. The evaluation was guided through the four key research questions that the Commission identified in their Request for Proposals (RFP):

- 1. Is the Commission having an impact on (a) the way Indiana state government operates for vulnerable children and (b) the outcomes of vulnerable children served by state systems?
- 2. What is the reach, role, and perception of the Commission among entities addressing the needs of vulnerable youth (both governmental and non-governmental)?
- 3. How are the Commission's tools, resources, and other work products being employed by family and youth-serving professionals, and are they effective?
- 4. How can the Commission maximize the effectiveness of its work and the use of its resources?

The completion of step one was the identification of short and long-term outcomes that the Commission focuses its work on in the Theory of Change.

Step two of the evaluation process is to create and modify data tools to collect information. TCG used a mixed-method approach using publicly available data sources and stakeholder feedback. TCG gathered feedback from public- and private-sector human services professionals who work with the Commission to assess the following research questions. Here is a summary of the information and data collected through the mixed-methods approach.

- Internal Commission Resources Internal assessment of materials and information (meeting minutes, reports, task tracker, etc.)
- Quantitative Public data was collected to understand the need in Indiana for the Commission. Sources of the public data include the Indiana Department of Child Services, the Indiana Department of Correction, and the American Community Survey.
- Qualitative Stakeholder feedback was solicited through surveys and interviews. These
 surveys aimed to learn about stakeholders' experiences working with the Commission.
 The feedback was gathered from internal and external partners, including Commission
 members, past members, committee and workgroup members, community organizations,
 funders, and legislative representatives.

In June 2022, TCG solicited feedback from the internal stakeholders, including current Commission members, past Commission members, and task force and committee members. There were 101 internal stakeholder respondents, with eleven representing

current Commission members, four representing past Commission members, and the remainder representing task force and committee members (86).

TCG administered another survey to external stakeholders, including community organizations and funders. Between the two groups, there were a total of 71 respondents. The external stakeholders represented various types of organizations, including childcare, college and career development, community engagement, family engagement, government, higher education, juvenile justice, k-12 education, library or museum, mental health, out-of-school time, physical health, or religious institutions. Twenty respondents did not categorize themselves into one of the previously mentioned categories.

The **third step of the evaluation process is to analyze data**. The following section of this report analyzes the data and information gathered. Finally, **step four is to use the data** to make informed decisions. TCG prepared **recommendations** for the Commission to consider at the conclusion of the report.

3. Findings

The findings of this report are presented through the four main research questions, including an assessment of the impact of the Commission, the reach, role, and perception of the Commission, tools and resources, and how the Commission has or can maximize effectiveness.

Key Findings

- Both internal and external stakeholders expressed a common theme of collaboration when
 describing the Commission's impact, role, and purpose. The Commission's ability to form
 collaborations and relationships with stakeholders was ranked as one of its biggest areas of
 impact. These collaborations range across government agencies and various community
 organizations.
- Many stakeholders expressed support for the Commission's youth engagement through their involvement as members. Their voices allow for a more inclusive conversation, hearing firsthand from those the Commission supports. Some respondents believe more youth should be at the table in the form of Commission members, a separate committee, or another capacity to help further elevate their voice in this work.
- The Commission's work is grounded in the use of data to inform decisions and determine needs. Stakeholders found that sharing data across agencies was key to the Commission's success. The Commission also uses data to ensure they practice equity, inclusion, and cultural competence by disaggregating information and analyzing it based on population variations.
- The Commission has a broad reach among government entities but has room for improvement in reaching community partners. Less than half of community-based organizations were aware of the Commission and its purpose.
- The Commission has created several tools and resources; however, there is minimal awareness and knowledge of these work products.

Impact

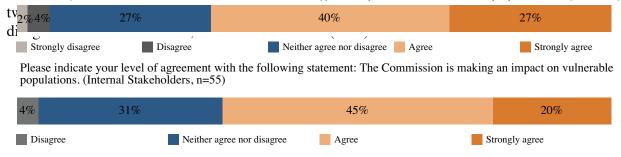
Research Question #1: Is the Commission having an impact on (a) the way Indiana state government operates for vulnerable children and (b) the outcomes of vulnerable children served by state systems?

