



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

OCTOBER 23, 2019

Agenda


1. Welcome and Introductions
2. Consent Agenda
 - a. Minutes
 - b. Child Services Oversight Appointments

Agenda

3. Executive Director Update
 - Indiana Birth to Five Strategic Plan

Agenda

3. Executive Director Update

- Progress on Current Strategic Plan
 - Presentation of Draft Strategic Plan for 2020-2022
- 

Commission on
Improving *the* Status
of Children in Indiana

Strategic Plan Progress + New Plan

CHILDREN'S COMMISSION MEETING

OCTOBER 23, 2019

Current Strategic Plan Progress



Child Safety and Services

Objective	Status	Product/Action
Prevent child abuse and neglect	Complete	Statewide Framework for Primary Prevention
Safety of Children in State Care	In Progress	Best Practices + Webinar
Transition to Independence	Complete	Extension of Chafee and Collaborative Care
Medicaid Barriers	Complete/In progress	Developmental screening Campaign

Child Safety and Services

Objective	Status	Product/Action
Trauma	Complete/In progress	Common definitions; web site
Infant Mortality/IPQIC	Ongoing	Coordination
Suicide Prevention	Complete/Ongoing	Zero Suicide Academy
Kinship Caregivers	In Progress	?

Juvenile Justice/Cross-System Youth

Objective	Status	Product/Action
Service Array	On hold	
Runaways	On hold	
Status Offenses	On hold	
Funding	On hold	

Juvenile Justice/Cross-System Youth

Objective	Status	Product/Action
Shelter Care	In Progress	Report on current status, recommendations to increase
Youth Violence	In Progress	Root cause analysis
CSEC	Complete/Ongoing	Reports on law enforcement custody, DCS coordinator, 3.5 language. Screening tool.

Mental Health and Substance Abuse

Objective	Status	Product/Action
Integration of primary and behavioral health care	In progress	Framework for integration
Evidence-based practices	In progress	Recommendations to increase use of EBPs
Alternative locations, modalities, and treatments + Identify youth at risk	In progress	Mobile Response and Stabilization Pilot

Mental Health and Substance Abuse

Objective	Status	Product/Action
Increase number of providers	Complete/in progress	Change to licensing law; Recommendations on recruitment
Governor's Commission on Drug Abuse	In progress	Coordination
Juvenile Justice Youth	In progress	Presentation/Training
Suicide Prevention	In progress	?

Educational Outcomes

Objective	Status	Product/Action
Educational Passport	In Progress	Models for Information sharing
School-based mental health and wellness	Complete	MH/SEL position recommendation and suggested parameters
Help vulnerable youth graduate	In progress	Report of available methods to support schools

Educational Outcomes

Objective	Status	Product/Action
Positive learning climate, discipline, and bullying	Complete/in progress	Comprehensive Positive Discipline Guide; dissemination
Alternative educational options	In progress	Report on available alternatives, recommendations
Graduation rate of vulnerable youth	Complete	Foster youth outcomes; homeless youth outcomes
Education of youth exiting JJ	In progress	Data report

Draft Strategic Plan 2020-2022



Mission

To improve the status of children in Indiana
through systemic collaboration


Vision

Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to *reach their full potential and live a healthy and productive life.*

Previous: *grow into a healthy and productive adult*




Overarching Principles

- Two generations
 - Do no harm
 - Trauma-informed
 - Youth and family voice
 - Equity
- 

Commission Methods

- Collaborating at all levels
- Promoting data- and information-sharing
- Disaggregating data
- Seeking national expertise (research and policy think tanks)

Commission Methods

- Seeking practical expertise (youth, families, practitioners)
 - Recommending laws, policies, and procedures
 - Promoting evidence-based practice
- 

Health and Safety

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

Health and Safety

Objectives:

- Reduce infant mortality
- Reduce child abuse and neglect
- Reduce reported abuse of children in state care
- Reduce the sexual victimization of adolescents
- Identify. . . ways to support families with vulnerable children

