Commission on Improving the Status of Children

JUNE 22, 2022

Agenda

1. Welcome and Introductions

2. Consent Agenda
   a. Minutes from April 2022 meeting
   b. Appointment of new co-chairs

Agenda

3. Executive Director Update
   a. Julie Whitman

Agenda

4. Commission Evaluation
   b. Amanda Lopez, Transform Consulting

Update on the Evaluation
Commission on Improving the Status of Children in Indiana

June 22, 2022

TRANSFORM
— CONSULTING GROUP —

AGENDA

1. Progress on Evaluation
2. Proposed Theory of Change
3. Stakeholder Feedback Update
4. Next Steps

Evaluation Process

1 — Define Questions & Metrics

2 — Develop Tools & Gather Data

3 — Analyze & Summarize Data

4 — Share & Use Data

1

Define Questions & Metrics

- ~~Theory of Change~~
- ~~Data Management Plan~~

Theory of Change

A theory of change is a method that explains how a given intervention, or set of interventions, are expected to lead to a specific change.

Process Completed

➔ Reviewed CISC state statute guiding documents

➔ Reviewed CISC strategic plan and other materials

➔ Received feedback from Evaluation workgroup members

➔ Received feedback from Annie E. Casey Foundation / Casey Family Programs

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

DRAFT Theory of Change

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.

Resources	Strategies			Short Term Impact for Indiana's Vulnerable Children	Long Term Impact for Indiana's Vulnerable Children*	
What we invest - People, staff, funding, etc	*Staff*	*Task Forces / Committees / Subcommittees*	*Commission Members*	*1-3 years*	*Vulnerable youth are defined as youth (0-23) served by: (A) the department of child services; (B) the office of the secretary of family and social services; (C) the department of correction; or (D) a juvenile probation department.*	

• Executive Director
 	
• Administrative support from the Office of Judicial Administration
 	
• Commission Members
  Agency Authority
  Youth Voice
 	
• Workgroups (Task Forces, Committees, Subcommittees)
 	
• Relationships with subject matter experts
 	
• Access to data and research through key agencies
 	
• Access to policymakers
 	
• Access to state government resources (space and technology)
 	
• External funding support
	• Build cross-agency relationships
	
	• Provide tools and templates with equity framework embedded
	
	• Recruit diverse committee and task force members
	
	• Collaborate and align with existing groups and initiatives
	
	• Raise awareness about Commission's vision and work
	
	• Set and follow infrastructure
	
	• Identify and share relevant information with volunteers and Commission members
	
	• Monitor the progress on strategic goals and objectives
		• Build cross-agency relationships
		
		• Collaborate
		
		• Active participation
		
		• Study and evaluate issues related to vulnerable youth
		
		• Use Data to inform work
		  • Collect
		  • Monitor
		  • Disaggregate
		  • Identify gaps
		
		• Identify gaps related to supports for vulnerable children
		
		• Provide information and recommendations to the Commission members
		
		• Raise awareness about Commission's vision and work
			• Build cross-agency relationships
			
			• Collaborate with fellow Commission Members
			
			• Active participation
			
			• Use presented information to better inform the policies and programs they oversee
			
			• File legislation
			
			• Develop and make recommendations
			
			• Implement change within their own agencies
			
			• Raise awareness about Commission's vision and work
				• Follow through on recommendations occur
				
				• Funding directed toward evidence-based practices
				
				• New collaborations and relationships with stakeholders that produce outcomes
				
				• Alignment of existing state efforts
				
				• Closed data gaps through new data collection efforts
				
				• Policy/ Legislation is informed by research and best practice
				
				• Vulnerable children and their families have increased access to quality services
					Child Health and Well Being	Vulnerable youth have access to consistent and reliable health and well-being resources

					Mental Health	Vulnerable youth and their families have access to quality mental health and addiction services
					Child Safety	Vulnerable youth are safe and secure in their homes and the community
					Youth Justice	Youth who come into contact with the juvenile justice system have improved safety and equitable system contact and outcomes
					Educational Outcomes	Vulnerable youth are engaged in school, graduate from high school, and pursue a postsecondary pathway that matches their interests and goals
					Equity	All vulnerable youth's voices are heard and included through data collection, policies, and programs
					Family Stability and Wellness	Family stability is strengthened when family members are safe, healthy, and have chances for educational opportunities and economic stability

Request for the Commission

Approve the Theory of Change

Next Steps

1 — Define Questions & Metrics

2 — Develop Tools & Gather Data

3 — Analyze & Summarize Data

4 — Share & Use Data

2 Develop Tools & Gather Data

Solicit stakeholder feedback

- ~~Current Members~~
- ~~Past Members~~
- Committee Members
- Task Force Members
- Legislative Members
- Contractors/ Service Providers

Gather public data

- Vulnerable youth as defined by statute
- Child Health and Well Being
- Mental Health
- Child Safety
- Youth Justice
- Educational Outcomes
- Equity
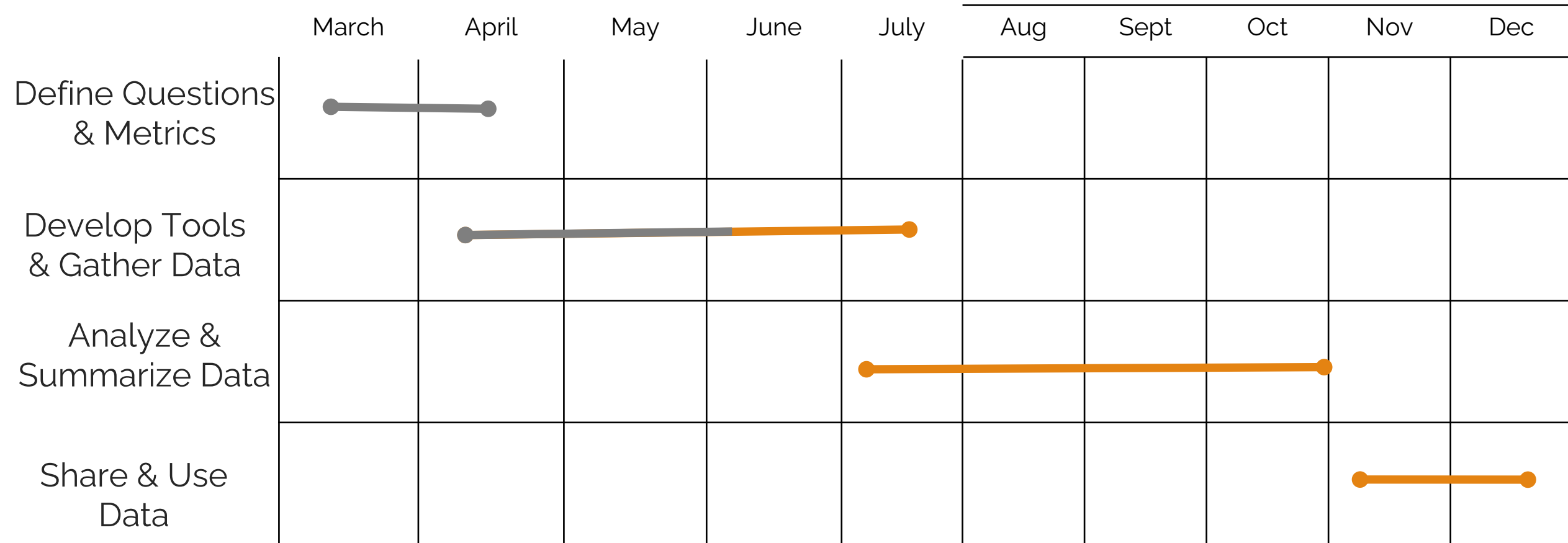- Family Stability and Wellness

Request for the Commission

Support distribution of the survey to Legislative members

Project Timeline

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Define Questions & Metrics	●━━━━━●									
Develop Tools & Gather Data		●━━━━━━━━●━━━━━●								
Analyze & Summarize Data					●━━━━━━━━━━━━━━━━━━━━━●					
Share & Use Data									●━━━━━━●	

Questions?

Key Contacts

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Agenda

5. Strategic Priority: Child Health and Safety
   a. Kate Schedel, IDOH
   Youth Risk Behavior Survey Data

IDOH– Adolescent Health Programming

- State Adolescent Health Administrator position sits within the Maternal and Child Heath Division
    - Other divisions also serve adolescents and young adults (AYA)

- Programming Overview
    - Title V Block Grant
        - Currently has four major objectives and goals related to adolescent health
        - Work alongside a network across 59 states and jurisdictions serving the AYA population
    - Teen Pregnancy Prevention Grant Program
    - Sexual Risk Avoidance Education Grant Program
    - Youth Risk Behavior Survey and School Health Profiles Survey
    - Youth Advisory Board

Indiana Department of Health
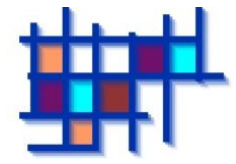
Youth Risk Behavior Survey (YRBS)
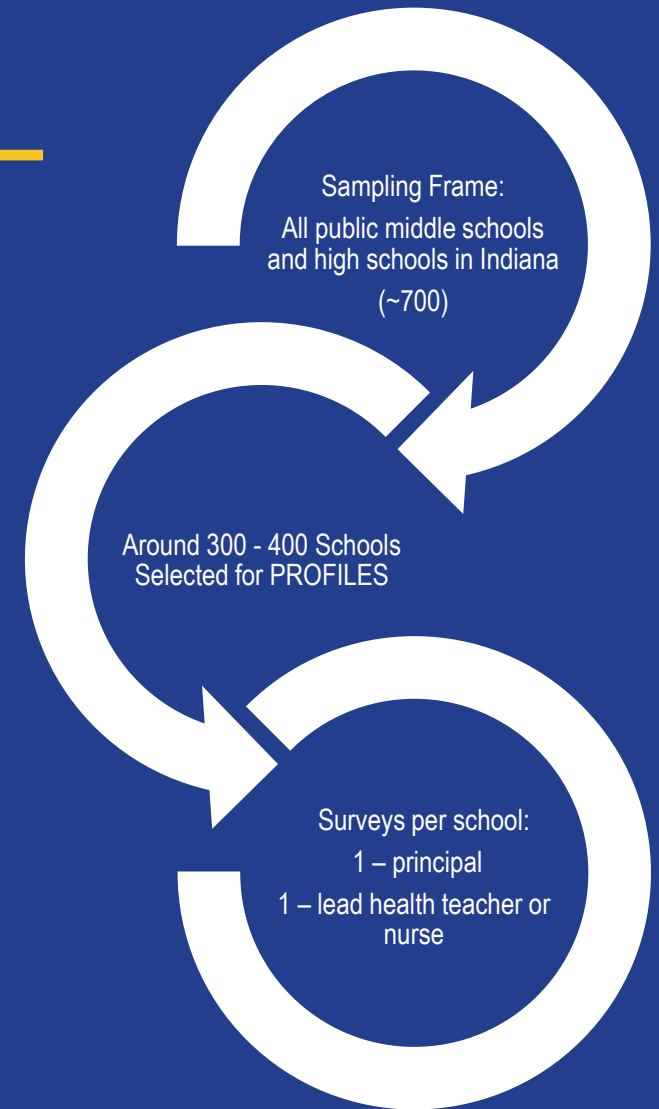
- A CDC-sponsored survey, around since 1990
  - Conducted every other year (odd-numbered years) from January - April
  - Sample consists of a representative group of high school students around the state
  - Indiana uses 2/3 of base questions each year, and adds additional questions
    - Total: 99 questions, completed in one class period
    - In 2021: Added 8 ACE-related questions

- YRBS monitors students' health risks and behaviors in six categories:
  - unintentional injury and violence
  - sexual behaviors related to unintended pregnancy
  - alcohol and other drug use
  - tobacco use
  - unhealthy dietary behaviors
  - inadequate physical activity

- Schools receive $500 for their participation

Sampling Frame:
All public high schools in Indiana
(over 300 total)

50 Schools Selected for YRBS (oversample for minorities) + 60 schools selected for Youth Tobacco Survey

2- 6 Classes selected per school to take YRBS

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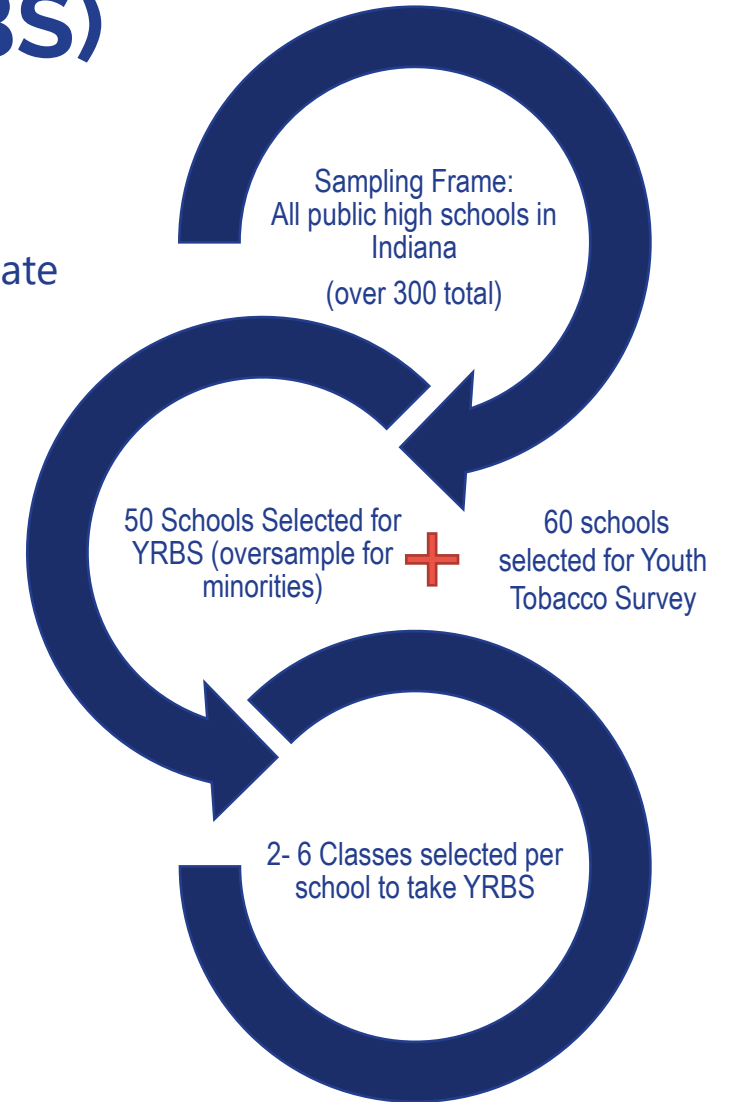
School Health Profiles

- A CDC-sponsored survey
  - Conducted every other year (even-numbered years)
  - Sample a representative group of high school staff around the state

- Assesses school health policies and practices such as:
  - School health education requirements and content;
  - Education and physical activity;
  - Practices related to bullying and sexual harassment;
  - School health policies related to tobacco-use prevention and nutrition;
  - School-based health services;
  - Family engagement and community involvement; and
  - School health coordination.

