Commission on Improving the Status of Children

Commission on Improving the Status of Children

AUGUST 19, 2020

Agenda

1. Welcome and Introductions
2. Consent Agenda
   a. Minutes from June 2020 meeting
   b. Equity Guide
   c. Annual Report
   d. YRBS Letter of Support

Agenda

3. Data Sharing and Mapping
   - Tyler Brown, Management Performance Hub

Agenda

4. Strategic Priority: Mental Health and Substance Abuse
   - Gretchen Martin, ISDH

     Statewide Child Fatality Review Committee, 2018 findings on pediatric suicide

Indiana Department of Health

Indiana statewide child fatality review committee: *Report on pediatric suicide*

GRETCHEN MARTIN, MSW
DIRECTOR, Fatality, Review & Prevention

08/19/2020

Indiana Statewide Child Fatality Review Committee:

Systematic Review of 2015/2016 Pediatric Suicides

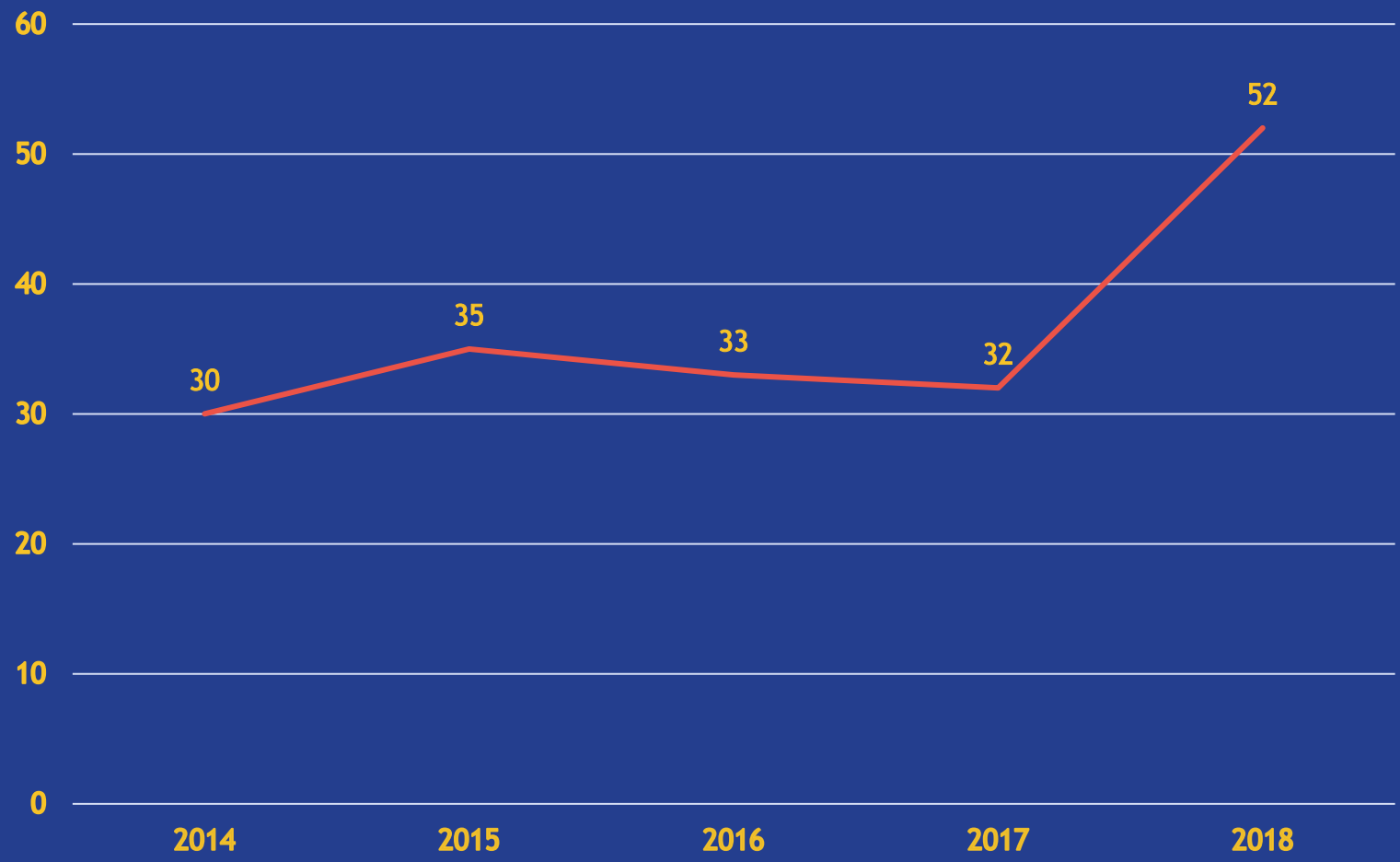
Indiana Department of Health

https://thenounproject.com/

Suicide is a completely preventable cause of death, but understanding the risk factors is imperative to informing prevention work in the state.

Pediatric suicides from 2014 - 2018

- Indiana has historically seen a consistent number of pediatric suicide deaths annually, until a jump in cases in 2018.
- Suicide has been the second-leading cause of death for Indiana residents between the ages of 10 and 17 since 2013.



Indiana Department of Health

Top injury causes of death by age group, 2014-2018

Rank	<1 year	1-4 years	5-9 years	10-14 years	15-17 years
1	SUIDS (431)	Homicide (49)	Motor Vehicle (41)	Motor Vehicle (54)	Motor Vehicle (175)
2	Homicide (54)	Motor Vehicle (42)	Homicide (21)	**Suicide (47)**	**Suicide (133)**
3	Suffocation (other) (51)	Drowning (40)	Drowning (18)	Homicide (32)	Homicide (81)
4	Motor Vehicles (10)	Suffocation (21)	Fire (10)	Drowning (17)	Poisoning (16)
5	Poisoning (7)	Fire (19)	Suffocation/ Strangulation (8)	Fire (11)	Drowning (12)

Methods

The Statewide Committee used the following data sources for this retrospective study:

- Death certificates
- Autopsy reports
- Coroner investigations
- LEA investigations
- Department of Child Services records
- CMHC treatment records
- Indiana National Violent Death Reporting System

Limitations

Cases were identified by manner of death on the death certificates.

- Intention is often difficult to determine in deaths involving self-injury.
- Suicides have the potential to receive accidental or undetermined manner of death assignations.
- Those deaths would have been missed by this review.

Indiana does not standardize suicide investigations.

- Pediatric suicides are not often reported to DCS.
- Law enforcement and coroner response varies.

Selection Criteria

69 total deaths were reviewed

- To garner a large enough sample size for analysis, deaths occurring in 2015 and 2016 were identified.
- Deaths where the manner of death was suicide were included for review.
- Vital Records identified 67 cases for review, and INVDRS identified two additional deaths of out-of-state residents where the death occurred in Indiana.

Partnerships

Indiana University Health

Johnson County
Public Health
Prevent. Promote. Protect.

Indiana
Department
of
Health

Findings

Community Mental Health Centers Data

DMHA was also able to provide mental health service records for children who had received services from Community Mental Health Centers (CMHCs). The Statewide Committee did not access mental health service records for children who may have received services funded by private insurance.

- Almost **half of the children** who died by suicide (45.5%) had received prior mental health services from a CMHC.
- A smaller percentage (24.2%) were receiving mental health services at the time of their death.
- **25.8% were on medications for mental illness**.
- *Qualitative Review Data*: Two of the children reviewed were found to have issues that prevented them from receiving mental health services, including insurance issues, family discord, and noncompliance.