Mental Health and Addiction

Goal: Increase access to quality mental health and addiction services for children and their families

Mental Health and Addiction

Objectives:

- Increase use of evidence-based practices
- Increase number of providers
- Increase access to treatment through parity
- Identify . . . innovative service delivery models

Mental Health and Addiction

Objectives:


- Identify . . . ways to promote mental health and prevent addiction in youth
- Increase access to interventions that reduce youth suicide

Educational Outcomes

Goal: Improve educational outcomes of vulnerable youth

Educational Outcomes

Objectives:

- Improve access to early care and education for vulnerable youth
 - Increase use of positive discipline and reduce time out of class and out of school
 - Identify . . . school-community collaborations that improve outcomes for vulnerable youth
- 

Educational Outcomes

Objectives:


- Identify . . . models for reducing and smoothing educational transitions for vulnerable youth
- Identify . . . ways to promote access to postsecondary education and workforce readiness for vulnerable youth

Juvenile Justice

Goal: Improve safety and outcomes of youth who come into contact with the juvenile justice system

Juvenile Justice

Objectives:

- Strengthen county-level collaboration among probation, DCS, and mental health
 - Identify . . . ways to provide safe shelter to victims of trafficking, runaways, and others
 - Identify . . . ways to prevent and divert youth from entering the system
- 

Juvenile Justice

Objectives:

- Identify . . . ways to engage justice-involved youth and families in treatment, services, and community connections
- Identify . . . practices to support youth transitioning out of detention and residential

Measuring Success




Indicators of Success

- Which needles are we trying to move?
- Not direct outcomes
- Aspirational
- Data sources identified
- Dashboard in progress


Health and Safety

- Infant mortality
- Rate of substantiated abuse and neglect
- Children experiencing ACES
- Teen victimization

Mental Health and Addiction

- Ratio of providers to population
 - Level of unmet mental health and addiction treatment needs
 - Level of youth suicidality
- 

Educational Outcomes

- Enrollment in high quality ECE
 - Grade-level promotion, retention
 - Use of exclusionary discipline
 - High school graduation rate
- 

Juvenile Justice

- Counties holding Dual Status Assessment Team meetings
- Repeat delinquent behavior
- High school graduation or equivalency for justice-involved youth*

Roles and Responsibilities--Changes

- Intro text
- Indicate statutory elements
- Condense Task Force and Committee sections
- Establish terms and term limits for co-chairs
- Cleanup and clarification

Transition

- Essentially the same four task forces and same four committees
- Opportunity to review membership, leadership, years of service
- Review subcommittee structure according to new objectives
- Continue to use tracker, subcommittees/task forces define their deliverables and timelines
- First quarter of 2020 to finish out any open objectives not carried into the new plan

Feedback and Questions

- Now, or
- Via email to Julie.Whitman@courts.in.gov by 11/1

Agenda

3. Executive Director Update
 - Approve 2020 Calendar

Agenda

4. Strategic Priority: Juvenile Justice & Cross System Youth

- Judge Holly Harvey
- CHINS 3.5 Recommendation

Agenda

4. Strategic Priority: Juvenile Justice & Cross System Youth
 - Judge Kim Dowling
 - HEA 1075—study of DCS human trafficking coordinator

Agenda

5. Strategic Priority: Child Safety and Services
 - Kara Wood, Casey Family Programs
 - Family First Prevention and Services Act



The Family First Prevention Services Act (P.L. 115-123)