Based on the feedback gathered from the stakeholder groups interviewed and surveyed and a review of the recommendations and actions taken by the Commission, the answer to the first question is "yes." The Commission is having an impact on the way the Indiana state government operates for vulnerable children. Some of the themes we identified from the stakeholder feedback provide further insight on this impact, which we describe below in more detail:

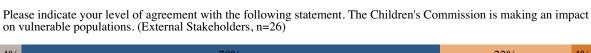
- Collaboration
- Youth involvement
- Relationship building
- Data sharing
- Increase visibility of key issues
- Focus on equity, inclusion, and cultural competence

Between 2013 and 2021, the Commission voted on 79 items and discussed 39 recommendations. These votes and recommendations led to five bills being filed and passed. In addition to bills being filed and passed, the Commission created various tools and resources for government agencies and local organizations to improve serving vulnerable youth within Indiana. The actions the Commission has taken since the beginning, and the survey data from the key stakeholders highlight the Commission's impact on vulnerable youth across Indiana.

The survey questions that TCG administered to the stakeholder groups focused on the themes of impact, role, resources, and effectiveness. The current Commission members, past Commission members, task force members, and committee members were asked to indicate their level of agreement with a series of statements. When asked to indicate their agreement with the statement, "The Children's Commission is making an impact on vulnerable populations," nearly



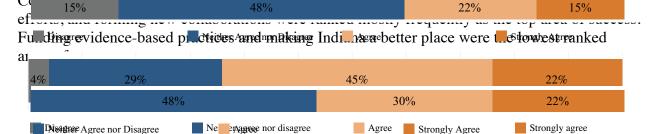
Community organizations were also asked to indicate their level of agreement with the same statement. Slightly more than a quarter (26%) of respondents either agreed or strongly agreed that the Commission is making an impact. Most (70%) respondents neither agreed nor disagreed with the statement. Less than a tenth (4%) of the respondents strongly disagreed that the Commission.



56%



TCG asked current and past Commission members to rank areas of success that helped lead the



Commission's Top Areas of Success as Ranked by Members:

- 1. Closed data gaps through new data collection efforts
- 2. Alignment of existing state efforts
- 3. New collaborations and relationships with stakeholders that produce outcomes
- 4. Policy/legislation is informed by research and best practices
- 5. Follow through on recommendations
- 6. Achieving results based upon decisions made
- 7. Vulnerable children and their families have increased access to quality services
- 8. Funding directed toward evidence-based practices
- 9. Making Indiana a better place for children and families

In addition, members were asked to identify other areas of success for the Children's Commission. Collaboration was a common theme among respondents. Current and past Commission members identified "collaborations between agencies and stakeholders" and "cross-system collaboration," in addition to the previously cited areas of impact. Stakeholders also referenced youth involvement and the Commission's focus areas as areas of success.

Youth involvement was cited when members were asked to share examples of how the Commission has achieved or is moving towards success. One member stated, "the involvement of past youth at risk gives us hands-on experience to move the needle in helping our youth today." Another commented the Commission is achieving success by "involving youth voice to bring different perspectives into account to create more systematic change."

Commission members also mentioned the relationships and connections between agencies in their conversations and resources as an area of success. An individual cited that "the depth of conversations during meetings as well as the action-focused work of the sub-committees and task forces" move the Commission towards success. Data sharing across agencies was another essential element in the Commission's success.

Another impact noted was the Commission's ability to increase the visibility of key issues. One respondent stated, "[the Commission] regularly puts the right people together to review data, plan, and take action that helps improve the lives of children. Legislation has been created that improves the ability to ensure needed services for kids. Cooperative planning has created more nimble response to needs." Others provided specific examples from the various task forces.

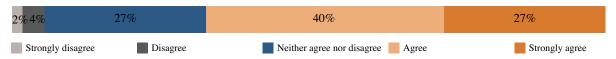
- The work of the Subcommittee on commercial sexual exploitation of children has had a profound effect on the way child victims of exploitation are treated. Judge Dowling's commitment to this issue is outstanding.
- The subcommittee on alternatives to detention has offered meaningful guidance in making emergency shelter care more readily available and in expanding the role of foster care for...children."
- The work from the MHSA Task Force led to the state investing \$2M in a statewide implementation of Multisystemic Therapy, an effective treatment for youth with serious conduct problems. This was a major gap in care for youth in our state who will now have access to the care they need.