Department of Child Services Data

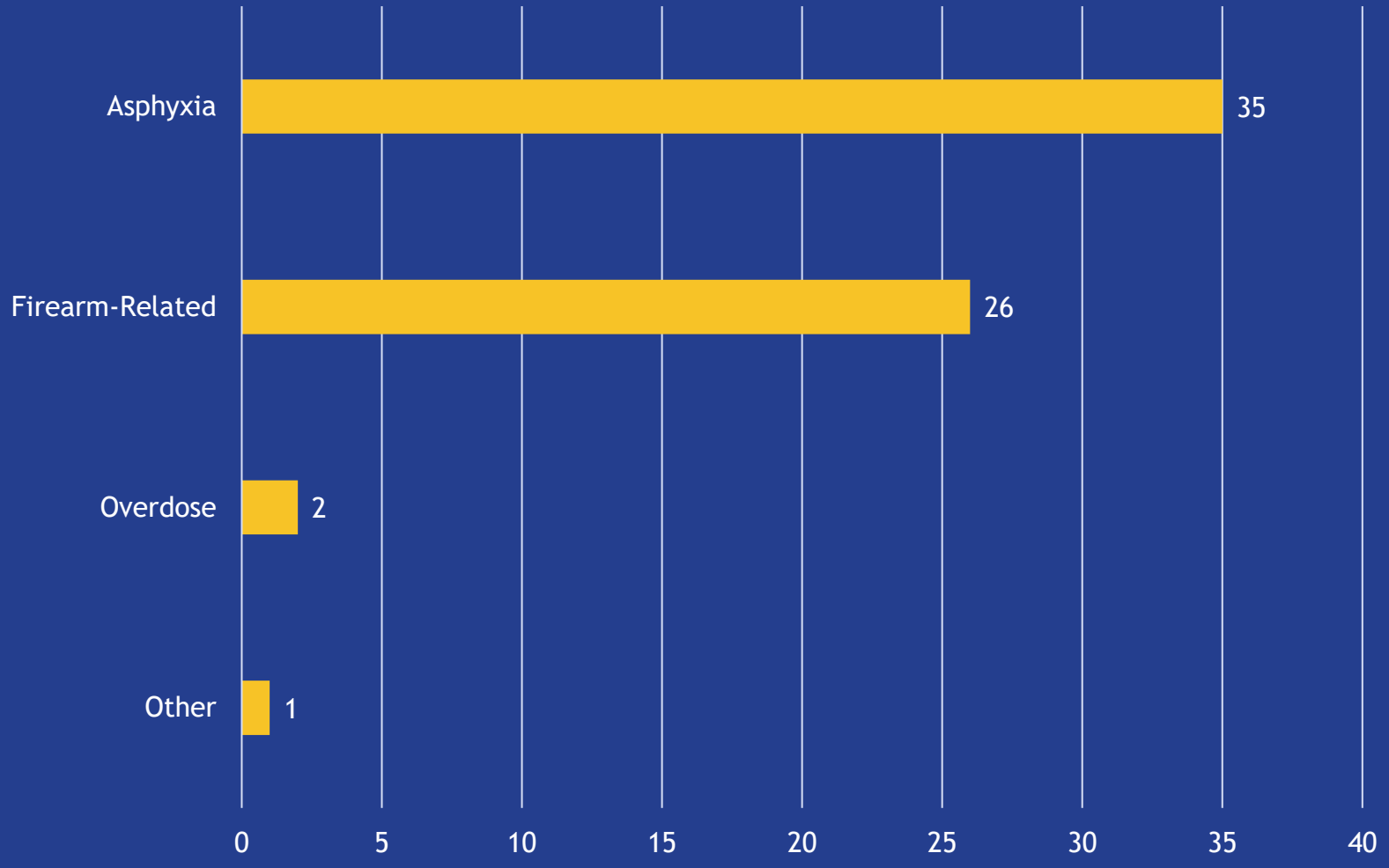
DCS was able to identify*:

- 5 children had a history of child maltreatment as a victim
- 2 children had a history of child maltreatment as a perpetrator
- 2 children had open DCS cases at the time of their death
- 7 children had some criminal or delinquent record
- 10 children had a history of substance use

**Some children are listed in multiple categories*

Youth suicide cause

The highest causes of death in youth suicide cases involved asphyxia and firearms.



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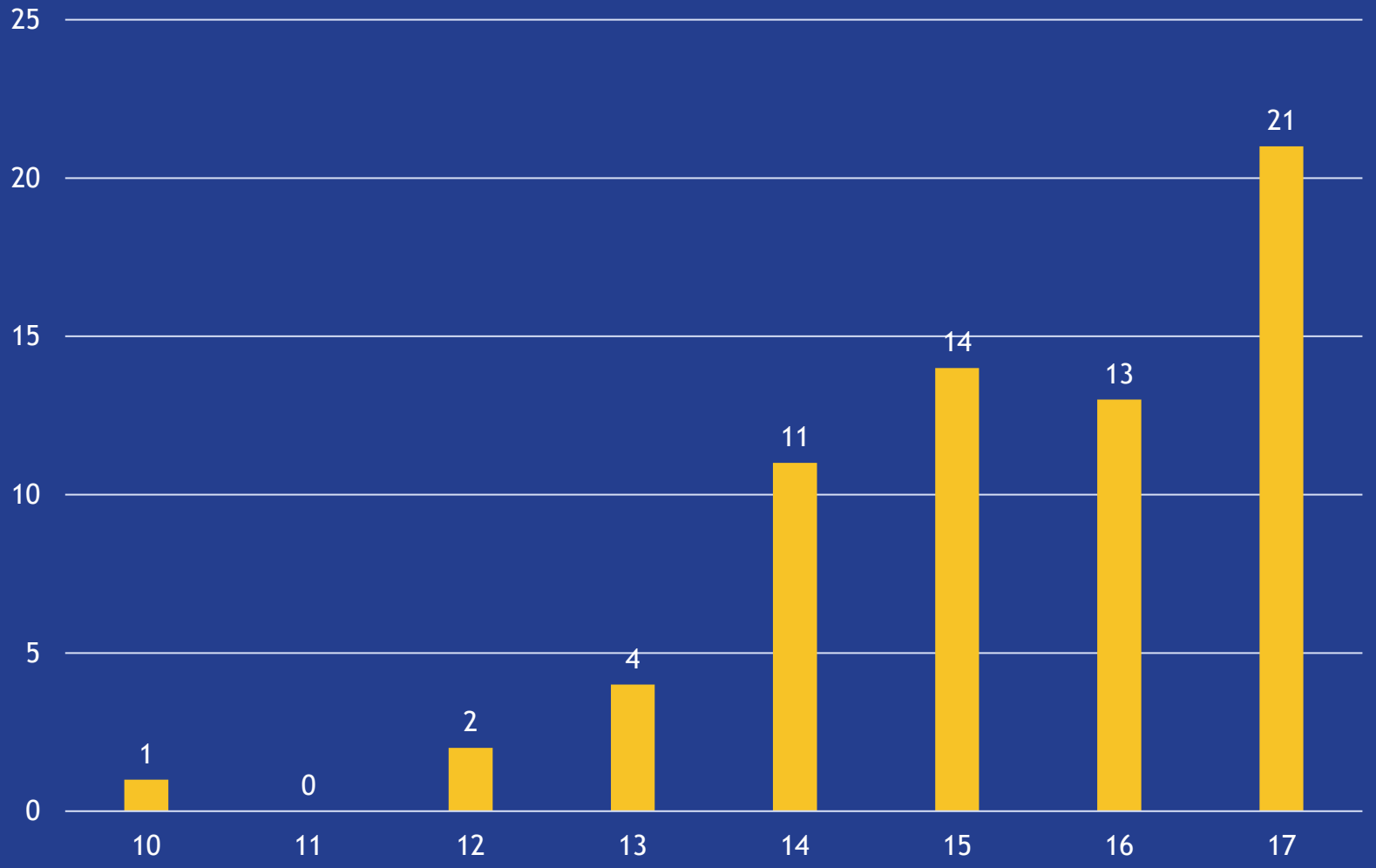
Youth suicide age

The highest number of youth suicides were seen in those 17 years old.



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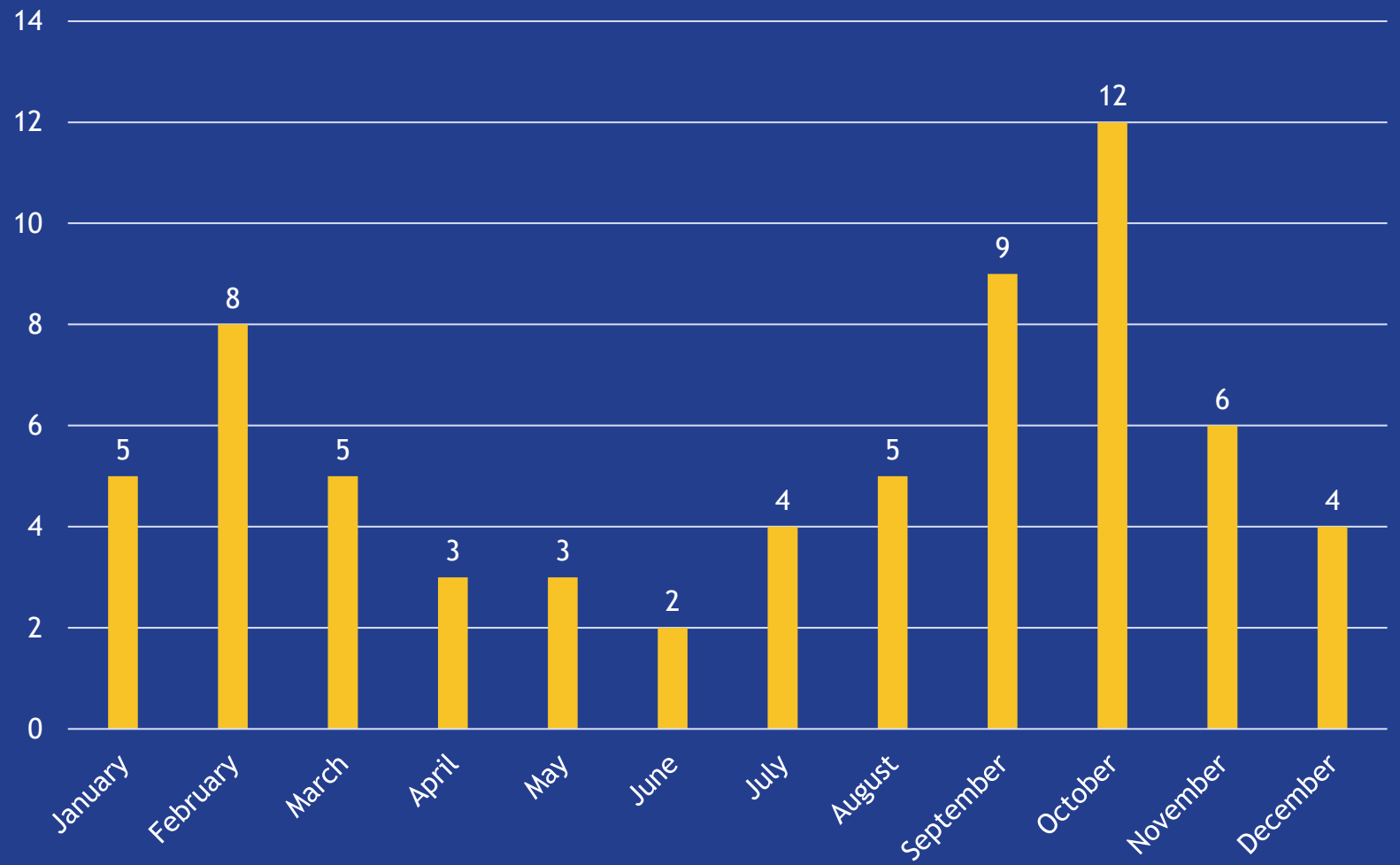
Youth suicide date

