

Commission on Improving the Status of Children

Commission on Improving the Status of Children

DECEMBER 6, 2023



- 1. Welcome and Introductions
- 2. Consent Agenda
 - a. Minutes from the October 2023 meeting

Agenda

3. Legislative Affairs and Engagement

Issues for Monitoring and Potential Legislative Action- Mark Fairchild

Strategic plan objectives

Additional issues suggested by Commission members:

- Early childhood mental health
 Supporting the Youth Justice Oversight
 Suicide prevention
 Committee
- 3. Bullying prevention

- 6. Increasing access to quality childcare
- 4. Improving YRBS participation rates 7. Other issues for consideration?



3. Legislative Affairs and Engagement

Action: Approve Issues for Potential Legislative Action

Agenda

- 3. Legislative Affairs and Engagement
- b. Proposed Legislative Engagement Agenda
- Note of introduction to all legislators w/ meeting invite
- Follow-up with all legislators at mid-session
- Ensure all legislators are receiving Commission email updates
- Joint Family and Children Committee meeting w/ reception 1/11/24 v. State of the Child Presentation / Youth Advocacy Day - 2/19/24 (pending)
- Other opportunities?



3. Legislative Affairs and Engagement

Action: Approve Legislative Affairs Guiding Principles



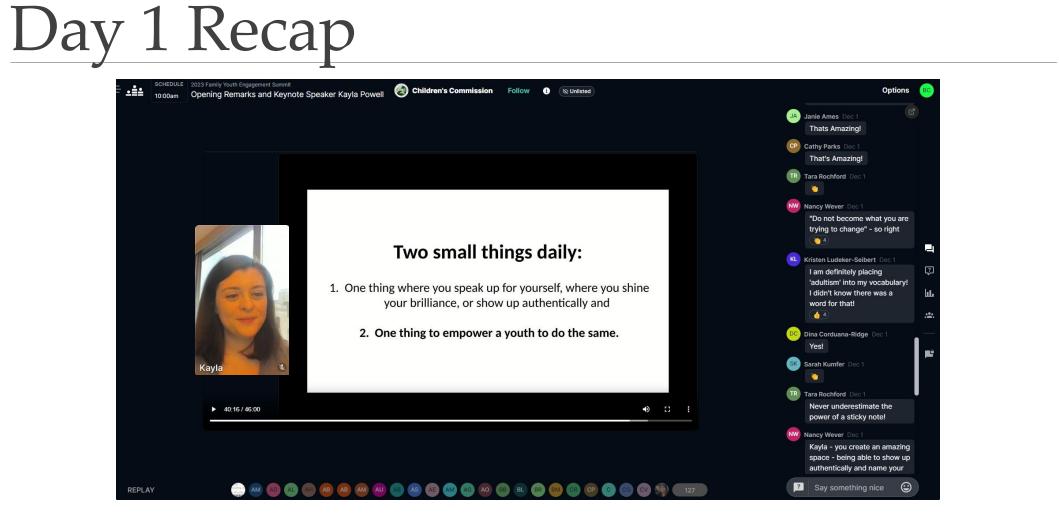
4. Family and Youth Engagement Summit Recap
Blane Cook
Aly Leonard
Julia Stumler



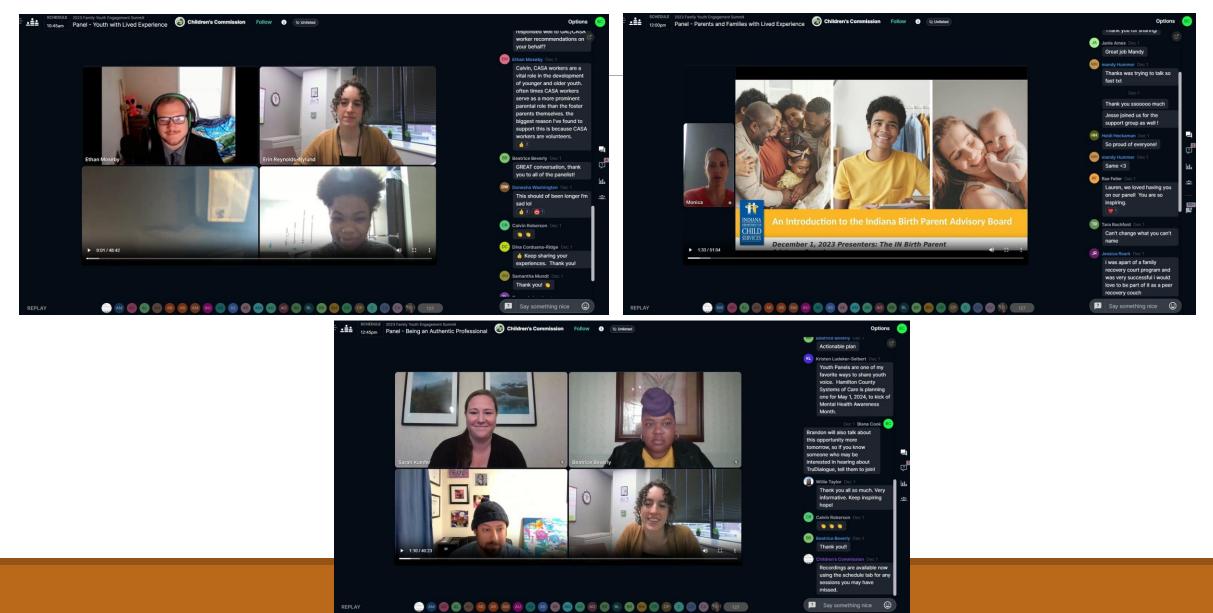
Registration/Attendance Stats

- Total registration: 127
- Joined live event: 105
- State Employee
 Judicial 20
 Executive 24
 Legislative 4
- •Non-Profit 33
- •*Volunteer / Advocate -22*