The Commission promotes policy and support for children, families, and providers. As stakeholders stated, the Commission increases the visibility of key issues through the work of the task forces, committees, and subcommittees. The following table is a summary of the five bills passed due to the work of task forces. These bills are likely to improve the outcomes of Indiana's vulnerable youth, but it is still too early to gather information to measure the impact.

Year	Bill	Purpose	Creator/ Contributor
2022	House Enrolled Act 1359- 2022	Reduce recidivism, improve equity, and increase the efficiency of the resources for youth in contact with Indiana's juvenile justice system	Juvenile Justice Reform Task Force
2021	House Enrolled Act 1468- 2021	Reduce barriers to licensing for Licensed Addiction Counselors and Licensed Clinical Addiction Counselors that may impede new counselors from entering the field.	Mental Health and Substance Abuse Task Force
2020	House Enrolled Act 1283- 2020	Screening of the film "Resilience" in Indianapolis for state-level professionals inspired Rep. DeVon to file House Bill 1283-2020. The bill required teacher preparation programs to include content that prepares teacher candidates to use trauma-informed classroom instruction.	Education Outcomes Task Force
2019	House Enrolled Act 1006- 2019	Raised the age a youth could stay in collaborative care from 20 to 21.	Child Health & Safety Task Force (formerly Child Safety and Services Task Force)
2018	House Enrolled Act 224- 2018	Streamlined the mental health licensing internship hour requirement and the ability to receive virtual supervision.	Mental Health and Substance Abuse Task Force (formerly, Child Safety and Substance Abuse Task Force)

The Commission's focus on equity, inclusion, and cultural competence serves to aid the Commission in impacting all youth in Indiana. In addition to indicating their level of agreement regarding the Commission's impact, internal stakeholders were asked to indicate their agreement with the statement, "The Children's Commission practices equity, inclusion, and cultural competence." Over two-thirds (67%) either strongly agreed or agreed with the statement, while less than a tenth (6%) strongly disagreed or disagreed. The remaining quarter (27%) of respondents were neutral towards the statement.

Please indicate your level of agreement with the following statement: The Commission practices equity, inclusion, and cultural competence. (Internal Stakeholders, n=55)



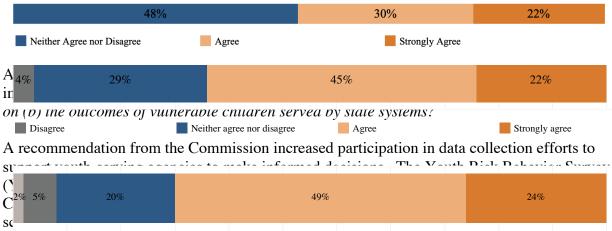
Commission members were asked to share an example of how the Commission practices equity.



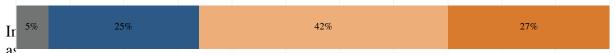
inclusion of youth members, and the thoughtful and considerate approach to thousing members. Data was another common theme among responses. Some feel the data presented by the Commission demonstrates equity, inclusion, and cultural competence. Data also served as a guide to inform the impacted population. A respondent referenced the specific example of infant mortality, "I remember our infant mortality work that focused on challenges of pro-active work with prenatal care that had to be focused on community programs. Most work really revolves around socio-economic inclusion."

Unlike the internal stakeholders, none of the community organizations disagreed with the statement. However, far more (48%) felt they neither agreed nor disagreed compared to the internal respondents. Over half (52%) of the community organizations strongly agreed or agreed that the Commission practices equity, inclusion, and cultural competence.

