

# Commission on Improving the Status of Children in Indiana

*Wednesday, February 18, 2015*

*10:00 a.m. – 2:00 p.m.*

*Indiana Government Center South, Conference  
Room C*

# Agenda

- Welcome
- Approval of Minutes from the November 19, 2014 Meeting
- Task Force Updates
  - ❖ Child Services Oversight Committee
  - ❖ Infant Mortality and Child Health
  - ❖ Substance Abuse and Child Safety
  - ❖ Data Sharing and Mapping
  - ❖ Cross-System Youth
  - ❖ Educational Outcomes



# Commission on Improving the Status of Children in Indiana

Infant Mortality and Child Health Task Force  
February 2015 update





# Overview

- Neonatal Abstinence Syndrome
- Labor of Love campaign
- Perinatal regionalization
- Child Fatality Review
- Infant Mortality Budget
- Discussion topics – youth suicide
- Next steps

# Neonatal Abstinence Syndrome

- Report submitted (SEA 408)

- (1) The appropriate standard clinical definition of "Neonatal Abstinence Syndrome";*
- (2) The development of a uniform process of identifying Neonatal Abstinence Syndrome;*
- (3) The estimated time and resources needed to educate hospital personnel in implementing an appropriate and uniform process for identifying Neonatal Abstinence Syndrome;*
- (4) The identification and review of appropriate data reporting options available for the reporting of Neonatal Abstinence Syndrome data to the state department, including recommendations for reporting of Neonatal Abstinence Syndrome using existing data reporting options or new data reporting options; and*
- (5) The identification of whether payment methodologies for identifying Neonatal Abstinence Syndrome and the reporting of Neonatal Abstinence Syndrome data are currently available or needed.*

- Pilot projects planned

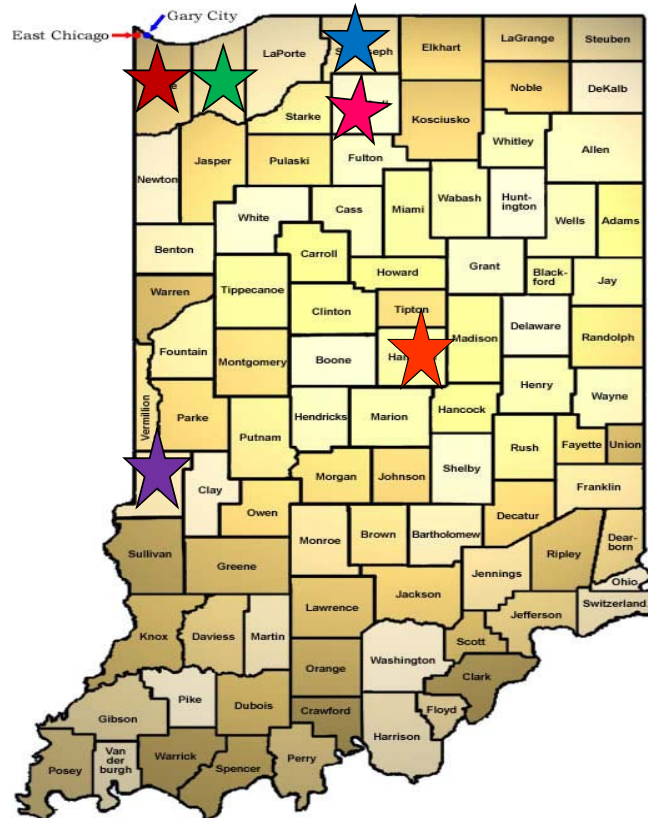
# Labor of Love Campaign



# Perinatal Regionalization

- Perinatal Levels of Care Certification
- Hospital Transport Standards
- Nurse-surveyors hired
- Next steps – rule writing and collaborative agreements