Kara Wood
Senior Director— Public Policy

SAFE STRONG SUPPORTIVE

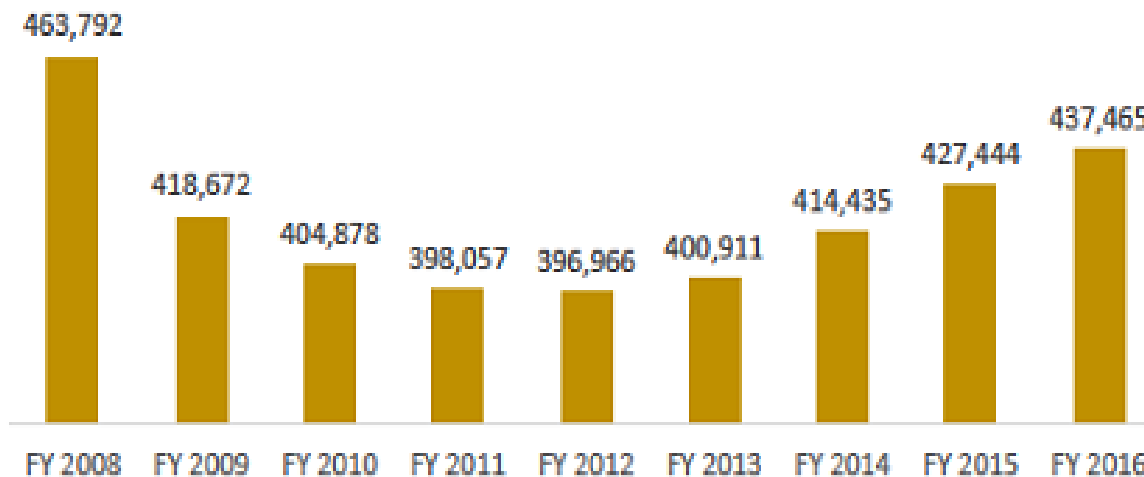
casey family programs

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

safe children | strong families | supportive communities

After years of decline, the number of children in foster care has steadily risen in recent years.

Number in foster care on September 30 of the FY

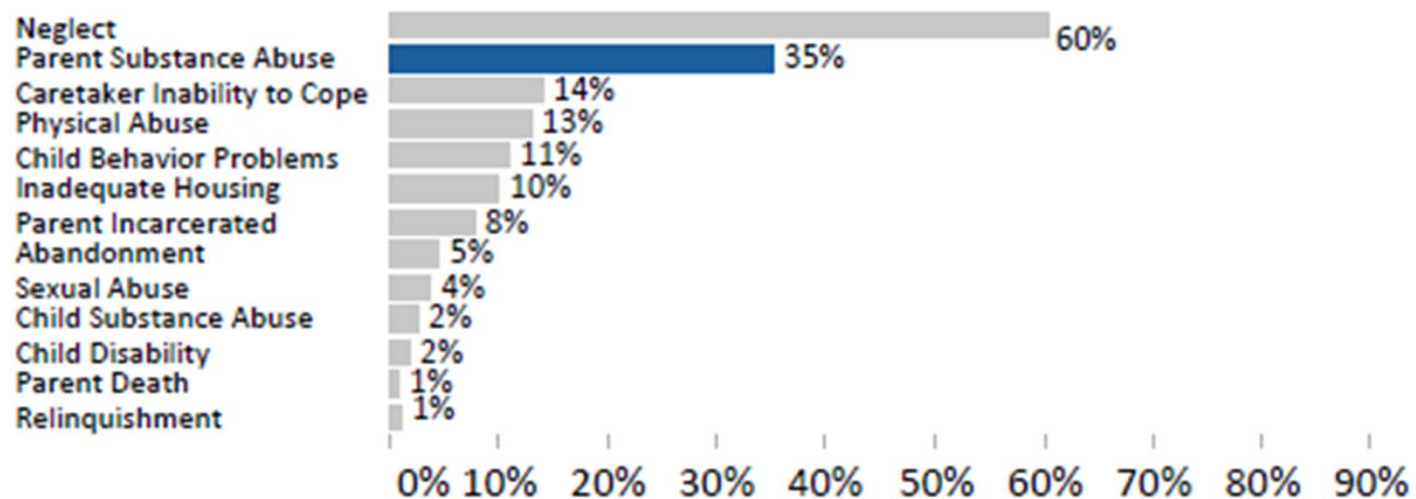


SOURCE: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Children enter foster care overwhelmingly due to neglect

% of children entering care for each removal reason*

(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2015)



Source: Adoption and Foster Care Reporting System (AFCARS) FY2016

What do we know from the research and from listening to families?