Please indicate your level of agreement with the following statement. The Children's Commission practices equity, inclusion, and cultural competence. (External Stakeholders, n=26)



representative of teens racross the state The data from the Assurveys help government agencies and local organizations understand what youth are experiencing and make informed decisions to improve youth outcomes in Indiana.



response rate was right at 60% In 2020, a recommendation was put forth on having legislation that schools selected by the Center for Disease Control administer the YRBS. The outcome of this recommendation is for Indiana to reach the YRBS participation threshold needed to receive

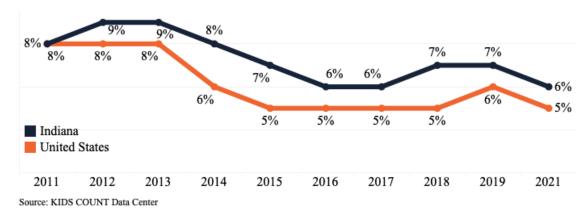
weighted data on risks to youth. The Commission provided a letter of support for the survey signed by the Executive Director, the Health Commissioner, and the Superintendent of Public Instruction. The Executive Director of the Commission also participated in the YRBS advisory committee to help brainstorm ways to increase school participation in Indiana. There were several contributing factors, including the work of the Commission, that guided Indiana to meet the participation rate of the YRBS in 2021. The overall participation rate in 2021 was 71%, 11 percentage points higher than the 2015 participation rate.

Youth Risk Behavior School Survey (YRBSS) Participation Rates by Year			
2015	2017	2019	2021
 Schools: 73% Student: 82% Overall: 60%	Did not meet recommended response rate to publish data*	Did not meet recommended response rate to publish data*	Schools: 88%Students: 81%Overall: 71%
*60% participation is required to obtain weighted data that is representative of teens			

A recommendation to remove the 90-day waiting period for children to be enrolled in the Children's Health Insurance Program when they are dropped from private coverage was brought forward to the Commission to reduce the gaps in overall coverage for Medicaid-eligible children in Indiana. In 2021, 100,000 children under 18 in Indiana did not have health insurance - about 6% of Indiana's child population being uninsured. However, Indiana has had a higher percentage of children without health insurance than the overall United States average for the last three years.

Indiana is currently ranked 33rd in the nation for children without healthcare and is the lowest ranked state for children without health insurance compared to our neighboring states: Michigan and Illinois (4th), Kentucky (15th), and Ohio (26th). Compared to Indiana's neighboring states, Indiana has had the lowest rank for children without health insurance for the last three years (KIDS COUNT Data Center, 2021 & 2018).

Children Under 18 Without Health Insurance



The Children's Health Insurance Program (CHIP) covers children whose families have an income between 139% and 250% of the Federal Poverty Level. In Indiana, having a waiting period is a unique aspect of CHIP. Indiana requires a 90-day waiting period before any child who was voluntarily removed from a private policy to enroll in CHIP from the start of the application meaning children are uninsured for the 90-days. An administrative rule change is needed to remove the 90-day waiting period. Changing the administrative rule is currently in process and the Child Health and Safety taskforce will be providing recommendations and updates to the Commission on October 19, 2022.

Reach, Role, and Perceptions

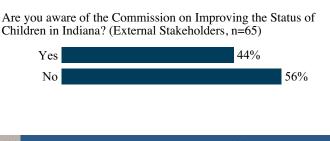
Research Question #2: What is the reach, role, and perception of the Commission among entities addressing the needs of vulnerable youth (both governmental and non-governmental)?

After reviewing stakeholder feedback, we found the Commission has a broad reach among government entities but has room for improvement in reaching community partners. Most stakeholders held a positive perception of the Commission but were unaware of the full scope of its work. Those unfamiliar with the Commission were interested in learning more about its work and ways to increase their involvement.

The Commission aimed to understand its reach, role, and perception among internal and external stakeholders. Commission members were asked to explain what they view as the role and purpose of the Children's Commission. Some members cited providing and sharing information and resources to children and families. Others mentioned the Commission's role in bringing together the branches of government and informing legislators. Most importantly, members saw the Commission's role as protecting children and improving their health and well-being.

The task force and committee members identified ways they found value from their involvement with the Children's Commission. Common themes were the connection to other professionals in the field of youth development, the learning opportunities, and the available resources. Others cited the ability to make large-scale change and inform policy across state agencies. Many members provided high praise for their experiences with the Commission. One respondent stated, "working with the framework committee in developing the equity guide was one of the most enlightening experiences of my professional career. The access to training and knowledge really helped me frame the conversations in my community around equity."