# Pilot Hospitals



**Franciscan St Anthony, Crown Point**  
**Porter Hospital, Valparaiso**

**St Joseph Regional, Mishawaka**

**St Joseph Regional, Plymouth**

Riverview Hospital,  
**Noblesville**

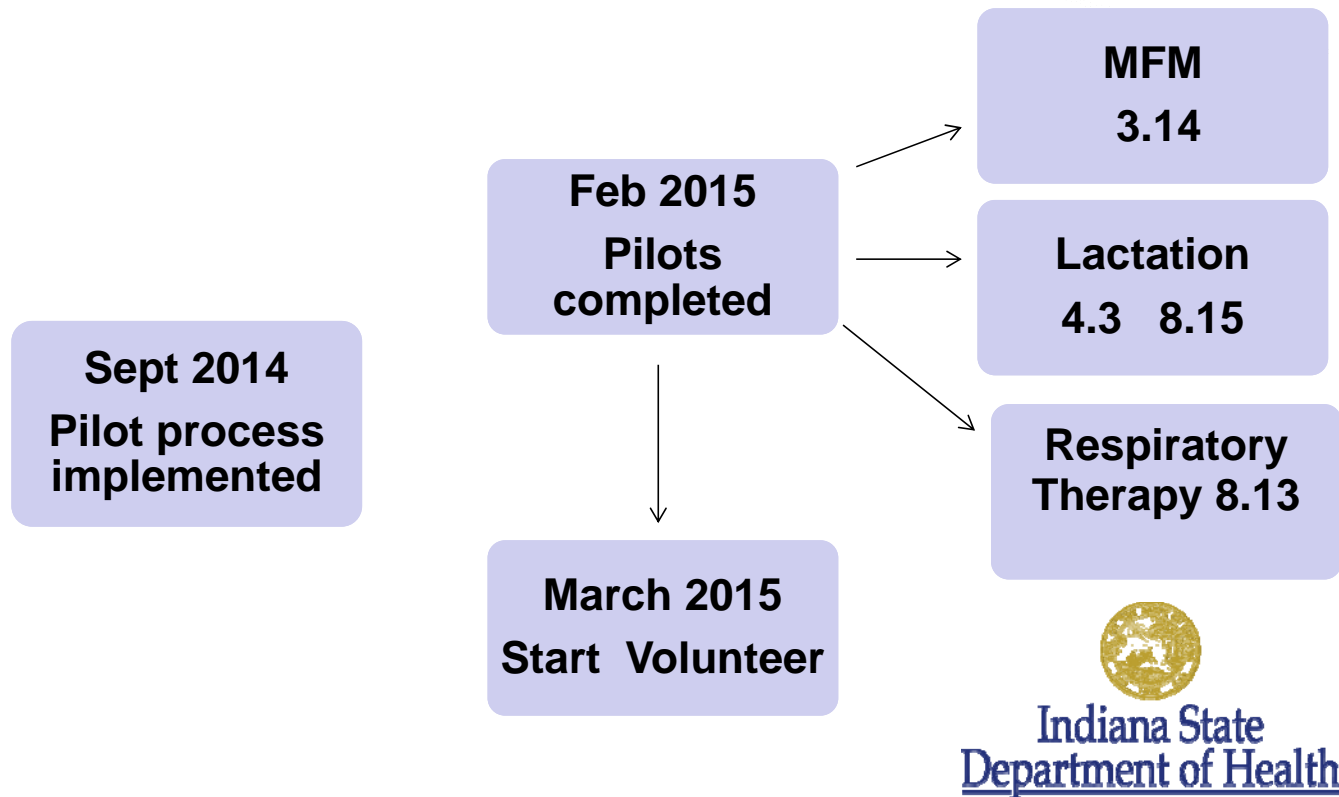
Union Hospital,  
**Terre Haute**



Indiana State  
Department of Health



# Timeline & summary of findings



**Hospital application with supporting documents**

**Desk audit**

**Site survey**

**Written report**

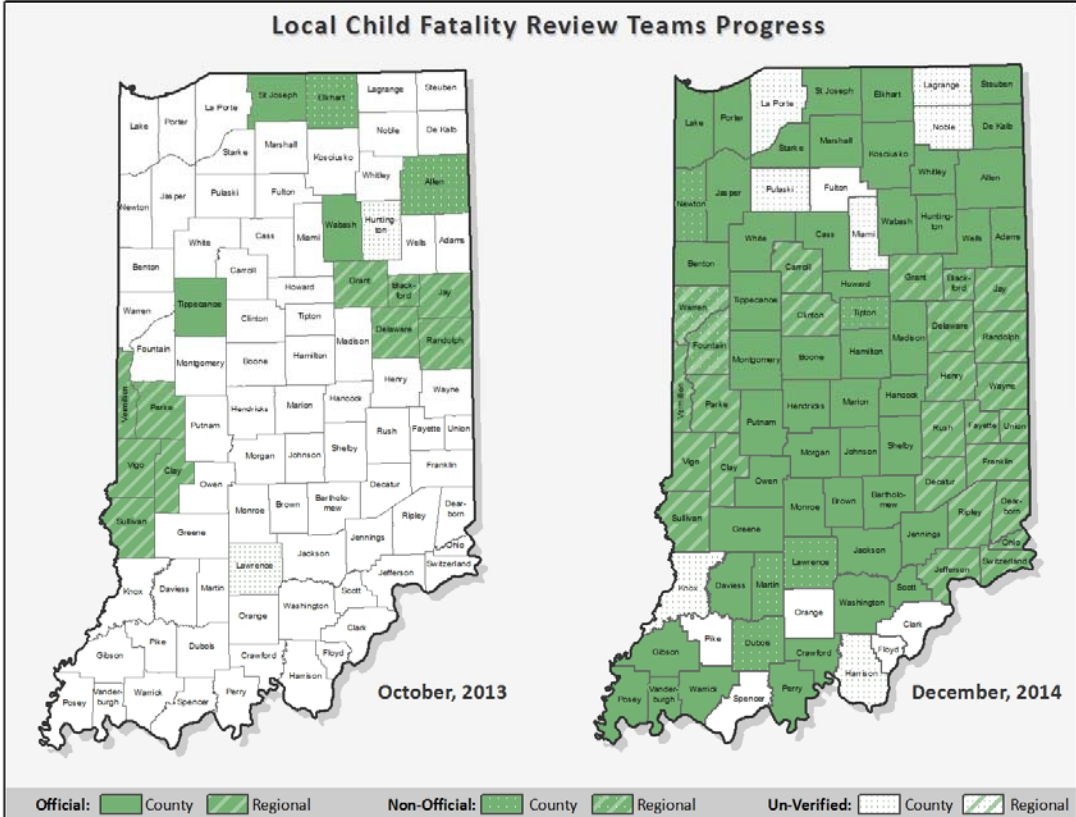
**Lessons learned**

- **Expand comprehensive survey to include Perinatal Center QA measures.**
- **Working documents must clearly reflect & reference perinatal standards**
- **Defined application timelines**



**Indiana State  
Department of Health**

# Child Fatality Review





# Infant Mortality State Plan

- Early risk identification
  - Connect women to care
  - Quality and access
  - Early detection and referral
  - Perinatal regionalization
  - Post partum education and support
- \*Iterative outcome reporting and QI**

# Task Force Discussion Topics: Youth Suicide

- Presentations from:
  - ISDH
  - Community Health Network
  - Indiana Department of Education
- Recommendations pending



# Moving Forward

- Infant mortality work in progress
- Move forward to Child Health
- Assessment strategy
  - Age group
  - Highest impact
  - Feasibility
  - Level of prevention (health promotion vs morbidity/mortality prevention)

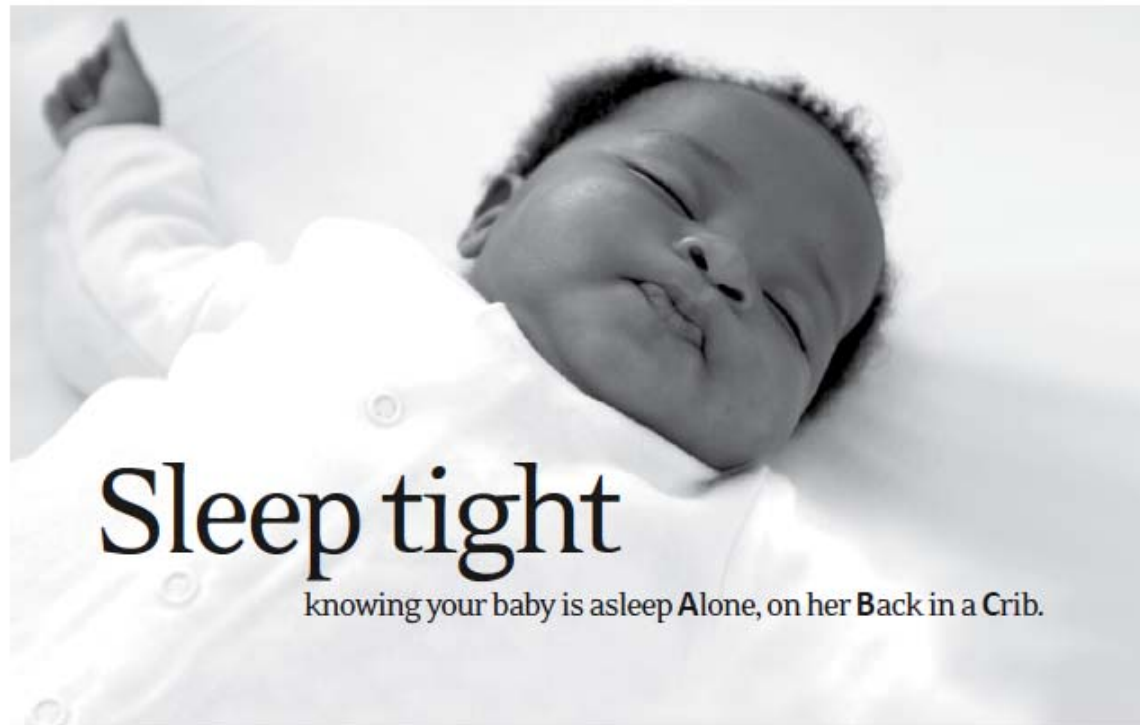
## 10 Leading Causes of Death by Age Group, United States - 2012