- Principals and teachers are rewarded with a $25 gift card for their participation

Sampling Frame:
All public middle schools
and high schools in Indiana
(~700)

Around 300 - 400 Schools
Selected for PROFILES

Surveys per school:
1 – principal
1 – lead health teacher or nurse

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Data Notes & Caveats

- Indiana celebrates the hard-earned success of achieving YRBS weighted data in 2021! This means that enough schools and students participated in the YRBS to allow for the survey results to be representative of Indiana public high school students.

- Throughout this presentation, note the years of missing data in some of the graphs and data visuals: Indiana did not achieve weighted data for YRBS for 2013, 2017, or 2019 and did not achieve weighted data for SHP for 2018; therefore, data for these years are missing throughout this presentation.

- YRBS was conducted in January – April 2021, keep in mind this is when most students returned to in-person learning after approximately seven months of remote learning.

- Based on CDC guidance, statistics based on subgroup counts less than 30 have been suppressed.

- Please note small counts for some of the data slides and keep in mind that graph axes shift to allow for legible data visuals.

- The intent of this slide deck is to be a comprehensive overview of valuable information from which users can pull data and statistics for their work – for additional data requests or a deeper dive into a specific content area please reach out to MCH (ISDHMCH@isdh.in.gov).
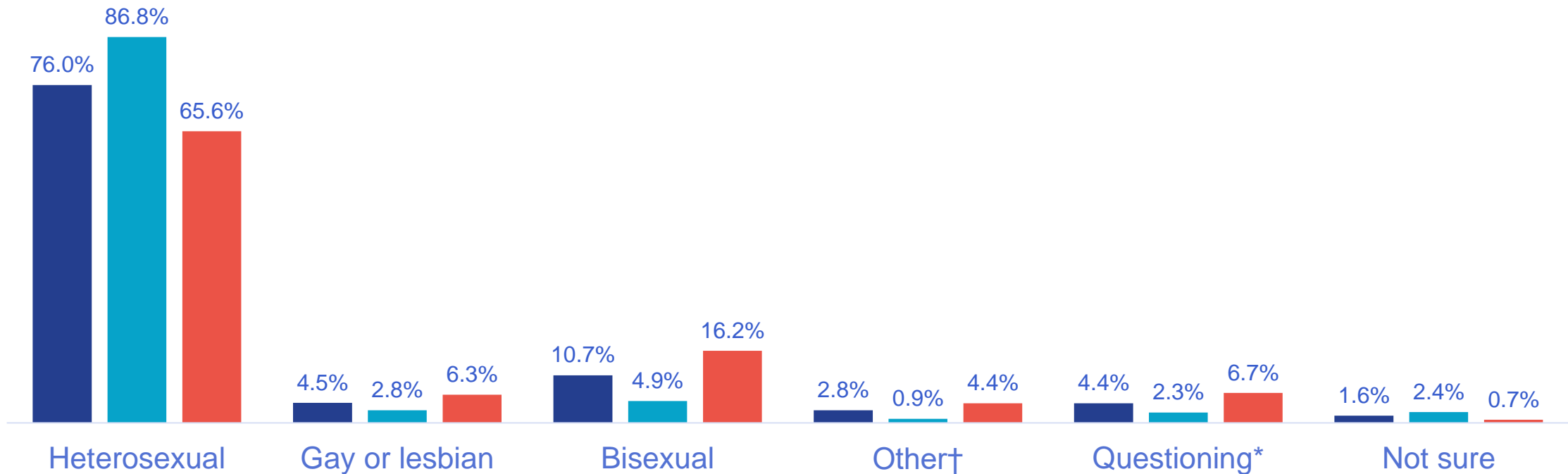
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2021 Sample Characteristics

- The 2021 Youth Risk Behavior Survey (YRBS) was completed by 1,029 students in 43 public high schools in Indiana during the spring of 2021.

- The school response rate was 88%, the student response rate was 81%, and the overall response rate was 71%.

- The results are representative of all students in grades 9-12.

- The weighted demographic characteristics of the sample are as follows:

Gender	Grade	Age	Race/Ethnicity
Female: 49.0%	9th: 25.9%	15 or younger: 32.7%	Black*: 10.8%
Male: 51%	10th: 25.8%	16 or 17: 51.1%	Hispanic/Latino: 11.7%
	11th: 24.5%	18 or older: 16.2	White*: 70.3%
	12th: 23.8%		All Other Races*: 4.1%
			Multiple Races*: 3.2%

*Non-Hispanic

General Health & Healthcare

Health Ratings – 2021 Results

Percentage of students who described their health in general as excellent or very good — 47.5%

Percentage of students who reported their physical health was not good (including physical illness and injury)* — 52.9%

Percentage of students who reported that their mental health was most of the time or always not good (including stress, anxiety, and depression)* — 30.7%

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*on at least 1 day during the 30 days before the survey

Healthcare Providers & Sleep – 2021 Results

Percentage of students who saw a doctor or nurse for a check-up or physical exam when they were not sick or injured* — 64.6%

Percentage of students who saw a dentist for a check-up, exam, teeth cleaning, or other dental work* — 71.5%

Percentage of students who got 8 or more hours of sleep (on an average school night) — 17.9%

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*During the 12 months prior to the survey
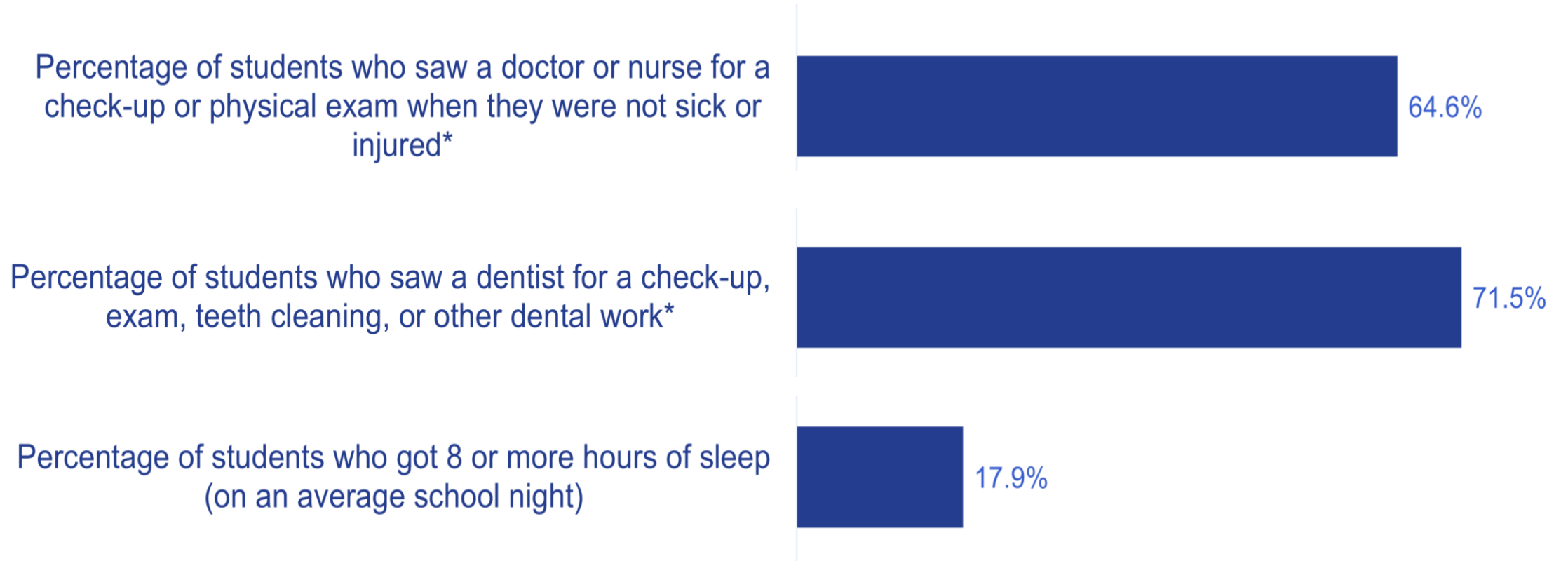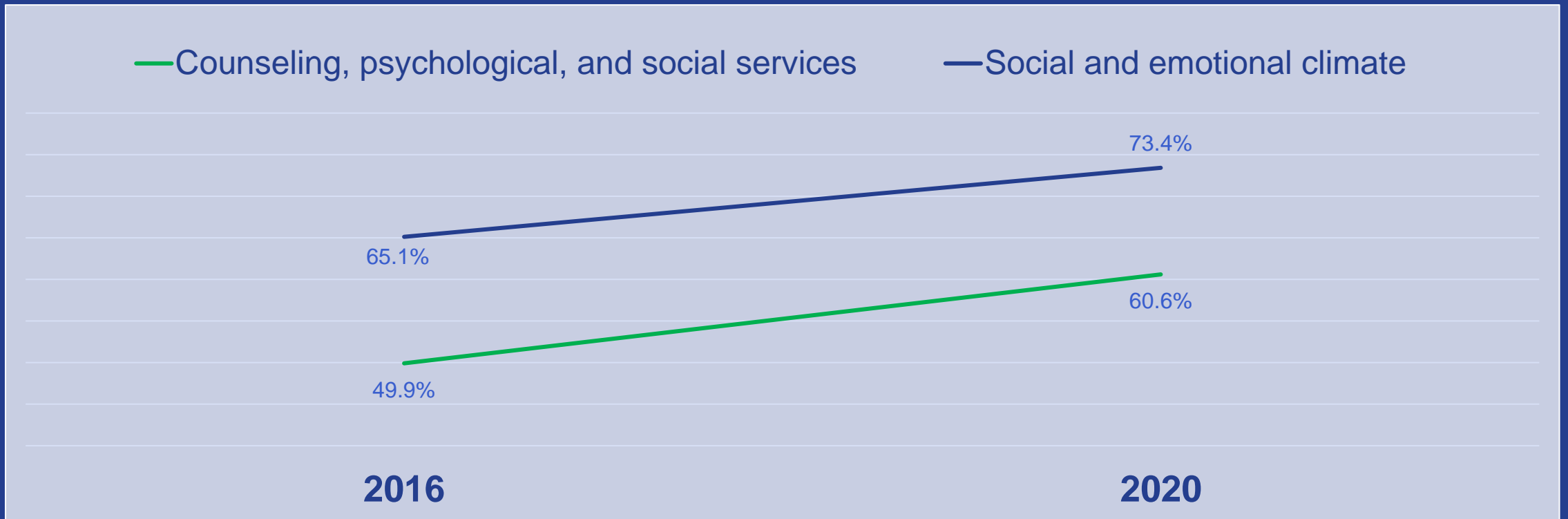
Mental Health

School Health Profiles – Teacher Survey

Percentage of schools in which teachers tried to increase student knowledge on suicide prevention in a required course in any of grades 6 through 12 during the current school year:

2008	2010	2012	2014	2016	2020

- 76.4%
- 78.7%
- 82.3%
- 77.8%
- 85.5%
- 86.3%

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School Health Profiles – Principal Survey
Percentage of schools with a School Improvement Plan that includes health-related objectives on…

— Counseling, psychological, and social services   — Social and emotional climate

73.4%

65.1%

60.6%

49.9%

2016

2020

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Stress, Anxiety, Depression & Suicide – 2021 Results

Percentage of students who reported that their mental health was most of the time or always not good (including stress, anxiety, and depression)* — 30.7%

Percentage of students who felt sad or hopeless (almost every day for >=2 weeks in a row so that they stopped doing some usual activities).** — 46.9%