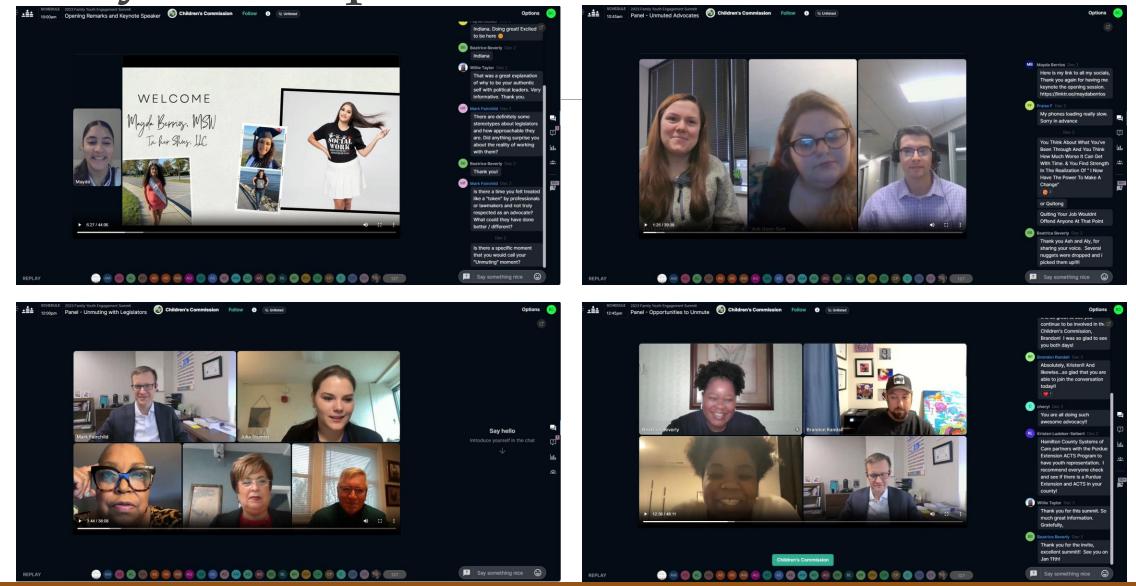
- Student 5
- *Parent* 12
- Person w/ Lived Experience 17



Day 1 Recap



Day 2 Recap





4. Family and Youth Engagement Summit Recap Aly Leonard Julia Stumler



5. Youth Risk Behavior Survey *Presentation*: Dr. Weaver and Kate Schedel



Indiana Department of Health

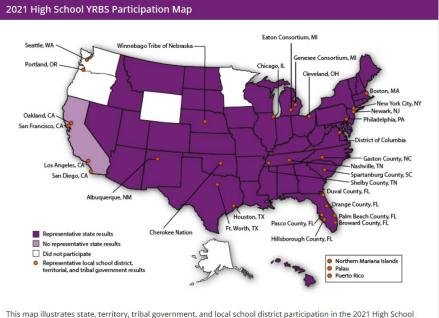
THE YOUTH RISK BEHAVIOR SURVEY

LINDSAY WEAVER, M.D., FACEP STATE HEALTH COMMISSIONER KATE SCHEDEL, MPH DIRECTOR OF PROGRAMS MATERNAL AND CHILD HEALTH

2023

Youth Risk Behavior Survey (YRBS)

- A CDC-sponsored survey (started in 1990) conducted in collaboration with states nationwide
 - Partners with the Indiana Department of Health Maternal and Child Health Team
- Tracks behaviors that can lead to poor health in students, grades 9 – 12.
- It collects:
 - Student demographics
 - Youth health behaviors and conditions
 - Substance use behaviors
 - Student experiences



Youth Risk Behavior Survey, Surveys with representative¹ and no representative² state, territory, tribal government, and

local school district data are shown.



Youth Risk Behavior Survey (YRBS)

The survey is designed to:

- Determine how often unhealthy behaviors happen and see how they change over time
- Provide data at the national and state level and compare different groups of adolescents
- Help monitor adolescent health over time identify emerging issues and plan programs to support the health of youth



Nearly half of Indiana high schoolers are sad or hopeless

idiana doesn't know how many students were sad or hopeless during these periods because of low participation in the survey.



Indiana Survey Data Shows Increase in Teen Suicide Attempts DECEMBER 2, 2022 By Demarco Moore

HEALTH & WELLNESS

- Data from 2021 has been of interest • and used widely across the state by:
 - Schools and universities •
 - Healthcare organizations
 - Local health departments
 - Non-profits
 - Coalitions
 - State agencies ۲
- Presentations/Conferences
 - IDOH has presented data more than 40 times in the past year



THE PREVALENCE, CONSUMPTION, AND CONSEQUENCES OF ALCOHOL, TOBACCO. MARIJUANA, OPIOIDS, STIMULANTS, AND MENTAL HEALTH IN INDIANA

A STATE EPIDEMIOLOGICAL PROFILE









ated with Datawrap

Local News

month

By Lori McDonald - August 26, 2023

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September is National Suicide Prevention Montl

s McCov/WEYI - Source: Centers for Disease Control and Prevention (CDC), 1991-2021

Youth suicide webinar planned for next

According to the Indiana Youth Institute's Kic Count Data Book, 27.7% of Indiana students

Data on the iyi.org website show in Indiana, suicide is the second leading cause of death for youth ages 15 to 24 and the fourth leading cause of death for youth ages 5 to 14.

