

Commission on
Improving *the* Status
of Children in Indiana

Commission on Improving the Status of Children

MEETING

AUGUST 15, 2018

Agenda

1. Welcome and Introductions
2. Approval of Minutes from meeting on June 20, 2018

Agenda

3. Child Wellbeing Disparities

a. Charlie Geier, Indiana Youth Institute



State of the Child: Disparities



Commission on
Improving the
Status of Children

August 15, 2018



It's in all of our best interest to make sure **each and every child** is getting the support they need to reach their full potential.



Families and Communities



Economics



Education



Health



Safety



Who are Hoosier Kids?



Child population

1.5
million



Children in single-parent families

34%



Children who are a race/ethnicity other than white, non-Hispanic

26.6%



Children who speak a language other than English at home

10.4%



Children in immigrant families

12%

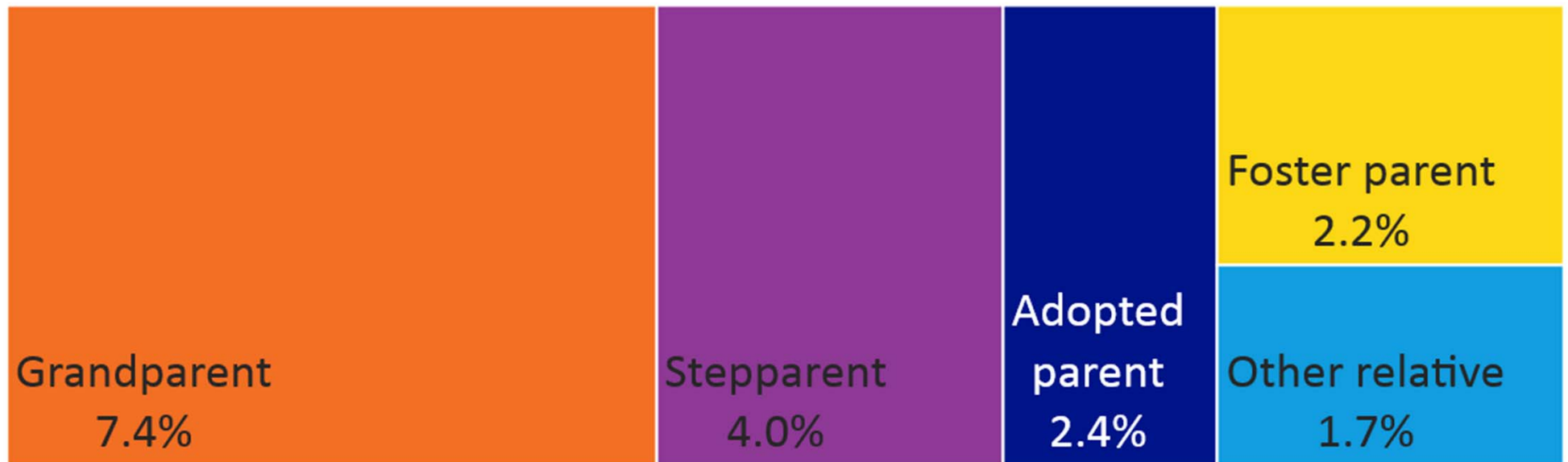


Sources: Easy Access to Juvenile Populations & American Community Survey

Hoosier youth are diverse in family structure



Child's Relationship to the Primary Householder: 2016



Source: American Community Survey

Nationally, we excel in few, lag in most and **need to improve** in all.



National Rankings 2018

KIDS COUNT Domains

Indiana Overall	28 th
Family and Communities	32 nd
Economy	24 th
Education	14 th
Health	31 st



Source: Annie E. Casey Foundation

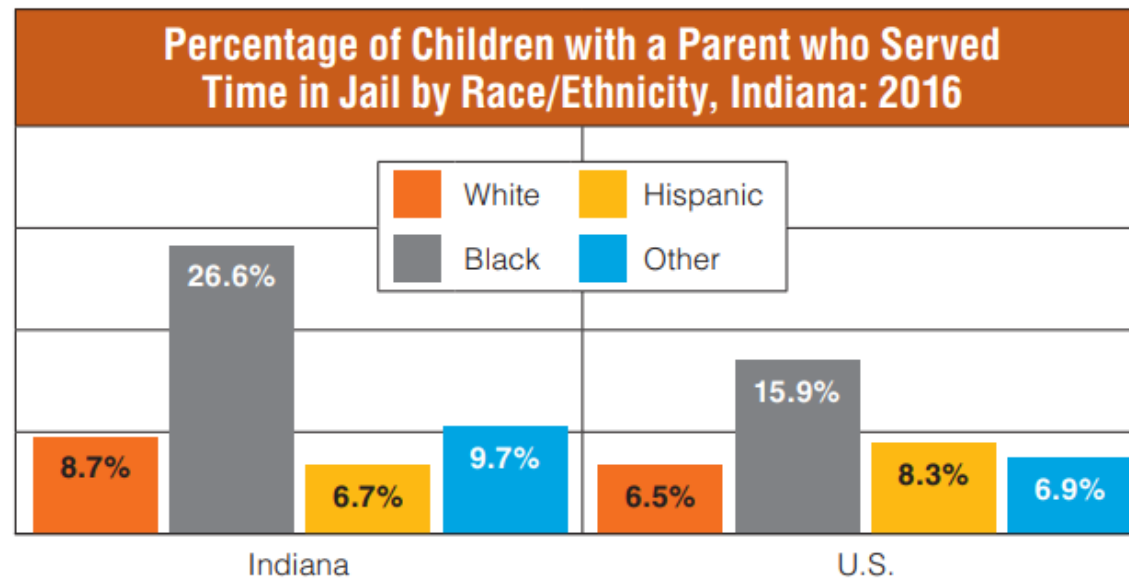


Clear disproportionate challenges and barriers exist for children by race, place, income and immigrant status.

Parental Incarceration



Black Hoosier youth are 3 times as likely to experience parental incarceration as their white peers.

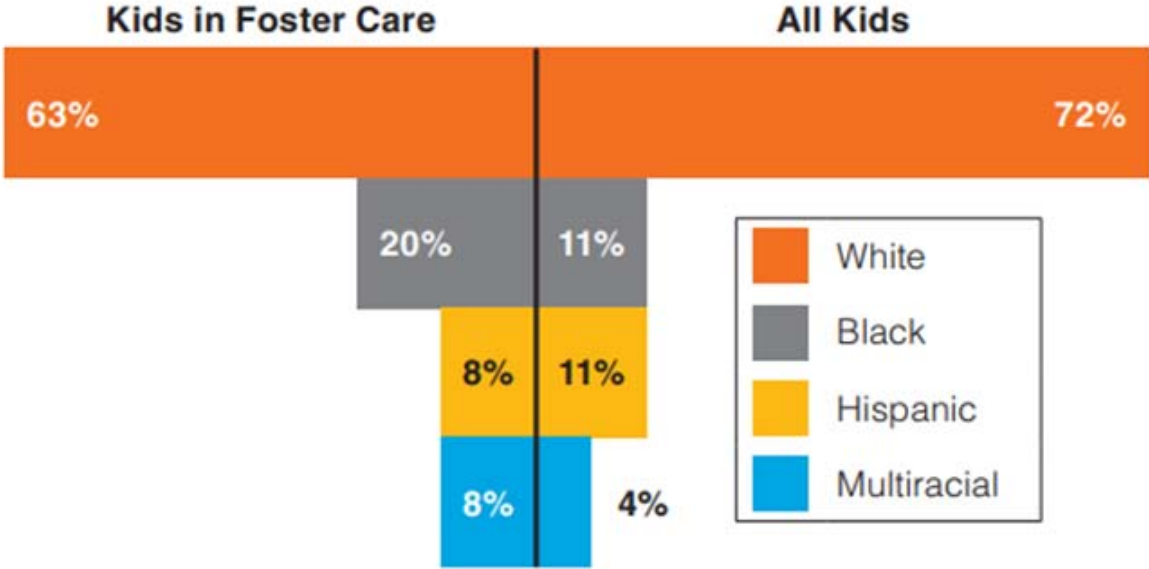


Source: National Survey of Children's Health

Foster Care



**Children in Foster Care by Race/Ethnicity:
Indiana, 2015**



Source: Child Trends

Foster Care Solutions

Individuals

- ✓ Help children maintain relationships with extended family, siblings and biological parents when appropriate.
- ✓ Be consistent in relationships with youth, emphasizing belief in their future.
- ✓ Support foster families by providing respite care, including foster children in playdates, offering to cook a meal, providing transportation or babysitting.
- ✓ Adopt, serve as a foster parent or volunteer to mentor youth.

Organizations and Communities

- ✓ Schools and youth-serving programs can be inclusive in family engagement efforts, being sure to include grandparents, foster parents and anyone else caring for children.

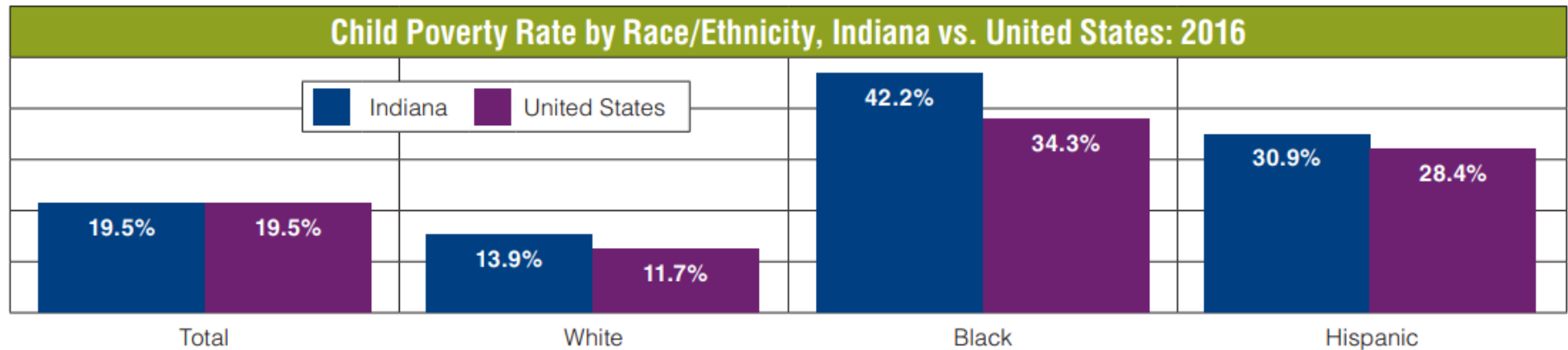
Leaders and Policy Makers

- ✓ Expand access to mental health care/ counseling for children who have been separated from family.
- ✓ Expand social supports for grandparents and other relatives providing informal kinship care for children.
- ✓ Establish kinship navigator programs to coordinate support for kinship caregivers.

Poverty



Black Hoosier children are three times more likely to live in poverty than their white peers.