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,939	Unintentional Injury 1,353	Unintentional Injury 743	Unintentional Injury 807	Unintentional Injury 11,908	Unintentional Injury 15,851	Unintentional Injury 15,034	Malignant Neoplasms 48,028	Malignant Neoplasms 113,130	Heart Disease 477,840	Heart Disease 599,711
2	Short Gestation 4,202	Congenital Anomalies 501	Malignant Neoplasms 440	Malignant Neoplasms 472	Suicide 4,872	Suicide 6,216	Malignant Neoplasms 11,337	Heart Disease 35,265	Heart Disease 71,228	Malignant Neoplasms 403,497	Malignant Neoplasms 582,623
3	SIDS 1,679	Malignant Neoplasms 392	Congenital Anomalies 167	Suicide 306	Homicide 4,614	Homicide 4,342	Heart Disease 10,489	Unintentional Injury 20,394	Unintentional Injury 15,822	Chronic Low. Respiratory Disease 122,375	Chronic Low. Respiratory Disease 143,489
4	Maternal Pregnancy Comp. 1,507	Homicide 339	Homicide 138	Homicide 173	Malignant Neoplasms 1,574	Malignant Neoplasms 3,674	Suicide 6,758	Liver Disease 8,877	Chronic Low. Respiratory Disease 15,212	Cerebro-vascular 109,127	Cerebro-vascular 128,546
5	Unintentional Injury 1,169	Heart Disease 154	Heart Disease 67	Congenital Anomalies 160	Heart Disease 956	Heart Disease 3,231	Homicide 2,705	Suicide 8,862	Diabetes Mellitus 12,553	Alzheimer's Disease 82,690	Unintentional Injury 127,792
6	Placenta Cord. Membranes 1,018	Influenza & Pneumonia 93	Chronic Low. Respiratory Disease 63	Heart Disease 108	Congenital Anomalies 423	HIV 652	Liver Disease 2,469	Diabetes Mellitus 5,747	Liver Disease 11,230	Diabetes Mellitus 52,881	Alzheimer's Disease 83,637
7	Bacterial Sepsis 566	Septicemia 62	Benign Neoplasms 47	Chronic Low Respiratory Disease 56	Diabetes Mellitus 196	Diabetes Mellitus 646	Diabetes Mellitus 1,867	Cerebro-vascular 5,654	Cerebro-vascular 11,070	Unintentional Injury 44,698	Diabetes Mellitus 73,932
8	Respiratory Distress 504	Cerebro-vascular 56	Influenza & Pneumonia 44	Cerebro-vascular 51	Cerebro-vascular 183	Liver Disease 597	Cerebro-vascular 1,730	Chronic Low. Respiratory Disease 4,533	Suicide 6,929	Influenza & Pneumonia 43,355	Influenza & Pneumonia 50,636
9	Circulatory System Disease 492	Benign Neoplasms 55	Cerebro-vascular 34	Influenza & Pneumonia 41	Complicated Pregnancy 169	Cerebro-vascular 535	HIV 1,345	HIV 2,582	Septicemia 4,982	Nephritis 37,740	Nephritis 45,622
10	Neonatal Hemorrhage 422	Chronic Low Respiratory Disease 51	Septicemia 26	Benign Neoplasms 40	Influenza & Pneumonia 147	Congenital Anomalies 401	Septicemia 757	Septicemia 2,340	Nephritis 4,765	Septicemia 27,022	Suicide 40,600



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

# Questions and Discussion



Protect your baby from suffocation by practicing the ABCs of safe sleep and help reduce Indiana's infant death rate. Visit [www.LaborofLove.in.gov](http://www.LaborofLove.in.gov) or call 211 to learn more.





# Data Sharing and Mapping Task Force Update February 2015

# MAPPING PROJECT

# Data Sources

- Lists of contracted providers from state agencies
- Surveyed those providers for more info
- Professional Licensing Agency (PLA) list of licensed MH and SA providers
- Court data on JC, JD, JT cases

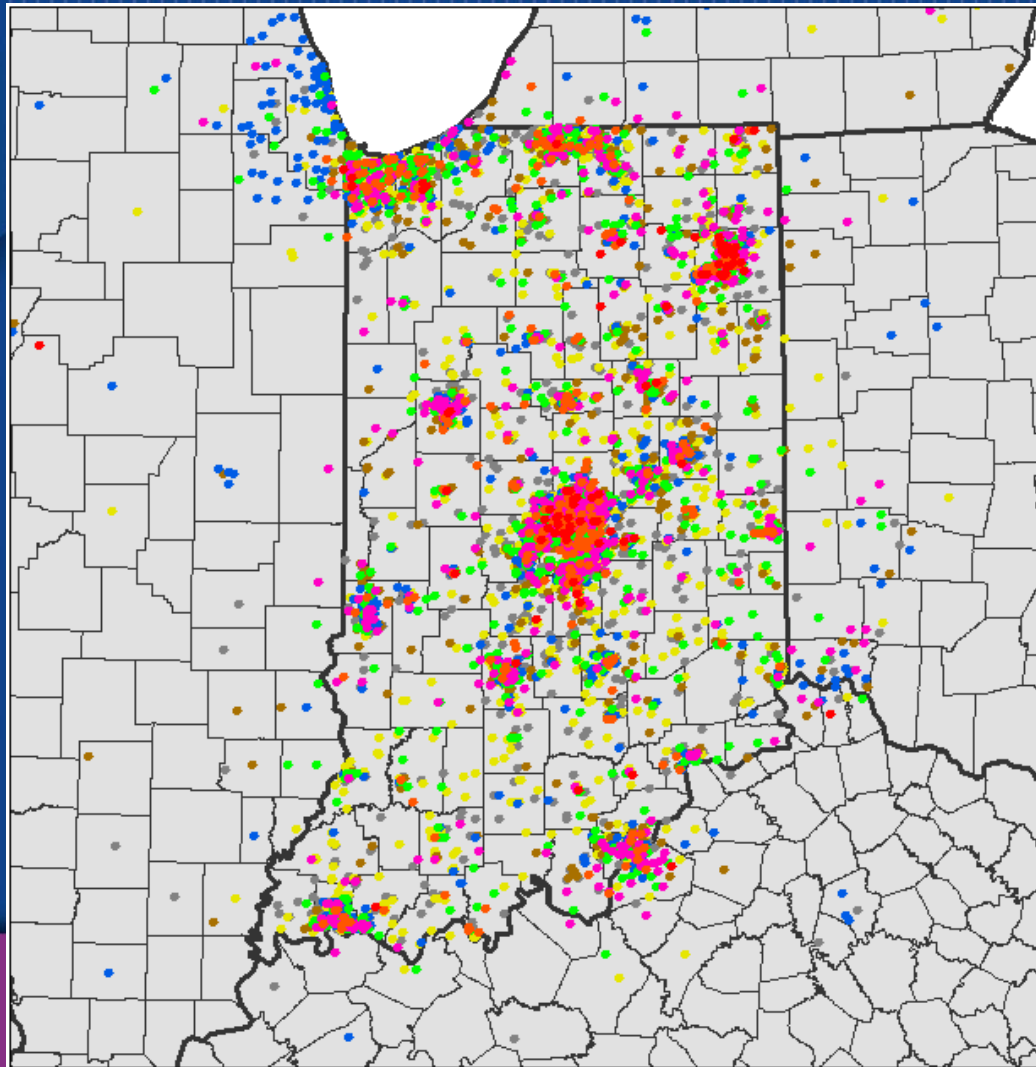
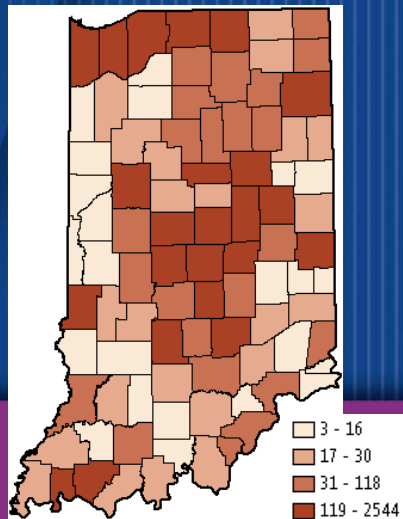
# Caveats