The highest number of suicide completions were found to be in the months of October, September and February.



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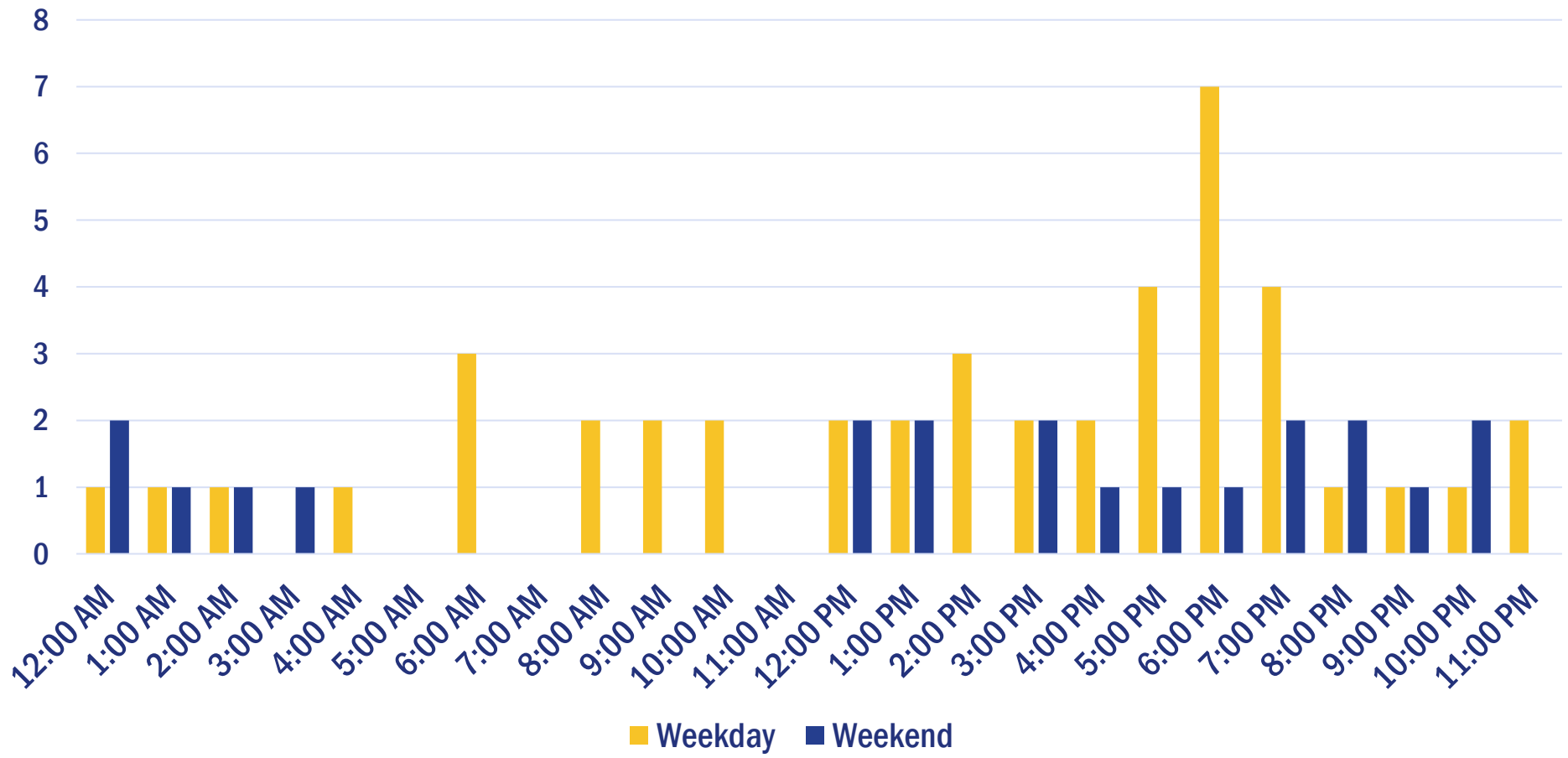
Time of youth suicide completion

The highest number of suicide completions occurred between 5 and 7 p.m. during the week.



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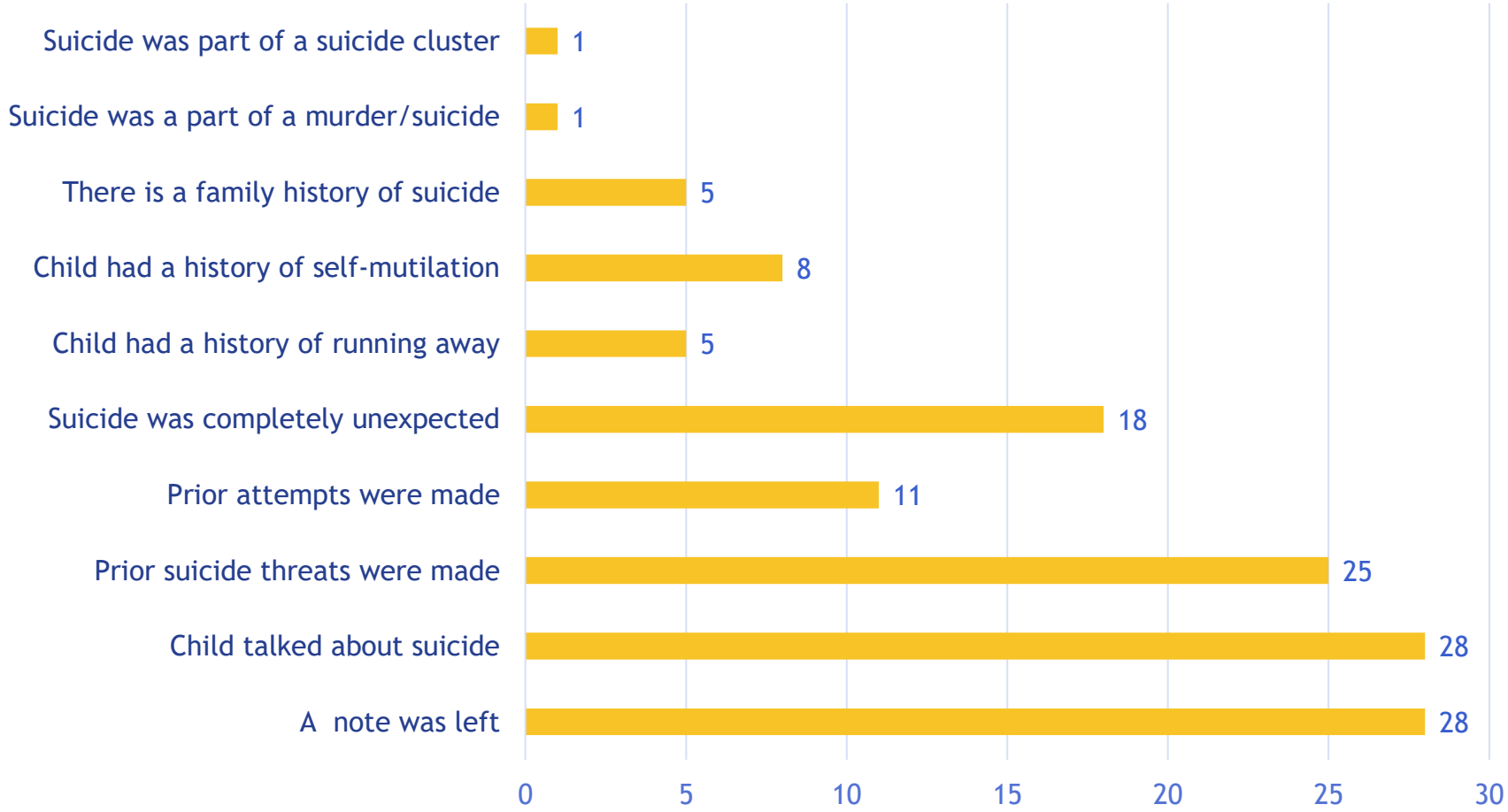
Youth suicide circumstance

There were various circumstances around reviewed suicide cases.