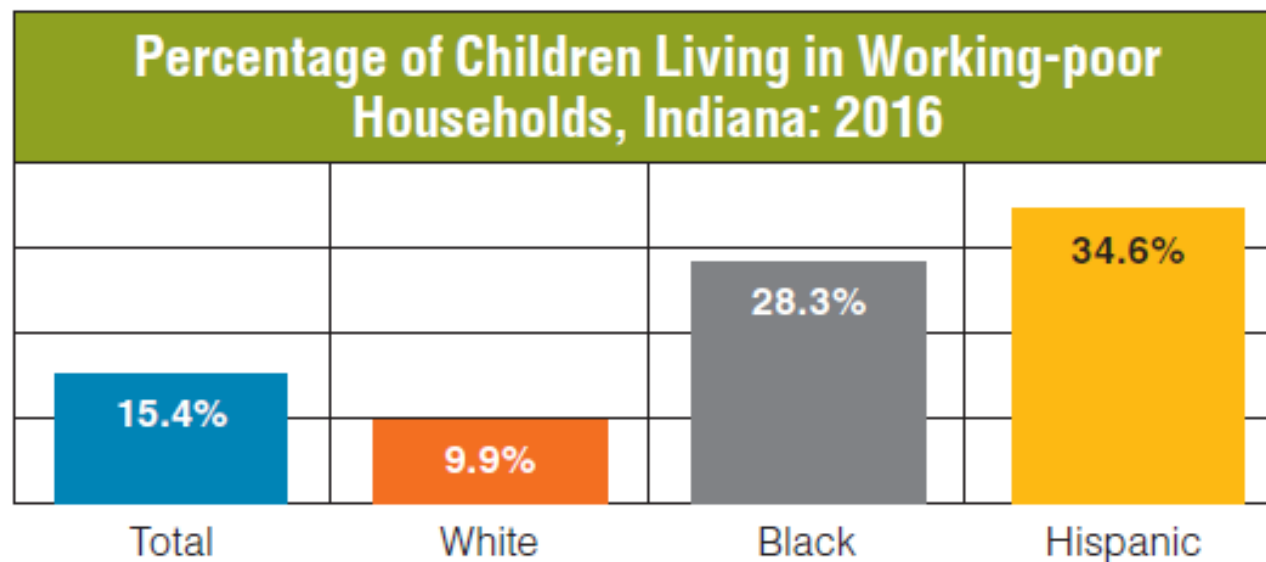


Source: American Community Survey

Working-Poor Households



Hispanic Hoosier children are more than three times as likely to live in a working-poor household than their white peers.



Source: National Survey of Children's Health

Food Insecurity



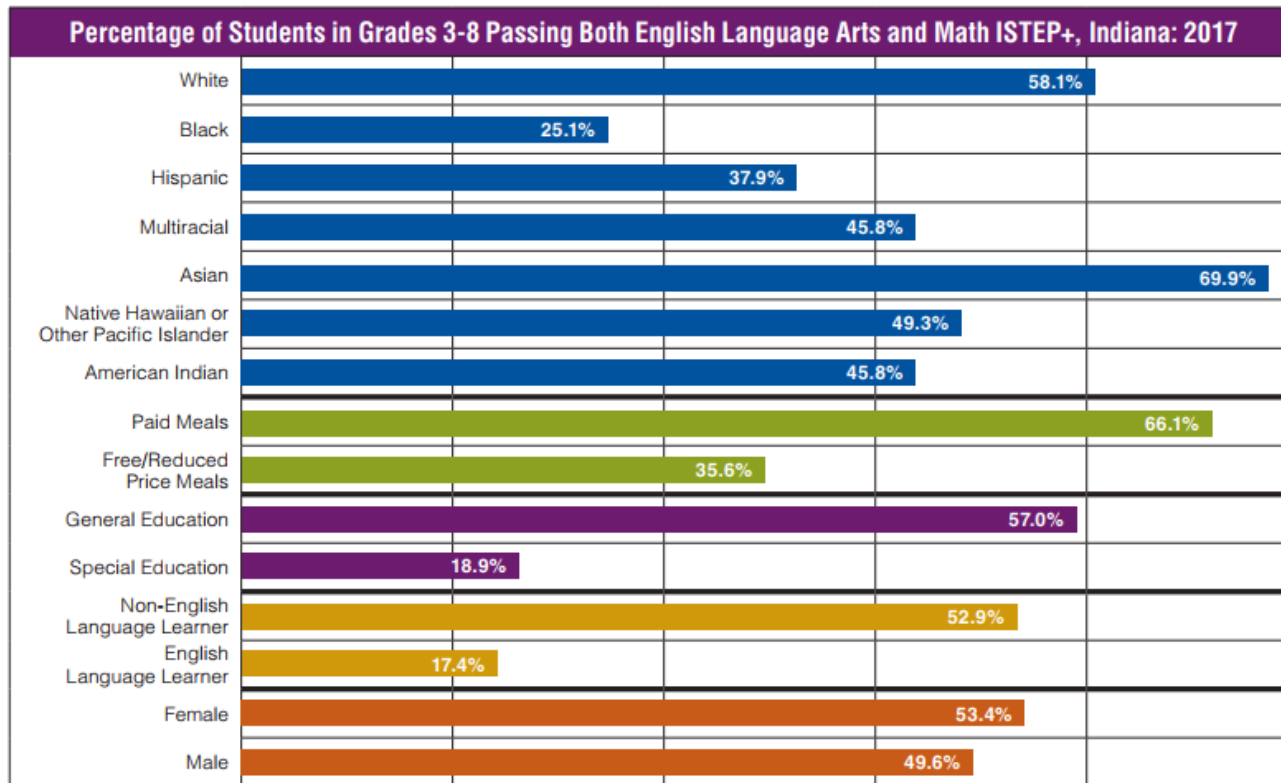
Lack of access to low-cost healthy foods for children is related to both **food insecurity** and **obesity** among children.

- ✓ 1 in 5 Hoosier children are food insecure.
- ✓ 63.3% of Hoosier families say they could always afford to eat nutritious meals in the past year.

Child Food Insecurity, Indiana: 2015			
5 Lowest Counties		5 Highest Counties	
Hamilton	12.6%	Fayette	23.9%
Hendricks	13.3%	Switzerland	23.8%
Boone	13.8%	Wayne	23.5%
Hancock	15.0%	Sullivan	23.0%
Dubois	15.6%	Vigo	22.9%

Source: Feeding America & National Survey of Children's Health

Achievement Gaps

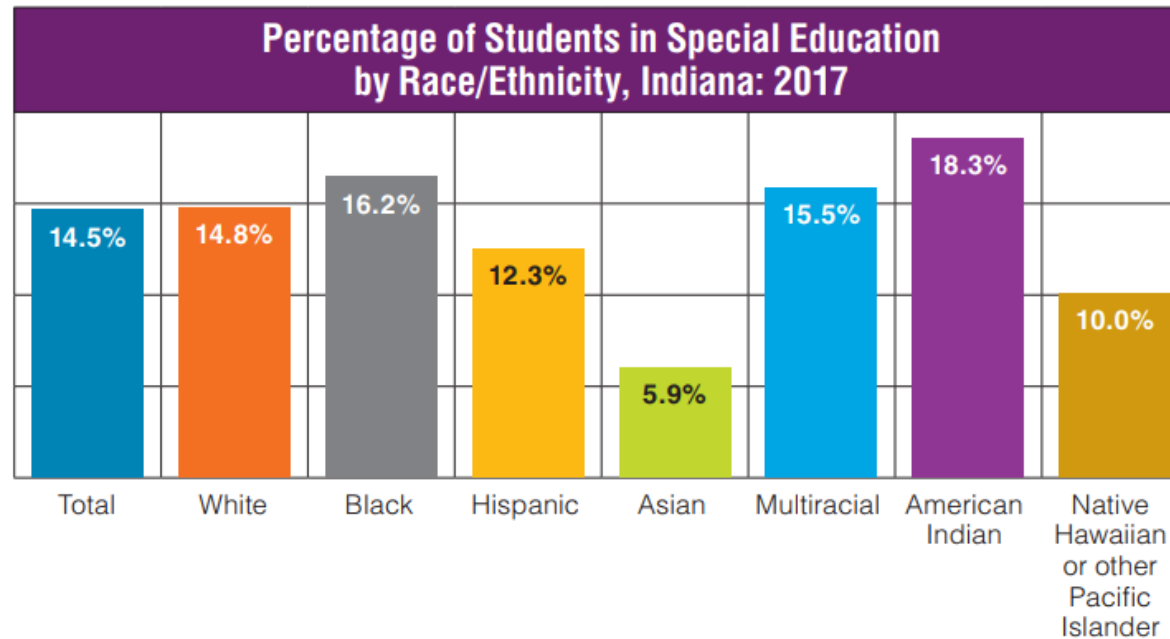


Source: Indiana Department of Education

Achievement Gaps



Indiana faces significant disparities in the students who are identified for special education.

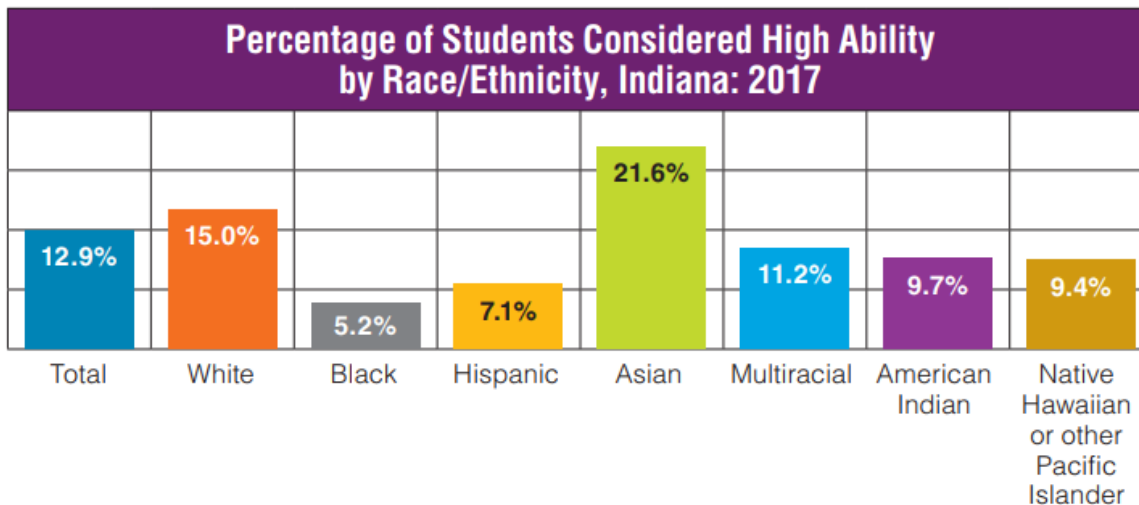


Source: Indiana Department of Education

Achievement Gaps



Indiana faces significant disparities in the students who are identified for high ability programs.