In addition to asking internal stakeholders, TCG contacted various community organizations to hear their thoughts on the Commission's impact, role, and resources. Less than half (44%) of the community respondents were aware of the Commission.



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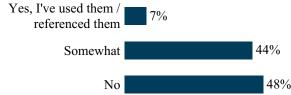
The organizations that were aware of the Commission were asked to describe what they view as its role and purpose. Several respondents the status of children in Indiana through responses of the Commission's role and purpose included collaboration, advocacy, information sharing, and data analysis.

Tools and Resources

Research Question #3: How are the Commission's tools, resources, and other work products being employed by family-and youth-serving professionals, and are they effective?

The Commission has developed tools, resources, and other work products on its website. However, only a few (7%) community organizations were familiar with these tools, resources, or projects and have used them. Less than half (44%) were somewhat familiar with the resources, while slightly more (48%) were not familiar.

Are you familiar with any of the Children's Commission tools, resources, or projects? (External Stakeholders, n=26)



The Commission works to create and promote resources based on the needs of children, families, and providers. The following table summarizes the resources created by task forces, committees, and subcommittees of the Commission with the assistance of other experts on the topic area.

Resource	Purpose	Creator
Equity Guide for Decision-Makers	A tool to incorporate the voices of those most impacted by decisions being made on behalf of Indiana's children.	Equity, Inclusion, and Cultural Competence Committee
Equity Definitions	Develop a common language around cultural competence, race equity, and inclusion for everyone to have a clear sense of their implications, usage, and meaning.	Equity, Inclusion, and Cultural Competence Committee
Agency Staffing for Equity	Provides organizations with specific tools that can be used to help inform their efforts to prioritize and advance equity, inclusion, and diversity in their daily operations.	Equity, Inclusion, and Cultural Competence Committee

Curricula and Training Resources	Increase cultural competency by providing resources for continuing education and making individual, organizational, and systemic changes as a result of that education.	Equity, Inclusion, and Cultural Competence Committee
Taking Your Seat at the Table	Provides tips from families on finding the resources you need and getting your voice heard.	Commission Staff
Building an Inclusive Table	Provides ways to ensure we are keeping children, youth, and families at the center of our work.	Commission Staff
Inclusive Language - LGBTQ+	Recommends word choices to help people refrain from offensive or abusive language.	Equity, Inclusion, and Cultural Competence Committee
Inclusive Language - Disabilities	Recommends "person-first" language standards.	Equity, Inclusion, and Cultural Competence Committee
Trauma Definitions	Increase consistent use of research-based terminology around trauma and ensure high-quality services and programs for children impacted by trauma.	Child Trauma and Resilience Work Group
Trauma Screening and Assessment Guide	Increase awareness and understanding of a person or group's exposure to trauma and adversity, inspire the creation of more appropriate resources and services to promote resilience and well-being	Childhood Trauma and Resilience Committee
Reducing the Use of Seclusion and Restraint Resource	Resource posted on the website to reduce and eventually eliminate traditional practices that research has shown to be harmful to youth	Safety and Well-being of Children in State Care Subcommittee
Social-Emotional Learning Staff Position Recommendations	Suggests titles, responsibilities, qualifications, and funding sources for school district mental health/SEL coordinator positions.	Education Outcomes Task Force
Child Abuse Prevention Framework	Promotes the safety and wellness of families and children and reduces and prevents instances of child maltreatment.	Child Abuse Prevention Subcommittee

Information Sharing Guide	Provide up-to-date and accurate legal information about what types of child records may be shared with other professionals and who must provide consent to record-sharing for different record types.	Data Sharing and Mapping Committee
Shelter Capacity Site	Shares information on the availability of shelter care for those placing children to have a quick and accessible recourse	Juvenile Justice and Cross System Task Force's Emergency Shelter Subcommittee

When TCG asked external stakeholders about their awareness of the Commission's tools, resources, and other work products, **many stated they were not aware of them and could not speak to their effectiveness**. However, those familiar with the tools benefited from using them to benchmark their progress and spread awareness to their communities and partners.