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Recommendations

Indiana Department of Health

https://thenounproject.com/

Prevention recommendation: Handle with Care

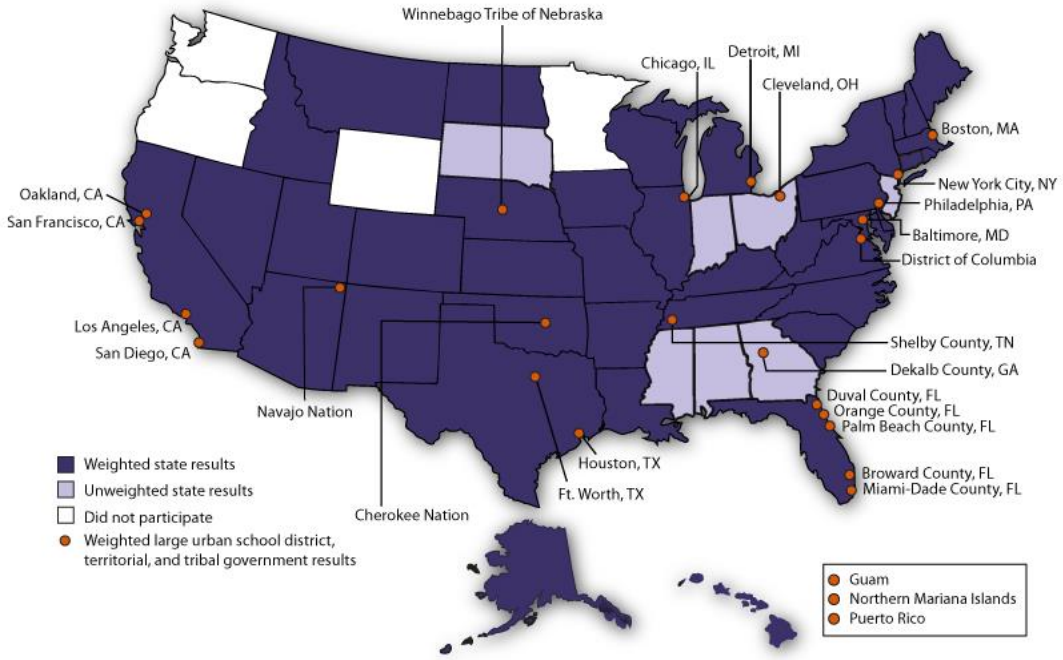
If a law enforcement officer/first responder/DCS encounters a child during a call, that child's name and three words, "Handle with Care," are forwarded to the school/childcare agency before the school bell rings the next day.

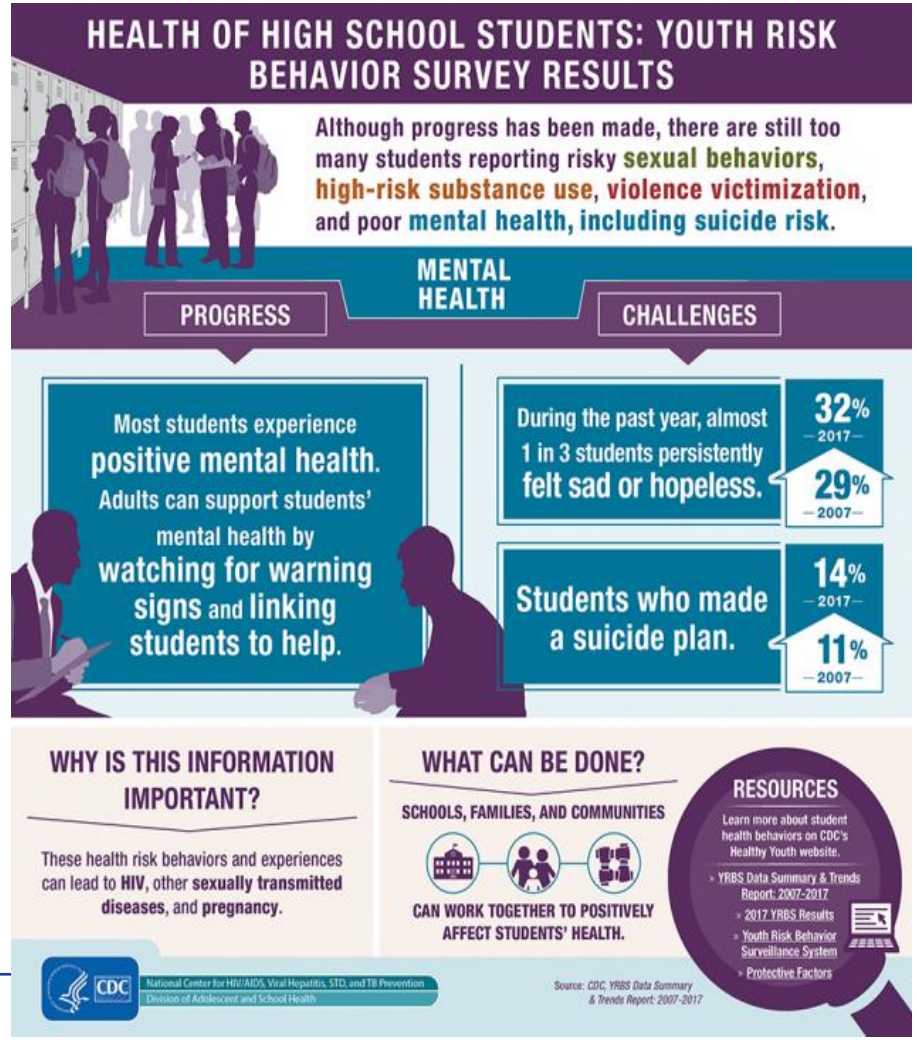
The school implements individual, class and whole school trauma-sensitive curricula so that traumatized children are "Handled With Care."

Indiana Department of Health

https://thenounproject.com/

Prevention recommendation: YRBS participation





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Intervention recommendation: Medical Home

Clinicians, therapists, social workers and other care providers should intentionally share a youth's history of suicide attempts, suicidal ideations, and mental health diagnoses with the child's other caregivers and their school, in order to ensure a consistent, informed continuum of care.

Schools and family practice physicians can then be informed of potential triggers for each child at risk, and thus be involved in safety planning with care providers and families.

https://thenounproject.com/

Post-vention recommendation: Investigations

Key steps for a suicide death investigation should include:

- Obtaining background information (medical and social)
- Asking about any warning signs, including previous expressions of suicidal ideation
- Finding out about risk factors, including recent deaths in the family, social stressors or a family history of suicide
- Seeking suicide notes, including social media activity
- Determining if victim had previous suicide attempts

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H5. ASSAULT, WEAPON OR PERSON'S BODY PART

a. Type of weapon:

- ○ Firearm, go to b
- ○ Sharp instrument, go to j
- ○ Blunt instrument, go to k
- ○ Person's body part, go to l
- ○ Explosive, go to m
- ○ Rope, go to m
- ○ Pipe, go to m
- ○ Biological, go to m
- ○ Other, specify and go to m
- ○ U/K, go to m

b. For firearms, type:

- ○ Handgun
- ○ Shotgun
- ○ BB gun
- ○ Hunting rifle
- ○ Assault rifle
- ○ Air rifle
- ○ Sawed off shotgun
- ○ Other, specify:
- ○ U/K

c. Firearm licensed?

○ Yes ○ No ○ U/K

d. Firearm safety features, check all that apply:

- ☐ Trigger lock
- ☐ Personalization device
- ☐ External safety/drop safety
- ☐ Loaded chamber indicator
- ☐ Magazine disconnect
- ☐ Minimum trigger pull
- ☐ Other, specify:
- ☐ U/K

e. Where was firearm stored?

- ○ Not stored
- ○ Locked cabinet
- ○ Unlocked cabinet
- ○ Glove compartment
- ○ Under mattress/pillow
- ○ Other, specify:
- ○ U/K

f. Firearm stored with ammunition?