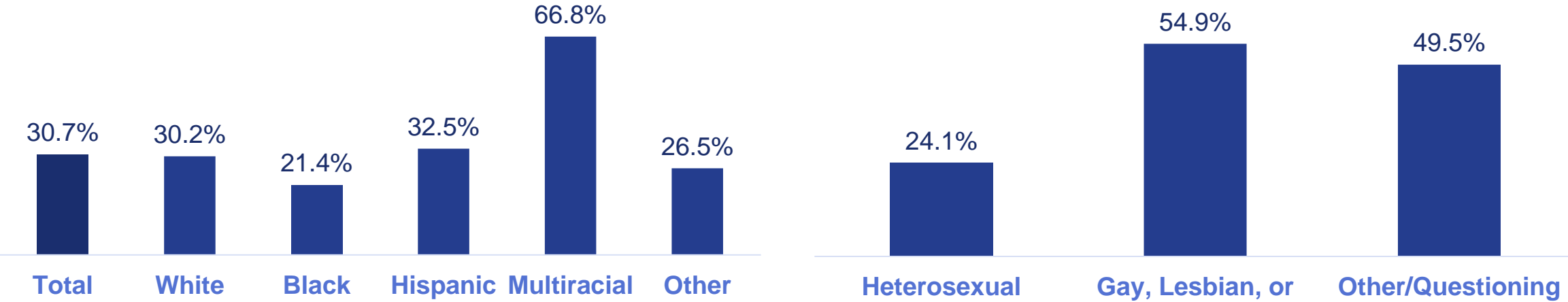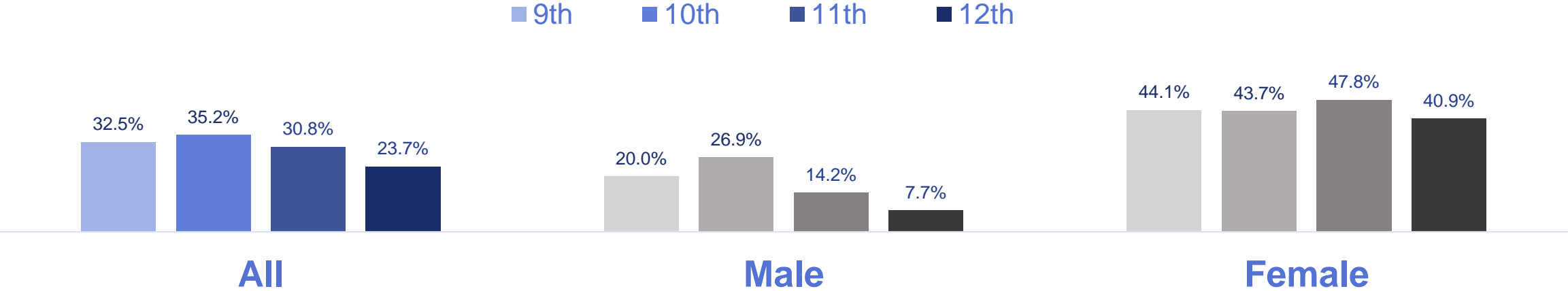Percentage of students who seriously considered attempting suicide.** — 27.7%

Percentage of students who made a plan about how they would attempt suicide.** — 22.2%

Percentage of students who actually attempted suicide.** — 11.8%

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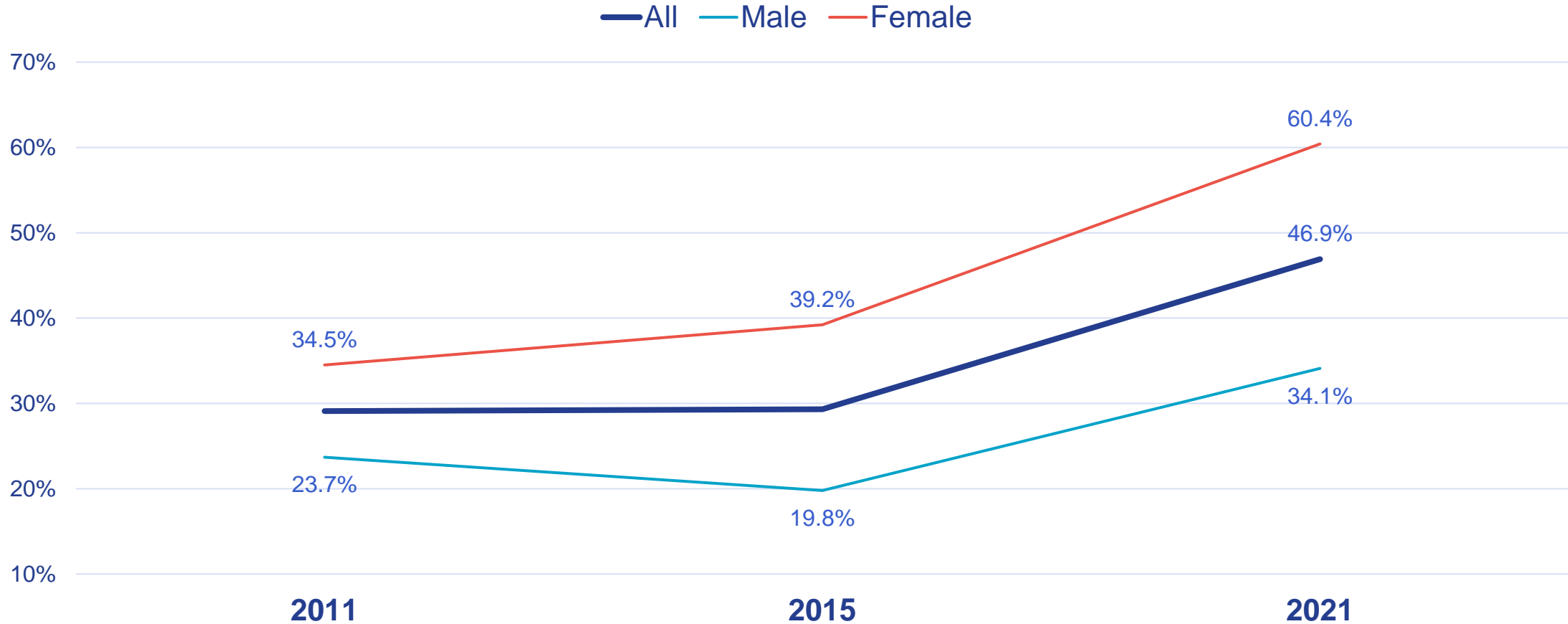*during the 30 days before the survey
**during the 12 months before the survey

Percentage of students that their mental health was most of the time or always not good (Including stress, anxiety, and depression)*

Legend: 9th, 10th, 11th, 12th

All
- 9th: 32.5%
- 10th: 35.2%
- 11th: 30.8%
- 12th: 23.7%

Male
- 9th: 20.0%
- 10th: 26.9%
- 11th: 14.2%
- 12th: 7.7%

Female
- 9th: 44.1%
- 10th: 43.7%
- 11th: 47.8%
- 12th: 40.9%

Lower chart:
- Total: 30.7%
- White: 30.2%
- Black: 21.4%
- Hispanic: 32.5%
- Multiracial: 66.8%
- Other: 26.5%
- Heterosexual: 24.1%
- Gay, Lesbian, or Bisexual: 54.9%
- Other/Questioning: 49.5%
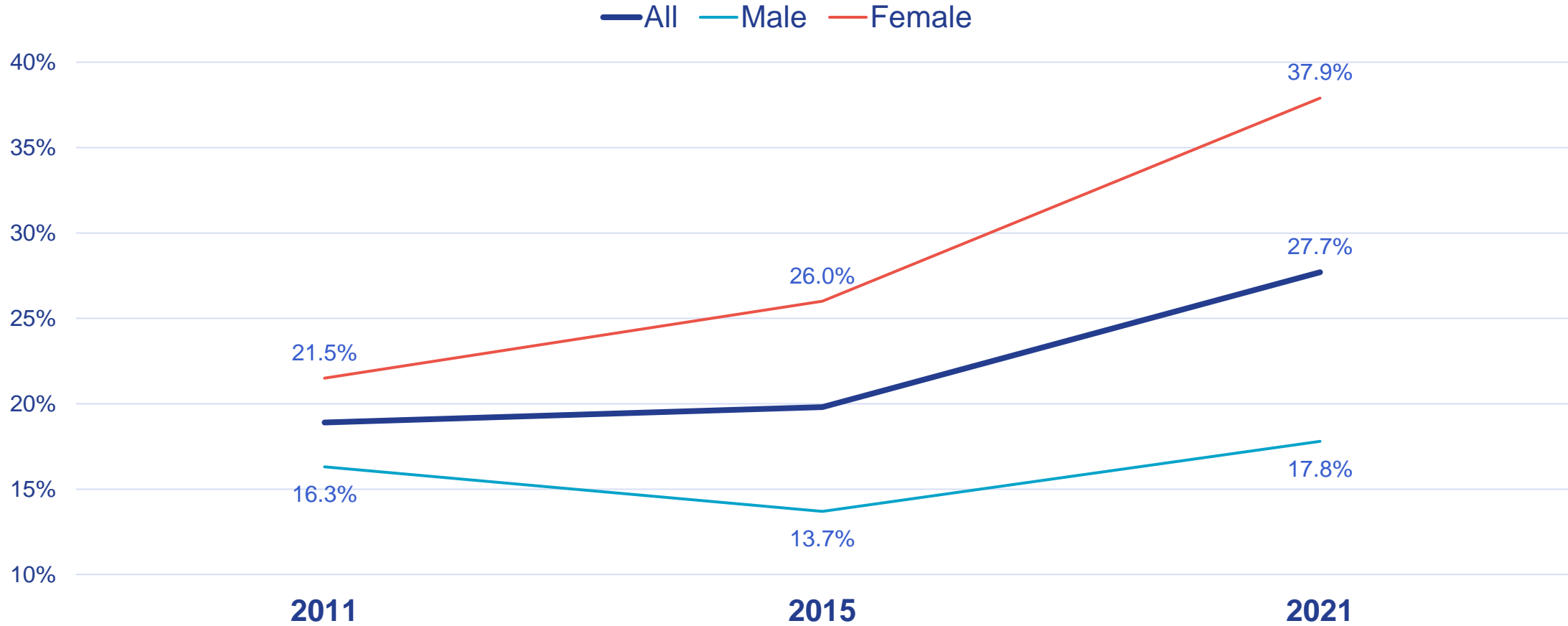
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*during the 30 days before the survey

Percentage of students who felt sad or hopeless
(almost every day for >=2 weeks in a row* during the 12 months before the survey)

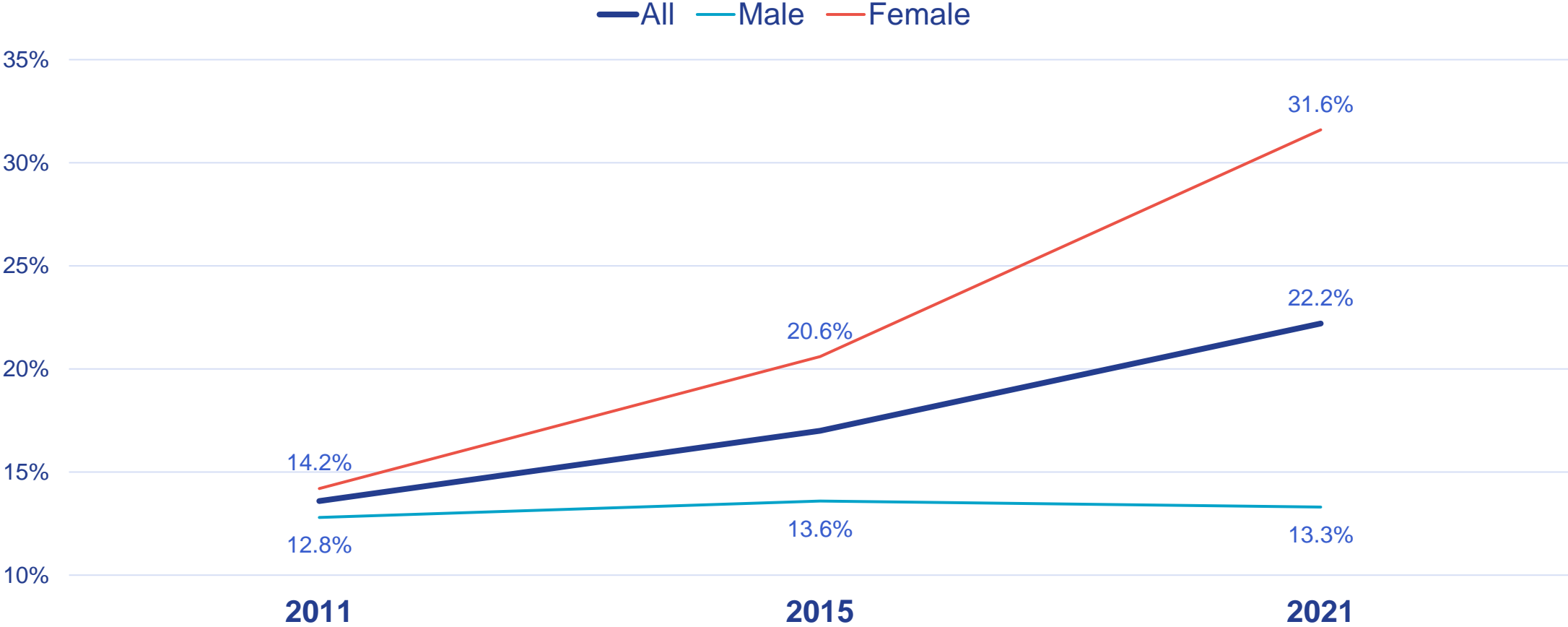Legend: All — Male — Female

	2011	2015	2021
Female	34.5%	39.2%	60.4%
All			46.9%
Male	23.7%	19.8%	34.1%

*so that they stopped doing some usual activities

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Percentage of students who seriously considered attempting suicide
(during the 12 months before the survey)

