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Dear fellow Hoosier,

The year encompassing July 2020 through June 2021 will be remembered as a unique period in history. With a global pandemic raging and vaccines becoming widely available only toward the end of that period, a great deal of state business was conducted in a virtual environment for everyone’s safety; so, too, with the Children’s Commission. During this fiscal year, all Commission meetings were held online, with members participating from their various homes and offices and the public watching a livestream. Thankfully, technology allowed for the Commission to continue its vital work of studying issues and proposing policy and practice improvements for the benefit of vulnerable youth. While this year’s report will be missing the colorful photographs of in-person meetings in beautiful and historic buildings, the work described here is no less substantive or important than in previous years.

The past year has also been one in which all eyes were on reckoning with historical injustices and building a more equitable society. Here too, state government did not miss the moment to act. During the year, the Governor’s office, Family and Social Services Administration, and Indiana Supreme Court created and filled new equity-focused leadership positions. The Children’s Commission’s Equity, Inclusion, and Cultural Competence Committee led the way in developing tools to assist with state government’s efforts to keep striving for a more perfect union.

Although our state policy work continued relatively uninterrupted, we know the events of the past year had a profound impact on children and families, with those who were most disadvantaged prior to the pandemic bearing the brunt of both the health and economic fallout of COVID-19. Although schools and teachers performed an astonishingly fast and ef-
fective pivot to online learning when needed for safety, spring test scores showed that—as predicted—students lost academic ground due to disruptions to the learning environment over the past year. Youth anxiety and depression are at all-time highs because of the isolation of this pandemic year, and food insecurity remains a problem throughout the state. As Indiana emerges from the shadow of COVID-19, much work lies ahead to recover and rebuild—minds, hearts, homes, and stomachs. The Commission will be keeping an eye out for policy and practice innovations that can accelerate that recovery for children and families and lead us to a place that is even better than before.

One reason to hope our ideas will continue to get better is that the voices of youth are being brought more deliberately and consistently into the conversation. With the passage this year of HEA 1537, the Commission on Improving the Status of Children will add two young adults who have been in the position of the youth who are the focus of the Commission. Adding the perspectives and experience of youth to those of our policy leaders is a formula for cooking up new and better solutions for Hoosier children and families, and I can’t wait to get started.

For the Children,

Julie L. Whitman, MSW
Executive Director
COMMISSION
actions

Met during the fiscal year

Commission met in August, October, December, April, and June

Executive Committee met in August, September, October, December, January, March, April, May, and June

Approved

Letter of support for Youth Risk Behavior Survey administration

Recommendations to change clinical addiction counselor licensing requirements to improve the ability for mental health providers to also acquire an addiction treatment license; enacted in HEA 1468

Concept of adding two youth members to the Commission; enacted in HEA 1537

Recommendation to require suicide prevention training in certain postsecondary programs for health, education, and mental health professionals

Recommendation to require schools selected by the CDC to participate in the Youth Risk Behavior Survey

Recommendations to increase awareness of emergency shelter care facilities and how they can be used

Adopted

Position statement on appropriate uses of the Adverse Childhood Experiences questionnaire

Equity guide for policy analysis

Organizational equity resource packet

Equity curriculum and training resource guide

New strategic objective on screening, identification, and treatment of children with Fetal Alcohol Spectrum Disorders (FASD)

Approved

Letter of support for Youth Risk Behavior Survey administration

Recommendations to change clinical addiction counselor licensing requirements to improve the ability for mental health providers to also acquire an addiction treatment license; enacted in HEA 1468

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Recommendations to increase awareness of emergency shelter care facilities and how they can be used

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Position statement on appropriate uses of the Adverse Childhood Experiences questionnaire

Equity guide for policy analysis

Organizational equity resource packet

Equity curriculum and training resource guide

New strategic objective on screening, identification, and treatment of children with Fetal Alcohol Spectrum Disorders (FASD)
Recommendations to enhance foster care capacity to care for older youth through specialized recruitment and training

Recommendation to provide specialized training to emergency shelter care facilities on working with high-need youth

Recommendation to end the 90-day waiting period to enroll in the Children’s Health Insurance Program (CHIP) after dropping private insurance

**Endorsed**

Creation of a coordinated crisis response network for the state of Indiana

The prioritization of mental health programs, awareness, and suicide prevention across all three branches of state government

Development of Mobile Response and Stabilization Services (MRSS) as a pilot with a Medicaid managed care entity

**Tracked & reported on**

262 bills, which resulted in 60 new laws impacting children

**Hosted or planned events with partners**

Virtual Youth Engagement Summit (YES!)