○ Yes ○ No ○ U/K

g. Firearm stored loaded?

○ Yes ○ No ○ U/K

I6. SUICIDE

a. Child's history. Check all that have ever applied:

- ☐ None listed below
- ☐ Involved in sports
- ☐ Involved in activities (not sports)
- ☐ Viewed, posted or interacted on social media
  - If yes, specify platform(s):
- ☐ History of running away
- ☐ History of fearfulness, withdrawal or anxiety
- ☐ History of explosive anger, yelling or disobeying
- ☐ History of head injury
  - If yes, when was the last head injury? _____
- ☐ Death of a peer, friend or family member
  - If yes, specify relationship to child: _____
  - When did death occur: _____
  - Was death a suicide? ◯ Yes ◯ No ◯ U/K

b. Was the child ever diagnosed with any of the following? Check all that apply.

- ☐ None listed below
- ☐ Anxiety spectrum disorder
- ☐ Depressive spectrum disorder
- ☐ Bipolar spectrum disorder
- ☐ Disruptive, impulse control or conduct disorder
- ☐ Eating disorder
- ☐ Substance-related or addictive disorders
- ☐ Other, specify:
- ☐ U/K

c. Check all suicidal behaviors/attempts that ever applied:

- ☐ None listed below
- ☐ Interrupted attempt #__
- ☐ Preparatory behavior #__
- ☐ Non-fatal attempt #__
- ☐ Aborted attempt #__
- ☐ U/K

d. Did the child ever communicate any suicidal thoughts, actions or intent?

◯ Yes ◯ No ◯ U/K

If yes, with whom? _____

e. Was there evidence the death was planned or premeditated?

◯ Yes ◯ No ◯ U/K

f. Did the death occur under circumstances where it would likely be observed and intervened by others?

◯ Yes ◯ No ◯ U/K

g. Did the child ever have a history of non-suicidal self-harm, such as cutting or burning oneself?

◯ Yes ◯ No ◯ U/K

If yes, ☐ Reported to others ☐ Other, specify:

☐ Noted on autopsy

h. Warning signs (https://youthsuicidewarningsigns.org) w/in 30 days of death. Check all that apply:

- ☐ None listed below
- ☐ Talked about or made plans for suicide
- ☐ Expressed hopelessness about the future
- ☐ Displayed severe/overwhelming emotional pain or distress
- ☐ Expressed perceived burden on others
- ☐ Showed worrisome behavioral cues or marked changes in behavior
- ☐ U/K

i. Child experienced a known crisis within 30 days of the death?

◯ Yes ◯ No ◯ U/K

If yes, explain:

j. Suicide was part of: Check all that apply.

- ☐ None listed below
- ☐ A cluster
- ☐ A contagion, copy-cat or imitation
- ☐ A suicide pact
- ☐ A murder-suicide

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I7. LIFE STRESSORS

Please indicate all stressors that were present for this child around the time of death.

a. Life stressors - Social/economic

- ☐ None listed below
- ☐ Racism
- ☐ Discrimination
- ☐ Poverty
- ☐ Neighborhood discord
- ☐ Job problems
- ☐ Money problems
- ☐ Food insecurity
- ☐ Housing instability
- ☐ Witnessed violence
- ☐ Pregnancy
- ☐ Pregnancy scare

b. Life stressors - Relationships (age 5 and over)

- ☐ None listed below
- ☐ Family discord
- ☐ Argument with parents/caregivers
- ☐ Parents' divorce/separation
- ☐ Parents' incarceration
- ☐ Argument with significant other
- ☐ Breakup with significant other
- ☐ Social discord
- ☐ Argument with friends
- ☐ Bullying as a victim
- ☐ Bullying as a perpetrator
- ☐ Cyberbullying as a victim
- ☐ Cyberbullying as a perpetrator
- ☐ Peer violence as a victim
- ☐ Peer violence as a perpetrator
- ☐ Isolation
- ☐ Stress due to sexual orientation
- ☐ Stress due to gender identity

c. Life stressors - School (age 5 and over)

- ☐ None listed below
- ☐ School failure
- ☐ Pressure to succeed
- ☐ Extracurricular activities
- ☐ New school
- ☐ Other school problems

d. Life stressors - Technology (age 5+)

Stress/negative consequences due to:

- ☐ None listed below
- ☐ Electronic gaming
- ☐ Texting
- ☐ Restriction of technology
- ☐ Social media

e. Life stressors - Transitions (age 5 and over)

- ☐ None listed below
- ☐ Release from hospital
- ☐ Transition from any level of mental health care to another (e.g. inpatient to outpatient, inpatient to residential, outpatient to inpatient, etc.)
- ☐ Release from juvenile justice facility
- ☐ End of school year/school break
- ☐ Transition to/from child welfare system
- ☐ Release from immigrant detention center

f. Life stressors - Trauma (age 5 and over)

- ☐ None listed below
- ☐ Rape/sexual assault
- ☐ Previous abuse (emotional/physical)
- ☐ Family/domestic violence

g. Life stressors - Describe any other life stressors: (age 5 and over)

Post-vention recommendation: Psychological Autopsy

Psychological autopsies involve collecting all available information on the deceased, through:

- structured interviews of family members, relatives or friends
- reviewing health care personnel and psychiatric records
- reviewing other social history documents
- forensic examinations

By gathering additional information, better estimations on the role of potential risk factors for suicide can be understood and used to inform prevention and response efforts.

https://thenounproject.com/

Next steps for statewide committee

- Continue child fatality review for pediatric suicides from 2017, 2018 & 2019.
- Continue Learning Collaborative efforts to support schools and communities as they support students and families.
  - Resource guide
  - Toolkit of activities & collaborative partnerships
- Explore funding opportunities to support psychological autopsies and Handle With Care opportunities.
- Continue participation in CISC suicide workgroups to develop partnerships and inform statewide work.

Next steps for CISC

- Support standardization of all suicide investigation protocol, including the support of psychological autopsies.
- Encourage and provide support to community's adoption of the Handle With Care program.
- Help encourage completion of the YRBSS & the connection of DMHA, DCS, and DOE support for children and families facing mental or behavioral health challenges.

Contact information

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Indiana Department of Health

Agenda

4. Strategic Priority: Mental Health and Substance Abuse
   - Dr. Leslie Hulvershorn, DMHA

     Mental Health Neglect

Mental Health Neglect

Commission on Improving the Status of Children

Mental Health and Substance Abuse Task Force

Leslie Hulvershorn, MD

Subcommittee Members

- Julianne Giust, MD (Chair) DMHA/IU
- Kathy Gregory JD, DMHA
- Rhonda Allen, DCS
- Amy Korozos, JD
- Kelly Cunningham, ISDH
- Jennifer Downs, MD IU/Riley
- Erin Lahr, JD, DCS
- Gretchen Martin, ISDH
- Lauran Canady, Adult and Child Mental Health Center
- Lindsay Dempsher, DCS
- Lauren O’Riley, MA, IU Bloomington, Psychology

What is the scenario?

- Child attempts to kill self or states intent to kill self or others (ER), demonstrates chronic, prominent symptoms (outpatients), parent refuses mental health treatment
- What should be done: Call DCS? Use Emergency Detention/Involuntary Commitment approach?

Problems Discovered: Involuntary Treatment Statute

- Indiana civil commitment statutes are not explicit as to their application to minors, but are implicit in a section that directs a juvenile court to transfer the juvenile's case to probate court for commitment proceedings when hospital placement is necessary.
- However, it has been successfully used in a small number of cases
- This gives an MD the authority to detain a person for 72 hours (Emergency Detention) and then have the option to continue to petition the court for a forced treatment (Commitment)

Problems Discovered: Involuntary Treatment Statute

RECOMMENDATIONS:

-Educational efforts to make pediatric mental health clinicians (via DMHA and advocates) and judges (via Office of Court Services) aware of the potential benefit of utilizing the ED/Commitment method.

-Create documentation for use in facilities across the state to improve transparency with parents/guardians and clarity around processes (via Mental Health Advocates and DMHA)

-Consider amendment of the commitment statutes to explicitly apply to juveniles and to add developmentally appropriate language (legislative).

Problem Discovered: Is mental health neglect ever substantiated in Indiana?

- When parent/guardian refusal or non-compliance with mental health care is reported to IN DCS as neglect (mandated reporter training makes it clear that it is reportable), it is unclear how often these cases are substantiated. Data is not collected about this specifically. Anecdotally, clinicians report low levels of substantiating mental health neglect in IN.
- IL Example: Only 4/156 cases reported over a 6 year period involved mental health neglect (Fortin, et al, 2016 *Hospital Pediatrics*)
- Suspect low rates of CHINS 6 “The child substantially endangers his/her own health or the health of another individual”

Problem Discovered: Is mental health neglect ever substantiated in Indiana?

RECOMMENDATIONS:

-DCS code both referred and substantiated cases according to whether or not mental health/substance abuse neglect was involved in databases & collect information on utilization of CHINS 6 cases and understand barriers to use.