Legend: All — Male — Female

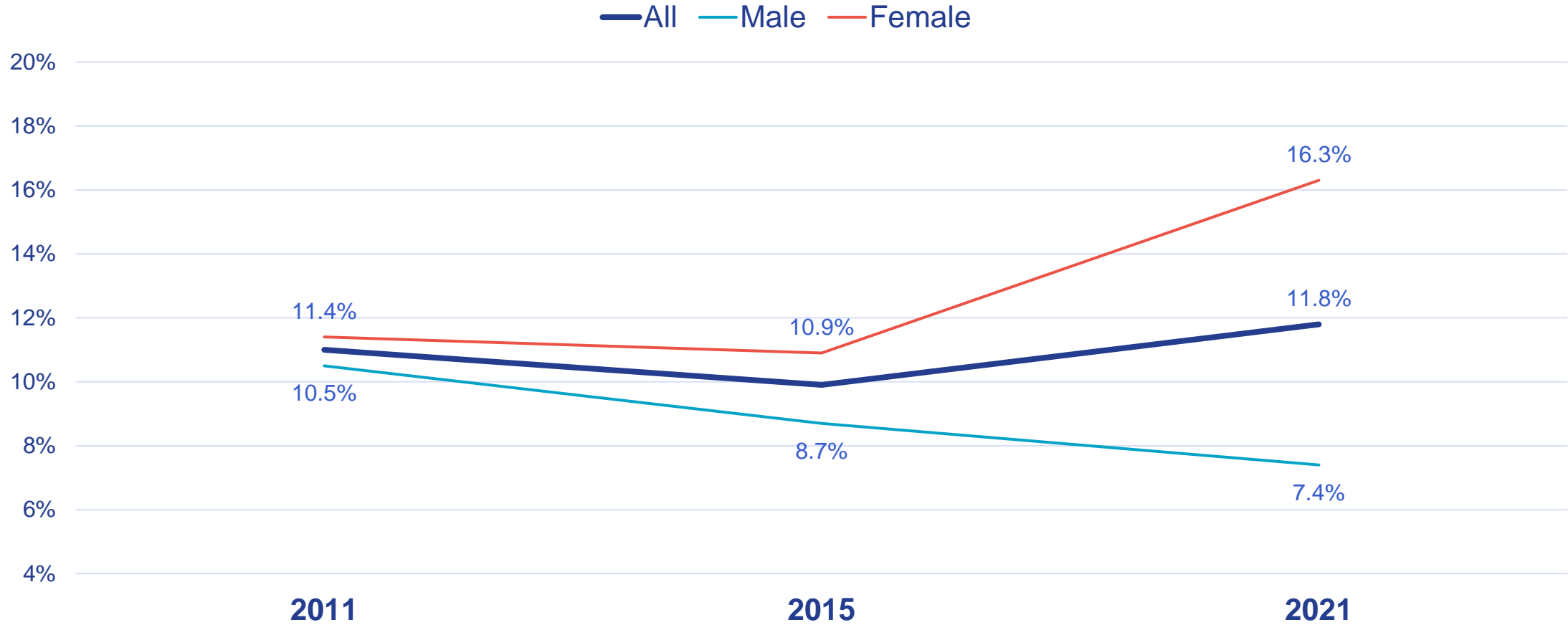| Year	All	Male	Female
2011	18.9%	16.3%	21.5%
2015	19.8%	13.7%	26.0%
2021	27.7%	17.8%	37.9%

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Percentage of students who made a plan about how they would attempt suicide
(during the 12 months before the survey)

Legend: All — Male — Female

	2011	2015	2021
Female	14.2%	20.6%	31.6%
All			22.2%
Male	12.8%	13.6%	13.3%

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Percentage of students who actually attempted suicide
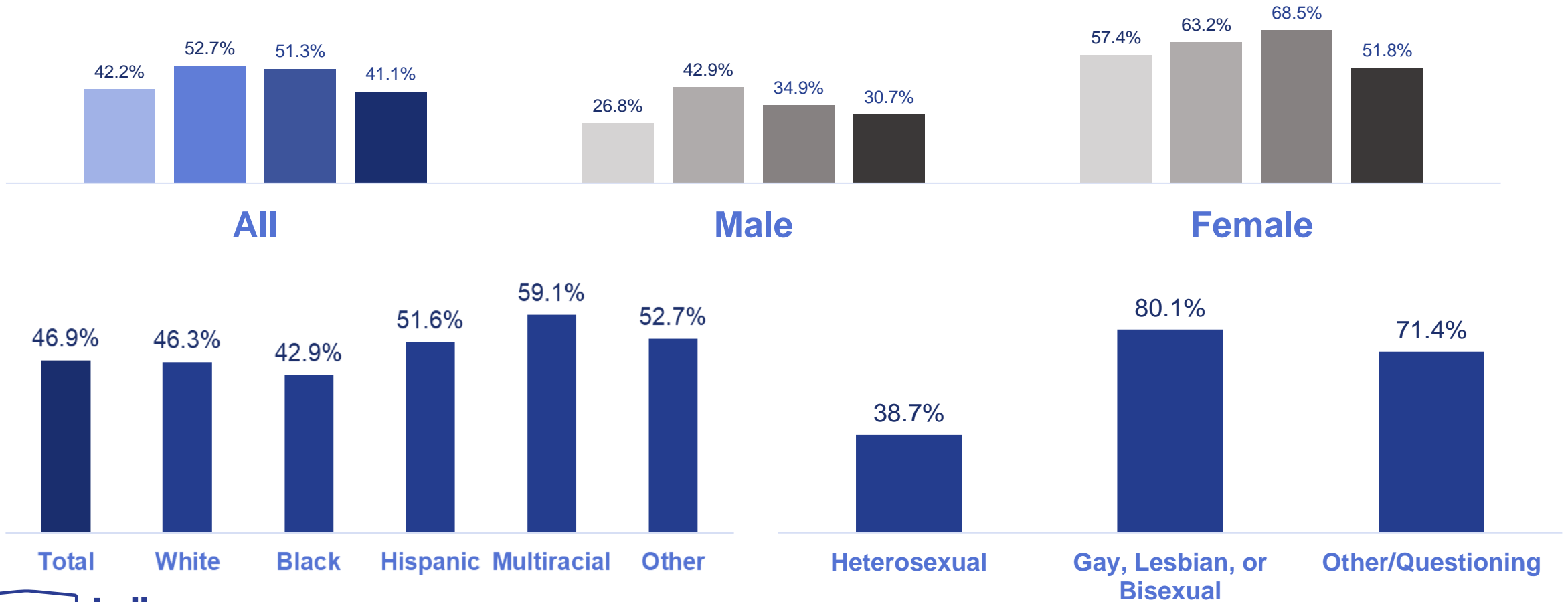(one or more times during the 12 months before the survey)

Percentage of students who felt sad or hopeless*
(almost every day for >=2 weeks in a row* during the 12 months before the survey)

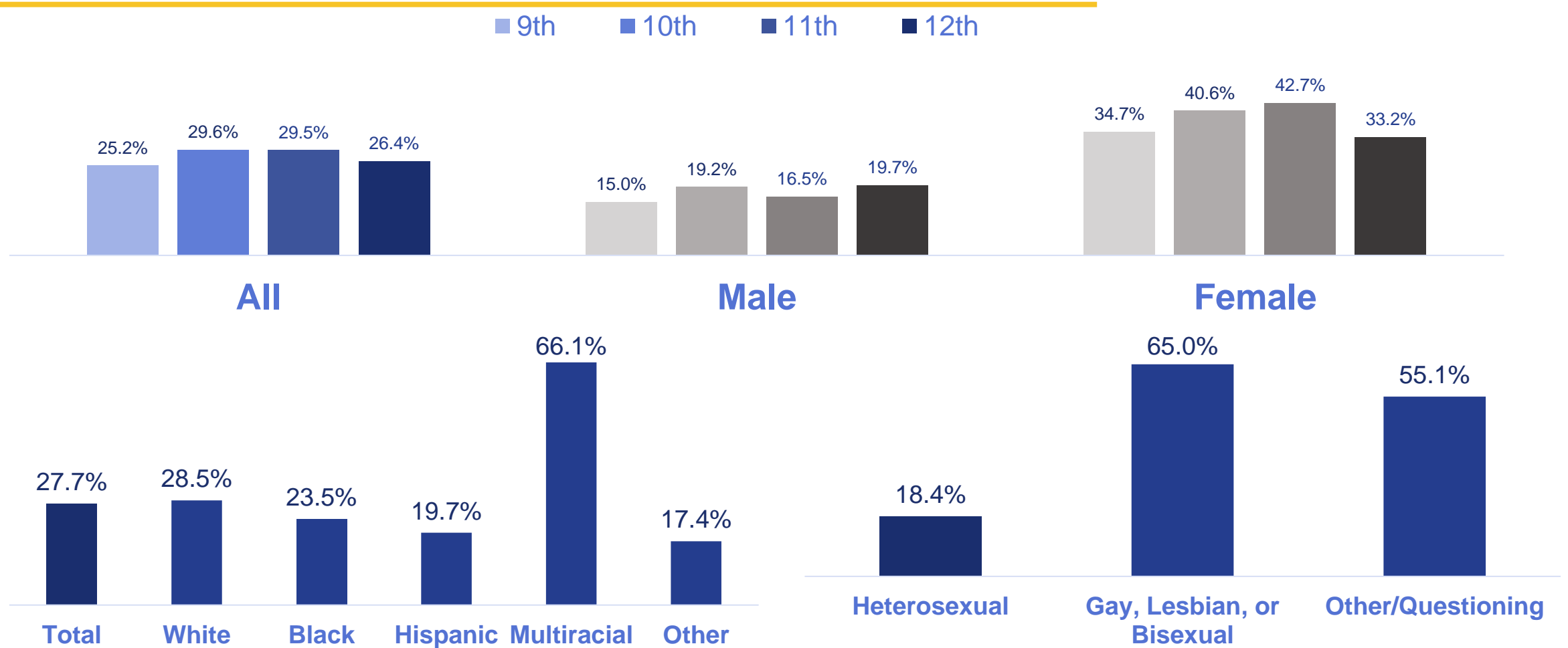Legend: 9th · 10th · 11th · 12th

All
- 9th: 42.2%
- 10th: 52.7%
- 11th: 51.3%
- 12th: 41.1%

Male
- 9th: 26.8%
- 10th: 42.9%
- 11th: 34.9%
- 12th: 30.7%

Female
- 9th: 57.4%
- 10th: 63.2%
- 11th: 68.5%
- 12th: 51.8%

- Total: 46.9%
- White: 46.3%
- Black: 42.9%
- Hispanic: 51.6%
- Multiracial: 59.1%
- Other: 52.7%

- Heterosexual: 38.7%
- Gay, Lesbian, or Bisexual: 80.1%
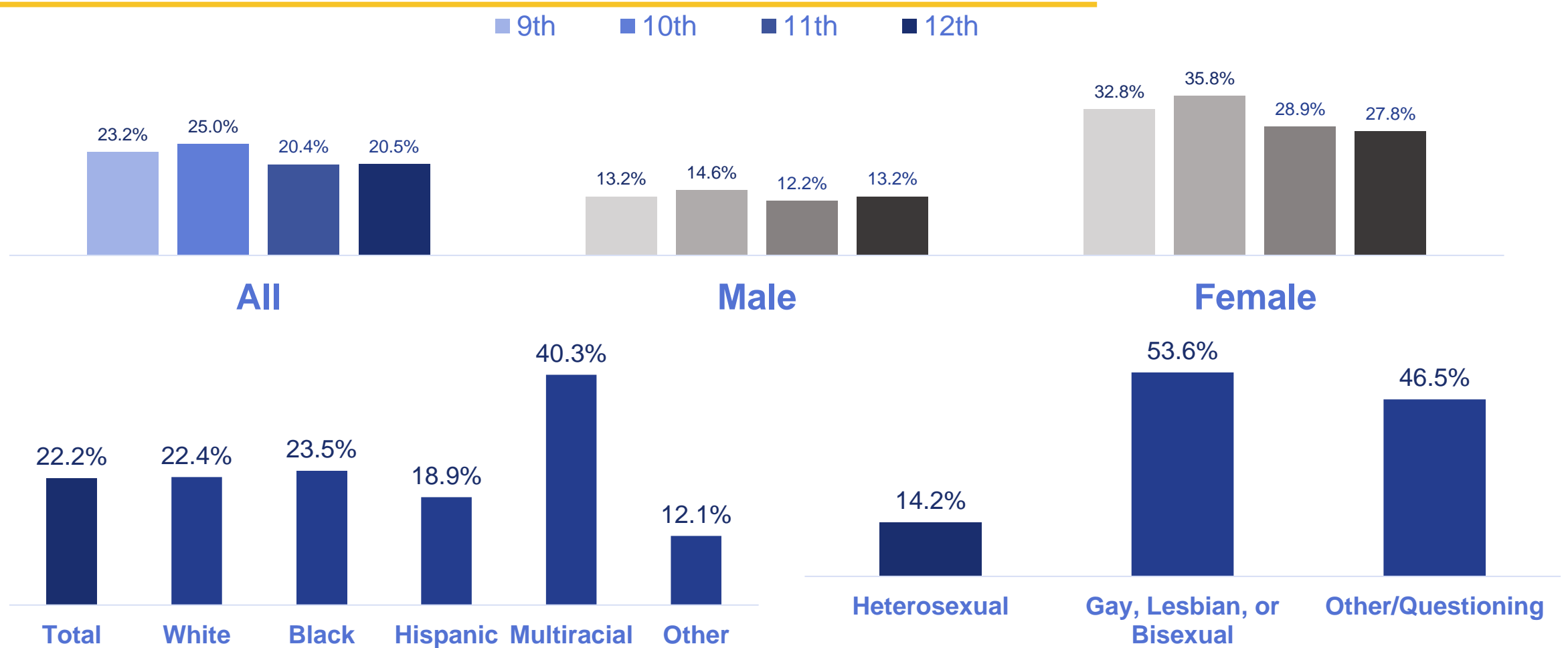- Other/Questioning: 71.4%