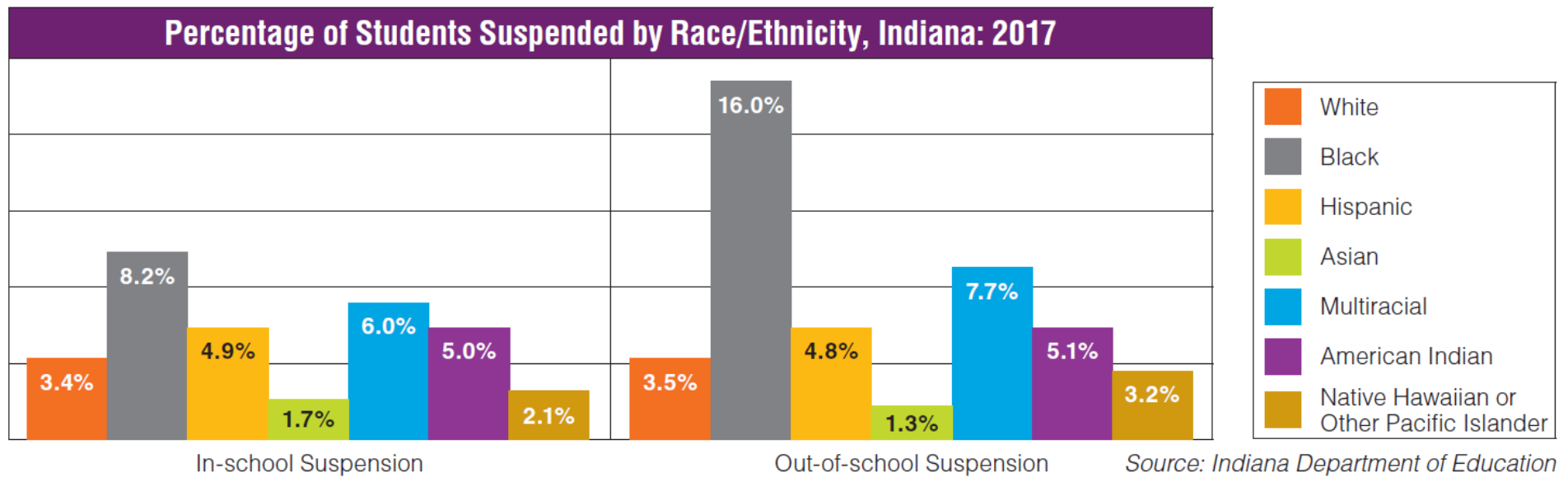


In Indiana, white students are **3 times** more likely to be identified as high ability than their black peers.

School Discipline



Indiana faces significant disparities in the students who are suspended and expelled.



Source: Indiana Department of Education

Achievement Gap Solutions



Individuals

- ✓ Ask a child's school about their equity and inclusion policies.
- ✓ Keep the conversation going about disparities and ways we can all work together to address them.

Leaders and Policy Makers

- ✓ Organizations, lawmakers and communities should collaborate and build positive support systems and address policies that create barriers to success.

Organizations and Communities

- ✓ Increase diversity and cultural competence in and across the education workforce.
- ✓ Collaborate with entities *outside* the academic arena to address the social and economic factors outside the classroom that impact students' success *inside* the classroom.
- ✓ Disaggregate data whenever possible.

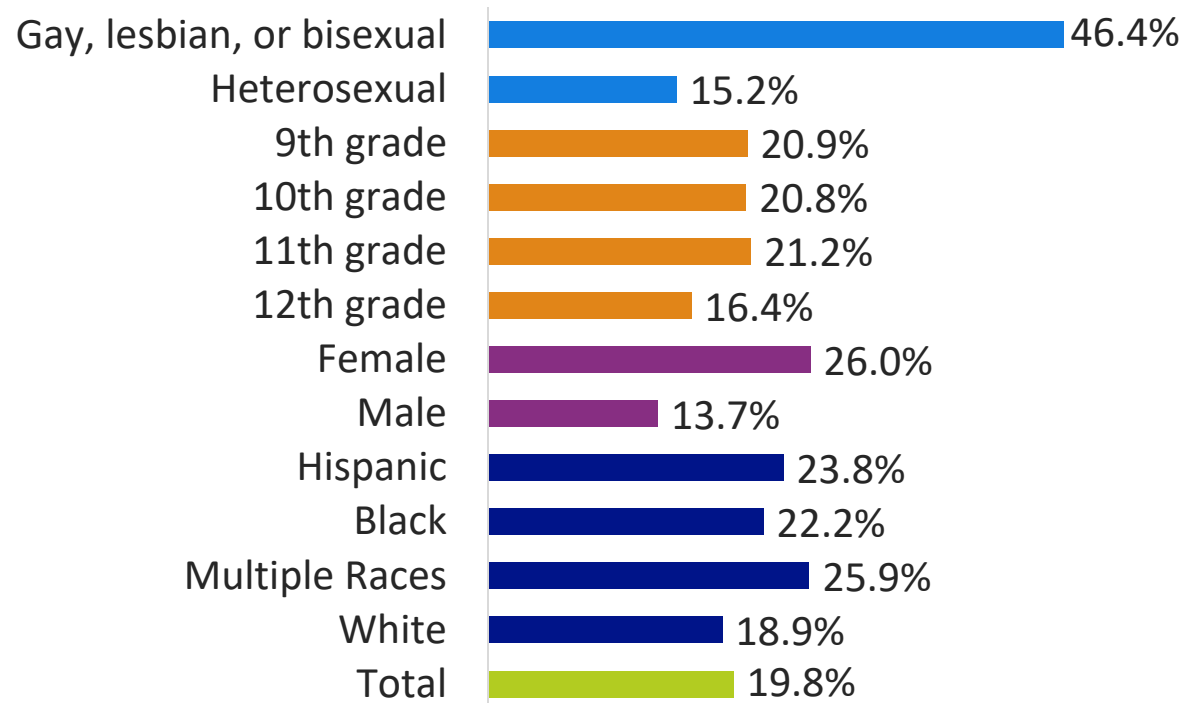
Youth Suicide

Youth who identify as lesbian, gay, or bisexual are **three times more likely to consider suicide** and five times more likely to attempt suicide than their peers.

Females are twice as likely to consider suicide as males.



High School Students Who Seriously Considered Attempting Suicide in the Past Year, Indiana: 2015

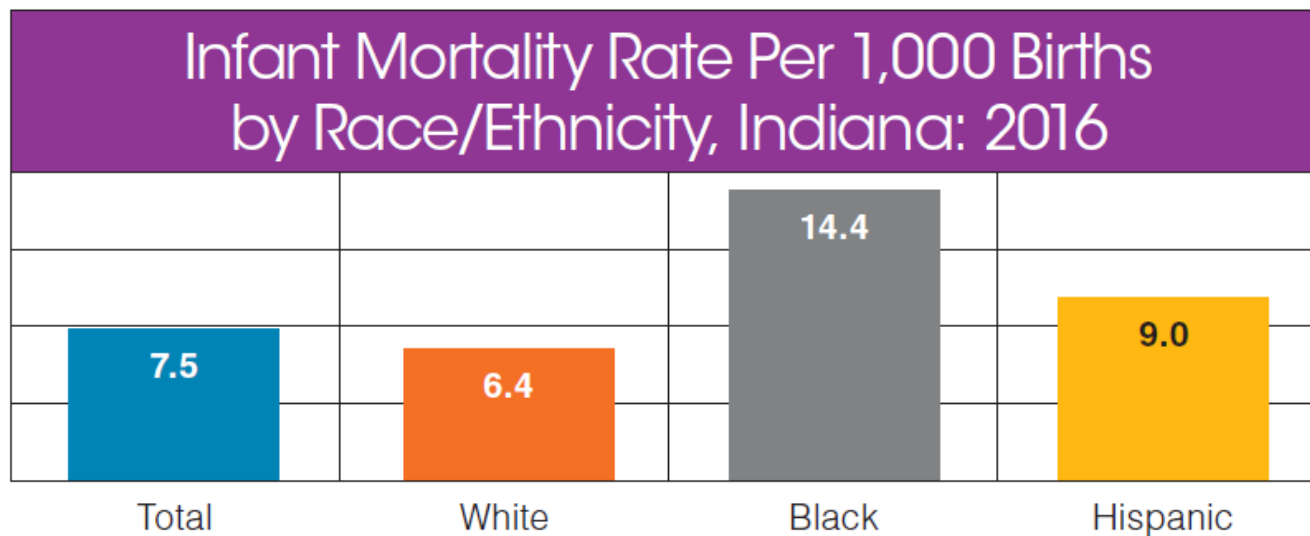


Source: Youth Risk Behavior Survey

Infant Mortality



Black infants 2.5 times more likely to die before their first birthday as white infants.



Source: Indiana State Department of Health

Smoking



Smoking is associated with a higher risk of miscarriage, low birthweight, premature birth, some birth defects, and Sudden Infant Death Syndrome (SIDS).

13.5% of expectant Hoosier mothers smoke while pregnant.

The rate of smoking while pregnant in Indiana (13.5%) is significantly higher than the national rate (8%).

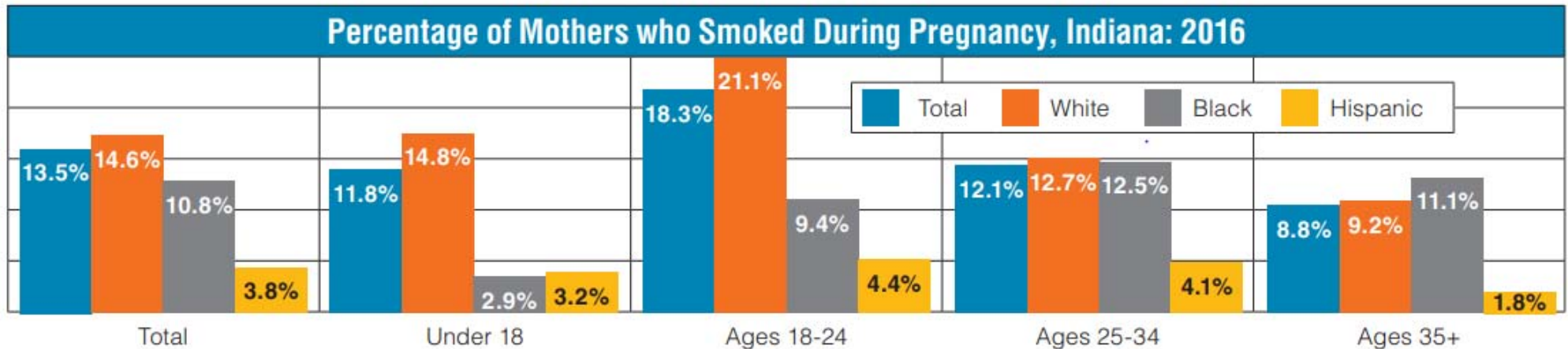
Percentage of Mothers who Smoked During Pregnancy: 2016			
10 Highest Counties		10 Lowest Counties	
Grant	31.4%	Hamilton	2.4%
Orange	30.5%	Hendricks	7.2%
Jefferson	30.4%	LaGrange	7.9%
Crawford	29.8%	Boone	8.1%
Lawrence	29.2%	Hancock	8.2%
Scott	29.2%	Adams	8.9%
Owen	27.4%	Lake	9.2%
Blackford	27.1%	Allen	9.6%
Fayette	26.4%	Dubois	9.9%
Jennings	25.6%	Marion	9.9%

Source: Indiana State Department of Health

Smoking



White mothers are significantly more likely to smoke during pregnancy than black and Hispanic mothers.



