



Commission on Improving the Status of Children in Indiana

Meeting Minutes

Commission on Improving the Status of Children in Indiana

Wednesday, June 22, 2022

Indiana State Library, History Reference Room

- Christine Blessinger, Director, Division of Youth Services, Department of Correction
- Dr. Kris Box, Indiana State Health Commissioner, Indiana State Department of Health
- Senator Jean Breaux
- Jay Chaudhary, Director, Division of Mental Health and Addiction, joined via Zoom (non-voting member for this meeting)
- Bernice Corley, Executive Director, Public Defender Council
- Representative Dale DeVon
- Senator Stacey Donato
- Justin Forkner, Chief Administrative Officer, Indiana Office of Judicial Administration
- Kory George, Chief Probation Officer, Wayne County Probation Department
- John Hammond IV, Office of the Governor
- Zac Jackson, Director, State Budget Agency
- Dr. Katie Jenner, Secretary of Education
- Chris Naylor, Executive Director, Indiana Prosecuting Attorneys Council
- Todd Rokita, Indiana Attorney General (non-voting member)
- Hon. Loretta Rush, Chief Justice of Indiana
- Dr. Dan Rusyniak, M.D., Secretary, Indiana Family and Social Services Administration
- Terry Stigdon, Director, Indiana Department of Child Services
- Representative Vanessa Summers
- Stephaney Knight, Youth Commission Member
- Dejuna Rodriguez, Youth Commission Member

1. Welcome

Senator Stacey Donato called the meeting to order at 10:03 am and welcomed all Commission members and guests.

2. Consent Agenda

Action: The consent agenda, including the [minutes from the April meeting](#) and the [co-chair appointments](#), was moved by Representative Dale DeVon, seconded by Representative Vanessa Summers, and approved unanimously 11-0.

3. Executive Director Update

Executive Director Julie Whitman welcomed all Commission members and informed the group that guests and members may be joining via live video feed. She also informed the Commission and guests that there are four recent updates in the [Tools and Resources](#) tab on the [CISC website](#). Two of these referenced inclusive language for different populations and the other two came from the Family and Youth Engagement Summit in the fall of 2021 and address ways to provide family-friendly services and for families to advocate for themselves. Julie also

informed the Commission and guests that the new Youth Justice Oversight Committee will be chaired by Justice David and will have its first meeting on June 29th at 10:00am.

4. Commission Evaluation

Presentation by Amanda Lopez, Transform Consulting Update on Evaluation

The presentation can be found on slides 4-19 of the [meeting PowerPoint](#). Amanda Lopez began the presentation by providing a short outline of her agenda, including overall progress and timeline, a draft of the [Theory of Change](#) for approval, and an update on the status of data collection. Expanding on the Theory of Change, Amanda explained that this aimed to operationalize broad questions about why the Commission exists and how to measure its impact. The presentation included the categories of resources, strategies, and short-term and long-term impacts for vulnerable children. Amanda shared that the next steps in the evaluation process involve gathering both quantitative and qualitative data. Amanda shared that their goal is to finish the evaluation by the end of the year.

Action: To adopt the [Theory of Change](#), was moved by Bernice Corley, seconded by Dr. Kristina Box, and approved unanimously 11-0.

Discussion: Bernice Corley asked what the strategy is for gathering data from vulnerable children and their families. Amanda answered by saying that they are connecting with stakeholders who are connected to vulnerable youth and that they are not directly reaching out to youth themselves. Amanda asked the Commission to encourage cooperation with the survey, especially for the legislative members. Representative Dale DeVon asked a clarification question about what the evaluation report would include, to which Amanda replied that it would report on positive impacts of the Commission and areas to improve or change.