- To support family well-being, it is important to intervene as early as possible.
- Removing children from their families and homes creates emotional distress and trauma
- Many children can be better served by remaining **safely** at home, instead of entering foster care.*
- Federal funding hasn't recognized this; for every \$7 spent on foster care, only \$1 is spent on helping to prevent children being removed from their own homes.

Family First Prevention Services Act of 2018

- **Preventing the Need for Foster Care:**
New option for states and tribes to receive 50% federal reimbursement for services to strengthen families and prevent unnecessary placement of children in foster care.
- **Improved Quality of Foster Care:**
For those children who cannot remain safely at home, new federal policies to:
 - Encourage and support kinship care
 - Decrease the use of unnecessary congregate care
 - Improve the quality of care for children for whom congregate care is appropriate

SAFE



NEW FEDERAL FUNDING FOR SERVICES TO PREVENT THE NEED FOR FOSTER CARE

SAFE CHILDREN | SUPPORTIVE COMMUNITIES | STRONG FAMILIES

New Funding to Prevent Need for Foster Care

- Beginning October 1, 2019, states may receive open-ended entitlement funding for evidence-based prevention services for candidates for foster care.
- ***How does Family First define who is a candidate for foster care?***
 - 1) Children at imminent risk of placement in foster care
 - 2) Pregnant and parenting youth in foster care
 - 3) And parents or kinship caregivers also are eligible.
 - ❖ No income test for eligibility.
 - ❖ States will determine who are candidates.

New Funding to Prevent Foster Care

- Foster Care Prevention services eligible for up to 12 months of federal reimbursement*:
 - substance abuse prevention services
 - mental health services
 - in-home parenting skills*
- There is no limit on how many times a child parent, or kin caregiver is eligible for services.
- Additional 12-months periods of services, including contiguous periods, are allowed if necessary.



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ENSURING APPROPRIATE PLACEMENTS IN FOSTER CARE

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

Ensuring Appropriate Placements in Foster Care

- As of October 1, 2019 there are new requirements on what placements in foster care receive federal reimbursement. Goals are:
 - to encourage placement in family settings.
 - to address concerns around an overreliance on congregate care when that is not the most appropriate setting for a youth or child's needs.

Ensuring Appropriate Placements in Foster Care

- Beginning as early as October 1, 2019, after 2 weeks in care, Title IV-E federal support will be available for foster care maintenance payments for eligible youth placed in a Qualified Residential Treatment Program (QRTP).
- States may opt to delay this provision for up to 2 years. However, no jurisdiction is permitted to claim Title IV-E support for prevention services before the date it makes these placement setting provisions effective.

What is a Qualified Residential Treatment Program (QRTP)?

- Has a trauma informed treatment model and a registered or licensed nursing and other licensed clinical staff onsite, consistent with the QRTP's treatment model.
- Facilitates outreach and engagement of the child's family in the child's treatment plan
- Provides discharge planning and family-based aftercare supports for at least 6 months
- Licensed by the state and accredited

There are no time limits on how long a child can be placed in a QRTP and receive federal support as long as the placement continues to meet his/her needs as determined by assessment.

Court Oversight of QRTP Placements

Following a placement in a QRTP:

- Assessment by a “qualified individual” (as defined) with family involvement w/in 30 days
 - Must assess child’s strengths and needs using age-appropriate evidence-based, validated functional assessment tool.
 - Must be conducted with family and permanency team

Role of courts:

- Court review and approval within 60 days of placement in QRTP, must independently review the QRTP placement, and approve or disapprove the placement.



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REALIZING A NEW VISION TO SUPPORT CHILDREN AND FAMILIES

SAFE CHILDREN STRONG FAMILIES SUPPORTIVE COMMUNITIES

How are states moving forward?