Source: Indiana State Department of Health

Smoking Solutions

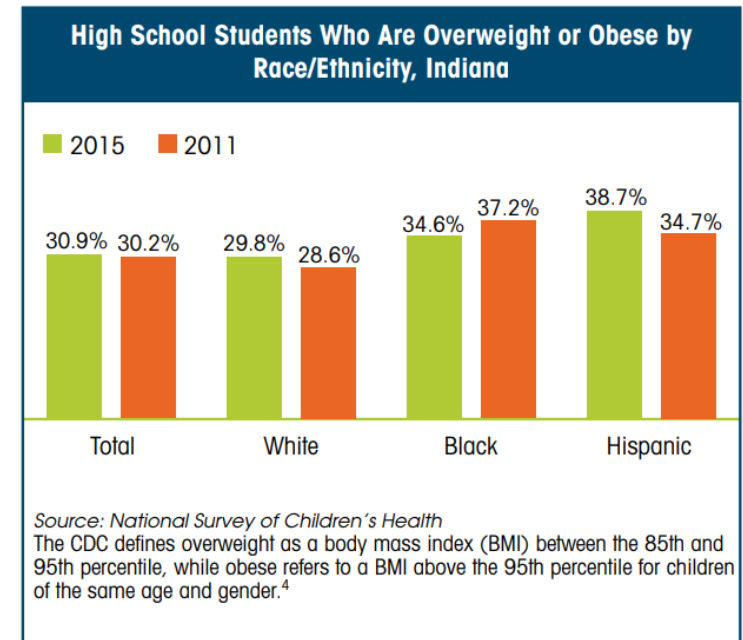
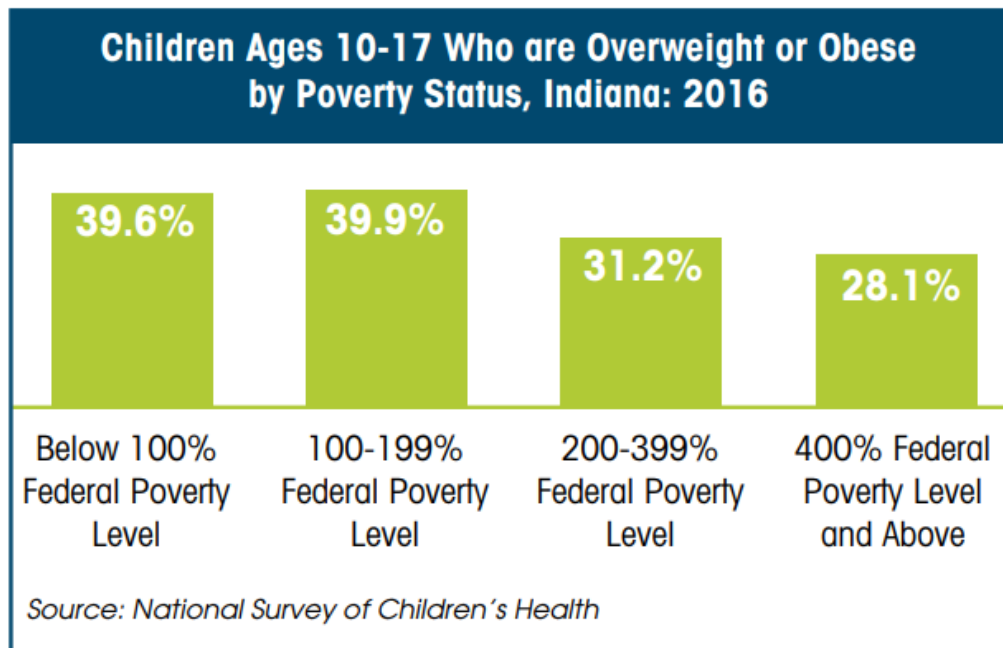


- ✓ Coordinate efforts to establish smoke-free social norms.
- ✓ Assist tobacco users in quitting.
- ✓ Prevent the initiation of tobacco use.
- ✓ Deliver culturally appropriate messages that target youth to counter tobacco product advertisements.
- ✓ Reduce tobacco advertising, promotions, and availability of tobacco products.
- ✓ Encourage tobacco-free environments and lifestyles.

Obesity



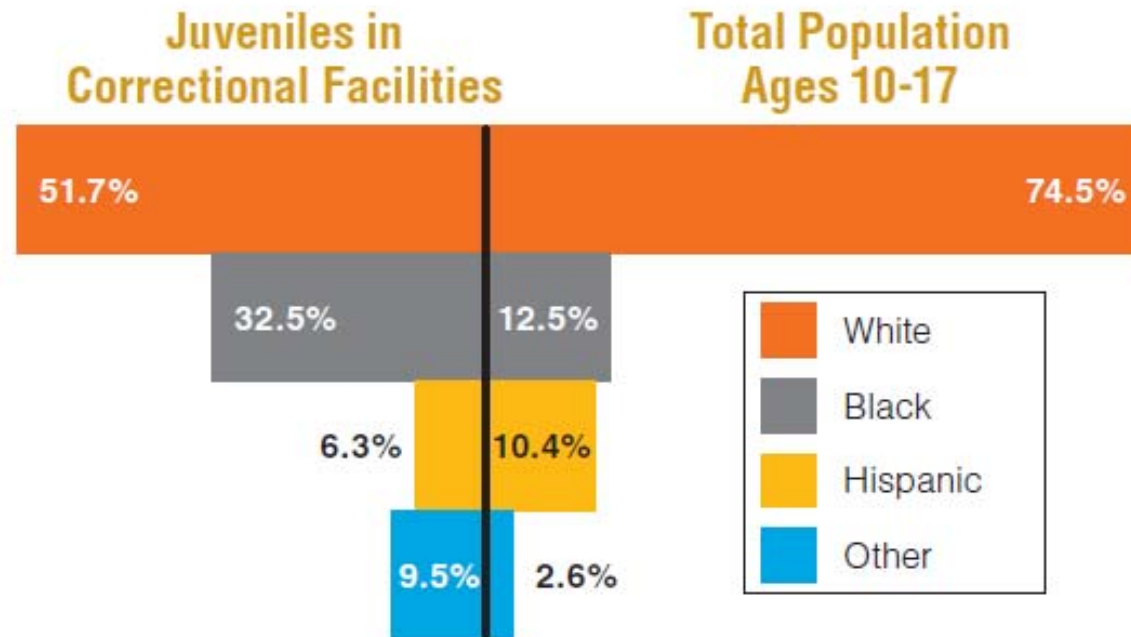
Indiana faces significant disparities, with youth of color are more likely to be overweight or obese than their white peers.



Juvenile Justice



Youth of color experience disproportionate contact with the juvenile justice system.



Source: Indiana Department of Correction & Easy Access to Juvenile Populations

Child Maltreatment



Child Abuse and Neglect Rate per 1,000 Children: 2016

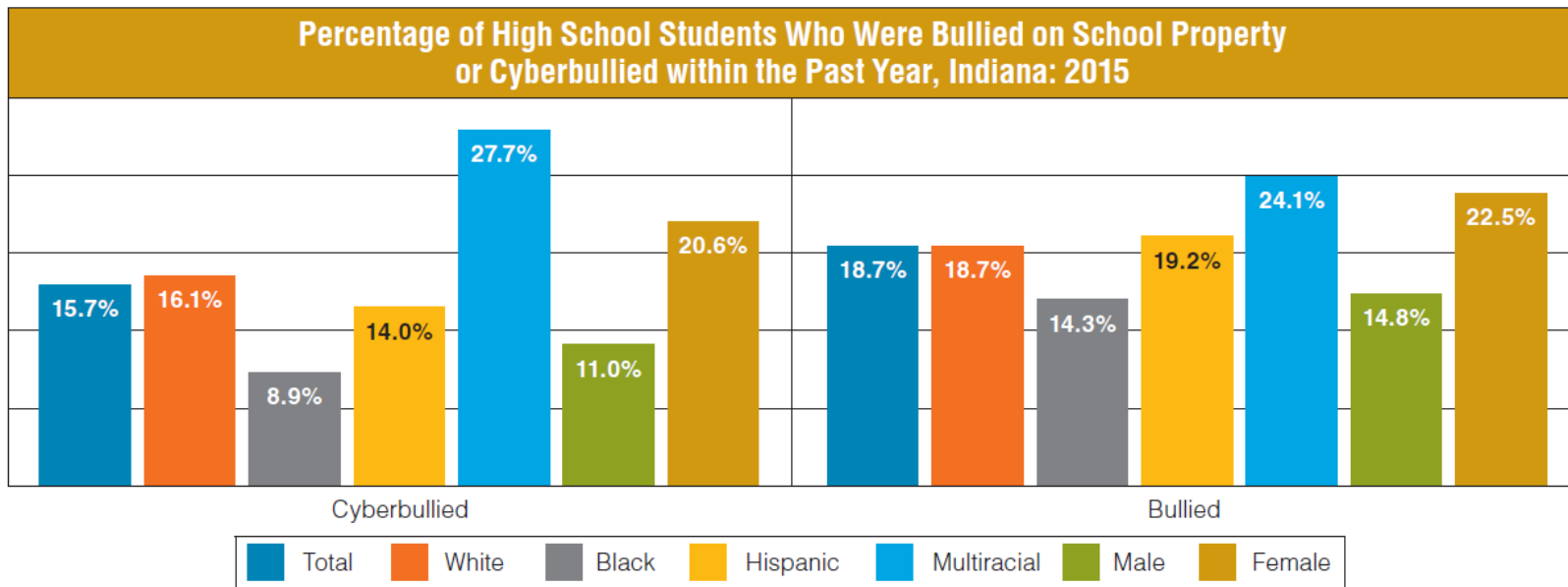
10 Highest Counties		10 Lowest Counties	
Vermillion	57.6	Hamilton	2.9
Crawford	57.0	Hendricks	5.6
Orange	55.0	Kosciusko	7.3
Perry	54.2	Warrick	8.4
Scott	50.4	Boone	8.7
Spencer	46.1	Johnson	9.0
Miami	43.2	Benton	9.1
Vigo	41.9	Morgan	9.5
Decatur	41.4	LaGrange	10.4
Pike	40.5	Elkhart	10.5

Source: Indiana Department of Child Services

Bullying



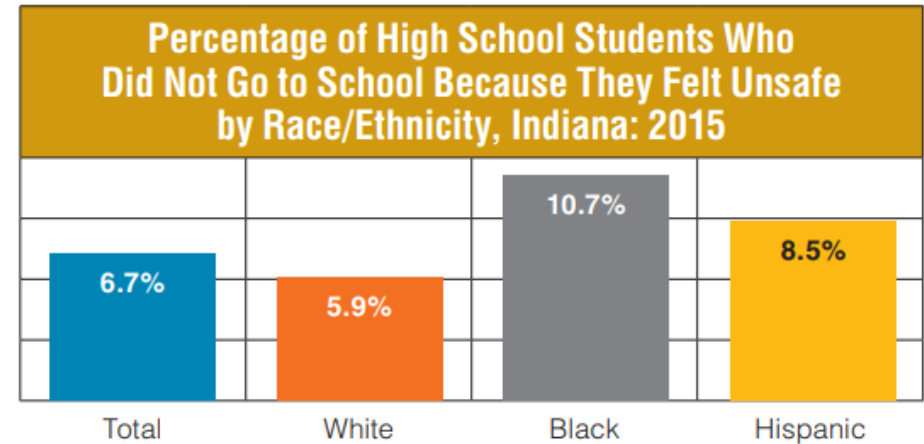
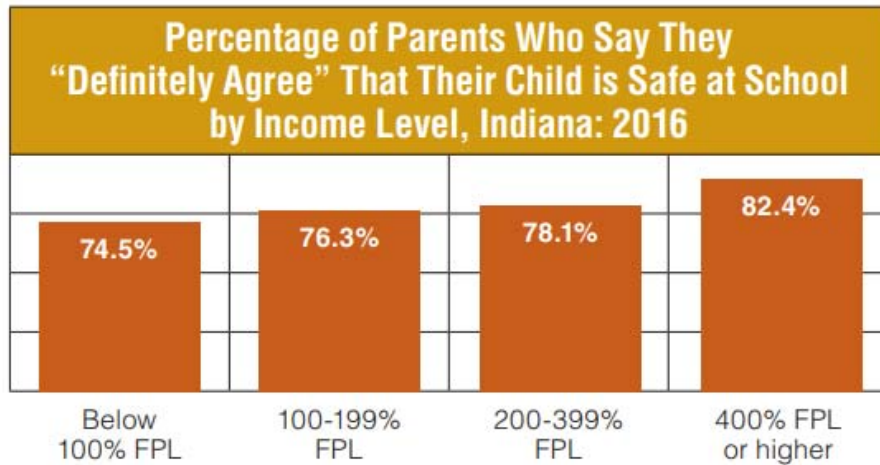
Female Hoosier students are nearly twice as likely to be cyberbullied than males.