Each stakeholder group was asked to identify the types of tools, information, and resources that have been most useful. The **information sharing guide**, **Kids Count Data Book**, **equity guide**, **strategic plan**, **and policy summaries were most frequently referenced by respondents**. Others also mentioned trauma, ACES, child maltreatment, and infant health and wellness resources.

The few respondents that did provide details on how they use these resources, shared they use them to better understand current policy and inform their work. Community partners stated they used the resources to raise awareness, benchmark progress, and share information with others.

The task force and committee members were asked to share examples of how the Commission impacts Indiana youth and families. Several referenced the Commission's collaborative efforts, such as bringing different sectors together that impact youth to share information and resources. Others cited the Commission's many resources and how sharing these materials has benefited their staff.

The task force members, committee members, and community organizations were asked what additional information or tools would be useful to their work. Task force members mentioned various operational documents such as an onboarding process for subcommittee chairs, an overview of each committee's work, a primer on the Indiana legislative process, and a calendar on the commission's website showing all committee meetings. They also mentioned similar information as the community organizations. Both groups asked for more data but did not specify the type of data. However, some did reference specifically a need for more disaggregated data.

Some respondents referenced a need for more information regarding policy and legislative updates. There was also a theme of individuals interested in trend analysis and reviewing data over time.

Another common theme across respondents was the need for a centralized location to find information on services for youth and their families. One individual also cited the need for more materials in Spanish. Another community organization also stated they are interested in learning more about the commission's advocacy efforts and where they may need additional support. Other specific topics referenced included:

- Diversity, equity, and inclusion
- Volunteering
- Behavioral/mental health and resiliency
- Curriculum and training resources
- Mothers and babies
- Workforce shortages and barriers

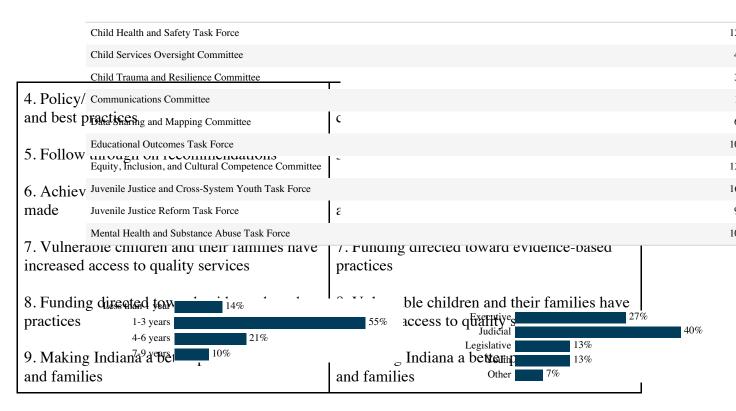
Maximize Effectiveness

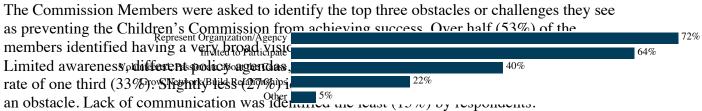
Research Question #4: How can the Commission maximize the effectiveness of its work and the use of its resources?

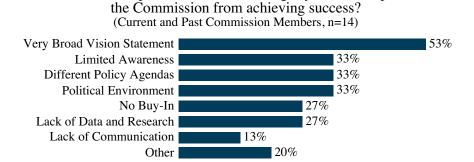
The Commission wished to understand its impact and roles and how to increase its effectiveness in making an impact. After asking current and past Commission members to rank areas of success that helped lead the Commission to make the biggest impact, TCG then asked them to rank the same categories based on feasibility. Aligning to state efforts and forming new collaborations and relationships were ranked in the top three for having the biggest and most feasible impact. Although closing data gaps was ranked highly for having the biggest impact, it was lower on the list for feasibility.

The opposite pattern occurred regarding achieving results based on decisions made. This area was ranked lower regarding the Commission's impact but higher on the feasibility scale. Therefore, achieving results based on decisions needs improvement to create a greater impact. Making Indiana a better place for children and families was ranked as having the least impact and the least feasible.

