

Child Health and Safety Task Force Meeting
November 30th 2020

Attendance

Susan Elsworth
Deanna Szyndrowski
Maureen Greer
Mark Fairchild
Sandy Runkle
Julie Whitman
Senator Ford – Out
Chris Dailey – Out
Angela Grossman
Sharon Pierce
Sarah Sailors
Keith Mason
Kristen Daus
Christina Commons
Terri Lee

Subcommittee Reports

1.1 Dr. Daus agreed to take this over. I do not think much has moved yet.

- We had two parts to this.
 - o Developmental screens
 - o Access to use of developmental screens
- This could possibly line up better with 1.6
- This is also a priority for the perinatal collaborative as well. It fits in both places.
- Going to make sure that communities of color have the same access to developmental screenings. It isn't that they do not have insurance, but it isn't brought to their attention and the importance.
- This will be an ongoing priority
- Collaborative is the clinical arm and the department is the public health arm.
- Every state agency within FSSA, several have seats on the IPQIC governing council
- If anyone would like to assist, please reach out to Dr. Daus

1.6 Christina Commons

- We didn't get the best response to the survey that was sent out, but we were able to get enough information from the individuals that did respond.
- We can utilize local planning councils that we have for first steps because we are all actively working in our local doctors' offices.
- The fact that we had low response proves our point on how well that channel of communication is functioning for informing people about developmental screening.
- Newsletter was not a way the doctors would like to receive updates.
- Within the next twelve months every hospital will have to have an affiliation with a perinatal center

- When we talk about developmental screening, I hope we are talking about diversity for all individuals and that it isn't weighted towards autism.
- Yes, we are really working with all children
- We need to develop these developmental screenings in order to get the children that are right for the first steps program.
- Co-Chair has been added

1.2

- Have met three times with stakeholders.
- People have attended and contributed to meetings and outside of meetings
- Survey questions are being developed to go out to providers and parents
- Pilot counties have been established as well, hopefully another meeting in Jan. Feb.
- Will be a year in April, making good progress
- Thriving families safer children, Indiana has been invited to be one of the 2nd tier states on a webinar for abuse prevention
- Fingers crossed that the webinar is this week and that we can look at what we as a state need to do to submit a proposal
- I think the commission being in place and requiring the state agencies heads provides a great model and make look for a letter of support
- As we think about this objective in terms of the children's commission, I wonder if there is a way to bring in the other groups and grants to the commission
- We need to make sure that we are all on the same page, and I think everyone is pulling together.
- Looking for a possible February check in with the commission

Skip 1.3

1.4

- Ryan Sims Confirmed as Co-Lead
- Terri Lee Confirmed as Co-Lead
- This has been helpful hearing what the other subcommittees are doing, a contact list would be great
- Would be nice to have a trafficking perspective without duplicating the work the juvenile justice task force is working on
- Are there materials out there, and will we be able to target them towards the kids that have a developmental/mental disability?
- We are going to try to expand outside of central Indiana. Ryan has a three year grant project that they are implementing regarding teen pregnancy prevention
- Also in women's health we have the rape prevention protection grant
- I think Ryan's targets 24 counties, and implement parent cafés
- Based on the data the last time we had data, I think the highest risk group is actually Latinas. Would be nice to connect with one of those groups

1.5

- Started last spring targeting Sept. as kinship care appreciation month.
- Great example of public private partnerships
- Next meeting is the 10th of Dec. for the kinship care givers
- Rep. Summers is focused on what legislative support we need