- Maps depict only the physical location of the provider, not the service area
- PLA providers: location=zip code of address used for license renewal
- Maps provide a general sense of where there may be need, but need additional information to be sure

## Indiana Professionally Licensed Behavioral Health Counselors

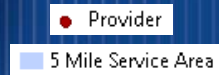
●	Marriage & Family Associate (91)
●	Addiction Counselor (286)
●	Marriage & Family Therapist (954)
●	Clinical Addiction Counselor (1424)
●	Psychologist (1672)
●	Mental Health Counselor (1854)
●	Social Worker (2488)
●	Clinical Social Worker (4493)

**Total by County**  
Grouped by Quarters

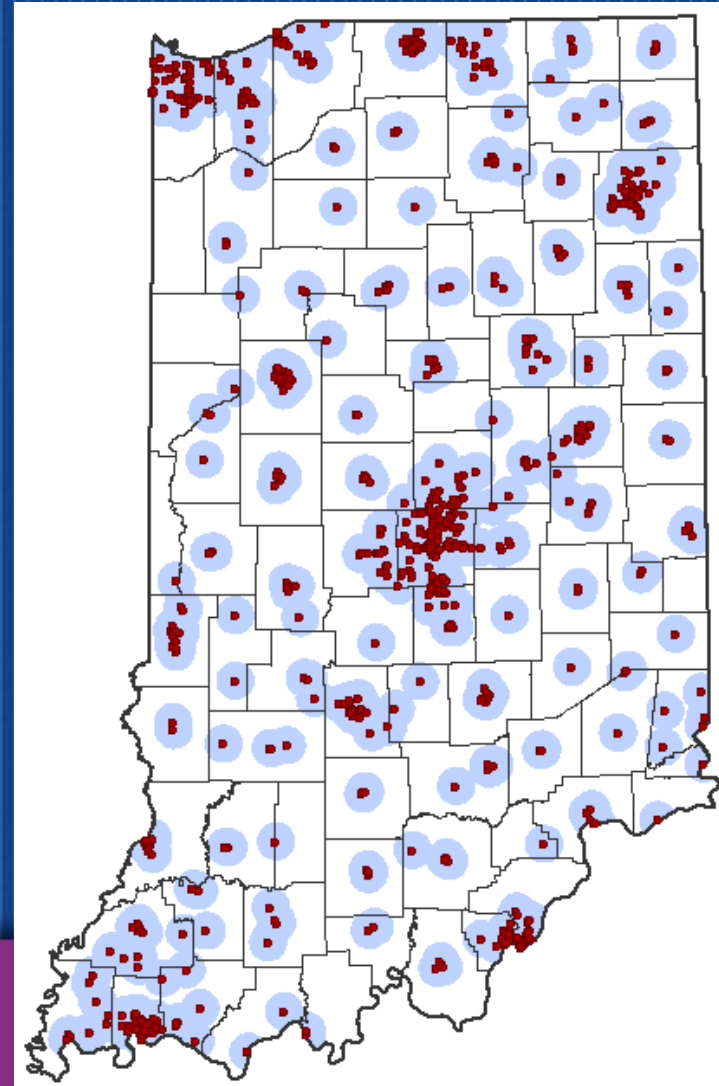
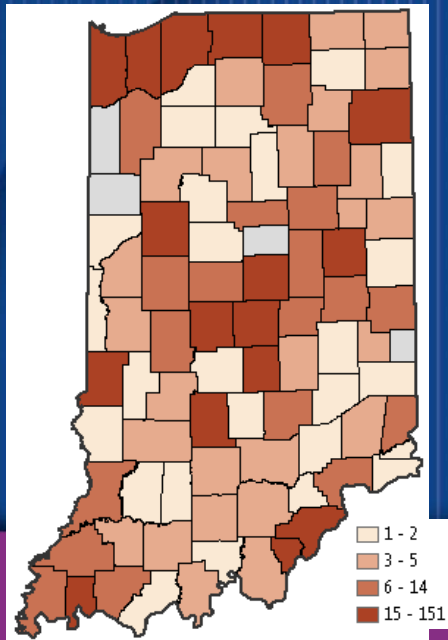


Data: Indiana PLA, 2014. Locations based on provided address information at time of licensing and is not necessarily a practice or work address. Map author: ISDH PHG.