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*so that they stopped doing some usual activities

Percentage of students who seriously considered attempting suicide
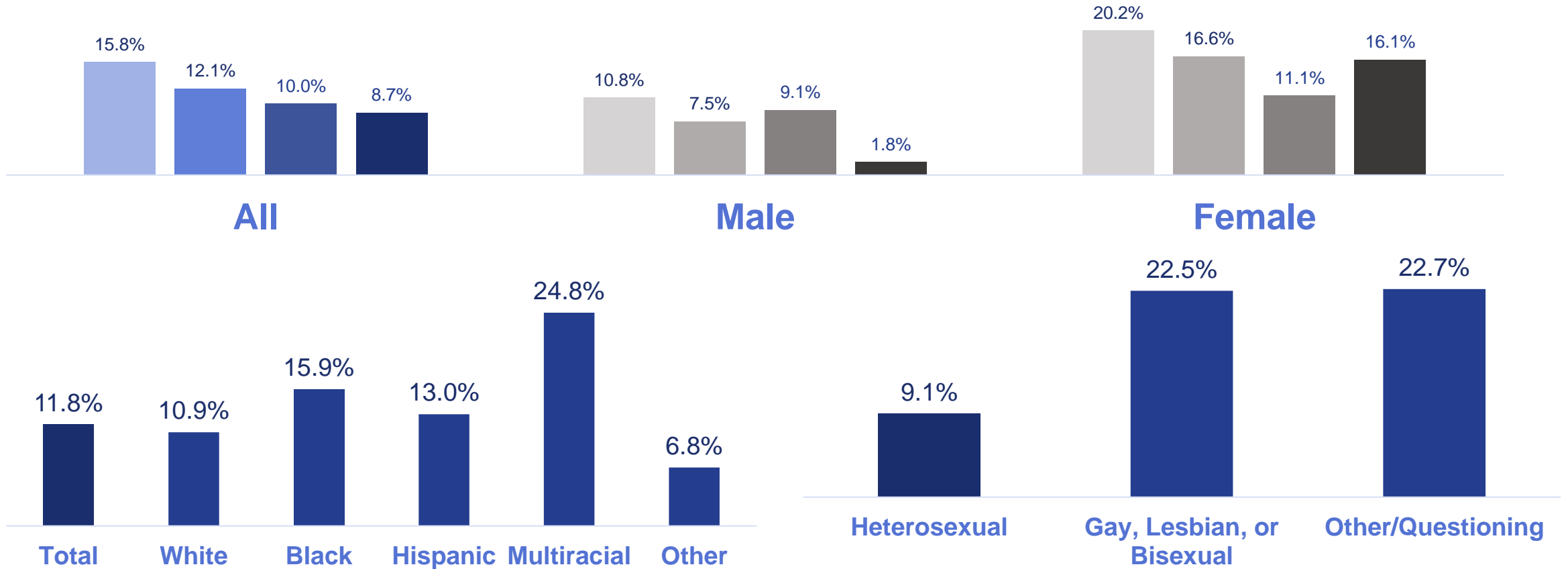(during the 12 months before the survey)

Legend: 9th, 10th, 11th, 12th

All
- 9th: 25.2%
- 10th: 29.6%
- 11th: 29.5%
- 12th: 26.4%

Male
- 9th: 15.0%
- 10th: 19.2%
- 11th: 16.5%
- 12th: 19.7%

Female
- 9th: 34.7%
- 10th: 40.6%
- 11th: 42.7%
- 12th: 33.2%

- Total: 27.7%
- White: 28.5%
- Black: 23.5%
- Hispanic: 19.7%
- Multiracial: 66.1%
- Other: 17.4%

- Heterosexual: 18.4%
- Gay, Lesbian, or Bisexual: 65.0%
- Other/Questioning: 55.1%

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Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)

Legend: ■ 9th ■ 10th ■ 11th ■ 12th

All
- 9th: 23.2%
- 10th: 25.0%
- 11th: 20.4%
- 12th: 20.5%

Male
- 9th: 13.2%
- 10th: 14.6%
- 11th: 12.2%
- 12th: 13.2%

Female
- 9th: 32.8%
- 10th: 35.8%
- 11th: 28.9%
- 12th: 27.8%

(Race/Ethnicity)
- Total: 22.2%
- White: 22.4%
- Black: 23.5%
- Hispanic: 18.9%
- Multiracial: 40.3%
- Other: 12.1%

(Sexual Orientation)
- Heterosexual: 14.2%
- Gay, Lesbian, or Bisexual: 53.6%
- Other/Questioning: 46.5%

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Percentage of students who actually attempted suicide
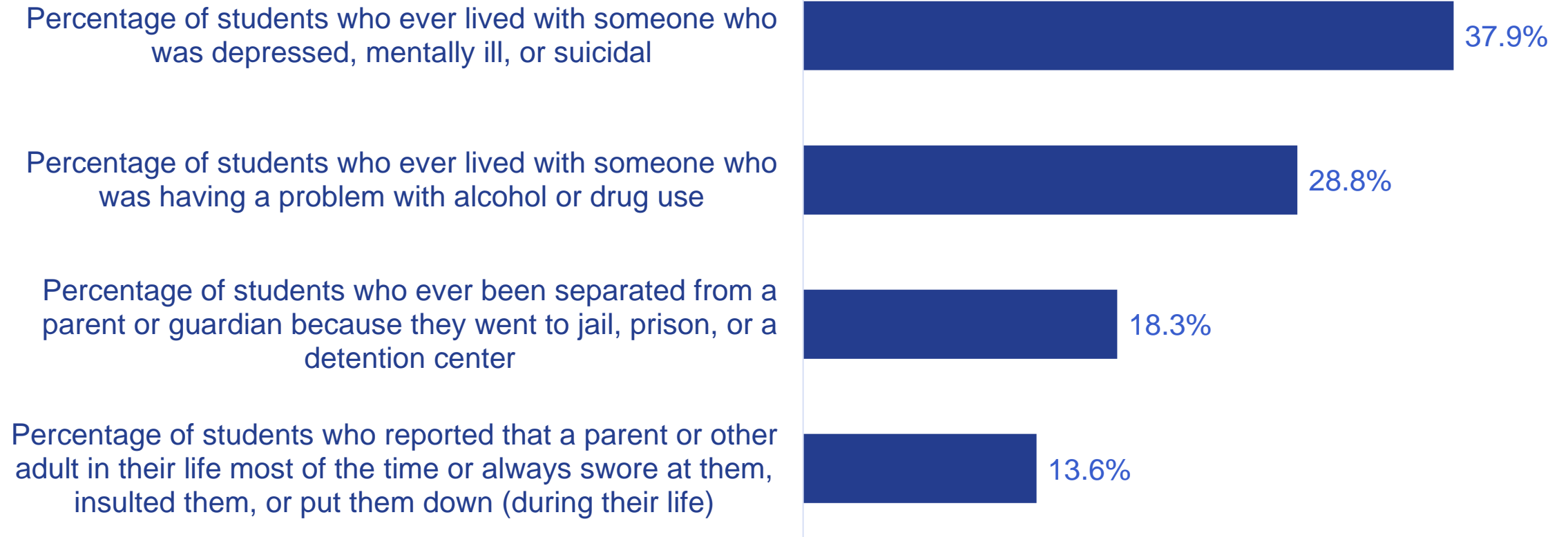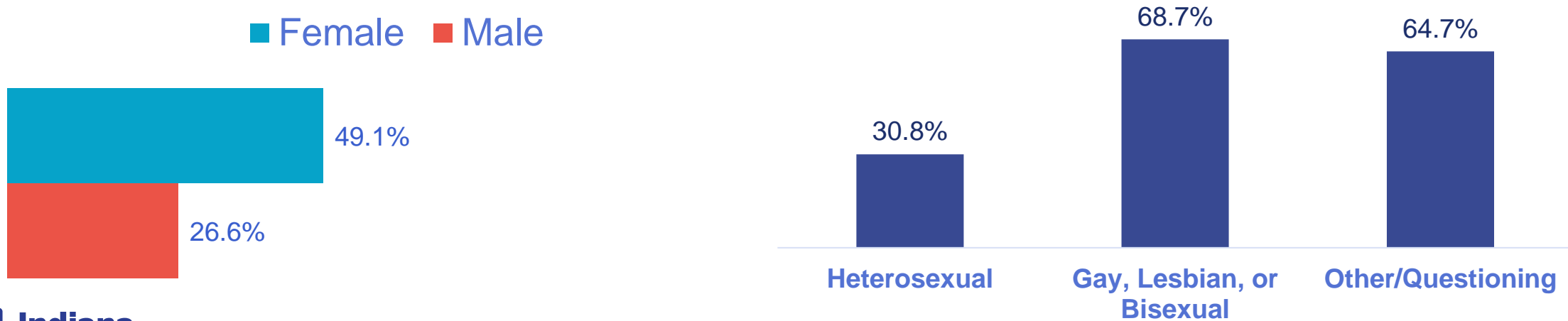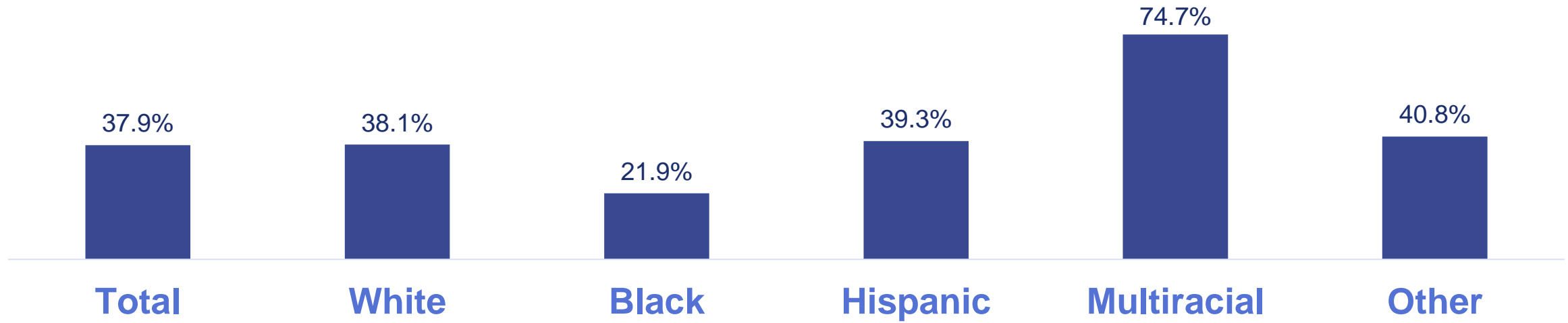(one or more times during the 12 months before the survey)

Adverse Childhood Experiences (ACEs)

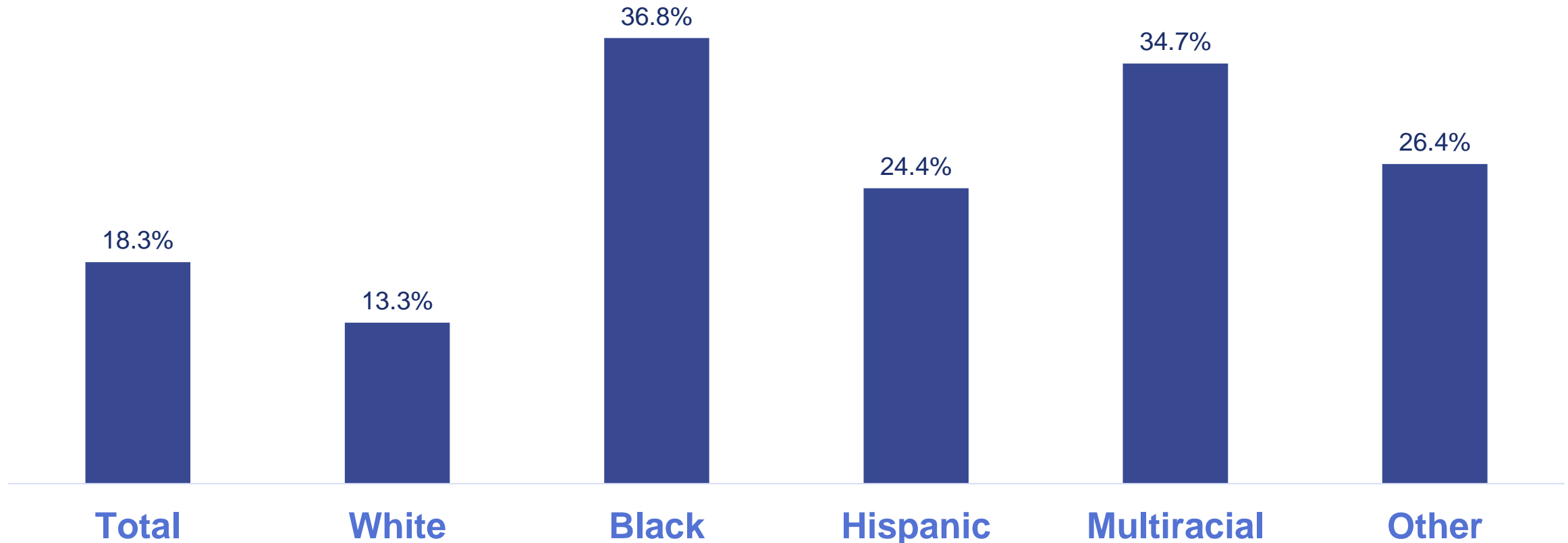Indiana Department of Health

Adverse Life Experiences (ACE's)

Percentage of students who ever lived with someone who was depressed, mentally ill, or suicidal — 37.9%