Virtual State of the Child 2021

**Heard presentations on**

Creating a vulnerable youth dashboard

Child fatality review findings on youth suicide

Ways to engage youth at risk of suicide in treatment

Efforts to support kinship caregivers and raise awareness of their role

The development of a statewide framework for preventing child maltreatment

Social emotional learning and mental health resources for schools

Recent data on infant mortality in Indiana

Children’s mental health promotion and addiction prevention programs and best practices

Findings and recommendations from a preliminary assessment of Indiana’s juvenile justice system

Definition of serious and violent delinquent behavior and steps toward prevention recommendations

Strengthening Indiana Families program and Family Resource Centers

Authentic youth participation

STATE FISCAL YEAR:
JULY 1, 2020 TO JUNE 30, 2021
The Commission’s current strategic plan highlights five overarching principles, each of which represents one way of “getting it right for kids.” If we incorporate these principles into our work, it can only improve the results. Here we highlight significant Commission accomplishments of this past fiscal year that align with the overarching principles.
Historical inequities cannot be corrected by ignoring them. For statewide solutions to be effective, marginalized voices must be included, data must be disaggregated (by race, geography, gender and other relevant variables) and policies and programs must be responsive to the particular needs and strengths of each community and group of children in Indiana.

**Equity policy analysis guide**

This guide, developed and presented by the Equity, Inclusion, and Cultural Competence Committee (EICC), contains a set of seven questions for policymakers to ask themselves before enacting a new policy, or when reviewing an existing one. This guide has been distributed broadly and serves as inspiration for local entities—for example within the youth justice system—as they work to complete racial equity impact assessments on local policies and practices. The guide has been presented to national audiences as well, including federal officials and state and local children’s cabinets from around the country.

**Organizational equity resource packet**

This set of resources includes a sample job description for a Chief Equity Officer or similar position, a list of organizational protective factors that promote an equitable environment, and resources for conducting an organizational self-assessment to determine readiness to take on equity work. With many organizations and agencies committing to a renewed focus on equity, the EICC and the Commission took the opportunity to provide these tools to help that work be authentic and successful.

**Curriculum & training resource guide**

Many leaders recognize a need to train their staff—and themselves—on topics related to equity, such as implicit bias, disproportionality, and inclusion. This list of training and educational resources is a starting place where individuals can begin or continue their own learning and that of their organization. The curriculum subcommittee of the EICC developed a rubric and scored available resources, resulting in this vetted list of training opportunities.
TWO GENERATIONS

Parents are children’s first teachers and role models. Efforts to support the safety, health, wellbeing, and education of children and youth are more effective when those efforts also support the role of parents and extended family members in the child’s development.

Child abuse prevention framework

Pursuant to a recommendation from the Child Health and Safety Committee that the Commission approved in May 2019, a group of statewide stakeholders has been working with the Department of Child Services (DCS) and a consulting group to develop a statewide framework for the prevention of child maltreatment. Such primary prevention work prioritizes supporting families and connecting them with resources in their communities. Additionally, the Commission has served as a partner on Strengthening Indiana Families, a federally funded project led by two Indiana University professors to develop Family Resource Centers in four pilot counties. Both of these projects prioritize supporting parents in order to ensure the safety and wellbeing of children.

Mental health & substance abuse workforce

Addiction has been referred to as an epidemic in Indiana, and parental addiction is one of the top factors negatively impacting children’s safety and wellbeing. The Commission’s Mental Health and Substance Abuse task force took on the challenge of seeking ways to increase the number of qualified treatment providers in Indiana, so that parents and families can receive the support they need to enter recovery and be fully present and capable for their children. The task force proposed a set of changes to the licensing requirements for clinical addictions counselors, which were enacted in HEA 1468. These new requirements will streamline licensing for those who hold or are simultaneously pursuing another mental health license, such as the LCSW, ultimately producing more qualified treatment providers to help families reach stability and wellness.
DO NO HARM

The state should only intervene in the life of a child or family if the intervention can reasonably be expected to improve the status of the child and/or family. Government intervention should not cause harm.

Emergency shelter care recommendations

The Juvenile Justice and Cross-System Youth task force decided to take a close look at how emergency shelter care facilities were being used, and could be used, in Indiana. They found that these safety net facilities were generally about half full, with room to take more youth as needed. However, there was not always a good match between the needs of the youth and the services available—with high-need youth sometimes being turned away, and youth that could be served in foster families being housed in facilities instead. There could also be geographical mismatch, as local stakeholders were not necessarily aware of the availability of services outside their immediate area if their facility was full.