Source: Youth Risk Behavior Survey

Source: Youth Risk Behavior Survey

School Safety



Source: National Survey of Children’s Health, Youth Risk Behavior Survey



It's in all of our best interest to make sure **each and every child** is getting the support they need to reach their full potential.

Call to Action

- ✓ Communicate the key data and solutions
- ✓ Promote access to your data and services
- ✓ Create collaborations to make a difference
- ✓ Maximize your presence and influence
- ✓ Learn more



Resources and Contact



2018 Indiana KIDS COUNT® Data Book
a profile of child well-being

FAMILY
ECONOMY
EDUCATION
HEALTH
SAFETY

INDIANA YOUTH INSTITUTE

KIDS COUNT® IN INDIANA
2018 DATA BOOK SNAPSHOT
a profile of child well-being

2018 Population Under Age 18 (CY EST)	Total	White	Black	Hispanic, of Any Race	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native
1,168,473	308,521	308,500	108,917	204,603	67,261	69,172	67,620
1,168,473	308,521	308,500	108,917	204,603	67,261	69,172	67,620

2016	2014	2015	2016
22.2	21.8	20.9	19.3
40.9	41.2	41.3	39.5
6.1	5.9	7.9	7.7
579,768	566,179	548,524	708,046
13,160	10,669	9,237	8,702
7.7	5.9	4.8	4.4
47,929	49,444	50,329	52,314
39,148	40,489	41,848	43,097
21.8	21.2	19.1	16.4
29.0	33.5	25.3	35.8

Child Poverty Rate by Race/Ethnicity, Indiana vs. United States: 2016

Percentage of Babies Born with Low Birthweight, Indiana: 2016

ISSUE BRIEF
Indiana Youth Institute | Serving Hoosiers and Hoosier youth
October 2017

Opioid Crisis: Indiana's Hidden Victims

Youth are the hidden victims of the opioid epidemic. Nationally, the issue has grown so severe that in 2017, the Commission on Combating Drug Abuse and the Opioid Crisis submitted a letter to the president requesting that the opioid crisis be declared a national emergency. In Indiana, there were 1,271 deaths from drug overdoses in 2016, a 10% increase from 2015. Drug overdoses have risen so sharply in Indiana that they now kill more Hoosiers than car crashes and gun homicides combined.

Hoosiers from all walks of life are facing the opioid epidemic in all corners of our state. Eighty-nine of Indiana's 92 counties have experienced drug overdose deaths from heroin or prescription opioids in the past 3 years,* and Indiana has seen increases in health care among both men and women, in most age groups, and across all income levels.*

Opioid Overdose Non-Fatal Emergency Department Visits, Rate per 100,000 Residents, Top 10 Counties: 2015

- 1 Morgan County 44.8
- 2 Jennings County 40.2
- 3 Delaware County 39.6
- 4 Marion County 38.0
- 5 Warrick County 37.8
- 6 Fayette County 36.5
- 7 Montgomery County 35.9
- 8 Jay County 35.6
- 9 Howard County 33.9
- 10 Clinton County 33.6

What is an Opioid?
Opioids are a class of drugs that includes heroin, synthetic opioids such as oxycodone, and prescription pain relievers such as hydrocodone, hydromorphone, and morphine. These drugs act on opioid receptors in the brain to produce pain relief and a feeling of euphoria.
Opioids prescribed by doctors can be effective in treating severe pain, but they also come with serious risks. Due to their addictive...

Indiana Youth Institute | Serving Hoosiers and Hoosier youth
OVI ISSUE BRIEF | October 2017

2018 INDIANA KIDS COUNTY DATA BOOK
Lake County
Indiana Youth Institute

2013	2016	Indiana	County Ranking*
27.7%	25.7%	19.1%	7
50.1%	49.5%	41.0%	8
6.1%	5.9%	7.2%	89
92,977	79,417	765,086	2
1,493	884	8,101	2
9.2%	6.3%	4.4%	3
\$48,341	\$53,620	\$52,289	33
\$37,020	\$40,628	\$43,097	36
21.3%	19.3%	19.1%	36

2013	2016	Indiana	County Ranking*
6,023	5,649	83,063	2
22.2	21.9	21.6	45
8.5%	8.5%	8.2%	32
10.9%	9.2%	13.5%	86
67.9%	69.9%	69.3%	51
53.5%	52.6%	42.7%	7
51	49	623	2
90	43	489	2
8.4%	5.3%	6.9%	88

2013	2016	Indiana	County Ranking*
2,139	1,388	19,166	2
11.9	17.6	18.0	62
1,219	1,800	24,542	2
132	105	2,633	4
116	154	2,184	2
288	302	4,284	2
1,500	600	13,804	4
202	72	3,426	8
100	51	662	2

*Higher county rankings (1st) indicate the largest number or percentage and do not necessarily represent better outcomes for youth.
Find recent updates and even more data on our Data Center: www.iyi.org/datacenter

www.iyi.org/data - data@iyi.org

Agenda

4. Strategic Priority: Child Safety and Services

- a. Victoria Szczechowski: Update on the Child Services Oversight Committee

Agenda

4. Strategic Priority: Child Safety and Services

b. Leslie Hulvershorn and Sarah Sailors: Child Safety and Services Task Force Update and Report back on Zero Suicide Academy

Agenda

4. Strategic Priority: Child Safety and Services

- c. Sandy Runkle, Prevent Child Abuse Indiana, Child Abuse Prevention Subcommittee of Child Safety and Services Task Force
 - i. Findings on Child Abuse Prevention
 - ii. Recommendations



Increased Awareness of Existing Prevention Resources

- Creation of list of primary and secondary prevention resources
- Informal survey to measure awareness of resources
- Survey results included a list of additional prevention resources
- Results indicated a need for increased awareness around resources, especially those considered statewide, or whose presence is in several counties in the state



Community Resource Survey

- Survey sent to approximately 800 service providers and caregivers
 - Most were service providers, e.g. foster care staff, Healthy Families, early childhood professionals, community partner providers, etc
- We received 225 responses.



Criteria for Concern

- Statewide entity, or entities that have a presence in many communities around the state

List of Agencies

Community Partners for Child Safety

Indiana's Early Start Program

Chartered Prevention Councils

Newborn Screenings

Child Fatality Review Teams

Community Mental Health Centers

Emergency Food Assistance Program

Continued

- Farmers' Market Nutrition Program
- Nurse Family Partnership
- MOM's Helpline
- Office of Early Learning/Out of School Learning
- Children's Special Health Care Services Program
- Help Me Grow
- Indiana Institute for Working Families
- Playworks



Survey Results

- Community Partners for Child Safety 61%
- Indiana's Early Start 59%
- Chartered Prevention Councils 57%
- Newborn Screenings(Law) 51%
- Child Fatality Review Teams 50%
- Community Mental Health Center 47%
- Emergency Food Assistance Programs 46%



- Farmers' Market Nutrition Program 43%
- Nurse Family Partnership 40%
- MOM's Helpline 38%
- Office of Early Learning/Out of School Learning 35%
- Children's Special Health Care Services Program 30%
- Read to Me 29%
- Help Me Grow 26%
- Indiana Institute for Working Families 23%
- Playworks 10%



Next Steps

- Connect 2Help 211 is the most logical entity to continue serving as the statewide resource data base
 - Need to insure that communities and providers are more aware of 211 and its services
- Share list of prevention resources with Connect 2Help to insure they have each of the listed programs
- Share survey results with the entities that did not “score” as well on the survey so they may make informed decisions around marketing
- Explore ways in which *new* providers and programs can be assured that their programs are being included in data bases and community resource publications



Statewide Framework Around the Prevention of Child Maltreatment

- Encourages a collaboration among entities who work with children and families
- Honors local communities' knowledge about their own specific needs
- Encourages data sharing and collaboration around how to best utilize that data
- Encourages best practice models



Next Steps

- Many state agencies, organizations, and other entities already have their own plans which focus on the specific populations whom they serve
- Many of these plans may already share common themes, goals, and/or action steps
- There could be one or more plans that are already fairly extensive upon which a broader statewide framework could be built.
- Request that agencies or other entities that have some type of statewide framework or plan, be it strategic or action, provide those plans to our Task Force
- Task Force will review plans and determine if a more comprehensive statewide framework for prevention will be necessary



Thank you

Questions?

Agenda

4. Strategic Priority: Child Safety and Services

d. Brent Kent and Joshua Christian: Older Youth Subcommittee of Child Safety and Services Task Force

i. Benefits of providing foster care and supportive services through age 23

Extending Chafee Services to Age 23

Joshua Christian & Brent Kent
CISC • 08.15.2018

Overview

CWG audit recommended extension of supportive services to age 23

Unique needs of older foster youth

Research about the benefits of extending supportive services to youth who age out of foster care

Indiana Connected By 25

Mission

- To ensure youth transitioning out of foster care are educated, housed, financially stable, employed and connected to a support system by age 25.