- To date, six jurisdictions have submitted plans to draw down Family First prevention resources – Arkansas, District of Columbia, Kansas, Kentucky, Nebraska, Utah (and Virginia submitted a draft)
 - They are awaiting feedback and ultimately approval from the federal government to move forward.
- Many other states are actively drafting plans with intent to move forward as soon as appropriate.

What are states discussing?

- How do we ensure we have services that meet the needs of struggling families in our state?
- How do we provide these services in the most cost-effective way?
 - Smaller facilities may be challenged
 - Evidence-based services will be costly
- How do we resource quality, family-like settings for our children in foster care?

Questions and Discussion

Contact Kara Wood

kwood@casey.org

Agenda

6. Strategic Priority: Educational Outcomes
 - Christy Berger, IDOE
 - Updated Positive School Discipline Guide

School Discipline and Climate Subcommittee Update

Christy Berger-Indiana Department of Education

Todd Bess- Indiana Association of School Principals

Kristen Martin- Marion County Prosecutor's Office



Working Together for Student Success


House Enrolled Act 1421


School discipline. Provides that the Indiana Department of Education (IDOE) model evidence based plan for improving student behavior and discipline must:

- (1) reduce out-of-school suspension and disproportionality in discipline and expulsion;
- (2) limit referrals to law enforcement or arrests on school property to cases in which referral to law enforcement or arrest is necessary to protect the health and safety of students or school employees; and
- (3) include policies to address instances of bullying and cyberbullying on school property of a school corporation.

Provides that, beginning in the 2019-2020 school year, IDOE, in collaboration with parent organizations, teacher organizations, educational support professional organizations, and state educational institutions, shall, upon a school corporation's request, provide information and assistance to the school corporation regarding the implementation of the school corporation's evidence based plan to ensure that teachers and administrators receive appropriate professional development and other resources in preparation for carrying out the plan.





**Comprehensive Positive
School Discipline
Resource Guide**

Education 
 Education provides the gateway to postsecondary



UPDATED



- Approximately 21% of Indiana high school students have a parent who served time in jail. SOURCE: FBI Arch. Grand Data, 2007
- Approximately 19% of Indiana students were bullied on school property. SOURCE: Youth Risk Behavior Survey, 2015

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Comprehensive Positive School Discipline Resource Guide

Education

Education provides the gateway to postsecondary success and ultimately for many students it is the opportunity to change the overall trajectory of one's life. It is critical that all Indiana students have access to schools with culturally responsive practices and policies, including equitable school discipline.



"Too often we forget that discipline really means to teach, not to punish. A disciple is a student, not a recipient of behavioral consequences."

-Dr. Dan Siegel

If you want to change a child's behavior, you must connect before you correct.



This data shows disproportionality and contrasting outcomes that must be addressed because there is great disparity in the response to offenses with children of color as compared to their white counterparts.

SOURCE: IRIS, et al., 2012

Systems In Need

National Data

- Black boys still made up 25 percent of all students suspended out of school at least once in 2015-16, and black girls accounted for another 14 percent, even though they each only accounted for 8 percent of all students.
- Black students make up nearly a third of all students arrested at school or referred to law enforcement, but only 15 percent of overall enrollment.
- American Indian and Native-Alaskan students are also disproportionately suspended and expelled, representing less than 1% of the student population but 2% of out-of-school suspensions and 3% of expulsions.
- Students with disabilities are more than twice as likely to receive an out-of-school suspension (13%) than students without disabilities (6%).

SOURCE: U.S. Department of Education, Office for Civil Rights Data Collection, 2015-16

State Data

- 34% of Indiana youth ages 0-17 have experienced 1-2 ACEs (Adverse Childhood Experiences). Nearly 1 in 6 have experienced 3 or more ACEs. SOURCE: IYI Kids Count Data, 2017
- Approximately 21% of Indiana High School students have a parent who served time in jail. SOURCE: Estimates from National Children's Health, 2016
- Approximately 19% of Indiana students were bullied on school property. SOURCE: Youth Risk Behavior Survey, 2015

Systems In Need

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Dr. Brandie Oliver (author) and Department of Education felt strongly to not change the word “re-entry” as this term is grounded in research and the literature for educators. Restorative was added for clarification.