# Provider Survey of Mental Health and Substance Abuse Services



**Total by County**  
Grouped by Quarters

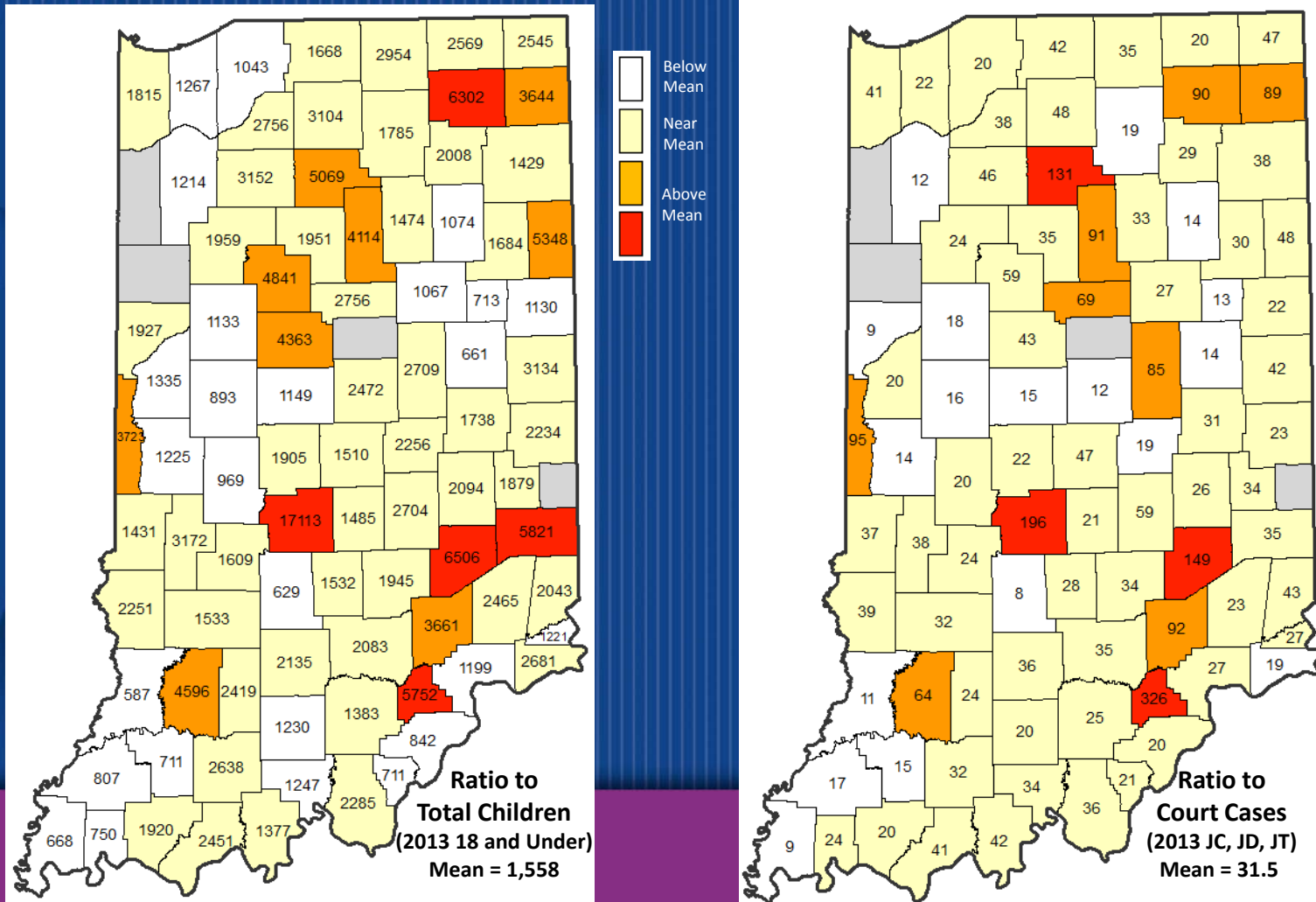


Data: CISC Data Sharing and Mapping Task Force, 2014. Map author: ISDH PHG



# Provider Survey of Mental Health and Substance Abuse Services Ratios by County

Preliminary Analysis



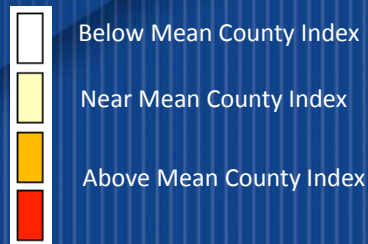
Data: CISC DSM Taskforce, 2014; ICOR, 2014, ACS, 2013. Map author: ISDH PHG



## Composite Ratio Index by County: Areas of Potentially Limited Access to Services

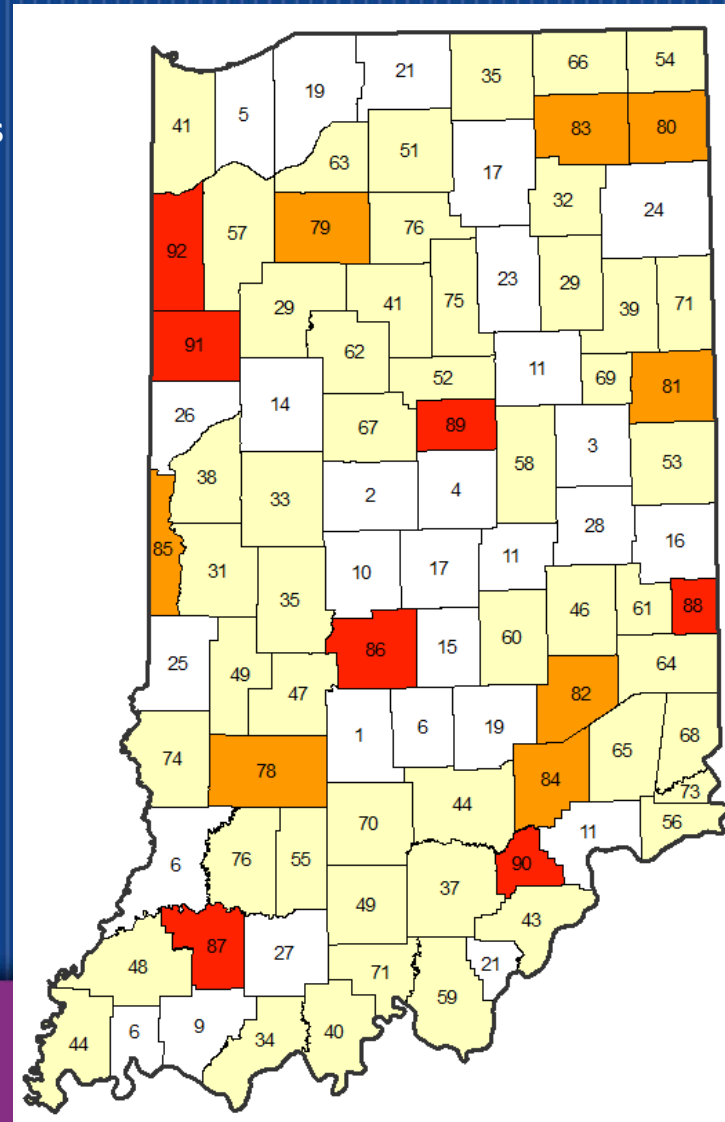
### Preliminary Exploratory Analysis

Counties Ranked from 1 (Best Accessibility) to 92 (Worst Accessibility)



Statistical significance not measured

County-based analysis only – regional service areas and local barriers not taken into consideration.