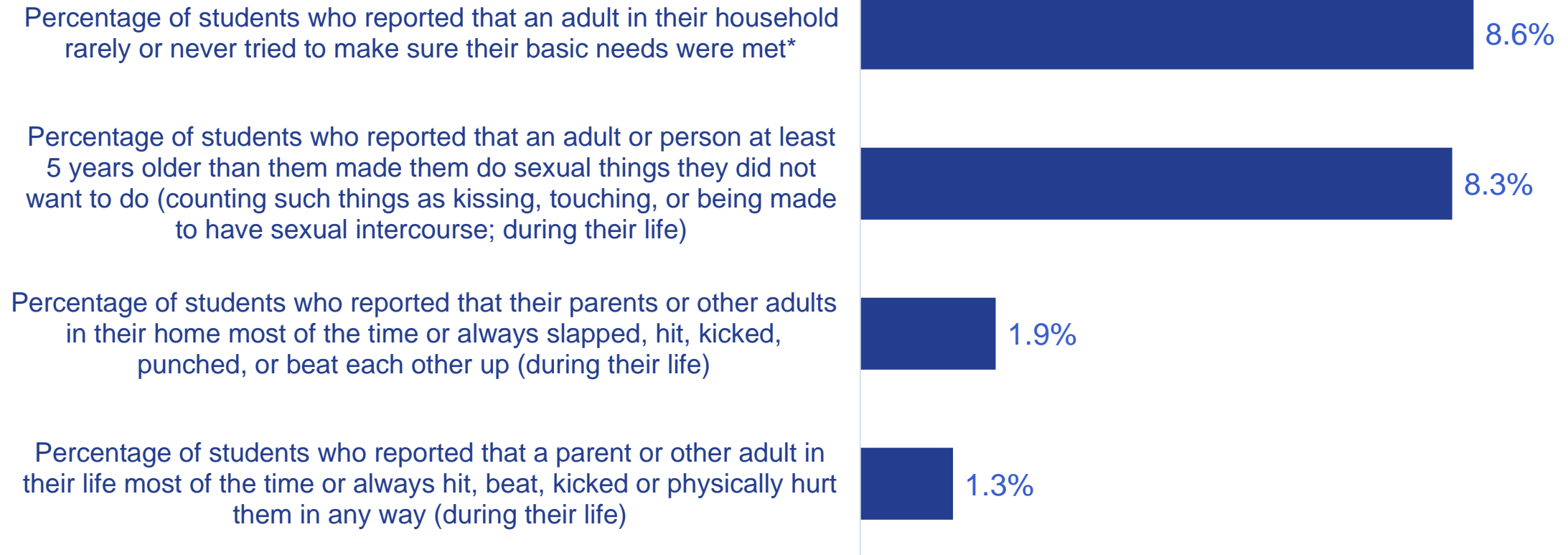Percentage of students who ever lived with someone who was having a problem with alcohol or drug use — 28.8%

Percentage of students who ever been separated from a parent or guardian because they went to jail, prison, or a detention center — 18.3%
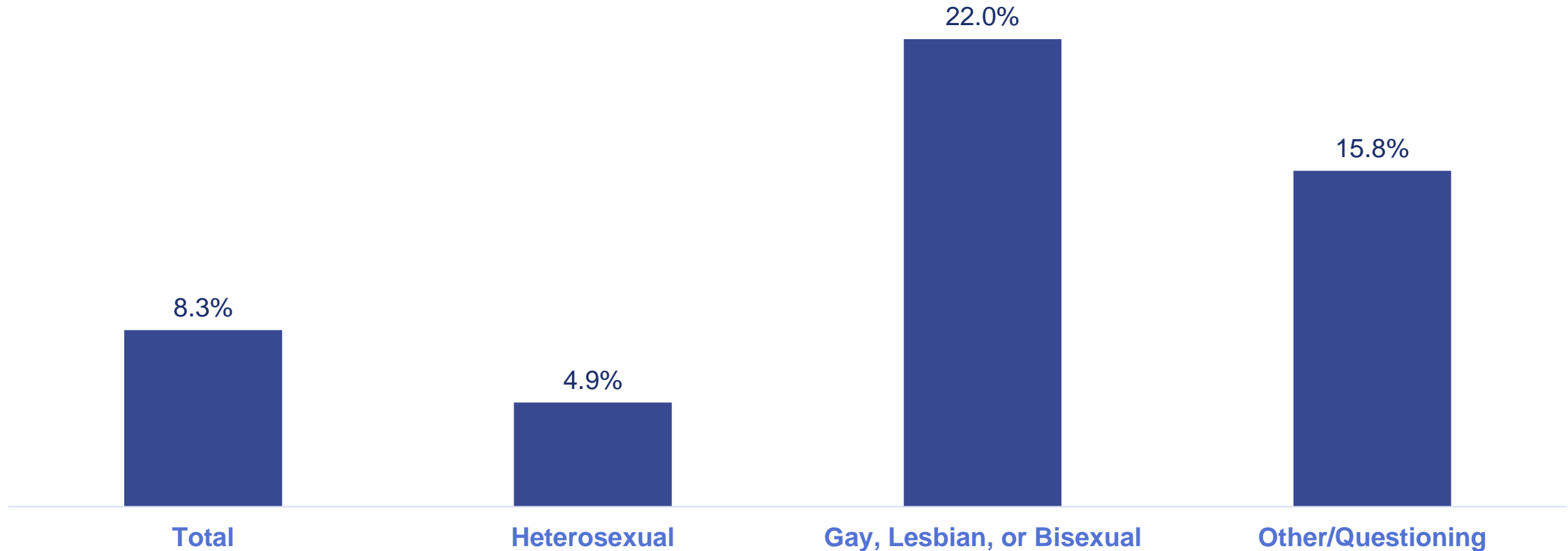
Percentage of students who reported that a parent or other adult in their life most of the time or always swore at them, insulted them, or put them down (during their life) — 13.6%

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Percentage of students who ever lived with someone who was depressed, mentally ill, or suicidal

Total — 37.9%
White — 38.1%
Black — 21.9%
Hispanic — 39.3%
Multiracial — 74.7%
Other — 40.8%

Female — 49.1%
Male — 26.6%

Heterosexual — 30.8%
Gay, Lesbian, or Bisexual — 68.7%
Other/Questioning — 64.7%

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Percentage of students who ever been separated from a parent or guardian because they went to jail, prison, or a detention center

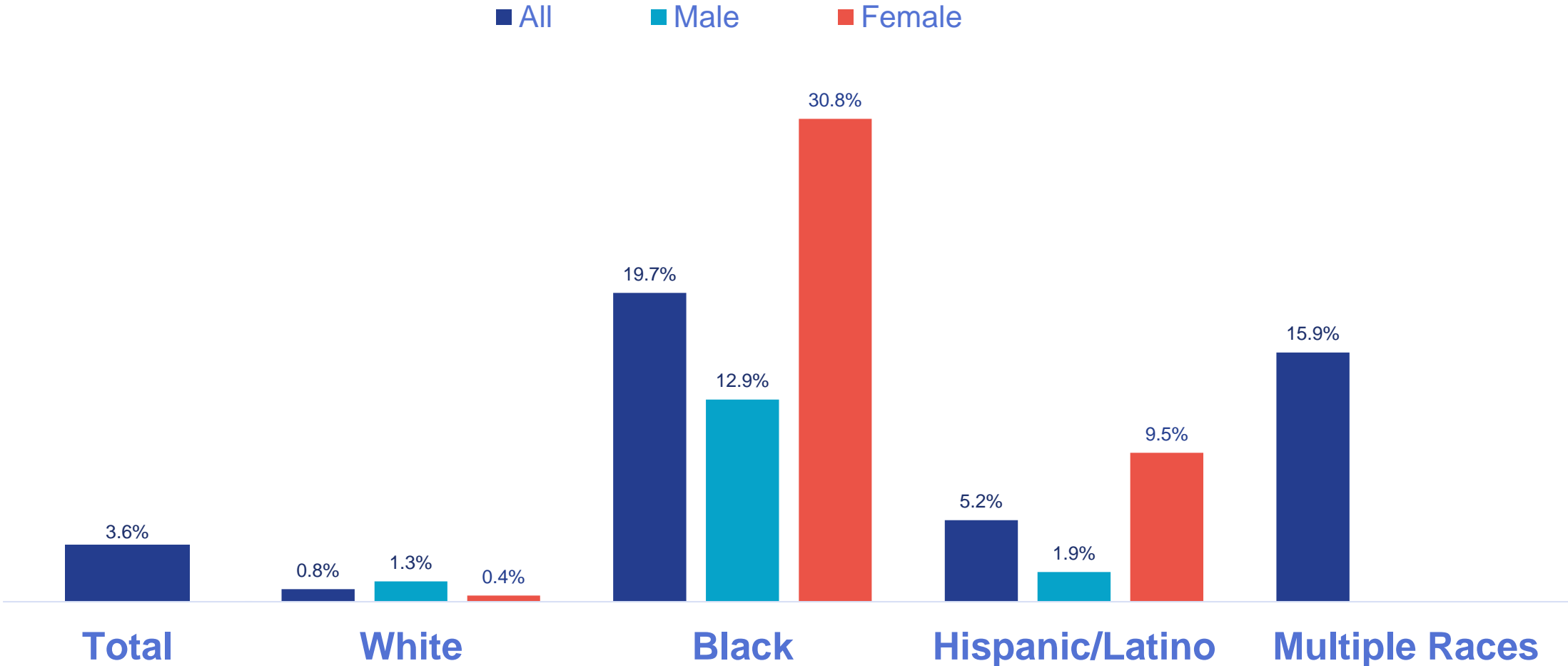| Total	White	Black	Hispanic	Multiracial	Other
18.3%	13.3%	36.8%	24.4%	34.7%	26.4%

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Adverse Life Experiences (ACE's)

Percentage of students who reported that an adult in their household rarely or never tried to make sure their basic needs were met* — **8.6%**

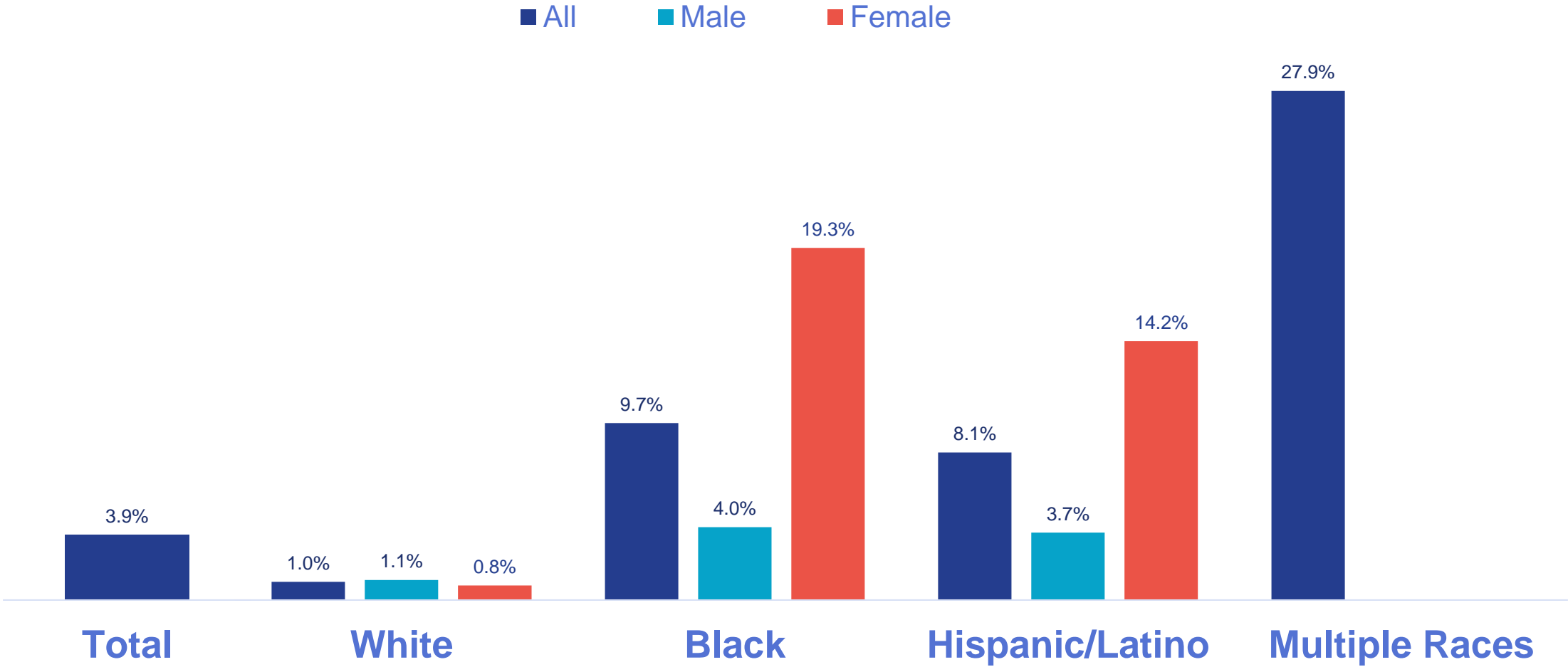Percentage of students who reported that an adult or person at least 5 years older than them made them do sexual things they did not want to do (counting such things as kissing, touching, or being made to have sexual intercourse; during their life) — **8.3%**

Percentage of students who reported that their parents or other adults in their home most of the time or always slapped, hit, kicked, punched, or beat each other up (during their life) — **1.9%**

Percentage of students who reported that a parent or other adult in their life most of the time or always hit, beat, kicked or physically hurt them in any way (during their life) — **1.3%**

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*such as looking after their safety and making sure they had clean clothes and enough to eat, during their life

Percentage of students who reported that an adult or person at least 5 years older than them made them do sexual things they did not want to do.