The shelter care subcommittee proposed a number of recommendations to help raise awareness of the availability of shelter care, including for daytime use; to do specialized training and recruitment of foster families to serve older youth (those most likely to enter facilities when they could be served by families instead); and to provide additional training to shelter care facilities on serving high-need youth (those who are sometimes turned away from the facilities due to behavior concerns, but who most need the help that could be provided there).

Mobile response & stabilization services

The Mental Health and Substance Abuse task force’s subcommittee on mobile response has been studying the benefits of creating a system of mobile response for youth experiencing a mental or behavioral health crisis, as a safer alternative to the use of emergency departments or law enforcement. The subcommittee visited other states, combed through Medicaid data, and found that the use of a mobile behavioral health response has the potential to reduce disruption in foster care placements, reduce expensive emergency department visits, and produce better outcomes for youth. This group proposed working with the Office of Medicaid Policy and Planning to take an even deeper dive into the data while engaging one of the Medicaid Managed Care Entities (MCE) to develop a pilot mobile response program. The team also identified the availability of federal technical assistance that could help with this effort.
CHIP waiting period

A subcommittee of the Child Health and Safety task force started taking a close look at state actions that could help ensure health coverage for more children. The subcommittee discovered a relatively simple change that could be made administratively by FSSA to ensure that children whose parents’ employer-provided coverage becomes too expensive would not have to wait before enrolling in the Children’s Health Insurance Program. They recommended changing the rule currently in place that forces a 90-day period of no coverage on those children, which can delay necessary care.

Juvenile justice system assessment

Decades of research have shown that involvement in the juvenile justice system can have a serious negative impact on a child’s future, often in a way that is out of proportion to the offense the child may have committed, and with significant racial disparities. In an effort to gain clarity on these unintended harms, while maintaining a focus on public safety, the Children’s Commission sought and received funding this year to work with the Council of State Governments Justice Center (CSG) on a preliminary assessment of Indiana’s juvenile justice practices and outcomes.

CSG presented a set of preliminary findings and recommendations, and the Commission was funded by the General Assembly to continue the work in the coming year. Phase two will include a deep dive into the data from several parts of the youth justice system and the development of consensus-based recommendations to improve outcomes for youth while maintaining or improving public safety and making responsible use of state and local government resources.
An understanding of the impact of trauma and trauma-informed practice increases the effectiveness of all work with vulnerable children and families.

**ACEs position statement**

The Child Trauma and Resilience Committee has worked to thread together the many different conversations taking place across Indiana about child trauma and appropriate ways to respond. Several members of the committee were trained by Dr. Robert Anda, an original author of the Adverse Childhood Experiences (ACEs) study, on the proper use of ACEs information to build trauma-informed communities.

As knowledge of ACEs has grown, so too have the number of people and programs who have begun to use the ACEs questions in ways not originally intended. The committee developed a position statement, which the Commission adopted, on appropriate and inappropriate uses of the sensitive ACEs questions with children, youth, and adults. The committee continues work on a follow-up resource with suggestions for alternative measures to use in situations where the ACEs questions are not the most appropriate tool.

**Social-emotional learning, mental health promotion & addiction prevention in schools**

The Commission heard several presentations this year on evidence-based and trauma-informed practices that help students succeed in school and life. Through the work of the Indiana Department of Education, the Division of Mental Health and Addiction, and private funders such as the Richard M. Fairbanks Foundation, Indiana children and youth are learning skills such as self-awareness, self-management, social awareness, relationship skills, and responsible decision-making.

These skills, when taught regularly and with fidelity to a research- or evidence-based program, serve as a foundation not only for academic success, but also future workforce readiness. These programs are helpful for all students, but carry additional benefits in giving teachers ways to support students who have experienced trauma, and prevent that trauma from interfering with the student’s learning.
YES! fellowship & summit

With support from the Forum for Youth Investment, the Commission partnered this year with Voices Corporation and a planning team of professionals and parents to select and train a group of youth fellows, who planned and led a virtual policy summit. The youth fellows ranged in age from 15 to 23 and had experience with many of the state systems represented on the Children’s Commission. Voices provided an eight-week training process that prepared the youth to turn their own experiences into education and advocacy, and in October 2020, the youth planned and led a virtual summit for more than 250 policy makers and youth-serving professionals. During the summit the youth presented on the topics of educational inequity, homelessness, mental health, and child welfare. The youth presented their ideas for making these systems better, and following the summit they engaged directly with legislators and others to speak into the policy process from their experience.
Youth Commission members

The YES! fellowship and summit inspired Commission members to embrace the value of having youth at the table, and after a discussion with the full Commission, HB 1537 was filed and ultimately passed and became law. The act creates two additional seats on the Children’s Commission for young adults who, as children, have been served by the systems present on the Commission. At the end of the fiscal year, finalists were being interviewed for the positions, and appointments are expected early in the next fiscal year.