# Conclusion of Project

- # of providers, types, by county list is available
- Will provide list and maps to other task forces for their study & recommendations
- Recommend add mental health to one of the task forces

# Current and Ongoing Work by Others

- IU School of Medicine ongoing study is collecting info on PLA providers:
  - Service area
  - population served
- ISDH pursuing federal Health Professional Shortage Designations for counties and catchment areas that qualify

# 211

- 211 has accepted database compiled, will add providers and keep updated
- Mapping project will result in more robust resources available through 211
- First time 211 budget appropriation in 2015

# DATA SHARING

# Information-Sharing Project

- Team (DCS, Courts, IYI) attended 4-day program in December at Georgetown
- 3 Levels of Information-sharing
- Beginning with Level 1, designed a project to help local communities
- Lay the foundation for Levels 2 & 3, statewide data systems

# Capstone Project

- Survey of local FCMs, POs, Schools, Detention Centers
- Legal analysis
- Practice Brief
- Potential MOU Pilot

# Coordination with Existing Efforts

- Project in Marion County
- Cross-system summit
- Other efforts?



**Interim Report**  
**Cross Systems Task Force**

**Prepared for the Indiana Children's  
Commission**  
**February 18, 2015**

**Judge Charles F. Pratt and Donald Travis, Co-chairs**

# Membership is reflective of the Commission.

The following agencies/systems are represented:

- Criminal Justice Institute
- Judicial Center
- State Court Administration (data)
- Department of Mental Health
- Education / Schools
- Department of Corrections
- Court Appointed Special Advocate Program
- Public Defender
- Juvenile Court judges
- Juvenile Probation
- Department of Child Services
- Indiana State Bar Association
- Law Enforcement
- Prosecutor
- Placement and Service Providers

# Dual Jurisdiction Youth

**Dually identified Youth** - Youth who are currently involved with the juvenile justice system and have history in the child welfare system but no current involvement.

**Dually-Involved Youth** – Youth who have concurrent involvement (diversionary, formal, or a combination of the two) with both the child welfare and juvenile justice systems.

**Dually-Adjudicated Youth** – Youth who are concurrently adjudicated in both the child welfare and juvenile justice systems (i.e. both dependent and delinquent).

*Note: In each it is critical that there be collaboration across the two systems.*

*[Quoted from the Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration, J. Wiig, J. Tuell, with J. Heldman; Robert F. Kennedy Children Action Corps, Third Edition, 2013]*

# Cross Systems Youth

Unique to Indiana, and included in the charge for this Task Force are the other children in our communities who have multi-systems needs.

- These are children – yet to be fully defined – who require cross systems assistance outside of or prior to involvement with the dependency or delinquency processes.
- They also may be, based on our research, children who should be separated from the existing delinquency and dependency systems and folded into a new status.
- For example, they may be:
  - Homeless teens
  - Older teen runaways
  - Elder teen truants
  - Mentally ill children
  - 18, 19 or 20 year olds with housing and secondary education problems

## Task Force Meetings to date:

- The Cross System Task Force has met 8 times, beginning in January, 2014.
- Established 3 subcommittees in September, 2014
  - Young Children- Ages 0-8
  - Adolescent Youth- Ages 9-15
  - Transition Youth- Ages 16-21
- Issued Explored during Task Force Meetings
  - Mental Health
  - Homelessness

# Subcommittee Considerations

- Behavioral Issues
  - Truancy—younger children/older youth
  - School safety/security
- Mental Illness
  - Dually diagnosed—Mental Illness/Developmental Disabilities
- Educational needs/younger children
  - Educational needs/Truancy
  - Young mothers
- Homeless youth
- Substance Abuse of Caretakers

# Structure of Task Force Meetings

- 1:00 Approval of Minutes
- 1:10 Committee Reports (Report out Topic from prior meeting)
  - Young Children: Suzanne Draper*
  - Middle Tier: Cathy Graham*
  - Older Youth: Chris Blessinger*
- 1:40 Discussion
- 2:00 New Topic to explore
  - Presenters:*
- 2:30 Committee Charges for Next Meeting
- 2:45 Updates
  - Task Force Objectives
  - Commission Task Force Review
- 2:50 Questions/Next Steps
- Future Meeting Date:

# Findings: Mental Health

- **Determinations of Entry Points for Cross System Youth**
  - Schools, Emergency shelters, Juvenile detention centers, and interaction with law enforcement.
- **Findings things that Work:**
  - The Children's Mental Health Initiative (CMHI) through Department of Child Services (DCS) fills gaps in service delivery to this population.
  - The Multi-Disciplinary Team (MDT) of State agencies working on behalf of individually referred children to find services and promote best practices.
  - The Crisis Intervention Teams for youth that are underway in 12 counties in Indiana funded by the Division of Mental Health & Addiction (DMHA), working with law enforcement, local systems of care, and the National Alliance for the Mentally Ill (NAMI).
- **Areas of Need:**
  - Common Definitions, Acronyms, Understanding of Programs that affect children
  - Community Mental Health Wraparound (1915i) to be expanded to include different populations (NEED: Enhancement of service providers for the population)
  - Cross-disciplinary workforce training in working with the dually diagnosed population
  - First responders, law enforcement, and teachers need to be trained in de-escalation techniques



# Findings: Homelessness

- **Determining the Population:**

- McKinney-Vento Definition- Indiana Housing & Community Development Authority
- Department of Education

- **Findings things that Work:**

- Hearth Act 2009- Shelters can serve families
- Collaborative Care (DCS) to transition youth aging out of foster care

- **Areas of Need:**

- Understanding housing is part of a the *recovery* process
- Wrap around housing model with services being provided in addition to housing populations (NEED: Enhancement of service providers for the population)
- Housing for youth entering the community following a Department of Corrections placement
- Determination of evidence based practices that work with this population
- Cross walk to map available funding streams for this population

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  - Housing for youth entering the community following a Department of Corrections placement
  - Determination of evidence based practices that work with this population
  - Cross walk to map available funding streams for this population

# Next Steps

- **Current Subcommittees continue to explore:**
  - Behavioral Issues related to truancy—younger children/older youth, School safety/security, Mental Illness/Developmental Disabilities, Educational needs/younger children, Young mothers, Homeless youth, Substance Abuse of Caretakers
- **New Subcommittees**
  - **To research Status Offenses in Indiana:**
    - We have proposed that a Joint Subcommittee be formed with the *Child Services Oversight Committee* to study the treatment of status offenders in Indiana
  - **To review data and lessons learned from Dually Involved Youth / Dual Jurisdiction Pilots:**
    - Marion County pilot through Robert F. Kenney Foundation
    - Judicial Engagement Project with Casey Family Foundation under Juvenile Justice Improvement Committee

# Cross System Youth Summit

Tentative date and location : July 24, 2015 – Plainfield, Indiana

The Summit is a collaboration with the Indiana Judicial Center:  
The Task Force Co-Chairs will be responsible for developing the content of the symposium with input from the Task Force.