Total	Heterosexual	Gay, Lesbian, or Bisexual	Other/Questioning
8.3%	4.9%	22.0%	15.8%

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*Counting such things as kissing, touching, or being made to have sexual intercourse

Racism & Unfair Treatment - 2021 Results

Percentage of students who most of the time or always felt that they were treated badly or unfairly because of their race or ethnicity*

Legend: ■ All ■ Male ■ Female

- Total: All 3.6%
- White: All 0.8%, Male 1.3%, Female 0.4%
- Black: All 19.7%, Male 12.9%, Female 30.8%
- Hispanic/Latino: All 5.2%, Male 1.9%, Female 9.5%
- Multiple Races: All 15.9%

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*during their life

NOTE: Data for males and females identifying as "multiple races" are not available due to low sample size

Percentage of students who reported they most of the time or always saw their parents or other family members treated badly or unfairly because of color of their skin, language, accent, or because they are from a different country or culture*

■ All ■ Male ■ Female

	Total	White	Black	Hispanic/Latino	Multiple Races
All	3.9%	1.0%	9.7%	8.1%	27.9%
Male		1.1%	4.0%	3.7%	
Female		0.8%	19.3%	14.2%	

*during their life

NOTE: Data for males and females identifying as "multiple races" are not available due to low sample size

Sexual Behavior

Sexual Activity – 2021 Results

Percentage of students who ever had sexual intercourse — 31.9%

Percentage of students who were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey) — 20.8%

Percentage of students who had sexual intercourse with four or more persons during their life — 5.2%

Percentage of students who had sexual intercourse for the first time before age 13 years — 1.4%

Indiana Department of Health

Percentage of students who ever had sexual intercourse

51.0%

41.7%

31.9%

2011

2015

2021

Indiana
Department
of
Health

Percentage of students who...

...ever had sexual intercourse

Legend: 9th, 10th, 11th, 12th

	9th	10th	11th	12th
All	19.0%	23.4%	33.7%	53.3%
Male	16.4%	36.5%	32.2%	49.3%
Female	21.8%	20.3%	35.2%	56.4%

... had sexual intercourse with four or more persons during their life

Legend: 9th, 10th, 11th, 12th

	9th	10th	11th	12th
All	2.9%	3.3%	5.3%	9.8%
Male	3.4%	3.9%	4.4%	11.9%
Female	2.5%	2.7%	6.4%	7.9%

Indiana Department of Health

56

Percentage of students who had sexual intercourse for the first time before age 13 years

Contraception Use – 2021 Results

Percentage of students who used a condom during last sexual intercourse to prevent pregnancy* — 48.9%

Percentage of students who used birth control pills; an IUD or implant; or a shot, patch, or birth control ring before last sexual intercourse with an opposite-sex partner to prevent pregnancy* — 42.4%

Percentage of students who used both a condom during last sexual intercourse and birth control pills; an IUD, or implant, or a shot, or patch, or birth control ring before last sexual intercourse with an opposite-sex partner to prevent pregnancy* — 10.8%

Percentage of students who did not use any method to prevent pregnancy during last sexual intercourse with an opposite-sex partner to prevent pregnancy* — 9.5%

Indiana Department of Health

*among students who were currently sexually active

Percentage of students who used a condom during last sexual intercourse

Percentage of students who used birth control pills; an IUD or implant; or a shot, patch, or ring before last sexual intercourse with an opposite-sex partner*

■9th ■10th ■11th ■12th

63.0%
51.8%
48.9%
41.7%

■9th ■10th ■11th ■12th

58.0%
39.1%
20.9%
18.5%

Indiana
Department
of
Health

59
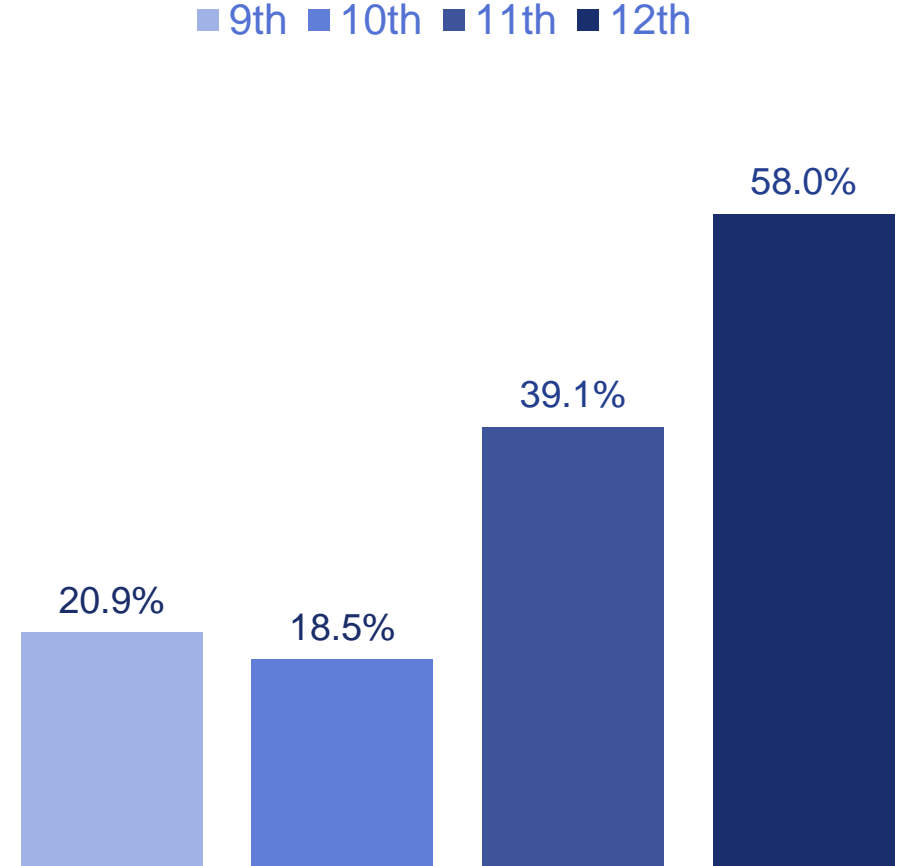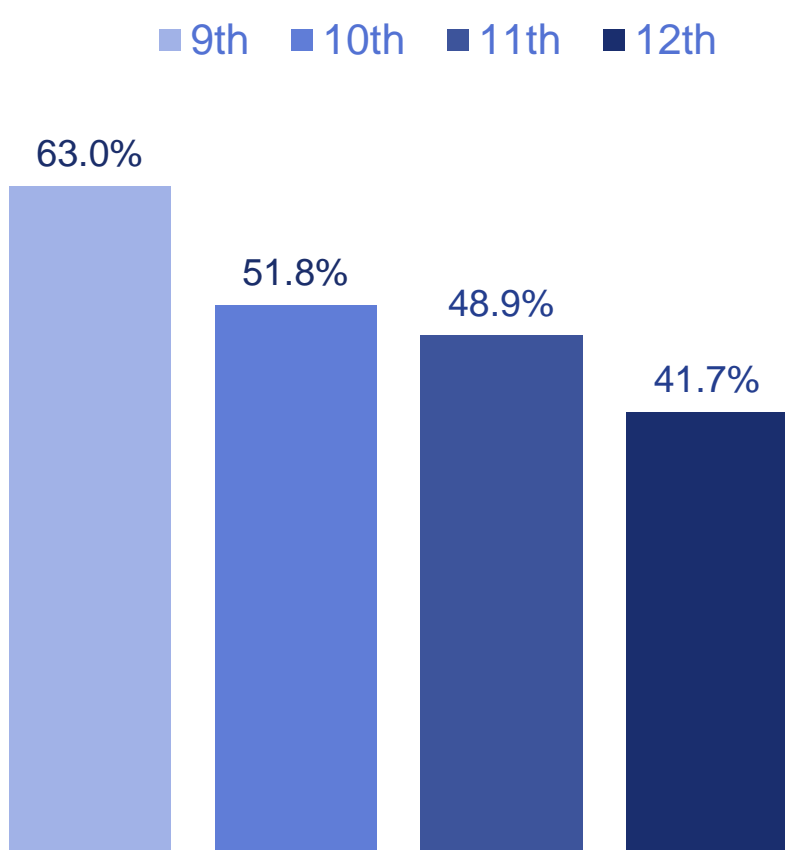
HIV and STD Testing – 2021 Results

Percentage of students who were tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea] 6.9%

Percentage of students who were ever tested for human immunodeficiency virus (HIV) (not counting tests done if they donated blood) 5.8%

Indiana Department of Health

*among students who were currently sexually active

Percentage of students who were tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea*

■ 9th   ■ 10th   ■ 11th   ■ 12th

All
- 2.9%
- 7.0%
- 8.4%
- 10.0%

Male
- 1.5%
- 5.8%
- 7.5%
- 6.1%

Female
- 4.3%
- 8.3%
- 9.3%
- 14.3%

Indiana Department of Health

61

*during the 12 months prior to the survey
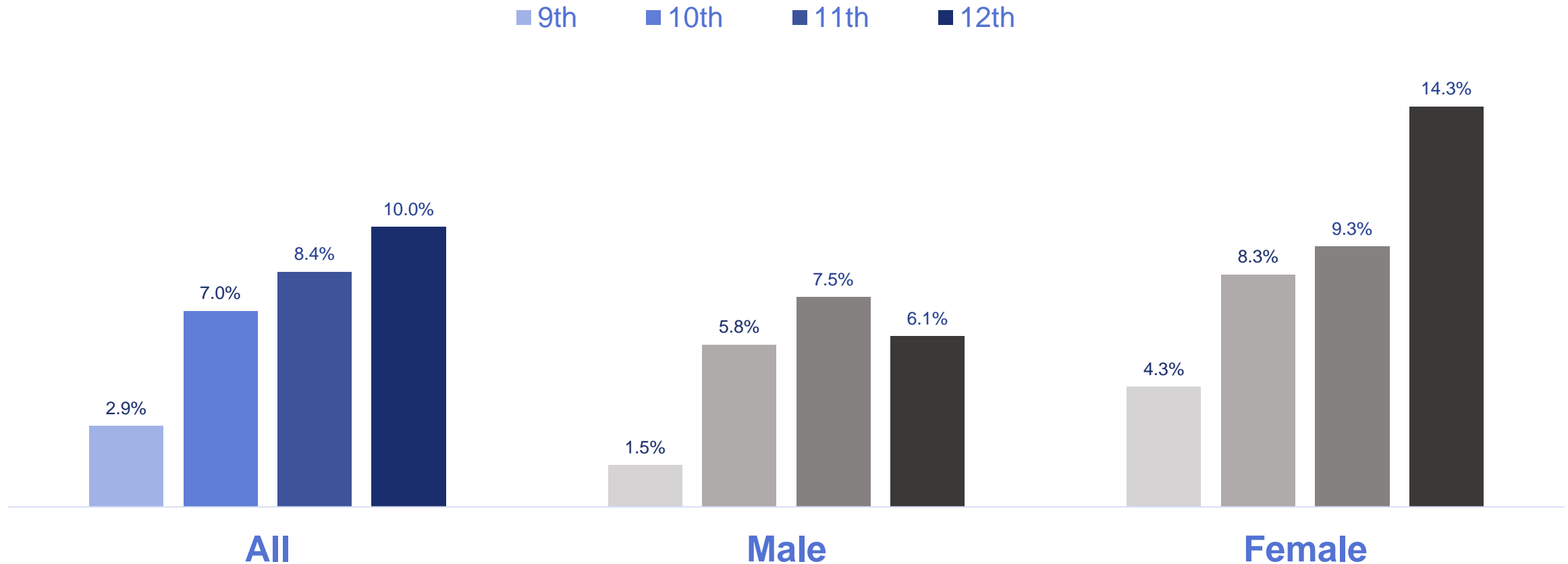
Percentage of students who were ever tested for human immunodeficiency virus (HIV)
(not counting tests done if they donated blood)
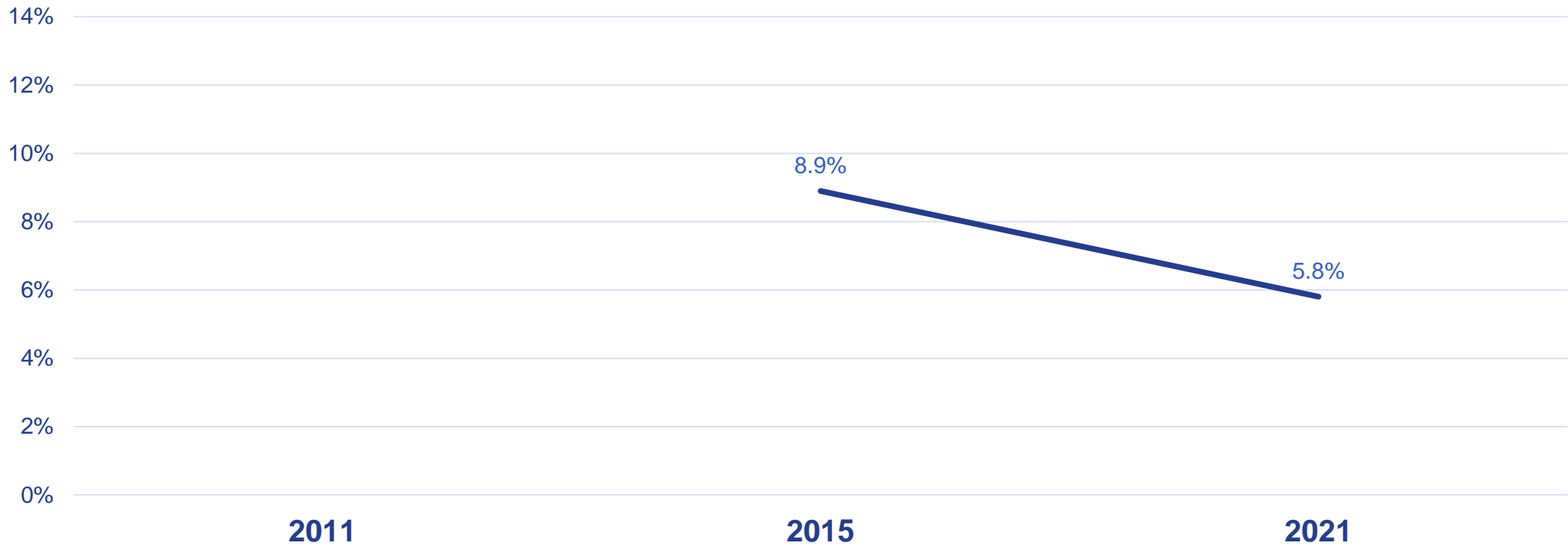
Dating & Sexual Violence – 2021 Results