5. Strategic Priority: Child Health and Safety

Presentation by Kate Schedel, Indiana Department of Health Youth Risk Behavior Survey Data

The presentation can be found on slides 20-78 of the [meeting PowerPoint](#). Kate prefaced her presentation by informing the Commission that the statistics she would be presenting are only a sample of the whole data set, and that the ones included are most relevant to the Commission. She gave background on both CDC surveys; the Youth Risk Behavior Survey that reviews data from children directly and the School Health Profiles survey from principals and teachers. She explained that they targeted issues like injury and violence, sexual behavior, adolescent alcohol and drug use, unhealthy dietary behavior, and physical activity. Kate outlined participating school and student demographics. Starting with mental health, Kate shared statistics involving high rates of depressive symptoms and thoughts of suicide. These statistics showed common trends of higher reports in students who are female identifying than male identifying, multi-racial than other racial or ethnic makeups, and LGBTQ+ youth than heterosexual. In adverse childhood experiences (ACEs) involving some traumatic events from youth, the data showed a similar trend of higher rates in female, multi-racial, and/or LGBTQ+ identifying students. In sexual behavior, Kate reported steady downward trends in percentage of youth engaging in sexual intercourse, those who engaged before age 13, and those tested for HIV. More stats included decreased use of condoms but increased use of other forms of birth control as students age. In sexual violence, statistics followed the previous trend that those who identify as female, multiracial, and/or part of the LGBTQ+ population experience these risks at almost double the rate of those in their counterpart groups. From the principals and teachers, Kate referenced the low rate of sexual health services provided or referred out by schools. Kate ended on a positive note, sharing students' high rates of feeling supported by their parents but less by their peers. Kate reiterated the difficulty in gathering this data since the survey is completely optional.

Discussion: Julie asked Kate to clarify the way that consent is provided for the surveys. Kate explained that the surveys are completely voluntary and involve passive consent, meaning parents are informed and can opt their child out of taking the survey. Students also do not have to answer every question and can withdraw at any time. Representative Vanessa Summers asked if there was an explanation why the rates were so high for multiracial youth, but Kate clarified that the data presented was purely quantitative and causes were not measured. Representative DeVon asked a clarifying question about the use of ACEs as a screening tool, to which Kate clarified this data does not serve that purpose. Bernice Corley asked if the low rates of sex education by parents

could be caused by their assumption that the school is handling sexual education, to which Kate answered that it could be. Representative DeVon asked if information was accessible about what sex education is being taught, to which Bernice Corley echoed a desire to know that information and have a deeper conversation about what kind of sex ed is being taught in Indiana schools. Representative Vanessa Summers made the point that this topic is sometimes avoided or partial, which DeJuna Rodriguez echoed, and she noted that many parents are uncomfortable having this conversation with their children but also may not be comfortable with it being taught in school. Dr. Kristina Box emphasized the importance of defining what it means to be sexually active and educating on the physical and emotional benefits of delaying becoming sexually active. She said this issue can be difficult given that sexual education decisions are made at a more local level. Dr. Rusyniak mentioned the importance of starting sexual education conversations early, stating that high school is too late. Dr. Box also asked Kate to clarify that Indiana is usually one of two states that struggles gathering data, but that they will have more comprehensive data coming this fall to compare to other states. DeJuna Rodriguez asked about how schools are chosen to participate, and Kate explained that the CDC chooses about 50 schools each year and over-sample for racial and ethnic minorities to ensure an accurate representation.

6. Strategic Priority: Mental Health and Substance Abuse

a. Presentation by Jay Chaudry, DMHA with Tanya Merritt-Mulamba, DMHA and Cindy Booth, Child Advocates