-DCS to develop language to assist staff answering mandated reporter line to be able to collect relevant/necessary information

Problems Identified: Mental Health Neglect Is Not Defined in IN Code

- It can be difficult for attorneys and judges to find mental health neglect as it is not defined in Indiana as part of child neglect or abuse.

Consideration: Legislative action to modify Indiana Code to define mental health neglect.

Agenda

5. Strategic Priority: Child Health and Safety
   - Sharon Pierce, The Villages, and Angela Smith-Grossman, DCS

     Update on Kinship Caregiver Supports

CHAMPIONING SUPPORT FOR INDIANA'S KINSHIP CAREGIVERS

COLLABORATIVE GOALS ARE
TO CONTINUALLY ENHANCE INDIANA'S SUPPORT
FOR OUR NEARLY 18,000 KINSHIP CAREGIVERS

ACTION STEP ACCOMPLISHED

- Provide ALL Kinship Caregivers with Access to Indiana's Legal Guardianship Forms With Instructions
- NOW Available at https://indianalegalhelp.org/court-forms/guardianship/

ACTION STEP ACCOMPLISHED

- Create A Statewide Kinship Care Advisory Committee

Indiana's Kinship Care Advisory Committee

- Meets Quarterly
- Co-Facilitated by DCS and The Villages
- Provides Gas and Meal Gift Cards for ALL Caregiver Members
- Currently Focusing on Awareness for September 2020 KINSHIP CARE APPRECIATION MONTH

DCS KINSHIP CARE INITIATIVES

- INDIANA KINSHIP CARE NAVIGATOR
  - All DCS Relative Care Support Specialists trained in the “Crisis Portion” of Kinship Indiana Program
  - Brochures and materials being created for DCS Community Partners for Child Safety; 211 Staff; and Community Partners, Statewide
  - DCS Region 7 Kinship Navigator (Delaware and Surrounding Counties) so successful that Region 1 Rollout (Lake County) was initiated JUNE 1st
  - Final Evaluation of Region 7 Pilot being done in next 60 days

DCS KINSHIP CARE INITIATIVES

- Faith Based Partnerships are Supporting Kinship Caregivers
  - itown Church in Central Indiana
  - Hands of Hope in Northeast Indiana

- Collaboratively, DCS, Casey Family Programs and The Villages promoting SEPTEMBER as 2020 KINSHIP CARE APPRECIATION MONTH
  - Pod Casts
  - Social Media
  - Local Caregiver Stories

THE VILLAGES
FAMILY CONNECTION NETWORK
KINSHIP CARE INITIATIVES

- VIRTUAL SUPPORT GROUPS
- "PORCH PANTRIES"
- VIRTUAL TRIVIA NIGHTS
- CELEBRATING LIFE EVENTS OF THE CHILDREN AND YOUTH


BUREAU OF MOTOR VEHICLES

Presented By:

Angela Smith Grossman

Assistant Deputy Director

Indiana Department of Child Services

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Sharon E. Pierce

President & CEO

The Villages of Indiana, Inc.

spierce@villages.org

OUR MISSION CONTINUES!

Agenda

5. Strategic Priority: Child Health and Safety
   - Amanda Lopez and Margaret Smith, Transform Consulting

     Update: Child Maltreatment Prevention Framework

Strategic Framework for Prevention of Child Abuse and Neglect

August 19, 2020

Our Partners

TRANSFORM
— CONSULTING GROUP —

The Villages
Foster Care • Adoption • Family Services

Prevent Child Abuse Indiana™
A Division of The Villages

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Strategies that *move.*

IMHC

jam
PRINTING & PROMOTIONS

Project Goals

TRANSFORM
— CONSULTING GROUP —

- Increase the effectiveness, alignment, and coordination of existing child maltreatment prevention efforts
- Identify new opportunities to support the resilience and wellbeing of vulnerable children and families to decrease the incidence of child maltreatment in Indiana

Project Deliverables

TRANSFORM
— CONSULTING GROUP —

- **Statewide framework** that includes agreed-upon values, outcomes, indicators, and actionable strategies
- **Toolkit** that local communities can use to innovate and customize their efforts to prevent child maltreatment and build resiliency of families

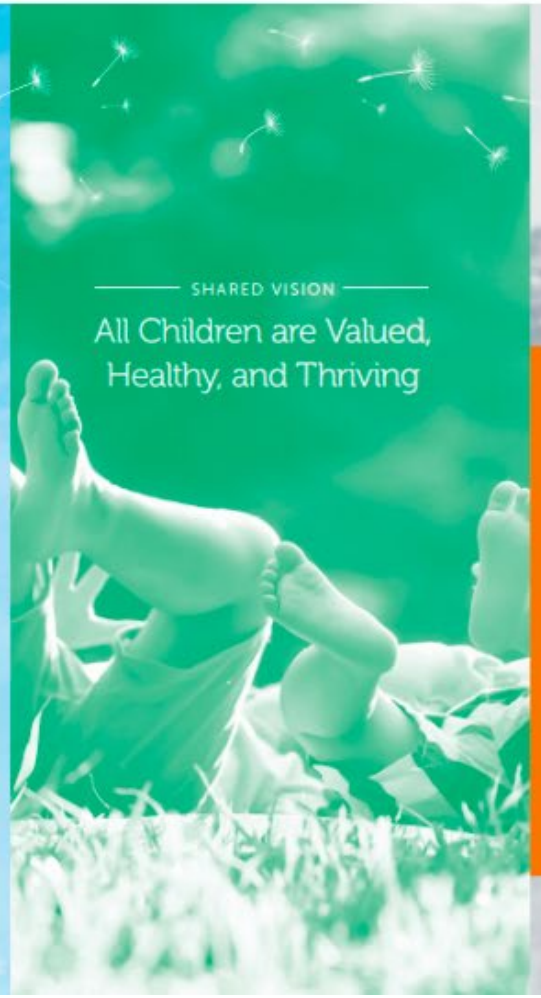
Child Maltreatment Prevention

This framework is designed as a tool to guide strategic thinking, at the state and local level, about resource investments to prevent child maltreatment and promote child well-being. As this tool is used collectively across the state, the resulting alignment of strategies will maximize the impact on shared outcomes.

COLORADO

COLORADO

Framework for Action



SHARED VISION

All Children are Valued, Healthy, and Thriving

PRESENT

Foundational Principles

Monitoring Program Implementation
Study what contributes to or inhibits successful implementation

Incentivizing Continuous Quality Improvement
Raise the performance bar and use timely data to adjust practice

Strengthening the Work Force
Increase provider knowledge and skills

Honoring Family and Participant Voice
Engage those you seek to help and encourage advocacy skills

Fostering Data Integration
Share information within and across agencies

Driving Policy Integration
Partner with others to increase success

ACTION

Channels for Change

Individualized Services

STRATEGIES

- Home Visiting
- Parent Education
- Mobility Mentoring and Financial Literacy
- Respite and Crisis Care
- Family Development and Goal Setting
- Screening for Substance Abuse, Intimate Partner Violence, and Depression

**Individualized Service Strategies must build protective factors and use a two-generation approach to meeting the needs of the whole family.*

Organizational and Practice Change

STRATEGIES

- Evidence-Based Practice
- Implementation Science
- Workforce Development
- Performance Monitoring

Agency Collaboration and Community Capacity Building

STRATEGIES

- Integrated Care
- Community Effects on Child Maltreatment and Strategies at the Community Level
- Utilizing Technology
- Early Learning Communities
- Community Norms Change

Policy Reforms

STRATEGIES

- Policy Agenda Setting
- Innovating Federal and State Health Care Funding
- Transforming Existing Legislation to Better Meet the Needs of Families

FUTURE

Overarching Outcomes

Child Well-Being and Achievement
Maximize developmental potential of all children

INDICATORS

Well child check-ups, developmental screening, social emotional health, reading proficiency

Caregiver Well-Being and Achievement
Provide parents and other primary caregivers the support they need to succeed

INDICATORS

Financial security, educational attainment, social connections, and screening for interpersonal violence/pregnancy related depression/substance abuse

Consistent High Quality Caregiving
Ensure all caregivers foster positive child development

INDICATORS

Incidence of child maltreatment, early childhood professional credentials and quality rated child care, appropriate child development expectations, safe sleep practices, spending time together as a family, child welfare placement stability

Safe and Supportive Neighborhoods
Create a context of collective responsibility for children

INDICATORS

Community cohesion, access to basic services, family friendly employment

Project Timeline

TRANSFORM
CONSULTING GROUP

April-September 2020

- Convene statewide stakeholder group
- Identify values, outcomes, data sources and indicators, resources, and pilot communities
- Create draft of framework
- Develop stakeholder feedback tools
- Begin outreach to local stakeholders
- Identify opportunities for parent data collection

October 2020-January 2021

- Conduct parent surveys and focus groups in pilot communities
- Refine list of prevention strategies, gather information on research- or evidence-informed strategies
- Analyze parent data, and summarize all data in an internal report for state and local stakeholders
- Facilitate a planning retreat with state and local stakeholders

February-June 2021

- Create and finalize framework and toolkit
- Identify policy recommendations
- Disseminate framework and toolkit statewide

Current Status

TRANSFORM
— CONSULTING GROUP —

- Statewide advisory team was convened in June
- 24 members representing the following sectors:
  - State government agencies
  - Prevention and child advocacy
  - Education
  - Health and mental health
  - Philanthropy
  - Other community partners

Next Steps

TRANSFORM
— CONSULTING GROUP —

- Reconvene statewide advisory team August 25
- Create preliminary draft of the framework
- Develop stakeholder feedback tools
- Identify pilot communities

Next Steps

TRANSFORM
— CONSULTING GROUP —

Contact us with any questions or to talk further about this project!