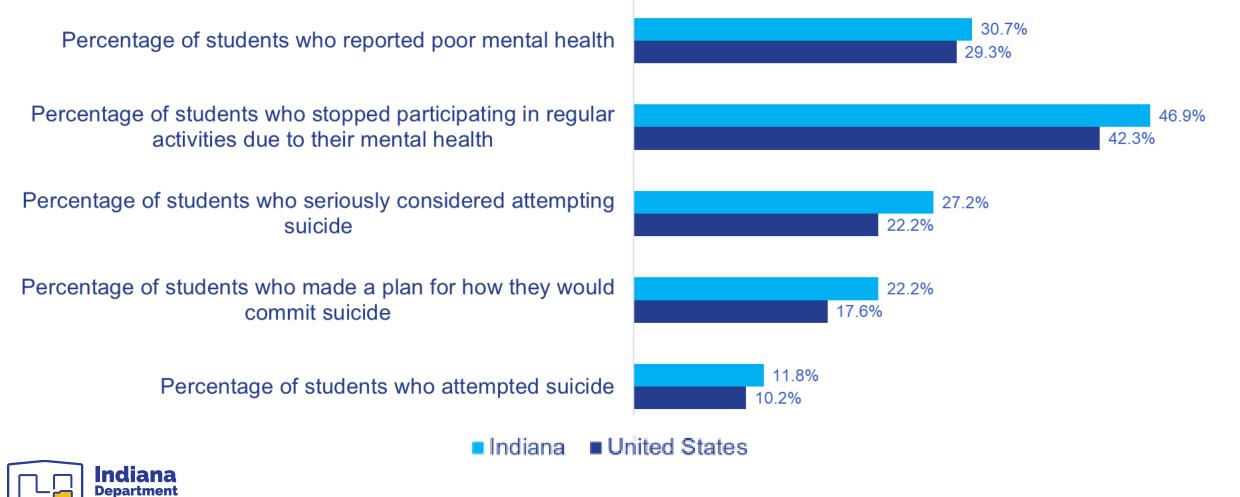
Experts and teens list several reasons for the increase, including insufficient mental health screening, poor access to mental health services and resistance to seeking care



Indiana Department Health

https://landmarkrecovery.com/indiana-survey-data-shows-increase-in-teen-suicide-attempts https://www.wfvi.org/news/articles/half-of-indiana-high-schoolers-feel-hopeless-why-is-mental-healthcare-controversial https://tribtown.com/2023/08/26/vouth-suicide-webinar-planned-for-next-month/

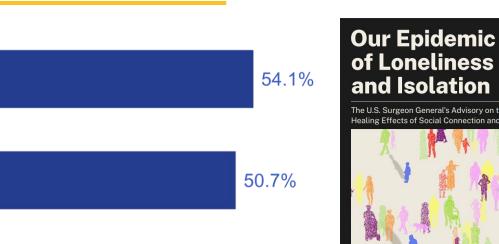
Mental Health and Suicide

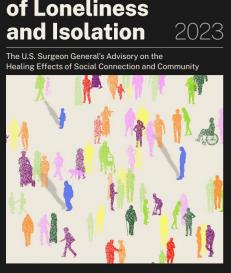


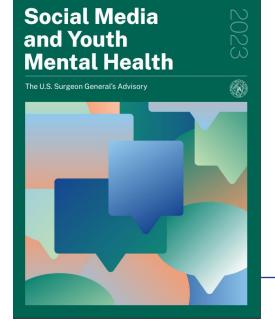
Social Connectedness and Social Media

Percentage of students who strongly agree or agree that they feel close to people at their school

Percentage of students who most of the time or always feel that they are able to talk to a friend about their feelings







Percentage of students who spent 3 or more hours per day on screen time (not counting time spent doing schoolwork, on an average school day) 78.6%

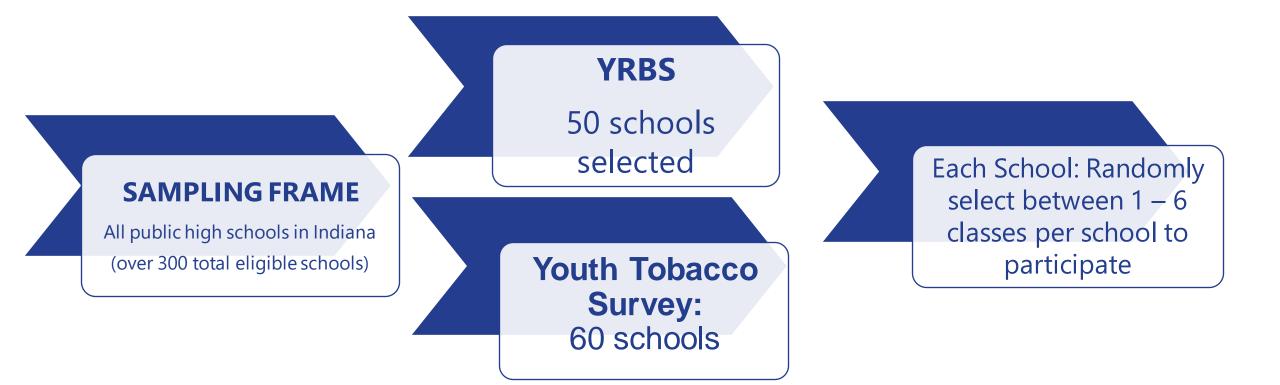
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YRBS Administration