Commission's Top Areas of Success as Ranked by Members:	Commission's Top Areas of Feasibility as Ranked by Members:
1. Closed data gaps through new data collection efforts	1. Alignment of existing state efforts
2. Alignment of existing state efforts	2. New collaborations and relationships with stakeholders that produce outcomes
3. New collaborations and relationships with stakeholders that produce outcomes	3. Achieving results based upon decisions made







What are the top 3 obstacles or challenges you see that prevent

Commission members believe the Commission can ensure it is making an impact by continuing some of its current practices. For example, one respondent stated, "continuing to focus on data and new/emerging needs of our youth, especially those most vulnerable," can ensure impact. Others cited the Commission should continue providing follow-through after decisions are made. A Commission member felt that in order to make an impact, "They should address only one or two issues at a time. That would allow for better understanding, more collaboration, better dialogue, and likely more impact. As it is now, it [the Commission] tries to do too much with too little impact."

Community organizations identified common themes among their responses to how to ensure the Commission is making an impact on vulnerable children in the state of Indiana. Many mentioned

maintaining and increasing collaboration across stakeholders, agencies, and communities. Similarly, they expressed the importance of having all voices at the table, including youth, families, and youth workers. Respondents had a common theme: the Commission needs to spread awareness of its mission and work. One respondent stated, "I believe a stronger presence in media and other events across the state would build the capacity for the CISC and their resources to reach more children. Most schools don't know of its existence, nor that a task force is designed to help the education of at-risk/vulnerable youth, so I assume other organizations could benefit from some marketing of what is available and the importance to pay attention to what's happening at the meetings."

Community organizations were also asked to identify what role the Commission can play in ensuring equity, inclusion, and cultural competence are considered. Some individuals cited providing training, guidance, and support to youth-serving agencies. Another common theme was representation. Respondents believe the Commission should be made up of individuals in the communities served, and the demographics should represent these communities. Another suggestion was to offer resources and data related to diversity, equity, and inclusion. Some specific recommendations include the following:

- I believe it would be helpful to have a DEI [diversity, equity, and inclusion] expert available to all the task forces and subcommittees while they address their objectives so that this focus could be instilled from the beginning of all projects.
- Ensure that all messaging is strength-focused rather than deficit-based; look for examples of work being done within marginalized communities (rather than TO marginalized communities) and attempt to replicate this.
- The Commission should be constantly involving stakeholders that represent different races, genders, ages, educational levels, sexualities, and ethnicities to best capture the diverse nature of the Indiana population.

4. Recommendations

From the data and information gathered for this evaluation, it is recommended the Commission identify ways to be more focused and develop strategic goals to understand their overall impact on youth and families in Indiana. Additional recommendations below are focused on the awareness of the Commission, the operational procedures the Commission has in place, follow through on actions, and ensuring equity, inclusion, and cultural competence.

Awareness

- Increase awareness of the Commission's general purpose and work through outreach and marketing efforts to reach more families, providers, and community organizations.
- Increase awareness of tools/ resources developed. Create a communication and dissemination plan for developed tools and resources. Collect contact information of people who download items and do follow up surveys to gauge satisfaction and use.

Operational

- Develop operational documents to inform current and prospective Commission members, committees, and task forces on the onboarding process, progress made, and upcoming events and meetings.
- Create a method for committees and task forces to track their actions during meetings.
- Develop continuous documentation of actions made by the Commission, committees, and task forces as a summary for internal and external stakeholders to reference.

Follow Through

- Identify ways for committees and task forces to access and utilize key data to inform their work.
- Revisit recommendations regularly to ensure there are action steps to lead to positive outcomes for vulnerable youth.
- Provide frequent updates on policy, legislation, and other Commission work impacting youth, families, and providers in accessible language for all to read on the Commission's website.

Equity

- Increase youth participation through adding more members to the Commission and current committees or developing a designated committee for youth.
- For materials that can be used by families and children, provide them in multiple languages to increase accessibility.
- Update language on how to refer to the population the Commission serves; the term vulnerable youth is not recommended to be used based on best practices and research.