Family YES! planning

With support from Casey Family Programs, Commission staff is working with a committee of professionals and parents to plan a family and youth engagement summit (Family YES!), where youth as well as parents can share their experiences with state systems and professional services, and exchange ideas with professionals on how to improve these systems and services and make them more family-friendly. This summit was originally scheduled for 2020, but due to the pandemic and the committee’s strong desire to hold the event in person, it has been postponed to Fall 2021. Much of the planning and groundwork was laid during the 2020-21 fiscal year.

Looking ahead

The Commission on Improving the Status of Children in Indiana has just completed its eighth year of collaborating to improve policies and practices for vulnerable youth. So much more remains to be done.

In the coming year, the Commission will dive more deeply into juvenile justice reform, continue pressing forward on ways to support families to prevent child abuse and neglect, continue to seek increased availability of evidence-based mental health and substance abuse treatment for children and their parents, and seek new community collaborations to help keep our youngest children healthy and our adolescents safe from violence.

We will continue to speak up for the need to inform our responses to these problems with an understanding of equity, trauma, and a public health response. Working together for and with our youth, there is nothing we can’t take on. We are Hoosiers. Bring it on.
COMMISSION members

Christine Blessinger
Deputy Commissioner, Re-entry and Youth Services, Indiana Department of Correction

Representative Dale DeVon
State Representative, District 5
2020 Commission Chair
Member, Executive Committee

Kristina Box, M.D.
Indiana State Health Commissioner

Senator Stacey Donato
State Senator, District 18
Member, Executive Committee

Senator Jean D. Breaux
State Senator, District 34

Justin Forkner
Chief Administrative Officer, Indiana Supreme Court

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

John R. Hammond, IV
Deputy Chief of Staff, Office of the Governor
2021 Commission Chair
Member, Executive Committee

Bernice Corley
Executive Director, Indiana Public Defender Council

Curtis T. Hill, Jr.
Indiana Attorney General
(Member through December 2020)
Commission Members Lead State’s Pandemic Response

As Indiana’s Health Commissioner, Dr. Box provided tireless and inspiring leadership for the state’s public health pandemic response, while continuing to attend to all of the other priorities of IDOH, including reducing infant mortality and narrowing racial disparities in infant and maternal health.

As Secretary of FSSA, Dr. Sullivan took the lead on ensuring a compassionate and efficient response during COVID to those who were experiencing homelessness, domestic violence, mental health challenges, and food insecurity.

Terry Stigdon, DCS director and nurse by training, ensured that vulnerable children and families continued to be served remotely or in person as needed, while also finding time to volunteer in her nursing capacity to assist with COVID testing.

That all three leaders continued their important work for children and families while also leading their teams through an extraordinary year-long (and counting) public health emergency is a testament to the Hoosier spirit of compassion, hard work, and dedication that all three embody.
**Child Health & Safety Task Force**

Sarah Sailors, *Co-Chair*
Indiana Department of Child Services

Sen. Jon Ford, *Co-Chair*
District 38

Ben Brown
FSSA/Office of Medicaid Policy & Planning

Christina Commons
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Chris Daley
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Mark Fairchild
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Rachel Fisher
Lutherwood

Maureen Greer
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Terri Lee
Indiana State Department of Health

Sharon Pierce
The Villages

Angela Reid-Brown
Office of Court Services, Indiana Supreme Court

Sandy Runkle
 Prevent Child Abuse Indiana

Deanna Szyndrowski
SCAN, Inc.

**Educational Outcomes Task Force**

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Brianna Morse, *Co-Chair*
Indiana Department of Workforce Development

Mary Beth Buzzard
Indiana Department of Correction

Shannon Chambers
Johnson County Probation

Michael Coleman
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Bethany Ecklor
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Nancy Weyer, Co-Chair
Indiana Juvenile Detention Alternatives Initiative

Stephen Balko
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Jeffrey Bercovitz
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Holly Stachler
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Calvin Roberson
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Tyler Brown, Co-Chair
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