- Conducted by the Indiana Department of Health
- Administered every other year (odd years) from January April
- Next YRBS will be in January 2025
 - Schools will be selected in the fall of 2024
- All public Indiana high schools are included in our sampling frame
 - 110 total schools around the state are selected by the CDC (50 for the YRBS and 60 for the Youth Tobacco Survey)
 - Schools are not currently required to participate, but will receive an incentive if they do
 - In each school, only 1 6 classrooms take the survey
- The survey is 99 questions 2/3 of the questions are already selected by the CDC.
 - Completed in one class period (~40 minutes)
 - Answers are completely anonymous

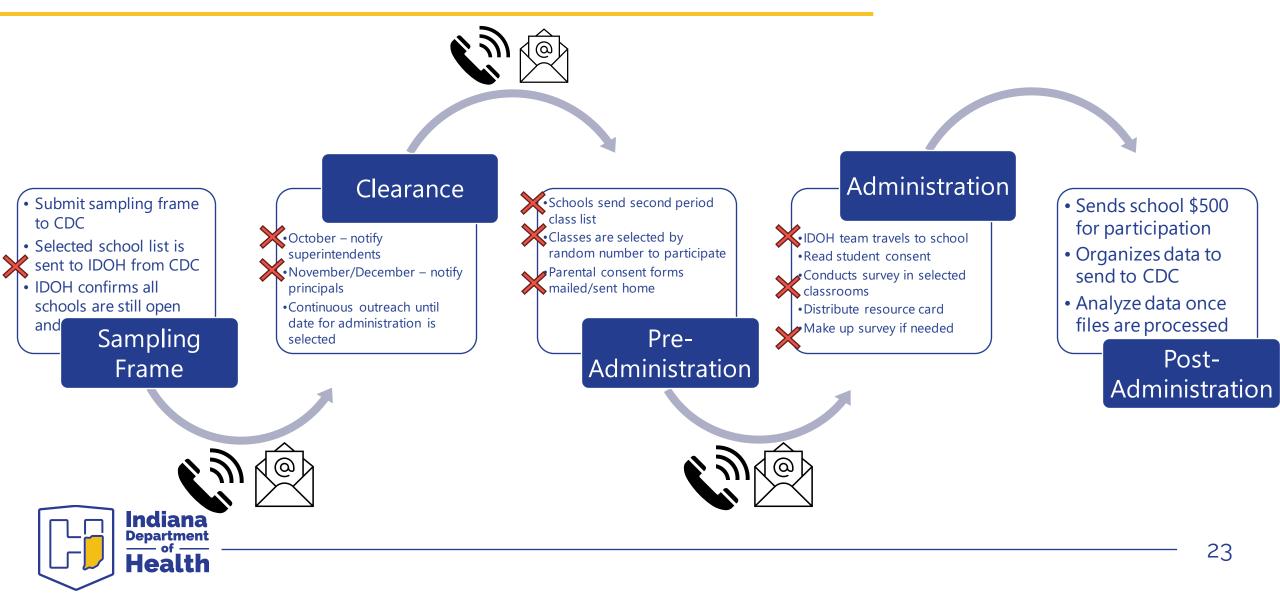


School Selection by CDC



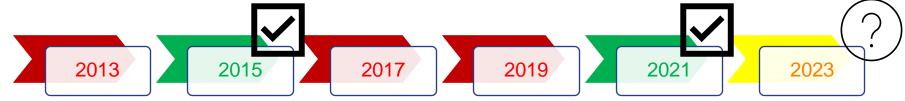






Getting to Weighted Data

- YRBS data is only available if enough schools and enough students participate in the survey
 - Weighting means the data is representative of the adolescent population in grades 9 12 across Indiana
 - Indiana had weighted data just twice in the last decade. We are still waiting to hear about 2023 data.



- Participation varies by year, both by number of schools and number of students
 - We use every means to connect with schools and make it easy to integrate into schedules early
 - If a school says "no," we do not get a new replacement school
 - Reasons to not take the survey vary: missing class time, concerns about survey questions, school policies, and more



Questions?





5. Youth Risk Behavior Survey

Commission Member Discussion



6. Task Force Updates

Child Health and Safety: Kate Schedel

Health & Safety Task Force

Co-Chairs: Kate Schedel (IDOH) & Sonya Rush (DCS)



Tammie Carter: lifesmart youth Olivia Clark: idoh Christina Commons: fssa Katie Goodwell: fssa Maureen Greer: ipqic Rachael Fisher: community health network Stephaney Knight: cisc Kristi Linson: idoh Ashley Mager: mch grassroots leaders Sue McKinney: oecos Carey Michels: fssa

Membership

Hannah Milner: foster success Samantha Mundt: idoh Derika Parris: goodwill nfp Angela Reid-Brown: dcs Angela Smith-Grossman: dcs Shannon Schumacher: the villages Willie Taylor: dcs Jack Turman Jr: mch grassroots leaders Elizabeth Wahl: fssa Jeffrey Whittman: pcain Brittany Winebar: prevail

Strategic Goal 1: Improve the health and safety of vulnerable children and youth



Increase community-based social and concrete support for families with children, including those being cared for informally by relatives.