Mission population

- 21,741 - number of current and former foster youth between the ages of 14 & 26 who experienced foster care after their 14th birthday
-

Joshua Christian



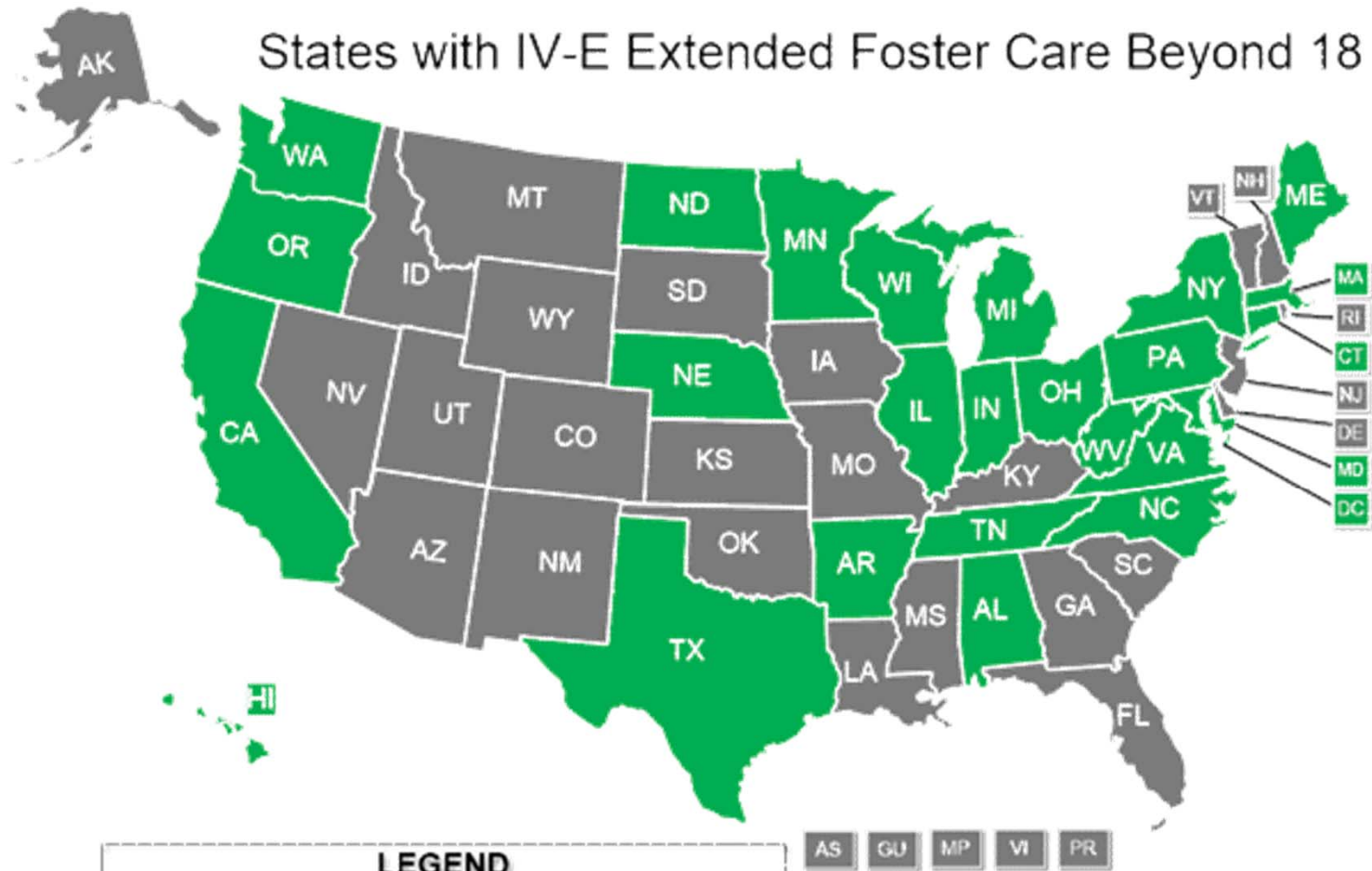
- Jim Casey Young Fellow
 - Indiana Youth Advisory Board Leader
 - Junior at Marian University
-

Background on Extension

Background

- Fostering Connections Act of 2008 allowed states to extend foster care to age 21
 - About 30 states have extended care. Every state but Indiana extended care to age 21
 - Indiana extends foster care until age 20 with the Collaborative Care program
 - Indiana provides Independent Living Services until age 21
 - The goal of Collaborative Care & IL Services is to support transitioning youth and foster independence
-

States with IV-E Extended Foster Care Beyond 18



LEGEND

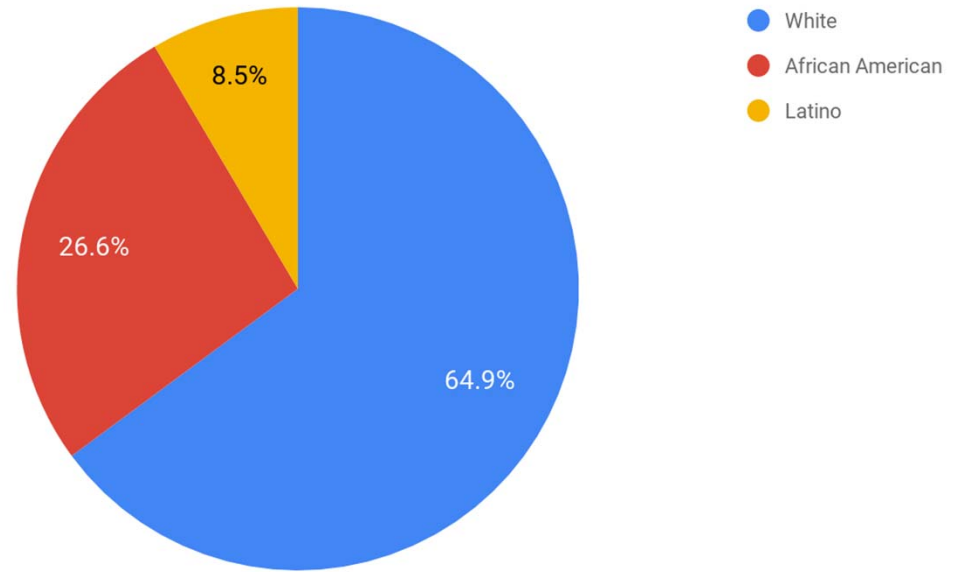
- States with IV-E Extended Foster Care
- States without IV-E Extended Foster Care

Older Foster Youth in Indiana

5,137
or 18%

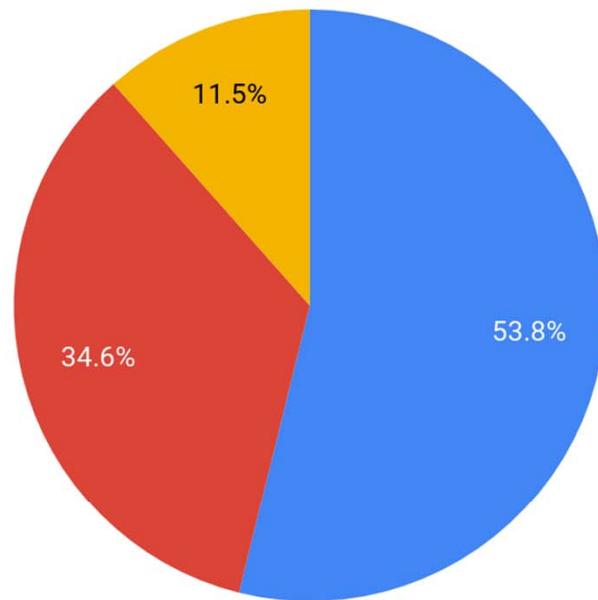
of Indiana's foster
care population is
ages 14+

Population Subgroups



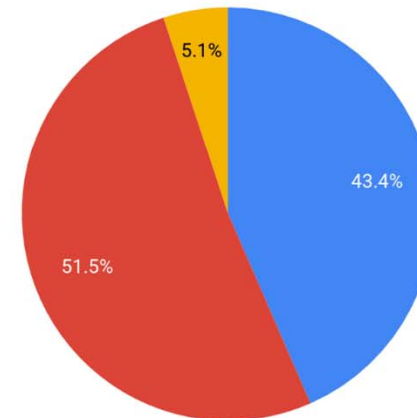
Indiana: Reasons for Leaving Care

- Permanence
- Age-Out
- Other



United States: Reason for Leaving Care

- Permanence
- Age-Out
- Other



The Midwest Study on Foster Youth

The Midwest Study

- Longitudinal study by the University of Chicago of foster youth from Illinois, Wisconsin, Iowa
- Compared foster youth life outcomes against that of their peers in the general population
- Compared outcomes for foster youth who were in foster care beyond age 18, compared to youth who aged out at age 18

For more information, visit:
www.ChapinHall.org

The Need for Extended Care

For youth who 'age out'

- Suffer from PTSD at over 2x the rate of combat veterans
 - Fewer than half graduate high school by age 18
 - 1 in 5 are homeless within 2 years of leaving the state's custody
 - 71% of females are pregnant by age 21 (62% more than once)
 - 4 in 5 males are incarcerated by their mid-twenties
 - Only 50% employed at age 24
 - Fewer than 3% will earn a college degree
-

General Population

- ~50% of the general population between the ages of 18 & 24 live with one or both parents
 - Parents provide an estimated \$38,000 per child in material assistance between the ages of 18 & 34
-

When in extended care

- Youth in extended foster care were 2x more likely to pursue post-secondary education
 - Youth were 2.5 times more likely to have finished a year of college
 - Extension of care to 21 resulted in a 38% reduction in early pregnancy
 - Reduced involvement in the criminal justice system
 - Delayed homelessness
 - Estimated every \$1 Illinois spent on foster care beyond age 18 provides a benefit of ~\$2 to foster youth in increased life earnings
-

Cost Avoidance

Jim Casey Youth Opportunities Initiative

\$300,000 lifetime expense to community

“Young people who leave the child welfare system without a permanent family enter the mental health, substance abuse, homeless services, employment services and criminal justice systems in disproportionate numbers and at great cost.”

“We are spending so much that whether or not to invest in these young people should be a no-brainer. Indeed, the most costly alternative available is do do nothing or to do too little, too late.”

Issue Brief: Cost Avoidance The Business Case for Investing in Youth Aging Out of Foster Care. May 2013

Joshua Christian

Josh's Story

How I Benefited from Collaborative Care & IL Services

- Support enrolling in college
- Getting Drivers License
- Advice on life, buying a car, dealing with finances
- Tutoring services to help me catch up with my peers
- An adult supporter who mentors and counsels you
- Financial assistance

Why it's important to extend it

- Foster youth change high schools on average 4 times
 - We are delayed on our education journey and need more time, support to finish high school and enroll in college
 - Youth who have families still have these kinds of supports well into their twenties
-

Indiana Foster Youth on Why Extending Support Is Important

“We need this. Most foster children don’t have parents or family to go to, and the only family we really have is our team of supporters from DCS.”

-

“I think more foster youth would succeed if there was an extension because there is more time to have support while adjusting to adulthood.”

-

“I would still want my IL worker to be there helping me, guiding me and teaching me new resources”

“Throughout the country, youth who exit the foster care system without permanency have extremely poor outcomes. DCS already permits youth age 19 to 21 to continue receiving services. It is recommended that DCS consider extending the age in which foster youth can receive services to age 23. Advocates estimate that the number of youth choosing this option will be small, but will likely consist of the most vulnerable older youth. DCS should also facilitate the involvement of its collaborative care staff with youth at age 16 to help those youth begin considering the option of remaining in care past age 18.”

-CWG Audit of Indiana DCS

Sources

Annie E. Casey Foundation. (2013). *Issue Brief: COST AVOIDANCE The Business Case for Investing In Youth Aging Out of Foster Care*. Baltimore, MD.

Children's Aid Society. *Youth Aging Out of Foster Care Face Poverty, Homelessness and the Criminal Justice System*.

Children's Bureau & Office of the Administration of Children & Families. (2017) *Extension of Foster Care Beyond Age 18*. Retrieved August 2018 from <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/extensionfc/>.

Child Welfare Policy & Practice Group. (2018) *Evaluation of The Indiana Department of Child Services*. Retrieved August 2018 from <https://www.in.gov/dcs/files/IndianaEvaluationReportCWGFinal.pdf>.

Courtney, Mark et al. (2011) *Midwest evaluation of the adult functioning of former foster youth*. Chicago: Chapin Hall Center for Children at the University of Chicago.