- Each juvenile court judge will be asked to nominate team members to attend. Ideally, team members will have a representative from juvenile court, DCS, education, juvenile probation, and community mental health.
- Following presentations on Cross System issues each team will be asked to meet and review:
  - The primary areas of cross system youth issues in their locality
  - The successes and barriers in meeting the needs of cross system youth in their locality
- At the end of the Summit each jurisdiction will be asked to:
  - Develop an action plan to continue their local discussion and work
  - Report information, innovations, and needs regarding cross system youth to the task force

# House Bill 1196

Comments from Judge Charles Pratt

- This legislation is designed to provide a systemic process to address the needs of dually adjudicated, dually involved, and dually identified youth in the CHINS and Delinquency systems
- The legislation was written from research and best practice models through the work of the Center for Justice Reform- Georgetown University, the Center for Juvenile Justice Reform, and the Robert F. Kennedy Children Action Corps.
- John Tuell, a nationally recognized researcher and the Executive Director of the Robert F. Kennedy National Resource Center for Juvenile Justice, Robert F. Kennedy Children's Action Corps has reviewed the legislation. *He has advised that, if passed, it will place Indiana at the forefront in the nation. The legislation, he opined, is fantastic and can serve as a national model.*



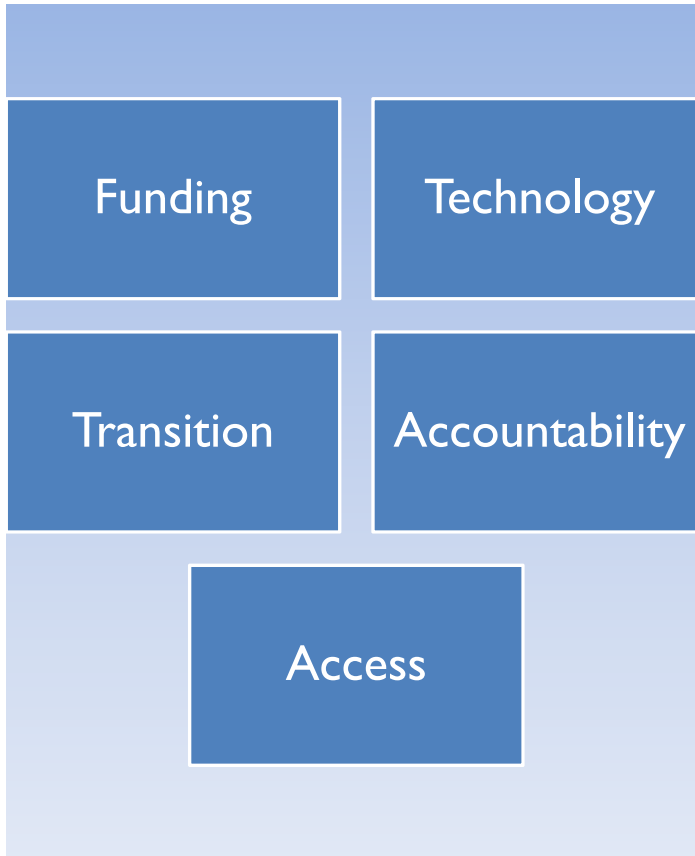
# **Education Outcomes Task Force**



**Commission on the Improvement of the Status of Children in Indiana**

# Objectives

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- ▶ **Aligned to Joint Statement issued by the US Department of Justice and US Department of Education, June 9, 2014**



## Funding

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- ▶ Youth attending school “inside the fence” on count day are not included in the School Funding Formula
- ▶ Task Force Approached House Ways and Means Committee and House Education Committee
- ▶ IDOC advised to approach State Budget Agency.
- ▶ Currently under review by the State Budget Agency.





## Funding (Continued)

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- ▶ **School Funding Formula needs to account for extended school year:**
  - ▶ Juvenile Detention Standards require access to education services for 220 days per year
  - ▶ IDOC pays teachers 260 days per year
  - ▶ Example: Oregon applies its School Funding Formula x 2 for incarcerated youth to assure adequate funding to meet the needs



## Funding (Continued)

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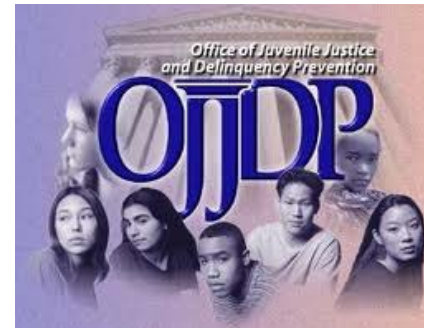
- ▶ Important to make school corporations accountable for working with local detention centers for providing comprehensive education services to youth in short-term juvenile placements



## Transition / Reentry

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- ▶ Office of Juvenile Justice Delinquency Prevention (OJJDP) 12-month planning grant to develop a Comprehensive Juvenile Reentry System Reform



# OJJDP Planning Grant

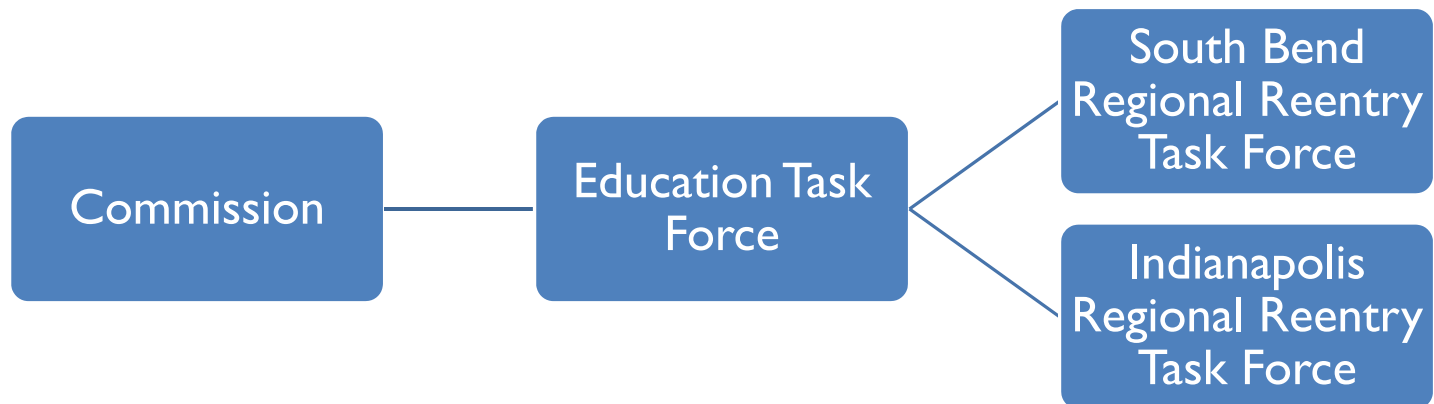
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- ▶ Statewide Reentry Task Force (Education Outcomes Task Force filling this role)
- ▶ Two Regional Reentry Task Forces (South Bend and Indianapolis)
  - ▶ Develop a Flow Chart showing Reentry Process (beginning at intake)
  - ▶ Delineate Roles and Responsibilities of Stakeholders
  - ▶ Identify Barriers to Reentry