Increase housing stability for families with children.



Recommend ways to increase the power and voice of children in state care.



Identify and encourage adoption of effective and promising models for promoting healthy teen relationships, preventing unplanned pregnancy, and reducing the sexual victimization of adolescents.



Increase access to early intervention for vulnerable young children.





Summary of Indiana Early Childhood Needs Assessments

- IDOH and Data AIMS



Piloted Child Abuse & Neglect Toolkit - PCAIN



Infant Mortality and Housing

- MCH Grassroots Leaders and IU SOM



Supports for Kinship Caregivers - The Villages



Youth Risk Behavior Survey Data - IDOH



What's Next:



Shifting and adapting to new strategic plan



Continuing some work and starting new in other objectives



Recruiting new members and subject matter experts



Looking at creating long-term impact



Continuing to increase awareness of current situation



6. Task Force Updates

Educational Outcomes: Brianna Morse

Commission on Improving the Status of Children in Indiana EDUCATION OUTCOMES TASKFORCE

Brianna Morse (DWD) & Michelle Clark (DOE), Co-Chairs

6	A A	
	20TF GOALS (2023-25):	
	1. IMPROVE ACCESS TO HIGH-QUALITY EARLY CARE AND EDUCATION FOR VULNERABLE CHILDREN AND FAMILIES	
	2. INCREASE USE OF RESTORATIVE PRACTICES IN SCHOOLS THROUGHOUT THE STATE	1 de la
	3. IDENTIFY AND ENCOURAGE ADOPTION OF EFFECTIVE AND PROMISING PRACTICES THAT PROMOTE TRAUMA-INFORMED	SCHOOLS
	4. IMPROVE ACCESS TO QUALITY EDUCATION FOR YOUTH IN RESIDENTIAL, DETENTION, AND CORRECTIONS FACILIT	TIES
	5. IDENTIFY AND ENCOURAGE ADOPTION OF EFFECTIVE INTERVENTIONS FOR YOUTH WHO HAVE INDIVIDUALIZED ED Plans and are involved with one of the other state systems (DCS, FSSA, JUVENILE JUSTICE)	UCATION
	6. IDENTIFY AND ENCOURAGE ADOPTION OF EFFECTIVE AND PROMISING PRACTICES TO PROMOTE ACCESS TO POSTSECO EDUCATION AND WORKFORCE READINESS FOR VULNERABLE YOUTH, INCLUDING BUILDING A PIPELINE TO FUTURE WOR	

YOUTH-SERVING PROFESSIONS.

-2023 Highlights O1 Dept. of Corrections Juvenile Transition Process



21CS Auto-Enrollment (2023 Legislative item)



Resiliency through Strengths

2023 Legislative Items

)4 Foster Success

Pathways and Catalyst programs

35 Jobs for America's Graduates

Program Expansion

HOW YOU CAN HELP

01 Early Childhood Membership & Voice

- 02 Spread the word re: Foster Success programming
- 03 Spread the word re: JAG program expansion
 - Support mental
- 04 health/trauma-informed programming
- 05 Share other promising practices w/ co-chairs for future discussion



6. Task Force Updates

Juvenile Justice and Cross-System Youth:

Judge Carmichael and Nancy Wever

Juvenile Justice and Cross System Youth Task Force

A Task Force of the Commission on Improving the Status of Children in Indiana

December 6, 2023

Members

Judge Vicki Carmichael – Co-Chair Clark Circuit Court 4

Nancy Wever – Co-Chair Indiana Office of Court Services

Steve Balko Indiana Department of Education

Amber Becker Division of Mental Health and Addiction

Kate Collins Department of Child Services

Alison Cox Indiana Juvenile Detention Association

Ann Davis Indiana Association of Resources and Child Advocacy (IARCA)

Terrie Decker Indiana Department of Correction, DYS Judge Kim Dowling Delaware Circuit Court 2 Suzanne Draper Vanderburgh County CASA, Inc. Tracy Fitz Indiana Prosecuting Attorneys Council Mike Goodwin Department of Child Services JauNae Hanger Children's Policy and Law Initiative Rebecca Humphre Tippecanoe County Government

Jill Johnson Marion County Public Defender Agency, Juvenile Division

Samantha Lewis Wayne County Probation **Kiarra** Pearson Division of Mental Health and Addiction Leah Pezzarossi **Open Door Youth Services Kaylee Price** Lived-Experience Community **Colleen Saylor** Indiana Office of Court Services Don Travis Department of Child Services **Renee White** Indiana Criminal Justice Institute **Joel Wieneke** Indiana Public Defender Council

Strategic Goal: Improve safety and outcomes of youth who come in contact with the justice system

Objective #1

Identify and encourage adoption of effective and promising practices for identification, referral, and appropriate services for victims of commercial sexual exploitation of children (CSEC)

Objective #2

Identify and encourage adoption of effective policies and practices that promote family engagement, healing, and growth in juvenile status offense cases

Objective #3

Identify and encourage adoption of effective and promising programs and practices to support the healthy development of children with an incarcerated parent