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Agenda

6. Strategic Priority: Educational Outcomes
   - Christy Berger, IDOE

     Social-emotional learning and mental health resources for schools

IDOE Serving the Whole Child

Christy Berger, Director of Social, Emotional, and Behavioral Wellness

Why Whole Child Wellness – Indiana?

4x

Black students are more likely to receive out-of-school suspension than their white peers

High school students reported feeling sad or hopeless in 2018

25.9%

of Hoosier high school students did not feel safe at school.

Indiana children ages 10–17 are overweight or obese

Child Abuse and Neglect

↑ **22.3%**

since 2014

Source [IYI Kids Count Data Book 2020]

Why Whole Child Wellness - U.S?

13-20%

U.S. Children Diagnosed Mental Health Disorder

5%

U.S. Adolescents Diagnosed Substance Abuse Disorder

Mental Health Issues

↓

Chronic Absenteeism (10%)

Youth

6x

More Likely to Complete School Offered Treatments

Source Advancing Comprehensive School Mental Health Systems

Social Emotional Learning Defined

Social and Emotional Learning is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills to...

understand and manage emotions,

set and achieve positive goals,

feel and show empathy for others,

establish and maintain positive relationships,

and make responsible decisions.

Benefits of SEL

SEL Interventions Increase Student Academic Performance By

11%

Source

$11

ROI for Every Dollar Spent on SEL Programming

Source

SEL Impact Greatest When Programming Begins in Kindergarten

Source

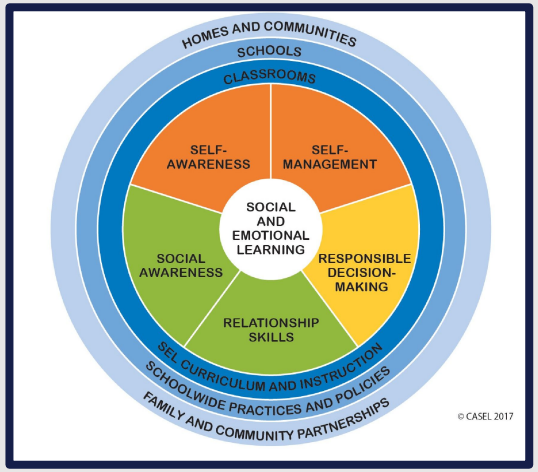
SEL Programming has a Positive Impact on Teachers

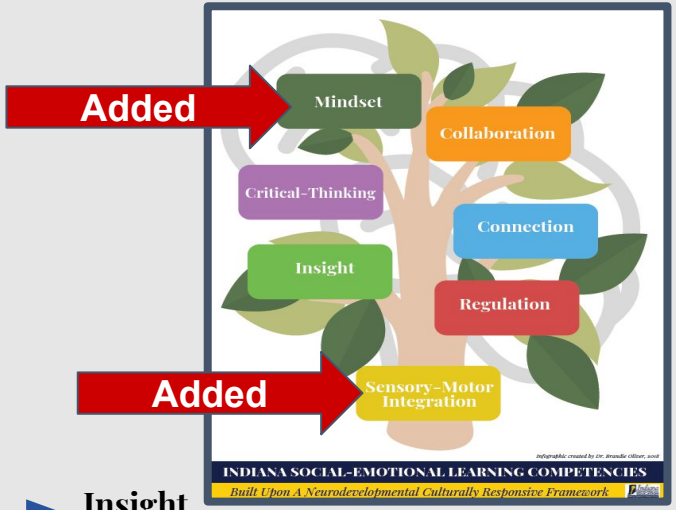
Source

Common Myths Surrounding SEL

SEL is "Touchy-Feely" and Takes Away from Academic Time	SEL is ***Only*** for Elementary Students	SEL is ***All*** About Feelings	SEL is ***Only*** for Students with Behavior / Discipline Problems

CASEL - Competencies - Indiana





Self-Awareness	Insight
Self-Management	Regulation
Social Awareness	Connection
Relationship Skills	Collaboration
Responsible Decision-Making Skills	Critical-Thinking Skills

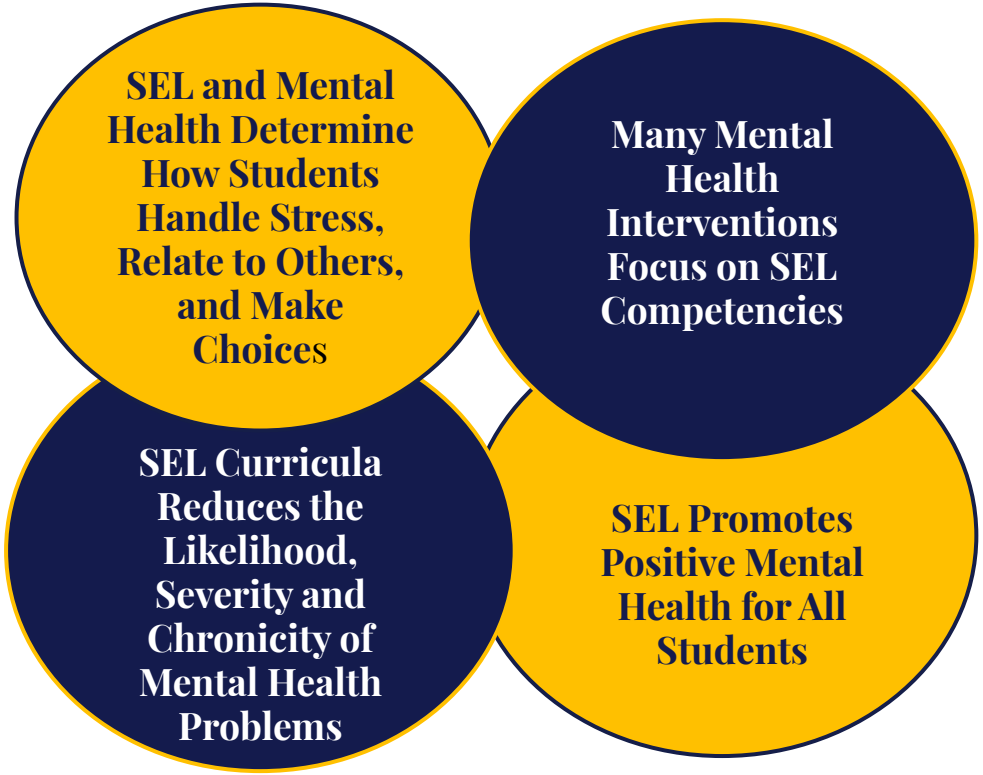
SEL and College-and-Career Ready

Social-Emotional Learning

in 2020	in 2015
1. Complex Problem Solving	1. Complex Problem Solving
2. Critical Thinking	2. Coordinating with Others
3. Creativity	3. People Management
4. People Management	4. Critical Thinking
5. Coordinating with Others	5. Negotiation
6. Emotional Intelligence	6. Quality Control
7. Judgment and Decision Making	7. Service Orientation
8. Service Orientation	8. Judgment and Decision Making
9. Negotiation	9. Active Listening
10. Cognitive Flexibility	10. Creativity

Source: Future of Jobs Report, World Economic Forum

SEL and School Mental Health Intersect



State Level SEL and Mental Health Work

The Work of the IDOE

SEL/ Mental Health	Chronic Absenteeism	Multi-Tiered Systems of Supports

The Work of Indiana Schools

Name	Position	Email/Phone
Christy Berger	Director of Social, Emotional, and Behavioral Wellness	CBerger@doe.in.gov
Michelle Clarke	School Counseling Specialist	MClarke@doe.in.gov
Jason Murrey	Prevention Specialist	JMurrey1@doe.in.gov
Lisa Truitt	Social, Emotional, and Behavioral Wellness Specialist/ State Attendance Officer	LTruitt1@doe.in.gov
Jeffrey Wittman	School Social Work & Foster Youth Specialist	JWittman@doe.in.gov
Jessica Yoder	Project AWARE Specialist	JYoder@doe.in.gov