Agenda

5. Strategic Priority: Juvenile Justice and Cross-System Youth

- a. Don Travis and Judge Pratt: Update on Juvenile Justice and Cross-system Youth Task Force

Agenda

6. Strategic Priority: Mental Health & Substance Abuse

- a. Senator Head and Serrilla Blackmon: Update on Mental Health and Substance Abuse Task Force

Agenda

6. Strategic Priority: Mental Health & Substance Abuse

b. MK Hudson, and Sarah Sailors: Family Recovery Courts

Agenda

7. Strategic Priority: Educational Outcomes

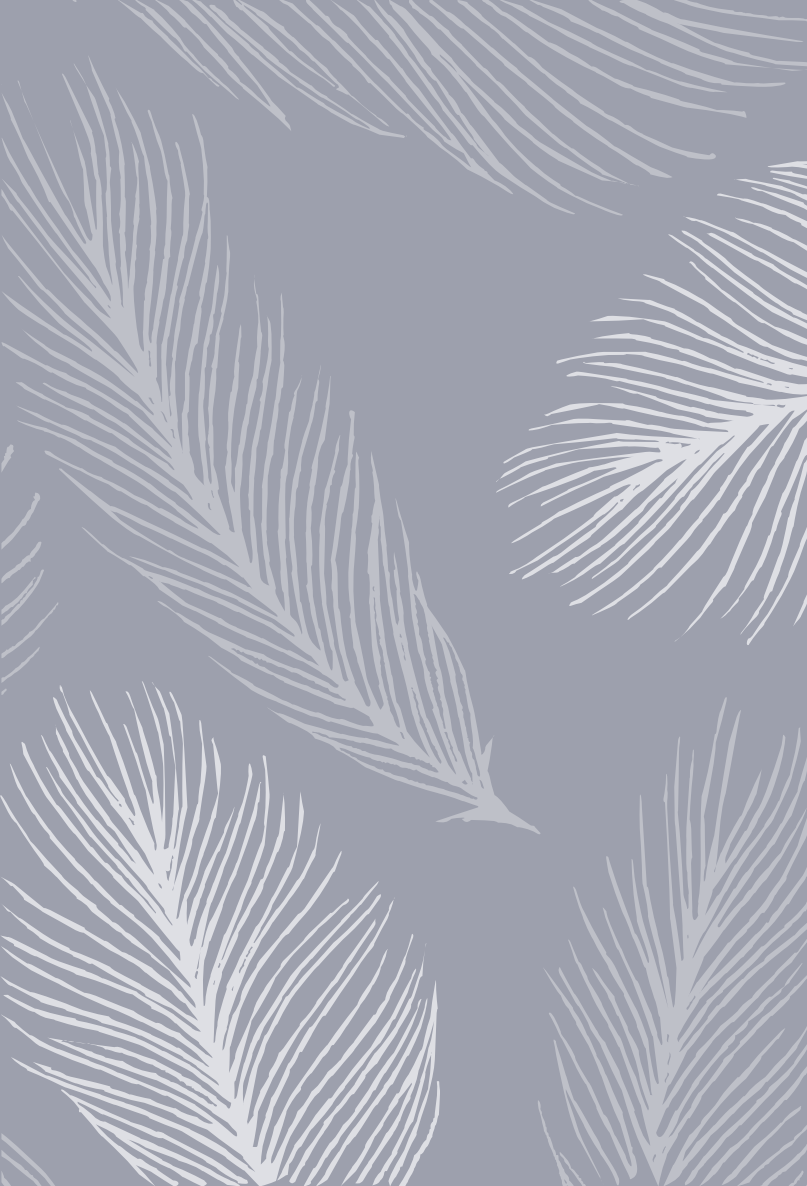
- a. Melaina Gant and Cathy Danyluk: Update on the Educational Outcomes Task Force

Agenda

7. Strategic Priority: Educational Outcomes

b. Dr. Terri Miller, Hamilton/Boone/Madison Special Services, Mental Health in Schools Subcommittee of the Educational Outcomes Task Force

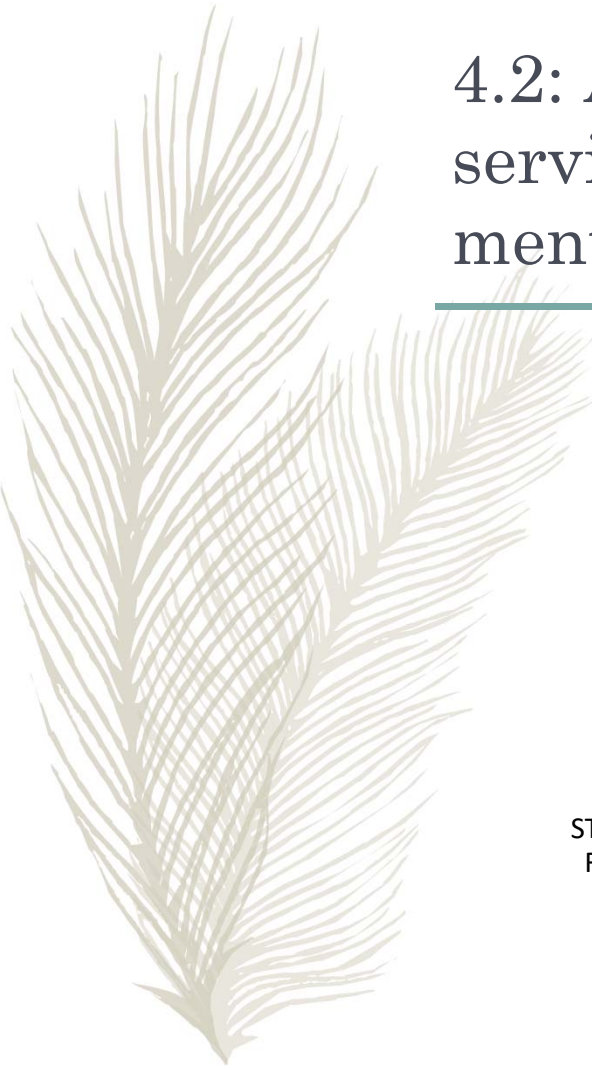
- i. Findings on successfully providing mental health services in schools
- li. Recommendations



CISC Presentation- Educational Outcomes Taskforce

Mental Health Integrated into Schools
Subcommittee

Dr. Terri Miller-co-presenter



4.2: Advocate for additional and improved services integrated in schools to address mental health and wellness.



STUDY BEST PRACTICE INFRASTRUCTURE AND RESOURCES THAT ARE NECESSARY TO MEET THE SOCIAL EMOTIONAL NEEDS OF ALL STUDENTS IN A COLLABORATIVE MANNER ACROSS SYSTEMS



STUDY TRAINING AND EDUCATION NEEDS OF SCHOOL BASED MENTAL HEALTH PROFESSIONALS.



Entities Represented on Subcommittee

- System of Care (SOC)
- Indiana Department of Education (IDOE)-Division of Exceptional Learners
- IDOE-School Social Work and Foster Care
- IDOE-Title IV
- IDOE-Counseling
- Indiana Division of Mental Health and Addictions (IDMHA)
- Indiana School Mental Health Initiative (ISMHI)
- Advocacy-University Level
- Community Mental Health Centers
- National Alliance of Mental Illness
- Early Learning Indiana



Social Emotional Learning and Mental Health is **Essential** in Our Schools

Students who attend school from K-12th grade spend over **13,000 hours** with educators.

Growth, learning and development take place in many environments and, for most of our children, these happen in our schools.

By addressing the social, emotional, behavioral, and mental health of our students we also preventatively address issues such as bullying, suicide prevention, school violence, substance use prevention, the opioid crisis, poor health outcomes later in life, mental health, workforce, suspensions/expulsions, disproportionality, and the school to prison pipeline.

Summary of Resources and Information

- ACES Study
- ISMHI documents
- Various School Districts
- System of Care
- Integrated System Framework
- ESSA



Additional Resources:



- The Kennedy Forum-5 Pillars: The pathway to improving the Delivery of Mental Health Services in Education.
- The Heart of Learning and Teaching: Compassion, Resiliency and Academic Success
- School Health Assessment and Performance Evaluation System (SHAPE)
- Collaborative for Academic, Social and Emotional Learning (CASEL)
- Structured Discussions with Community Mental Health Center Members and School Personnel from across the state.
- Educational Neuroscience
- Implementation Science and Theory of Change Logic Model
- School Wide Positive Behavior Interventions and Supports Blue Print
- Social Emotional Behavioral Plan from 2005 legislation



Adverse Childhood Experiences Studies and Findings (ACES)

The Centers for Disease Control and Prevention (CDC) listed the ACEs questions as an “Optional Module through the Behavioral Risk Factor Surveillance System (BRFSS) since 2009. The BRFSS is a data collection program designed to measure behavioral risk factors for the adult population living in households.



Child and Adolescent Mental Health

19.%

of Indiana high school students **seriously considered suicide** in 2015, which is the third highest rate in the nation.²

29.3%

in 2015, 29.3% of Indiana students **reported feeling sad or hopeless**.³



Child and Adolescent Mental Health



50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24%



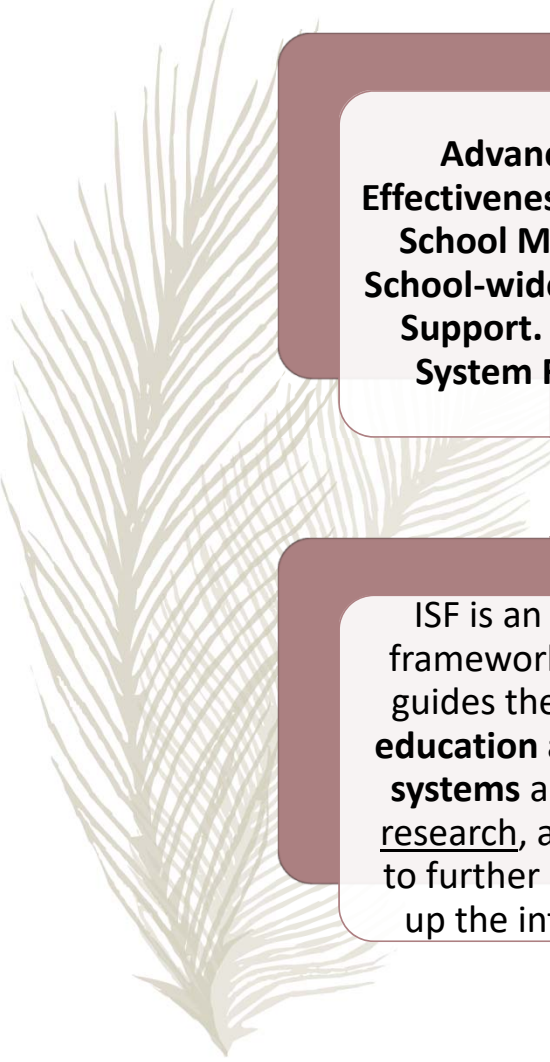
The average delay between onset of symptoms and intervention is 8-10 years



Adolescents with mental health problems are at increased risk of participating in behavior such as substance abuse and unprotected sexual activity



1 out of every 20 children in Indiana have a behavior or conduct problem.



Advancing Education Effectiveness: Interconnecting School Mental Health and School-wide Positive Behavior Support. (Interconnected System Framework, ISF)

ISF is an implementation framework that creates and guides the linkage between **education and mental health systems** and it helps inform research, and policy agendas to further improve and scale up the integration efforts.