Tips For Culturally Responsive Educators

- Validating students' cultural experiences, expressions, and practices in curriculum and pedagogy
- Challenging your own ideas and biases (on an ongoing basis)
- Inviting families into classrooms and schools (not only on Family Night or Open House, but throughout the year)
- Working with families before and after school
- Making home visits and being visible in the community and at school events
- Learning students' home languages and how to say students' names correctly
- Loving your students and always showing unconditional positive regard
- Incorporating positive cultural and historical perspectives, leaders or personalities, and important events related to the cultures of the students in the classroom.



NEW!



Highlights



[Found here!](#)

- ★ School and Climate Culture
- ★ Cyberbullying and Bullying Tips and Resources
- ★ Culturally Responsive Education Practices
- ★ Trauma Responsive Practices
- ★ Restorative Practices
- ★ Frequently Asked Questions (Empowering Educators)



Distribution of report

- ★ Dr. McCormick's weekly email
- ★ Social-emotional learning professional development
- ★ Indiana Association of School Principals



Agenda

7. Strategic Priority: Mental Health and Substance Abuse
 - Dr. Leslie Hulvershorn
 - Task Force Update
 - Information on MHSA for justice-involved youth

Mental Health Basics Relevant to Justice Involved Youth

Mental Health and Addiction Task Force

Indiana Commission on Improving the Status of
Children

Outline

- Behavioral health of adolescents
- Behavioral health of youth-involved in juvenile justice
- Common behavioral health disorders of youth-involved in juvenile justice
- Treatment considerations
- Unique considerations
- Communication

General Youth Mental Health

- Youth in general population –
 - Roughly 20-25% will have met the criteria for a mental health disorder by age 18
- Young men
 - Less than 0.5% psychotic illness, 7% major depression, 13% Attention Deficit Hyperactivity Disorder (ADHD), 7% conduct disorder, 2% Post-traumatic Stress Disorder (PTSD)
- Young women
 - Less than 0.5% psychotic illness, 15% major depression, 4% ADHD, 5% conduct disorder, 8% PTSD

Mental Health of Youth in Juvenile Justice System

- Detained youth –
 - roughly 60-80% will have met the criteria for a mental health disorder by age 18
- Young men
 - 3% psychotic illness, 10% major depression, 11% ADHD, 52% conduct disorder, 11% PTSD
- Young women
 - 3% psychotic illness, 30% major depression, 18% ADHD, 52% conduct disorder, 15% PTSD

Mental Health of Youth in Juvenile Justice System

- Detained youth – roughly 60-80%
- Young men- 3% psychotic illness, 10% major depression, 11% ADHD, 52% conduct disorder, 11% PTSD
- Young women - 3% psychotic illness, 30% major depression, 18% ADHD, 52% conduct disorder, 15% PTSD
- Youth in general population – roughly 20-25%
- Young men- 0.5% psychotic illness, 7% major depression, 13% ADHD, 7% conduct disorder, 2% PTSD
- Young women – less than 0.5% psychotic illness, 15% major depression, 4% ADHD, 5% conduct disorder, 8% PTSD

Substance Use of Detained Youth

- Detained youth
 - Almost 50% of detained youth meet criteria for a substance use disorder
 - Roughly 10% have a comorbid mental health and substance use disorder
- Youth in general population
 - Roughly 10% meet criteria for substance use disorder

Disruptive Behavior Disorders

- Oppositional Defiant Disorder (ODD)
 - Negativity
 - Intense hostility towards adults and authority figures
 - Difficult behavior
 - Difficulty maintaining friends

Disruptive Behavior Disorders

- Conduct Disorder (CD)
 - Aggression to people and animals
 - Destruction of property
 - Deceitfulness or theft
 - Serious violation of rules
 - Callous and unemotional
 - Disregard rights of others