Appendix

The Commission's Actions by Fiscal Year					
Action Type	2018	2019	2020	2021	2022
Adopted	1		7	5	
Approved	3	5	5	9	2
Endorsed	1	3	1	3	2
Heard Presentations On	6	14	17	12	13
Hosted Events		5	4	2	2
Launched					3
Met During Fiscal Year (Commission)	5	5	7	5	6
Met During Fiscal Year (Executive)	9	9	8	9	10
Submitted	1	2	1		
Tracked and Reported	1	1	1		1
Grand Total	25	40	46	40	39

Tasks	Tasks Completed by The Commission				
Year	Type of Task	Item	Purpose	Submitter + Implementor	
2021	Policy	House Enrolled Act 1359-2022	Reduce recidivism, improve equity, and increase the efficiency of the resources for youth in contact with Indiana's juvenile justice system	Juvenile Justice Reform Task Force + Rep. McNamara + Sen. Crider	
2021	Resource	Trauma Screening and Surveillance Guide	Increase awareness and understanding of a person or group's exposure to trauma and adversity, inspire the creation of more appropriate resources and services to promote resilience and well-being	Childhood Trauma and Resilience Committee + Division of Mental Health and Addiction + Department of Education + Department of Health	
2021	Resource	Emergency Shelter Placement Site	Share information on the availability of shelter care those placing children to have a quick and accessible recourse	Emergency Shelter Subcommittee + Department of Child Services	
2020	Policy	House Enrolled Act 1468-2021	Reduce barriers to licensing for Licensed Addiction Counselor and Licensed Clinical Addiction Counselors that may impede new counselors from entering the field.	Mental Health & Substance Abuse Task Force + Legislators	
2020	Collaboration	State Agency Mental Health Initiatives	Garner cross-state agency commitment and collaboration to develop the state's crisis continuum and ensure prioritization of mental health across all government branches.	Suicide Prevention Gap Analysis Subcommittee + Department of Mental Health and Addiction + Office of Judicial Administration + Legislators	
2019	Policy	House Enrolled Act 1283-2020	Screening of the film "Resilience" in Indianapolis for state-level professionals inspired Rep. DeVon	Education Outcomes Task Force +	

			to file House Bill 1283-2020. The bill required teacher preparation programs to include content that prepares teacher candidates to use traumainformed classroom instruction.	ACES Coalition + Rep. DeVon
2019	Resource	Trauma Definitions	Increase consistent use of research-based terminology around trauma and ensure high-quality services and programs for children impacted by trauma.	Child Trauma and Resilience Work Group
2019	Collaboration	Guardianship Legal Forms for Kinship Families	Partnership with Indiana Legal Help to provide appropriate state support to kinship caregivers to ensure the well-being of the children in their care.	Child Health and Safety Task Force + Indiana Legal Help
2019	Resource	Child Protection Framework	Promote safety and wellness of families and children and reduce and prevent instances of child maltreatment.	Child Abuse Prevention Subcommittee + Department of Child Services
2019	Resource	Information Sharing Guide	Share information to minimize disruptive behavior in the classroom and equip educators to handle student behavior in a constructive way while reducing the incidents of suspension, expulsion, and time out of class.	School Climate and Discipline Subcommittee
2019	Resource	Indiana Guardianship Form and Guidance	Guardianship added to the Court Access Website to remove barriers for kinship caregivers to be able to secure educational, health, and other needed services for the children in their care.	Kinship Care Subcommittee + Coalition for Court Access
2019	Resource	Reducing the Use of Seclusion and Restraint Resource Guide	Resource posted on the website to reduce and eventually eliminate traditional practices that research has shown to be harmful to youth	Safety and Well-being of Children in State Care Subcommittee

2018	Recommendation	Oversight of Social Emotional Learning and Mental Health in Schools	Recommended each school designate a person to facilitate and oversee the integration of social-emotional learning and mental health in schools, as well as suggested possible titles, areas of responsibility, education, and licensing	Mental Health in Schools Subcommittee + Education Outcomes Task Force + Department of Education
2018	Recommendation	Foster Youth Age	Recommended support services be available to foster youth through age 23 and implemented by General Assembly	Child Health and Safety Task Force + Department of Child Services