Objective #4

Identify and encourage adoption of effective and promising practices and policies that integrate the science of child and adolescent development into the justice system's response to children and youth **Objective #1:** Identify and encourage adoption of effective and promising practices for identification, referral, and appropriate services for victims of commercial sexual exploitation of children (CSEC)

Sub-Committee

- Judge Kim Dowling
- Judge Holly Harvey

Presentation to CISC at October meeting:

- Statutory amendments to I. C. 31-34-1-3.5
- Add requirement for trauma-informed care, including CSEC, to annual training for nurses

On the horizon:

- Funding through DMHA for training trainers
- Curriculum development for training trainers



Objective #2: Identify and encourage adoption of effective policies and practices that promote family engagement, healing, and growth in juvenile status offense cases

Sub-Committee

- Tracy Fitz
- Leah Pezzarossi

Current Activities:

- Forming sub-committee
- Defining "status offenses" for understanding
- Learning how other states address
- Current services/interventions used in Indiana



Objective #3: Identify and encourage adoption of effective and promising programs and practices to support the healthy development of children with an incarcerated parent



Sub-Committee

- Steve Balko
- Joel Wieneke

Current Activities:

- Adding members (youth whose parents are/were incarcerated, formerly incarcerated fathers
- Learning (housing decisions at DOC, programs)
- Connecting (role of state agencies, organizations, schools, county jails; support upon reintegtation)

Objective #4: Identify and encourage adoption of effective and promising practices and policies that integrate the science of child and adolescent development into the justice system's response to children and youth



Sub-Committee

- Rebecca Humphrey
- JauNae Hanger

Current Activities:

• Data request re: minimum age for juvenile court jurisdiction

Additional Activities

Implementation Committee Integrate lived experience





Thank you for the opportunity to do this work!



6. Task Force Updates

Mental Health and Substance Abuse: Stephan Viehweg



Infant & Early Childhood Mental Health Subcommittee: An Investment for Our Future

Stephan Viehweg, LCSW, ACSW, IECMH-E[®], CYC-P

lt's about the kids

. There's a lot of them

- Half a million children from birth to age five in Indiana (6.3% of total state population)
- 239,636 infants/toddlers (3.5% of total state population)
- 80,000 babies born each year in the state



I/ECMH

"Directs our attention to the well-being of all infants and toddlers within the context of secure and nurturing relationships"

(Fitzgerald, Weatherston & Mann, 2011)

Infant/Early Childhood Mental Health Definition ZERO TO THREE (2002)

The child's developing capacity to:

- Form close and secure interpersonal relationships
- Experience, regulate and express emotions
- Explore the environment and learn
- All within the context of family, community, and cultural expectations



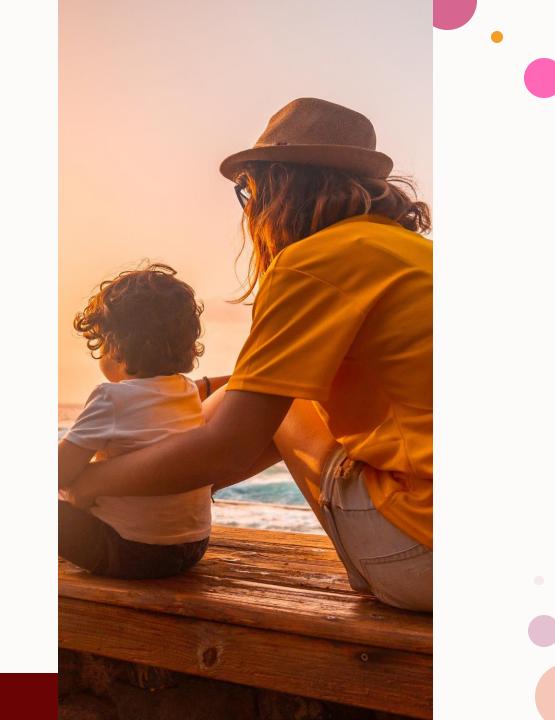
Centering relationships

There is no such thing as a baby; There is always a baby and someone else.

Donald Winnicott, MD, 1960

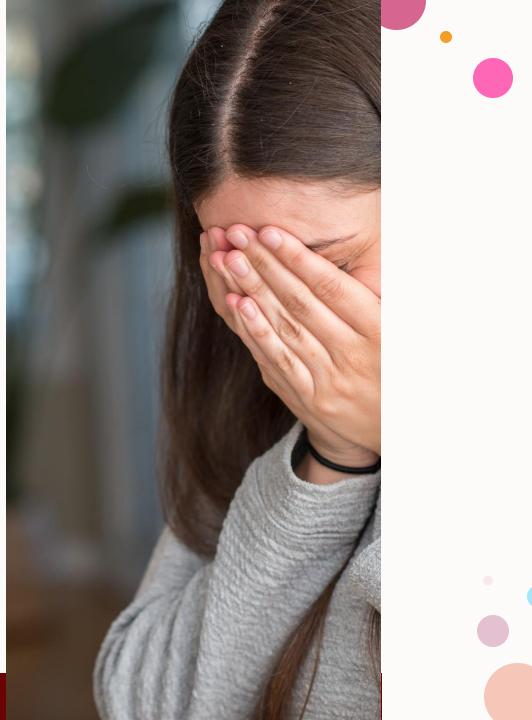
When a young child is mentally healthy, we would expect that they can:

- Learn to identify and begin to understand their feelings
- Begin to manage strong feelings and express them in appropriate ways
- Begin to manage impulses and behavior
- Learn to recognize feelings and cues in others
- Make friends
- Develop confidence, cooperativeness and curiosity