# Structure for Reentry Systemic Reform

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# Transition Presentations

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- ▶ Work Ethics Certification (Greater Clark County Schools)
- ▶ JAG (Department of Workforce Development)
- ▶ Youth First (Evansville)
- ▶ The Crossings
- ▶ Youth Assistance Program (Hamilton County)
- ▶ Bureau of Rehabilitation Services



## Other Transition Activities

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- ▶ **Pilot Project:** Collaboration among Indiana University (Dr. Theresa Ochoa), Hanover College, and Oakland City University to utilize the services of undergraduate students from Hanover and graduate students from IU as mentors for youth at the Madison Juvenile Correctional Facility, where Oakland City University provides the contracted education services.



# Technology

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**How can we leverage the use of technology to provide increased access to content and outcomes for youth?**

- ▶ Pilot project: Secure wireless tablets at Madison Juvenile Correctional Facility (American Prison Data System)
- ▶ Pilot Project: GradPoint (computer based curricula) in Vigo County





## Next Steps of Committee

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- ▶ Continue to fulfill the role of Statewide Reentry Task Force for the OJJDP Reentry Planning Grant
- ▶ Synthesize information gathered over the past months to determine the need for recommendations to the Commission
- ▶ Gather additional information regarding “Accountability” and “Technology” objectives



# Education Outcomes Task Force

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Questions can be directed to:

Dr. Susan Lockwood

Director of Juvenile Education

IDOC/DYS

[slockwood@idoc.in.gov](mailto:slockwood@idoc.in.gov)



# Agenda

- Open Discussion
- Update on progress of SEA 227-2014, Under-reporting of Crimes of Domestic or Sexual Battery – *Representative Christina Hale, John Parrish-Sprowl, Ph.D., Director, Global Health Communication Center, Indiana University Purdue University, Indianapolis*

**Very Preliminary Findings  
Underreporting and  
Adolescent Sexual Assault  
in Indiana  
Presented to the Indiana  
Commission on Children**

John Parrish-Sprowl, PhD

Global Health  
Communication Center

Indiana University  
School of Liberal Arts

IUPUI Campus  
Indianapolis, IN USA

[johparri@iupui.edu](mailto:johparri@iupui.edu)



# Underreporting of Adolescent Sexual Assault Study- Preliminary report

- Still collecting data
- We have covered all 92 counties
- We have collected data through hospitals, clinics, libraries, schools, and community centers
- Distribution creates anonymity and it is totally voluntary
- Thus far we have a response rate of between 20-25%, we expect that number to go higher

# ACE Survey

- The findings are strictly preliminary and could change
- At this point they are consistent with previously collected data, both ACE in other states and data collected within Indiana

# ACE Data Summary

- 24% reported that someone touched or fondled their body in a sexual way
- 82.9% reported that this happen against their wishes
- 97% reported that it happened with male abusers
- The average age for this abuse was 12.47 years

## ACE Data Summary

- 22.6% reported a relative who lived in their home was involved
- 58.6% of assaults were from a family friend or person who they knew and who didn't live in their household
- 79.3% of assaults were from someone they trusted



# ACE Data Summary

- 70% involved verbal persuasion or pressure to get them to participate in sexual experiences
- 31% were being given alcohol or drugs
- 13.8% involved in threats to harm them if they didn't participate
- 39.9% were being physically forced or overpowered to make them participate.

# Focus Group: High School Teachers

- The process of reporting is often not clear to students or teachers
- Both students and teachers may be reluctant to report for fear of repercussions from doing so (Teachers know they have a legal duty to report)
- Some teachers see the system as reactive but think it should be proactive (we require reporting of the crime but not education regarding it)
- Support resources are often either insufficient or nonexistent to facilitate the best handling of the situation

# Focus Group: High School Teachers

- Teachers are often told not to talk about the topic of assault and abuse
- Male teachers are often afraid to have such conversations with female students
- Students are often willing to have the hard conversations if given the space to do so
- Teachers observe abuse from within adolescent couples due to the general way in which students learn to relate to one another

# Ideas to Explore

- While people care and are working hard, our system produces numbers that are too high
  - Reported numbers are high
  - Unreported numbers are high
- Our system does not provide the sense of safety necessary to increase reporting
  - Adolescents often do not feel safe to report
  - Teachers often do not feel safe in reporting

# Ideas to Explore

- Until the consequences of reporting are viewed as better than the consequences of not reporting we should not expect much change in the numbers
- Our system is more likely to achieve that if it is designed to be proactive rather than reactive
- A system that focuses on improving relationship practices and reducing fear is one that is more likely to achieve improvement than a system that relies on punitive measures

# Agenda

- Future Topics:
  - ❖ Drug Trends Among Kids (DMHA)
  - ❖ Collaboration between DOC, DCS, DOE, DMHA and detention centers
  - ❖ Children's Mental Health Initiative
  - ❖ Probation Funding and caseload standards
  - ❖ Trauma Informed Care
- Next Meeting: May 20, 2015
  - ❖ 10:00 a.m. – 2:00 p.m., Indiana Government Center South, Conference Room C
- 2015 Meeting Dates: 10:00 a.m. – 2:00 p.m. Indiana Government Center South
  - ❖ August 19, 2015
  - ❖ November 18, 2015

# Website

The website to view all documents handed out at Commission meetings and the webcast of today's meeting can be found at [www.in.gov/children](http://www.in.gov/children).



The screenshot displays the Indiana State Government website. At the top, there is a navigation bar with links for "Find a Person", "Account Center", "Online Services", "FAQs", and "Help". The "GOVERNOR MIKE PENCE" logo is visible in the top right corner. Below the navigation bar, there is a search bar and a dropdown menu set to "CISC". A horizontal menu lists various government departments: "Agriculture & Environment", "Business & Employment", "Education & Training", "Family & Health", "Law & Justice", "Public Safety", and "Taxes & Finance". The main content area features a banner for the "Commission on Improving the Status of Children in Indiana" with the state seal and a group photo of diverse children and adults. To the right of the banner, there is a section for "Online Services" with a "Meeting Video" link and a "MORE ONLINE SUBSCRIBER" button. Below the banner, there is a "Latest News & Headlines" section with a sub-header and a paragraph of text: "The first annual report of the activities and accomplishments of the Commission on Improving the Status of Children in Indiana (July 1, 2013 – June 30, 2014) is now available. 18 leaders from all parts of Indiana state government met bi-monthly to".