IDOE Resources

Website: www.doe.in.gov/sebw
- -professional development videos
- -SEL competencies
- -lesson plans, strategies, interventions, etc.
- -virtual and onsite free professional development

Since January 2019

Middle School Academic Alignment

SEL Bibliotherapy

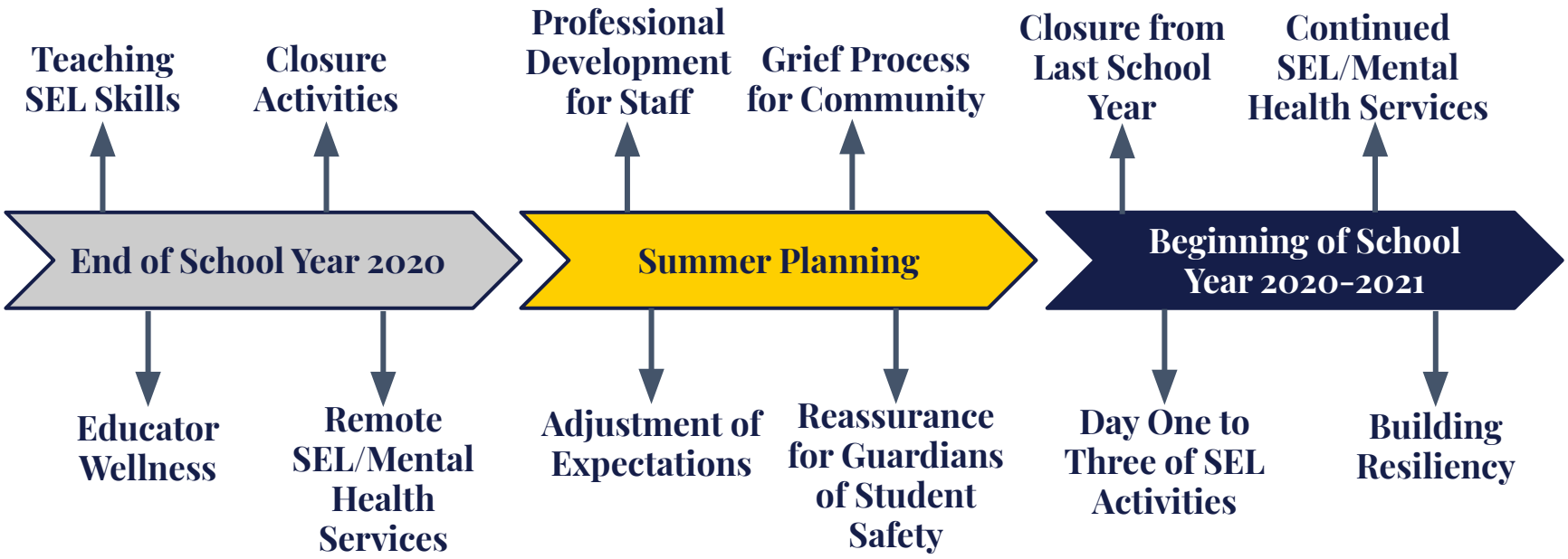
Science of Happiness for 6-12 students

Remote SEL resources

SEL Roadmap for Re-Entry

Since April 2020

SEL Roadmap for Re-Entry



SEL Activites to Start the Year

SEL activities for the first three days of school that will focus on building community, connection, resilience and social and emotional skills.

- Primary Template
- Secondary Template

At home supports:

- Change the Frequency Activity Guide

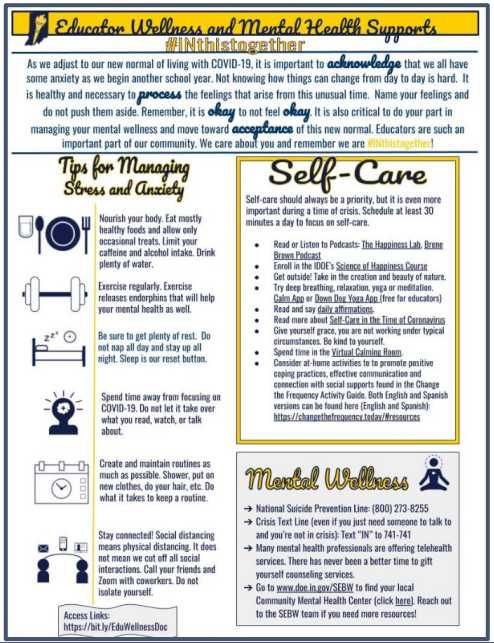
Community and Trust Building

- Guidance for Facilitating Classroom Meetings on Covid
- Guidance for Facilitating Classroom Meetings on Race
- Example Videos from Edutopia: Creating a Safe Space for Learning for elementary students; Community Begins with the Morning Meeting for secondary students

Educator SEL and Well-Being

"There is no better Tier 1 intervention than an encouraged, enlightened and healthy teacher."

- Dr. Adam Saenz, author of "The Power of a Teacher: Restoring Hope and Well-Being to Change Lives"



Educator Wellness and Mental Health Supports
#INthistogether

As we adjust to our new normal of living with COVID-19, it is important to **acknowledge** that we all have some anxiety as we begin another school year. Not knowing how things can change from day to day is hard. It is healthy and necessary to **process** the feelings that arise from this unusual time. Name your feelings and do not push them aside. Remember, it is **okay** to not feel **okay**. It is also critical to do your part in managing your mental wellness and move toward **acceptance** of this new normal. Educators are such an important part of our community. We care about you and remember we are #INthistogether!

Tips for Managing Stress and Anxiety

- Nourish your body. Eat mostly healthy foods and allow only occasional treats. Limit your caffeine and alcohol intake. Drink plenty of water.
- Exercise regularly. Exercise releases endorphins that will help your mental health as well.
- Be sure to get plenty of rest. Do not nap all day and stay up all night. Sleep is our reset button.
- Spend time away from focusing on COVID-19. Do not let it take over what you read, watch, or talk about.
- Create and maintain routines as much as possible. Shower, put on new clothes, do your hair, etc. Do what it takes to keep a routine.
- Stay connected! Social distancing means physical distancing. It does not mean we cut off all social interactions. Call your friends and Zoom with coworkers. Do not isolate yourself.

Access Links: https://bit.ly/EduWellnessDoc

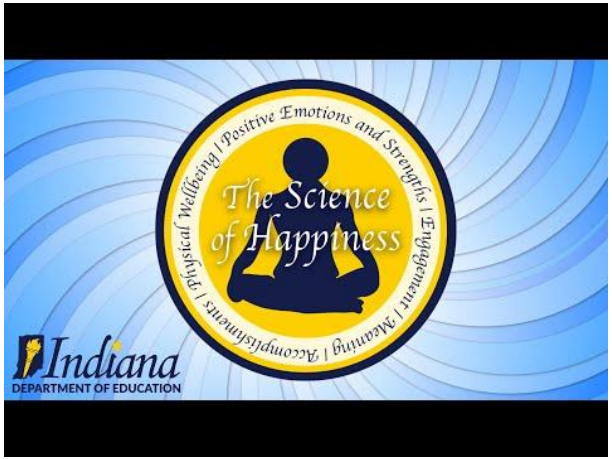
Self-Care

Self-care should always be a priority, but it is even more important during a time of crisis. Schedule at least 30 minutes a day to focus on self-care.

- Read or Listen to Podcasts: The Happiness Lab, Brene Brown Podcast
- Enroll in the IDOE's Science of Happiness Course
- Get outside! Take in the creation and beauty of nature.
- Try deep breathing, relaxation, yoga or meditation. Calm App or Down Dog Yoga App (free for educators)
- Read and say daily affirmations.
- Read more about Self-Care in the Time of Coronavirus
- Give yourself grace, you are not working under typical circumstances. Be kind to yourself.
- Spend time in the Virtual Calming Room.
- Consider at-home activities to to promote positive coping practices, effective communication and connection with social supports found in the Change the Frequency Activity Guide. Both English and Spanish versions can be found here (English and Spanish): https://changethefrequency.today/#resources

Mental Wellness

- National Suicide Prevention Line: (800) 273-8255
- Crisis Text Line (even if you just need someone to talk to and you're not in crisis): Text "IN" to 741-741
- Many mental health professionals are offering telehealth services. There has never been a better time to gift yourself counseling services.
- Go to www.doe.in.gov/SEBW to find your local Community Mental Health Center (click here). Reach out to the SEBW team if you need more resources!



Access Links:
https://bit.ly/EduWellnessDoc

Agenda

7. Strategic Priority: Juvenile Justice and Cross-system Youth
   - Julie Whitman, Executive Director, CISC

     Update on Juvenile Justice Reform Project
8. Executive Director Updates
   - Youth Engagement Project

Agenda

9. Future meeting topics or other discussion items
10. Next meeting: October 21, 2020, 10 a.m. – noon, location TBD