



# Commission on Improving the Status of Children in Indiana

Annual Report 2017-2018



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# Commission on Improving the Status of Children in Indiana

July 2018

Dear Fellow Hoosier,

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

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

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



For the Children,

Julie L. Whitman, MSW  
Executive Director



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

# Introduction

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

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

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

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

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

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

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

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

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

# Children's Commission Actions

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

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**MET** during the fiscal year:

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

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**HEARD** presentations on:

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

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**APPROVED:**

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

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

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

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

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

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

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

# MEMBERS 2017 - 2018



**Christine Blessinger**

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



**Representative David Frizzell**

State Representative,  
District 93

Member, Executive Committee



**Mary Beth Bonaventura**

Executive Director,  
Indiana Department of Child  
Services (former)

(Term ended December 2017)

Member, Executive Committee



**John R. Hammond, IV**

Policy Director,  
Office of the Governor

**2018 Commission Chair**  
Member, Executive Committee



**Kristina Box,  
M.D.**

Indiana State Health  
Commissioner



**Curtis T. Hill, Jr.**

Indiana Attorney General



**Senator Jean D. Breaux**

State Senator,  
District 34



**Senator Erin Houchin**

State Senator,  
District 47

**2017 Commission Chair**  
Member, Executive Committee



**Jason Dudich**

Director,  
State Budget Agency



**Larry Landis**

Executive Director,  
Indiana Public Defender Council

# 2017 - 2018 MEMBERS



**Susan Lightfoot**

Chief Probation Officer,  
Henry County Probation  
Department



**Jane Seigel**

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



**Jennifer  
McCormick,  
Ph.D.**

Indiana Superintendent of Public  
Instruction



**Terry Stigdon**

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

Member, Executive Committee



**Kevin Moore**

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



**Representative  
Vanessa  
Summers**

State Representative,  
District 99



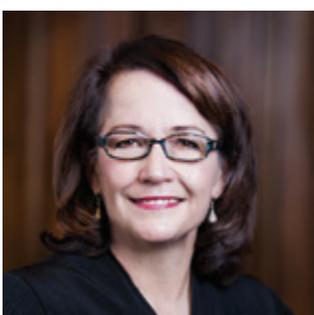
**David Powell**

Executive Director,  
Indiana Prosecuting Attorneys  
Council



**Jennifer  
Walthall, M.D.**

Secretary, Family and Social  
Services Administration



**Honorable  
Loretta Rush**

Chief Justice of Indiana

2019 Commission Chair  
Member, Executive Committee



**Mary G. Willis**

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

# Strategic Plan

## / 2017-2019 /

# Mission

To improve the status of children in Indiana

### PRIORITY

## Child Safety & Services

### GOAL

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

### OBJECTIVES

- 1.1** Support efforts to prevent child abuse and neglect
- 1.2** Support efforts to ensure the safety of children in state care
- 1.3** Promote programs and services that support older youth with successful transition to independence
- 1.5** Study and evaluate barriers to receipt of Medicaid for prevention, early intervention, and treatment
- 1.6** Promote an improved understanding of the impact of trauma on children and youth and the efficacy of trauma-informed practice
- 1.7** Coordinate and communicate child safety efforts with Indiana Perinatal Quality Improvement Collaborative (IPQIC)
- 1.8** Coordinate with the Indiana State Suicide Prevention Advisory Council

## Juvenile Justice & Cross-System Youth

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

- 2.1** Advocate for increased availability of and access to emergency shelter care and alternative therapeutic placements
- 2.2** Support the enhancement of services across the spectrum (in-home and residential)
- 2.3** Support efforts to decrease youth violence, including assessing the root causes of youth involved in violent crimes and/or crime involving weapons
- 2.4** Study and make recommendations on services to address the complex needs of runaway children and missing children
- 2.5** Study and evaluate whether "status offenders" should be removed from Delinquency code and moved to CHINS code in collaboration with Child Safety & Services Task Force
- 2.6** Support funding for innovative youth programming through expansion and increased funding of the Justice Reinvestment Advisory Council
- 2.7** Support the ongoing efforts of the Commercially Sexually Exploited Children (CSEC) workgroup in addressing the identification of exploited juveniles and the coordination of services related to juvenile victims of human trafficking