- Got the guardianship form on the legal access site.
- The village has been able to make the kinship care coordinator a full time position
- Lorraine Conwell* is going to be in that role
- The DCS pilot is going so well, Tippecanoe county is interested in implementing the pilot that the village is using
- We have looked at kinship in two different ways
 - o DCS Youth
 - o Youth outside of DCS
- Where does it go wrong in our system to leave individuals poorly equipped?
- We have made contact with IYI to be able to do lunch and learns across the state so that the providers can be better informed, this will be laid out in 2021
- Guardianship, not just that the forms are available, but helping people attain the guardianship
- How do we remove the barrier of money, and that might be a legislative issue, do we have to have this court filing fee?
- The kinship navigator has reached out to community partners
- How can they help us with families that are not a part of DCS?
- There have been a lot of different angles to this project, but I think that the DCS legislative report will be valuable this year.
- This will be a good discussion in January when we meet with the kinship advisory group and using the report as a guide book for what is next
- Certainly we COVID because our caregivers are of an older age, we have really focused on protection for the care givers without isolating the children.
- We also need to be paying particular attention to adults caring for kids with disabilities. They are not more or less important, but there are significant and unique challenges.
- One thing that we are learning from the region 7 pilot is that these families are resilient in finding the resources, but they are lacking in the support that they need that focuses around mental health.
- This is a different impact when you are 55 and raising a 3-year-old.
- People just assume that because someone is a caregiver they understand everything.
- There are a lot of mental health issues out there that all of us are coping with during this pandemic, but when you are caring for a child with mental health issues it can be unimaginable to deal with.
- Sometimes accessibility is the big issue, like just getting into the home and needing a ramp installed. We have found great community support for this in helping remodel things to be handicap accessible
- Make sure to promote the be well Indiana hotline that can be accessed through 211
- Would love to see if we could get a hotline like parents helping parents.
- Kinship navigators are actually designed to navigate internal systems. This tells you that the systems are so complex that you need an actual person getting people where they need to be.
- Kids in kinship care perform better than all other placements. This data needs to be part of the story
- We can ask court services to provide a webinar for judges on that topic

1.6 with Mark

- Over the last three years we saw insurance coverage for children start dipping regularly
- We really focused on two points
 - o How we communicate about children's coverage
 - o What barriers we have systemically in place that prevent this.

- Focus on communication across all agencies.
- Need to use the right communications and consumer driven language
- We know that communication in the area of health insurance tends to be push v pull
- Tends to be that they need to be pulled in and find the stuff themselves.
- We do not have enough of the early push outs.
- This is a lot of our early auditing
- For a consumer to find a health insurance navigator, it took me going through trying to find it about 15 clicks
- By the time I found the navigator, I realized it was because I knew what I was looking for
- We cannot expect the consumer to just understand language that they have never been exposed to
- We are going to be meeting with FSSA to have these conversations
- Need to revamp messaging from the ground up
- Instead of asking the consumer to become the expert how can we get them connected with an expert
- Hispanic community twice the rate of uninsured children
- Do you have any community members/family members on the subcommittee?
- Need to bring a focus group in and see if these words are making any sense
- We want to get the language right and factually accurate.
- Roughly half the children in our state are on some kind of state assistance program.
- As people have been laid off and lost their job the timing of this becomes very important because the children are losing their insurance as well.
- We have a whole new group of children that used to be covered that are now not.
- Not only do we need to worry about the decreasing rate, there are real forces at play that are causing that, and we are not doing as good as we could at reaching them.
- Medicaid enrollment is technically up
- There is an issue at how people are looking at the data.
- It is up but we ceased different aspects of it.
- This means that they had roughly 5% fall off each month, and you have roughly about that coming on, we see pretty flat levels. Since no one is going off, the 5% increase is still about the average. If we have all these newly insured people we should be having double or triple that rate.
- The children health insurance program is actually going down; this is probably because those children are qualifying for Medicaid.
- There are around 350,000 new unemployed that have lost coverage
- We know that when we are in this kind of crisis mode it is more likely that health insurance and preventative natures are not in the fore front. Focus on keep home and food on the table.
- FSSA is also concerned about this.
- They are using COVID to freeze premiums and redeterminations, let's see what data we can gather. They are also looking at how much more does it cost us if we don't worry about some premiums and some paper work vs when we focus on that.
- Is there a benefit to keeping these people on or kicking them off?
- Going to look at making a recommendation to remove a roll that if you voluntary remove your child from an employee sponsored health program that you have to wait 90 days before you can apply for CHIP
- This is an administrative setting
- Looking at premiums and doing possible adjustments
- Continuous eligibility is another thing that we are striving for.

- It can be raised under the current rolls
- By expanding to a 12-month period these things can more than offset the cost
- Hospital association is going to give one of their members
- Hopefully recommendations by February