ARPA Funding for Children's Mental Health

The presentation can be found on slides 79-92 of the [meeting PowerPoint](#). Jay Chaudry, who was participating remotely, began this portion of the presentation by outlining DMHA's general plans with the one-time funding sources stemming from Covid-19. He outlined the DMHA strategic priorities of sustainable structures, access to services, quality systems, and workforce recruitment, retention, and training efforts. The key initiatives he spoke on included the 988-Crisis System, the Community Catalyst Program, reviewing their code and data, and the residency program in psychiatry through the Indiana School of Medicine. Tanya then began by explaining the background of the Child Mental Health Wraparound program, including the eligibility criteria and the services provided. She shared statistics showing a steady increase in enrollment over the last eight years, though roughly 30 counties have zero or less than 5 children enrolled despite assumed eligibility. Some of the barriers to enrollment included multiple contact numbers, limited marketing, conflict of interest, difficulty managing data, and differences in family experience from county to county. To address some of these barriers, Tanya explained that DMHA collaborated with 211, made enhancements to their database, established an online referral portal, and partnered with Child Advocates to become the new, single point of entry for the CMHW program. Cindy Booth explained that their partnership would help increase access to those eligible for services across all counties. Tanya followed this with an explanation of the partnership's next steps, including completing rollout, education, and marketing.

Discussion: Terry Stigdon asked a question addressing eligibility requirements, specifically if children who do not qualify for CMHW are now being referred to DCS services by Child Advocates. Tanya shared that Child Advocates will refer children to CMHI (the DCS mental health program) regardless of funding source.

b. Presentation by Dr. Rachel Yoder

Indiana Behavioral Health Access Program for Youth (Be Happy)

The presentation can be found on slides 93-109 of the [meeting PowerPoint](#). Dr. Yoder gave an overview of the program, its role in mental health access in Indiana, and the progress thus far. She explained that 'Be Happy' offers phone consultation by child psychiatrists for medical providers, community referral support, and educational opportunities in pediatric mental health. She shared the seasonal pattern of consultation calls, the gradual increase in provider enrollment across Indiana, survey results from providers addressing comfort levels with addressing their patients' mental health issues, and grant sustainability planning.

Discussion: Dr. Kristina Box complimented the 'Be Happy' program and encouraged its spread into all communities, especially rural areas.

7. Strategic Priority: Educational Outcomes

a. Presentation by Joan Smith, IDOE, Melaina Gant, DCS, Maggie Stevens and Aly Leonard, Foster Success

Foster Youth Educational Outcomes: Data, Plan, and Resources

The presentation can be found on slides 110-119 of the [meeting PowerPoint](#). Maggie began by introducing herself and those joining her that collaborated on the [foster care education outcomes report](#). She outlined the legislation that required a report to share data and demographics surrounding foster youth education outcomes. Melaina outlined the report's key findings, noting some statistics showing lower graduation rates, higher grade retention rates, and higher suspension and expulsion rates of foster youth compared to non-foster students. Next, Joan outlined their action goals, which were to encourage districts to enact positive discipline practices, broaden services, share a variety of professional development resources, and create a collaborative communication blueprint. So far, Joan shared they have created a [foster care flashcard](#), training for judges, and a conference for educators. Aly explained the inspiration for the creation of the flashcard and highlighted the importance of do's and do not's when engaging with youth in foster care. Maggie explained Foster Success' plan to distribute the card and other resources at the conference.

Discussion: Bernice Corley asked Melaina if the data collected could show if these youth were also involved in the juvenile justice system. Melaina explained that they did not but will soon be collaborating with other departments to cross-analyze the data. Similarly, Stephaney Knight asked if the data shows how many times these foster youth switch schools, to which Melaina replied that they would soon be able to see that data when they integrate with DCS. Julie asked Joan to clarify what she meant by LEA, to which Joan replied with local education agencies, or each school district. Terry Stigdon and Representative DeVon both shared praises and excitement for Foster Success's work.

8. Discussion: Future Meeting Topics or other Items from Commission Members

Representative DeVon shared that he was able to visit two juvenile correctional facilities and was encouraged when seeing the educational work being done. He also shared that he would be attending a conference addressing homeless youth and would likely return with content to share.

Next Meeting

Wednesday, August 24, 2022, 10 a.m. – 12 p.m. Indiana State Library, History Reference Room