# Vision

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

## Mental Health & Substance Abuse

**Support creative and effective methods of improving assessment, access to treatment, and wrap-around resources for vulnerable youth and households in need of mental health and substance abuse services**

- 3.1** Explore policy change to promote integration of behavioral health and primary care for children
- 3.2** Identify and promote evidence-based and other effective supports and services that reduce youth mental health issues and substance abuse
- 3.3** Support effective alternative locations, modalities and treatments for substance abuse and mental health services
- 3.4** Support efforts to increase the number of mental health and substance abuse providers; improve service coordination to simplify delivery of services for children and their families
- 3.5** Support development of models to identify youth at-risk for substance abuse and mental health issues
- 3.6** Engage with Governor's Commission to Combat Drug Abuse to address issues of children's use of prescription drugs and children being raised by parents suffering from addiction
- 3.7** Support efforts to ensure access to care/treatment for youth and parents with substance abuse issues, including inpatient, outpatient, and rural coverage as well as services for youth after release from JJ/DYS

## Educational Outcomes

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

- 4.1** Explore models to develop an "educational passport" to provide a comprehensive understanding of the educational history of vulnerable children and youth when they move from place to place and school to school
- 4.2** Advocate for additional and improved services integrated in schools to address mental health and wellness
- 4.3** Recommend methods to incentivize schools to help vulnerable youth complete high school
- 4.4** Recommend strategies for promoting a positive learning climate for all students to address disproportionality in school discipline practices and to stop the tide of bullying
- 4.5** Support efforts to develop alternative educational options and resources for youth not able to survive/thrive in a traditional school setting
- 4.6** Study and report on the graduation rate of vulnerable youth
- 4.7** Study and report where youth coming out of the juvenile justice system and/or cross-system youth are being educated

## Child Safety & Services

### Goal

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

### Data

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

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

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

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

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

### Why it matters

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

### Progress

Over the past year, the task force has:

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

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

## Highlights

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

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

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

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

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

## Task Force Members

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

FSSA/Division of Mental Health and Addiction

**Sarah Sailors**  
Co-Chair

Indiana Department of Child Services

**Zachary W. Adams, Ph.D., HSSP**

IU School of Medicine, Department of Psychiatry

**Rachel Fisher**

Lutherwood

**Maureen Greer**

Indiana Perinatal Quality Improvement Collaborative

**Matt Hagenbush**

Indiana Office of Court Services

**Brent Kent**

Indiana Connected By 25, Inc.

**Jason Murrey**

FSSA/Division of Mental Health and Addiction

**Gary Parker, J.D.**

FSSA/Office of Medicaid Policy and Planning

**Sandy Runkle**

Prevent Child Abuse Indiana

**Tami Silverman**

Indiana Youth Institute

**Deanna L. Szyndrowski**

SCAN, Inc.

## Juvenile Justice & Cross-System Youth

### Goal

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

### Data

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

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

### Why it matters

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

### Progress

Over the past year, the task force has:

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

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

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

## Highlights

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

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

## Task Force Members

### Hon. Charles Pratt Co-Chair

Allen Superior Court

### Don Travis Co-Chair

Indiana Department of  
Child Services

### Jeffrey Bercovitz

Indiana Office of Court Services

### Sirrilla Blackmon

FSSA/Division of Mental Health  
and Addiction

### Christine Blessinger

Indiana Department of  
Correction, Division of  
Youth Services

### Coleen Connor

Tippecanoe County CASA

### Chris Daley

Indiana Association of  
Resources and Child Advocacy

### Elizabeth Darby

Indiana Criminal Justice  
Institute

### Hon. Kimberly Dowling

Delaware Circuit Court

### Kory George

Wayne County Probation

### James (Mike) Goodwin

Sullivan County Department of  
Child Services

### JauNae M. Hanger

Children's Policy  
and Law Institute

### Angela Reid-Brown

Indiana Office of Court Services

### Daniel C. Schroeder, Esq.

Marion County  
Public Defender Agency

### Jane Seigel

Indiana Office of  
Judicial Administration

### Nancy Wever

Indiana Office of Court Services

## Mental Health & Substance Abuse

### Goal

Support creative and effective methods of improving assessment, access to treatment, and wrap-around resources for vulnerable youth and households in need of mental health and substance abuse services

### Data

4.4 million Hoosiers live in designated Mental Health Professional Shortage Areas.<sup>6</sup>

### Why it matters

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

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

### Progress

Over the past year, the task force has:

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

### Highlights

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

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

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

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

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

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

## Task Force Members

### Sirrilla Blackmon Co-Chair

FSSA/Division of Mental Health and Addiction

### Senator Randall Head Co-Chair

District 18

### Cathy J. Boggs

Community Health Network

### Dr. Carrie Cadwell

Four County Counseling Center

### Chris Daley

Indiana Association of Resources and Child Advocacy

### Cindy Dean

Child Advocates

### Vivian Frazer

FSSA/Office of Medicaid Policy and Planning

### Mindi Goodpaster

Marion County Commission on Youth

### Julie Gries

FSSA/Division of Mental Health and Addiction

### Dr. Leslie Hulvershorn, M.D.

FSSA/Division of Mental Health and Addiction

### Kristina Johnson

Lutheran Foundation

### Marc D. Kniola

Indiana Department of Correction, Division of Youth Services

### Barbara Moser

NAMI Indiana

### Cathy Robinson

FSSA/Bureau of Developmental Disabilities Services

### Carol Satre

Indiana University School of Social Work

### David Reed

Indiana Department of Child Services

### Nancy Wever

Indiana Office of Court Services

### Jeff Wittman

Indiana Department of Education

## Educational Outcomes

### Goal

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

### Data

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

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

### Why it matters

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

### Progress

Over the past year, the task force has:

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

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

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

## Highlights

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

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

## Task Force Members

**Catherine Danyluk**  
Co-Chair  
Indiana Department of  
Education

**Melaina Gant**  
Co-Chair  
Indiana Department of  
Child Services

**Melissa Ambre**  
Indiana Department of  
Education

**Mary Beth Buzzard**  
Indiana Department of  
Correction

**William Colteryahn**  
Family and Social Services  
Administration

**Gina Doyle**  
FSSA/Division of Mental Health  
and Addiction

**Derek Grubbs**  
Indiana Department of  
Correction

**JauNae Hanger**  
Children's Policy and Law  
Initiative

**Deepali Jani**  
Indiana Department of  
Education

**Jill Johnson**  
Marion County Public Defender  
Agency

**Susan Lightfoot**  
Henry County Probation

**Kristen Martin**  
Marion County  
Prosecutor's Office

**Danielle McGrath**  
Indiana Economic Development  
Corporation

**Dr. Terri Miller**  
Hamilton Boone Madison  
Special Services

**Brianna Morse**  
Indiana Department of  
Workforce Development

**Dr. Theresa Ochoa**  
Indiana University

**Alison Slatter**  
Indiana Association of Home  
Educators

**Dr. Anita Silverman**  
Transitions Academy

## Committee Members

Representative  
Wendy McNamara,  
Chair

District 76

**Jolene Bracale**

Indiana Department of  
Education

**Leslie Dunn**

Indiana Office of Court Services

**Hon. Stephen Galvin**

Monroe Circuit Court

**Larry Landis**

Indiana Public Defender Council

**Sean McCrindle**

Bashor Children's Home

**Senator Mark  
Messmer**

District 48

**Senator Frank  
Mrvan**

District 1

**Jim Oliver**

Prosecuting Attorneys Council

Representative  
Melanie Wright

District 35

# Child Services Oversight Committee

## Charge

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

## Highlights/accomplishments

The committee discussed the following topics:

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

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

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

## Data Sharing & Mapping Committee

### Charge

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

### Highlights/accomplishments

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

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

### Committee Members

**Tyler Brown,**  
Co-Chair

Management Performance Hub

**Tamara Weaver,**  
Co-Chair

Office of the Attorney General

**Ashley Aiken**

Indiana Criminal Justice  
Institute

**Sirrilla Blackmon**

FSSA/Division of Mental Health  
and Addiction

**Michael Commons**

Indiana Office of Court Services

**Charlie Geier**

Indiana Youth Institute

**Garrett Mason**

Indiana Department of  
Child Services

**Jeff Milkey**

Indiana Department of  
Education

**Josh Ross**

Indiana Department of  
Correction

**Lisa Thompson**

Office of Judicial Administration

## Committee Members

**Kathryn Dolan,**  
Chair

Indiana Supreme Court

**Jeremy Brilliant**

Office of the Attorney General

**Gabrielle McLemore**

Indiana Senate Democrats

**Kristen Casper**

Indiana Public Defender Council

**Jim Gavin**

Family and Social Services  
Administration

**Jennifer O'Malley**

Indiana State Department of  
Health

**Erin Murphy**

Indiana Department of Child  
Services

**Isaac Randolph**

Indiana Department of  
Correction

**Connie Smith**

Indiana Prosecuting Attorneys  
Council

**Holly Stachler**

Indiana Department of  
Education

**Will Wingfield**

Indiana Criminal Justice  
Institute

# Communications Committee

## Charge

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

## Highlights/accomplishments

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

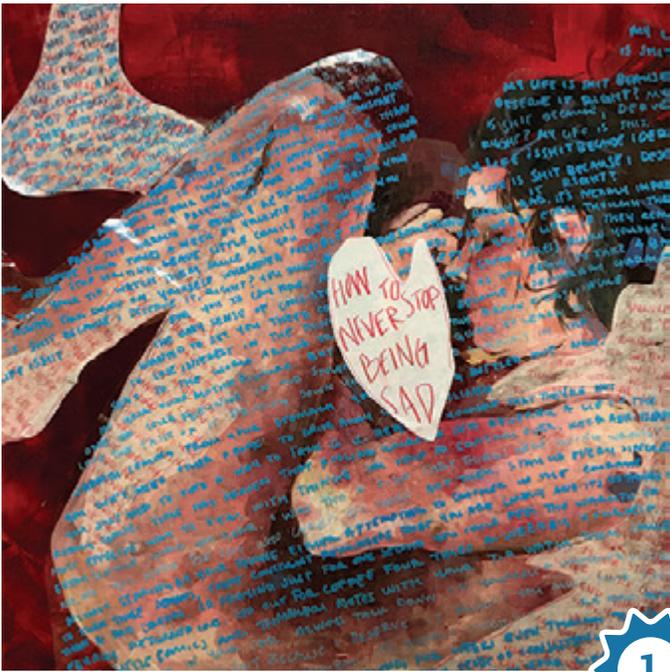
# Looking Ahead

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

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

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

**Join us!**



### How to Never Stop Being Sad

Anonymous  
New Albany High School



### The Never Ending Fall of Life

Anonymous  
Mooresville High School



### Stereotight

Olivia Kaelin  
New Albany High School





## Blooming from the Inside

Veronica Gonzalez  
Lake Central High School



## Untitled

Kira Grabinski  
Lake Central High School

# Your Mental Health Matters

## High School Student Art Project

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

To learn more about this project and how to get involved please visit [www.IN.gov/arts/3033.htm](http://www.IN.gov/arts/3033.htm)

**Commission on Improving the Status of Children**  
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[www.in.gov/children](http://www.in.gov/children)