Disruptive Behavior Disorders

- Causes of Disruptive Disorders
 - Biological basis: strong genetic components
 - Parenting
 - Harsh and inconsistent discipline
 - Parental monitoring versus autonomy
 - Negative peer relationships
 - Oppositional defiant disorder -> Conduct disorder -> Antisocial Personality Disorder (Adults)

Post-Traumatic Stress Disorder (PTSD)

- Hyper-vigilant
 - On the look out
 - Distrustful
- Anticipate harm
- Hyperactive/Unemotional
- Intrusive thoughts
- Inability to forget

Self-Injurious Behavior

Self Injury \neq Suicide

Self Injury = symptom of emotional distress

- Harming self purposefully
- Impulse to cut, burn, pick wounds, even broken bones
- Indicates need for better coping skills – behavior often coping for trauma, abuse, neglect
- Can be associated with mental illness (borderline personality disorder, depression, eating disorders, anxiety, PTSD)
- Maladaptive way to reduce emotional pain

Treatment Considerations

Cognitive Behavioral Therapy (CBT)

Short-term, goal-oriented psychotherapy – a practical approach to problem-solving; focus is on changing thinking and behavioral patterns that lead to difficulties so that they can change the way they feel; used for a wide range of disorders – depression, addictions, anxiety, eating disorders, serious mental illness

Trauma-Focused Cognitive Behavioral Therapy (CBT)

CBT specifically focused on assisting children, adolescents and their families overcome traumatic experiences that resulted in PTSD

Dialectical Behavioral Therapy (DBT)

Based on CBT with greater focus on emotional and social aspects; used to help cope with extreme or unstable emotions and harmful behaviors, such as self harming.

Treatment Considerations

Multisystemic Therapy (MST)

An intensive family and community-based treatment for youth determined to be serious offenders with possible substance abuse issues and their families; goals are to decrease delinquency behavior and out-of-home placements; fidelity includes integration of empirically based treatment approaches to address a comprehensive range of risk factors across family, peer, school, and community contexts; promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers, and rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change

Functional Family Therapy (FFT)

Short-term (approximately 30 hours), family-based therapeutic intervention for delinquent youth at risk for institutionalization; designed to improve within-family attributions, family communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behavior. Parenting skills, youth compliance, and the complete range of behaviors (cognitive, emotional, and behavioral) domains are targeted for change based on the specific risk and protective factor profile of each family.

Best Practices for Communication from the Bench

Language Do's and Don'ts

- Avoid using slang or words that denigrate the person's value (e.g. "psycho"; "schizo"; "druggie")
- Use **person-first language** (e.g. "a person with schizophrenia" rather than "a schizophrenic")

General advice:

- Be direct, specific, and precise when talking about mental health concerns
- When ordering mental health services, be clear about the service recommended (e.g., "mental health treatment" may be interpreted as an inpatient stay by a youth), but not overly prescriptive
- Emphasize that having a diagnosis or mental health concern does not make a youth "weak" or mean that they "need to try/work harder"
- Youth may not be able to identify their feelings using the language that professionals do. When a youth appears to be dealing with a mental health concern but denies feelings of sadness or worry, etc., it may be helpful to link these feelings with behaviors like sleeping all day or being unable to focus.
- Emphasize that mental health concerns need treatment in the same way that physical illnesses do
- Build resiliency by highlighting youth that you have seen come through court that have been successful in managing their mental illness

Building Resilience from the Bench

- Expect Up – Young people have few authority figures that “believe” in them. Expect that they can complete requirements of the court.
- Perspective - Disposition court requirements can feel overwhelming for young people. Help young people have a long perspective on this process.
- Be Fair – Young people regularly act surly and annoyed when they are hiding shame and feel stress/overwhelmed. Have a thick skin to allow a young person to “rail” against you or the process.

Acknowledgements

- Nancy Wever, LCSW
- Matthew Aalsma, PhD
- Leslie Hulvershorn, MD

Agenda

8. Committee Reports

- Written reports—any questions?

Agenda

9. Commission Topics for Discussion

10. Next meeting: December 18, 2019, IGCS B