Interconnected Systems Framework (ISF)



Indiana System of Care

System of Care Values

- Family Driven and Youth Guided
- Community Based
- Culturally and linguistically competent

System of Care Supporting Principles

- Broad Array of Effective Services and Supports
- Individualized and Least Restrictive
- Promotion, Prevention, Early Identification
- Accountability

Applicable Sections of Indiana's ESSA plan:

1

Decrease Barriers to service delivery and the feeling of service silos for families trying to access mental health treatment services for youth in their communities;

2

Increase the availability and utilization of evidenced-based practices to promote positive youth and family outcomes

3

Identify and fill gaps in service and additional behavioral health needs for all youth

4

Increase provider and agency accountability to the youth and families served.

A decorative graphic of a feather, rendered in a light beige color, is positioned on the left side of the slide. It has a central rachis with numerous fine barbs extending outwards, creating a fan-like shape.

Examples of Implementation in Indiana Schools

Evansville Vanderburgh School Corporation

Hamilton Southeastern School District

Indianapolis Public School District

Social Emotional Learning Framework
Evansville Vanderburgh School Corporation

Phase V: Developing self-regulation, 21st century, and employability skills

- Integrate SEL curriculum with PBIS practices
- Teach SEL curriculum PK-12 to develop self-regulation, 21st century, and employability skills

Phase IV - Developing Executive Functioning Skills

- ACTIVATE desk side exercises
- ACTIVATE PE
- ACTIVATE computer based exercises
- MindUP Unit 2

Phase III - Climate & Culture: School and Classroom environments

- Developmentally appropriate routines
- Neutral sensory inputs
- Opportunities for movement
- Consistent and predictable routines
- Culturally inclusive

Phase II: Climate & Culture: Developing positive relationships

- Connecting
- Attuning/Co-Regulating
- Verbal and nonverbal communication
- SEL/PBIS practices

Phase I - Developing a Common Philosophy

- Typical brain development and learning.
- Atypical brain development - How stress impacts executive functioning, learning and behavior.
- The comprehensive SEL Framework and development of self regulation skills

Hamilton Southeastern School Corporation- Data from 2017-18 School Year

 13 Licensed Therapists, 1 Crisis Liaison

 GPA and Academic increase, significant decrease in discipline referrals

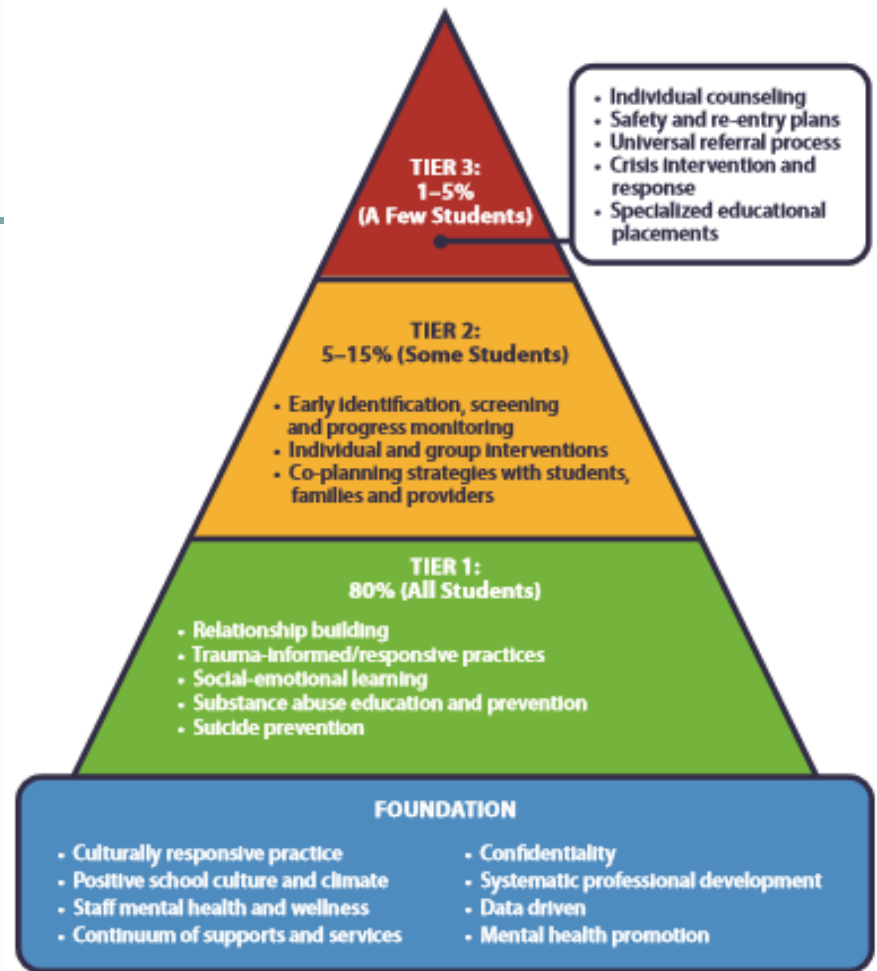
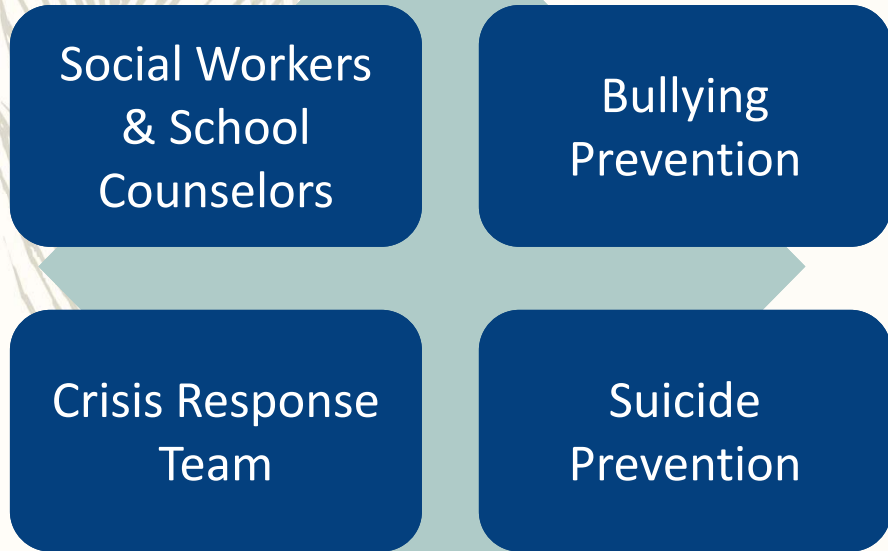
 Over 600 students served

 115 received med services

 859 Students referred 2017-18 school year

 Student empowerment:
Stigma Free Clubs, Student Suicide Prevention Training, 10 Student-Driven Community Events

Indianapolis Public School District Model



Indianapolis Public School District – Data from 2017-18 School Year

2,019 mental health counseling referrals

1,416 active clients (Tier III Service)

992 suicide assessments/106 hospitalizations

Infrastructure Components to Support Mental Health Integration in Our Schools

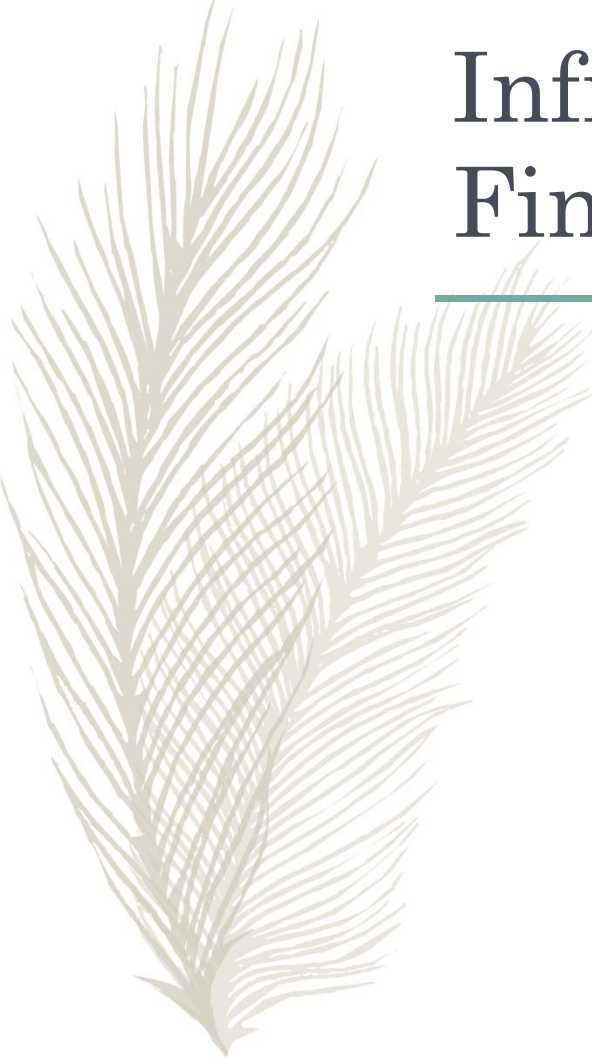
Data collection and procedures as related to mental health treatment is integrated between systems.

Systems to support and oversee the work and procure additional resources.

Integrate Social Emotional Learning (SEL) framework with academics, school improvement plans and Mental Health Supports (Multi Tiered System of Supports - MTSS).

Promotion and systematic support of mental health and self care for staff.

District level procedures and data collection to assist in identification of necessary supports for individual or groups of students.



Infrastructure and Resource Findings continued

Creation of community partnerships with organizations and agencies.

Consistent and sustainable professional development plans in cooperation with community agencies.

Designated Social Emotional Learning (SEL) personnel at the district level

Therefore we propose:



EACH SCHOOL DISTRICT DESIGNATE PERSONNEL TO FACILITATE AND OVERSEE THE INTEGRATION OF SOCIAL EMOTIONAL LEARNING AND MENTAL HEALTH IN SCHOOLS.



ADVOCATE FOR FUNDING TO EVALUATE CURRENT EFFORTS THAT ARE IN PLACE OR BEING DEVELOPED TO INTEGRATE SOCIAL EMOTIONAL LEARNING AND MENTAL HEALTH SERVICES INTO SCHOOL SETTINGS. THIS MAY BE ABLE TO BE ACCOMPLISHED THROUGH A PARTNERSHIP WITH THE LILLY ENDOWMENT AS THEY EVALUATE THE OUTCOMES OF THEIR COMPREHENSIVE COUNSELING GRANTEE'S WORK.



Agenda

8. Committee Updates

- a. Tamara Weaver and Tyler Brown: Update on Data Sharing and Mapping Committee

Agenda

8. Committee Updates

b. Kathryn Dolan: Communications Committee update

i. Annual Report for Approval

Agenda

9. Executive Director Update

- a. Update to Roles & Responsibilities: Commission Chair
- b. Report on Children's Cabinet Roundtable Meeting in Annapolis, MD
August 2-3, 2018

Agenda

10. Discussion: Future Meeting Topics or other items from Commission members

11. Next Meeting: October 17, 2018

Indiana State Library, History Reference Room





Commission on
Improving *the* Status
of Children in Indiana

Contact Information

Julie.Whitman@courts.in.gov; 317-232-1945; www.in.gov/children