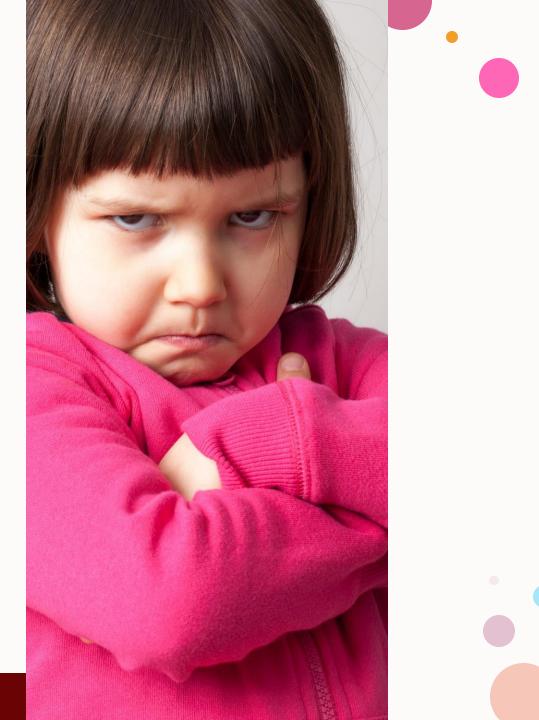
- 30% of adults in IN households with children reported having little interest or pleasure in doing things more than half the days²
- 24% of adults in IN households with children reported feeling down, depressed, or hopeless²
- 32% of IN adults with children in the household report feeling nervous, anxious or on edge more than half the days²
- Only 16.8% of IN adults with children received mental health services in the past year²
- More than 1.1 million adult Hoosiers experience mental illness every year and 56% of adult Hoosiers with mental illness did not receive treatment in 2022.¹⁸ Untreated mental illness costs IN at least 4.15 billion annually.¹⁸
- Mental health is a particular concern for infants and young children in low-income households. More than half of infants in low-income households live with a mother experiencing some form of depression.¹⁶
- Of the 239,636 infants/toddlers in Indiana, 40.2% live in households with incomes less than twice the federal poverty level (in 2021-about 55,000 for a family of four)²³



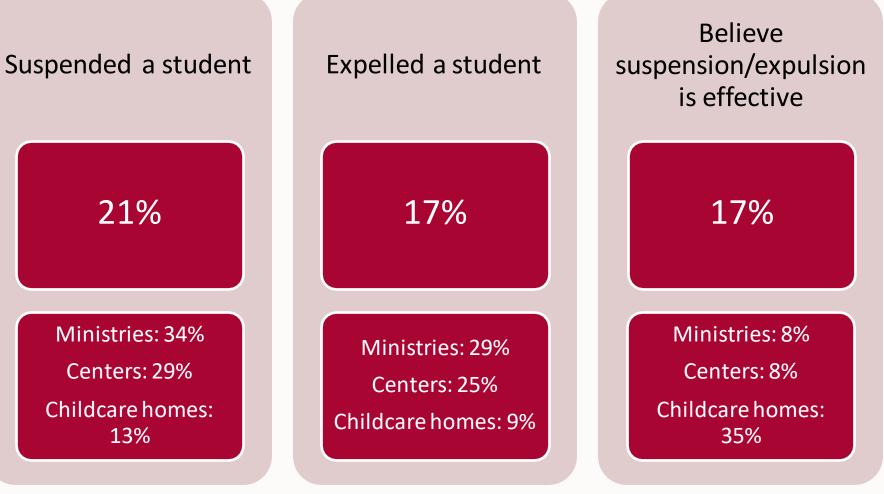
Children must learn to experience, manage, and express a full range of emotions.

- 26% of IN children 3-17 have one or more emotional, behavioral, or developmental conditions, compared to 22% nationally.⁶
- 17% of IN parents reported that their child was anxious/clingy²
- 12% reported that their child was sad/depressed²
- 13% reported a change in their child's ability to focus²
- 10% reported more anger/outbursts²
- 5% reported more problematic child behavior.²
- Behavior concerns from SPARK between 10/1/20 to 12/30/22 make up 24% of all referrals.⁷





Children must learn to experience, manage, and express a full range of emotions



2022 SPARK Professional Development Needs Assessment (n=1242)

Children need opportunities to explore their environment and learn

- Young children are not always in safe and secure environments.
 - The rate of referrals made to the child welfare agency in Indiana is 110.1 out of 1000 compared to 45.2 out of 1000 for the United States as a whole. Infants and toddlers (0-3) are more likely to be referred than other age groups (40% of Indiana referrals compared to 34% of U.S. referrals).²⁰
 - 20% of IN households with children who rent are very or somewhat likely to be evicted in the next 2 months²
 - \circ IN had 1523 people in families with children experiencing homelessness.¹⁰
 - $\odot~$ 5,950 children were removed from their homes in 2022. $^{\rm 12}$
 - Infants remain the highest age category for removals.¹²
 - Neglect remains the most frequent reason for removal.¹²
 - $\odot~$ 60 child deaths due to maltreatment in 2021.12
 - 35.2% of children ages 4 months to 5 years old slept less than the recommended ageappropriate hours during 2020-2021.¹² While lack of sleep may not always indicate lack of safety, it suggests that the environment may not be meeting the child's developmental needs.

Children need opportunities to explore their environment and learn

- 70% of children in IN have all available parents working.¹⁴Only 23% of children 0-5 are enrolled in some form of childcare.¹⁴39% of 3- and 4-year-olds are not in preschool.¹⁴
- Of children in care, only 47% are in programs rated Paths to Quality level 3 or 4⁴
- 55% of IN families reside in a childcare desert.¹⁴
- 72% of families in rural communities have little or no access to licensed childcare.¹⁴
- 79% of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) needs assessment respondents expressed a need for childcare.¹³
- Some high poverty counties have less than 40% of children in funded care
- (receiving CCDF vouchers) (e.g., Rush, Sullivan, Blackford). Most counties with high poverty and low % of children receiving funded care are rural.³

Young children's well-being depends on caregiver well-being

Our big dream!

 Young children and families can readily access mental health support in their own back yards--no matter where they live in Indiana!



How do we get from here to there?

Think broadly, think big!

Promotion

Prevention

Intervention



IECMH Subcommittee

- Annual IECMH Summit
 - Recently held October 16, 2023
- Analyze the data we have, Share the results, Ask more questions to find out more
- Expand and build on the current initiatives
 - Professional development to build a ready workforce
 - Infancy Onward IECMH Endorsement
 - SPARK Training and Technical Assistance to ECE providers
 - The Irsay Institute
 - Evidence based treatment approaches
 - CDC Mental Health Champion project
 - Emphasis on IECMH for next year's project
- Partner with legislators to enact laws and policies that support IECMH
- Speaking for the babies

Do or do not.

There is no try.



. Thank you for your support!



Resources

- <u>https://www.iidc.indiana.edu/ecc/resources/mental-health/index.html</u>
- <u>https://developingchild.harvard.edu/science/deep-dives/</u> (overview video)
- <u>https://developingchild.harvard.edu/news-and-events/webinars/</u>
- Brief from Harvard on mental health in childhood
- <u>Short videos on trauma/resilience</u>
- <u>Factsheet on mental health in children from NIMH</u> (not specific to ECE)
- Dr. Lori Desautels: <u>https://revelationsineducation.com/</u>



Citations:

- 1. 2022 National Home Visiting Yearbook US Census Bureau Week 51 Household Pulse Survey (11/2-11/14/22)
- 2. National Survey of Children's Health, 2022
- 3. Schmitt, S.A., Litkowski, E., Duncan, R., Elicker, J., Purcell, M., Purpura, D.J. Preparing for the Future: Indiana's Preschool Development Grant. Website: <u>https://brighterfuturesindiana.org/pdg-reports/indianas-birth-to-age-five-mixed-delivery-system-needs-assessment</u>
- 4. Zero to Three, 2017
- 5. 2019 National Survey of Children's Health (2021)
- 6. Personal communication, FSSA
- 7. 2022 Spark Professional Development Needs Assessment Analysis: https://public.tableau.com/app/profile/spark.learning.lab/viz/2022SPARKPDNeedsAssessmentAnalysis/Demographics?publish=yes
- 8. First Steps Annual Report 2022: https://www.in.gov/fssa/ddrs/files/FirstStepsICC-2022AnnualReport.pdf
- 9. 2022 Continuums of Care to the US Department of Housing and Urban Development: https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf pg 40
- 10. Adoption and Foster Care Analysis and Reporting System (AFCARS) Report: Indiana: estimates as of June 28, 2022-No. 29. https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-tar-in-2021.pdf
- 11. Indiana Youth Institute: KidsCount 2023: <u>https://www.iyi.org/indiana-kids-count-data-book/</u>
- 12. Indiana Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Statewide Needs Assessment 2020 Update: https://www.in.gov/health/mch/files/MIECHV-Needs-Assessment-01Oct2020-2.pdf
- 13. Early Learning Advisory Committee (ELAC) Needs Assessment (no longer available online)
- 14. Erica Webster, Youth Research Inc., presented at NAEYC in 2022
- 15. Summary of Indiana Early Childhood Needs Assessments. Prepared by Data Aims. With support from: Amadou Sylla, LEND student.
- 16. McDaniel & Lowenstein (2013). Depression in Low-Income Mothers of Young Children: Are They Getting the Treatment They Need? The Urban Institute.
- 17. Buka, S.L, Beers, L.S., Biel, M.G., Counts, N.Z., Hudziak, J., Parade, S.H., Paris, R., Seifer, R., Drury, S.S. 2022. The Family is the Patient: Promoting Early Childhood Mental Health in Pediatric Care. Pediatrics, 149, s5, May 2022. e2021053509L
- 18. https://mhanational.org/issues/2022/mental-health-america-adult-data
- 19. Muller, P., Kemp, A. Early Childhood Mental Health Supports Evaluation: Pilot Phase (2022).
- 20. State-level Data for Understanding Child Welfare in the United States, Child Welfare, April 27, 2023. https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states
- 21. CANS Manual: https://dmha.fssa.in.gov/darmha/Documents/CANS5-17ManualSFY2019_06222018.pdf
- 22. CANS Data from DARMHA database shared with permission from DCS and DMHA.
- 23. State of Babies Yearbook 2023: https://stateofbabies.org/state/indiana/
- 24. https://www.nccp.org/early-childhood/?state=IN





7. Announcements and Adjournment Indiana Public Defender Council: Julia Stevens



7. Announcements and Adjournment Reception next-door in Conference Room