Percentage of students who reported someone they were dating tried to control them or emotionally hurt them (among students who dated someone during the 12 months before the survey)** — 27.4%

Percentage of students who experienced sexual dating violence that they did not want to do** — 14.2%

Percentage of students who were ever physically forced to have sexual intercourse when they did not want to** — 10.0%

Percentage of students who experienced sexual dating violence (being forced by someone they were dating or going out with to do sexual things), among students who dated or went out with someone during the 12 months before the survey ** — 9.8%

Percentage of students who experienced physical dating violence** — 8.6%

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**during the 12 months before the survey

Percentage of students who reported someone they were dating or going out with purposely tried to control them or emotionally hurt them one or more times*

Male — 17.9%

Female — 37.2%

Heterosexual — 22.8%

Gay, Lesbian, or Bisexual — 42.7%

Other/Questioning — 46.7%
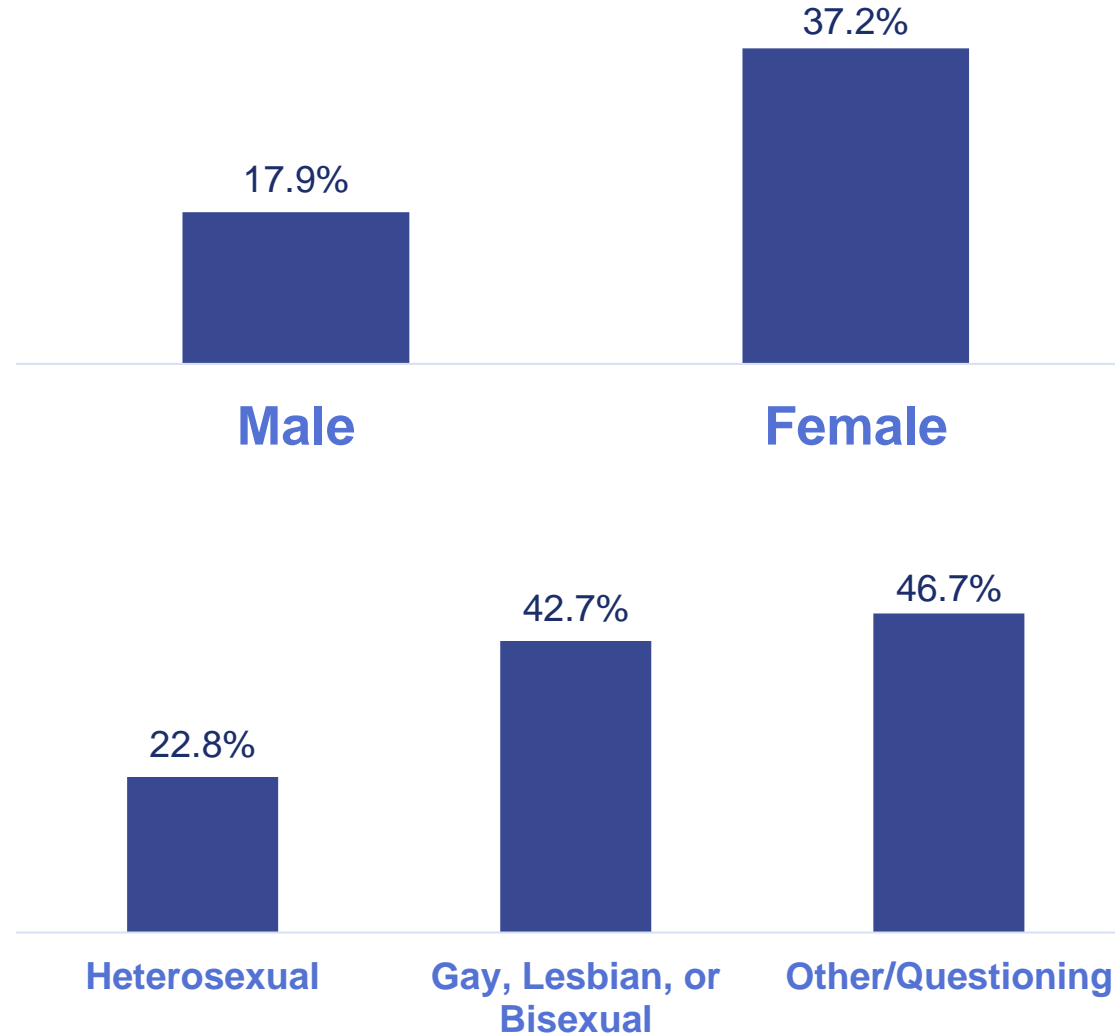
*such things as being told who they could and could not spend time with, being humiliated in front of others, or being threatened if they did not do what they wanted, during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey

Indiana Department of Health

Percentage of students who experienced sexual violence* that they did not want to do, one or more times during the 12 months before the survey

Total	White	Black	Hispanic	Multiracial	Other
14.2%	13.6%	17.0%	10.2%	33.0%	13.3%

Male	Female	Heterosexual	Gay, Lesbian, or Bisexual	Other/Questioning
6.1%	22.6%	9.6%	30.9%	27.4%

Indiana Department of Health

*being forced by someone they were dating or going out with to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse]

65

Percentage of students who experienced sexual dating violence* that they did not want to do, one or more times during the 12 months before the survey

All — Male — Female

	2011	2015	2021
Female		16.4%	17.2%
All		12.6%	9.8%
Male		8.6%	2.5%

Indiana Department of Health

*being forced by someone they were dating or going out with to do sexual things [counting such things as kissing, touching, or being physically forced to have sexual intercourse]; students who dated or went out with someone during the 12 months before the survey)

Percentage of students who were ever physically forced to have sexual intercourse (when they did not want to)

All — Male — Female

	2011	2015	2021
Female	14.5%	13.4%	16.8%
All	9.8%	10.0%	10.0%
Male	5.2%	6.4%	3.7%

Indiana Department of Health
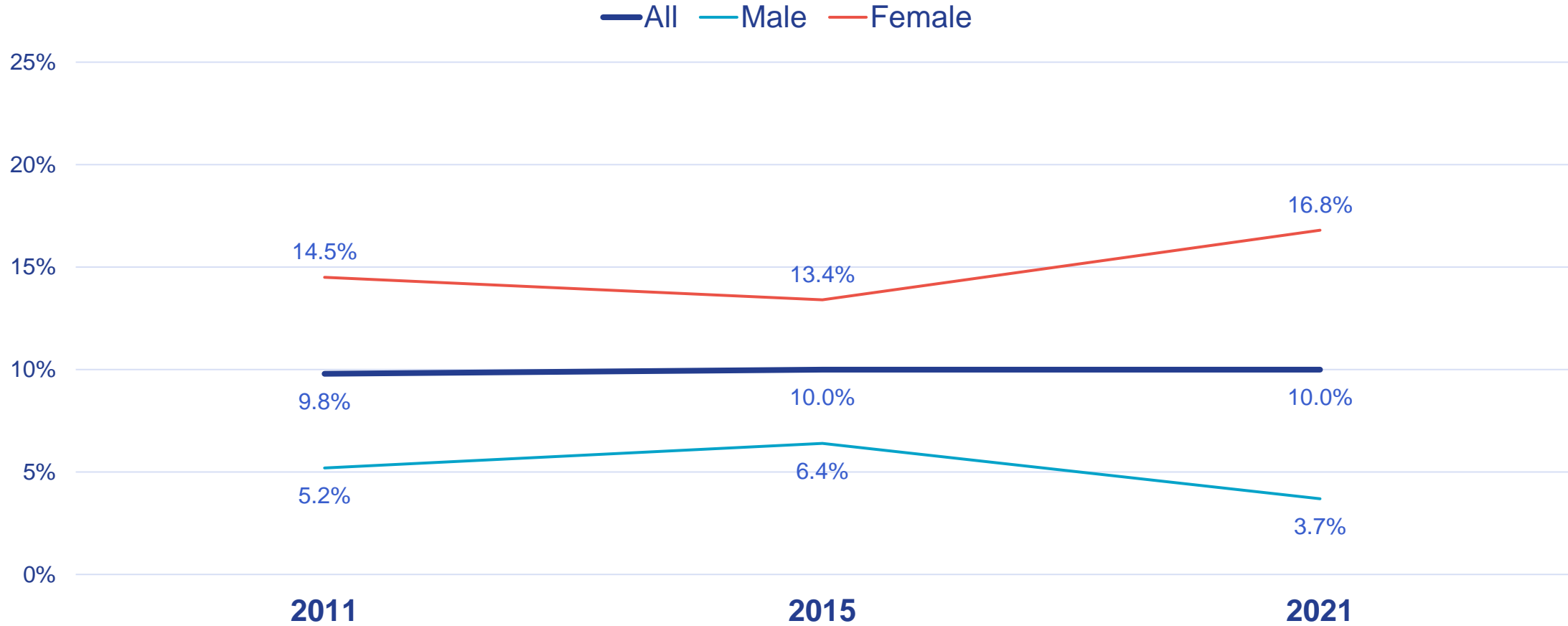
School Health Profiles – Principal Survey
School does not provide any sexual or reproductive health services

83.7%

81.1%

2016

2020

Indiana Department of Health

School Health Profiles – Principal Survey

Percentage of schools that provide students with referrals to any organizations or health care professionals not on school property for the following services:

School Health Profiles – Principal Survey

Percentage of schools that provide students with referrals to any organizations or health care professionals not on school property for the following services:

HIV testing — HIV treatment — Pregnancy testing — Prenatal care

55.5%
52.1%
47.7%
48.9%
30.2%
28.9%
27.0%

2012   2014   2016   2020
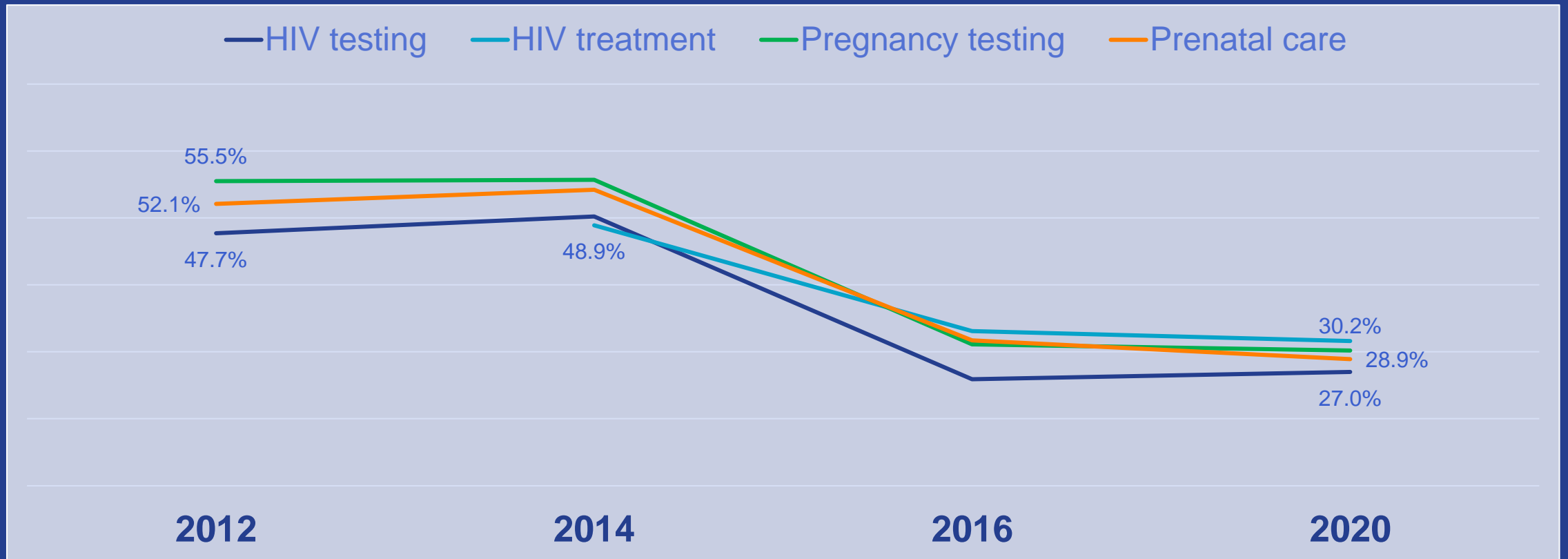
School Health Profiles – Teacher Survey

Percentage of schools that provide curricula or supplementary materials that include HIV, STD, or pregnancy prevention information that is relevant to lesbian, gay, bisexual, transgender, and questioning youth

41.3%

38.0%

20.5%

10.6%

8.7%

2010   2012   2014   2016   2020

Indiana Department of Health
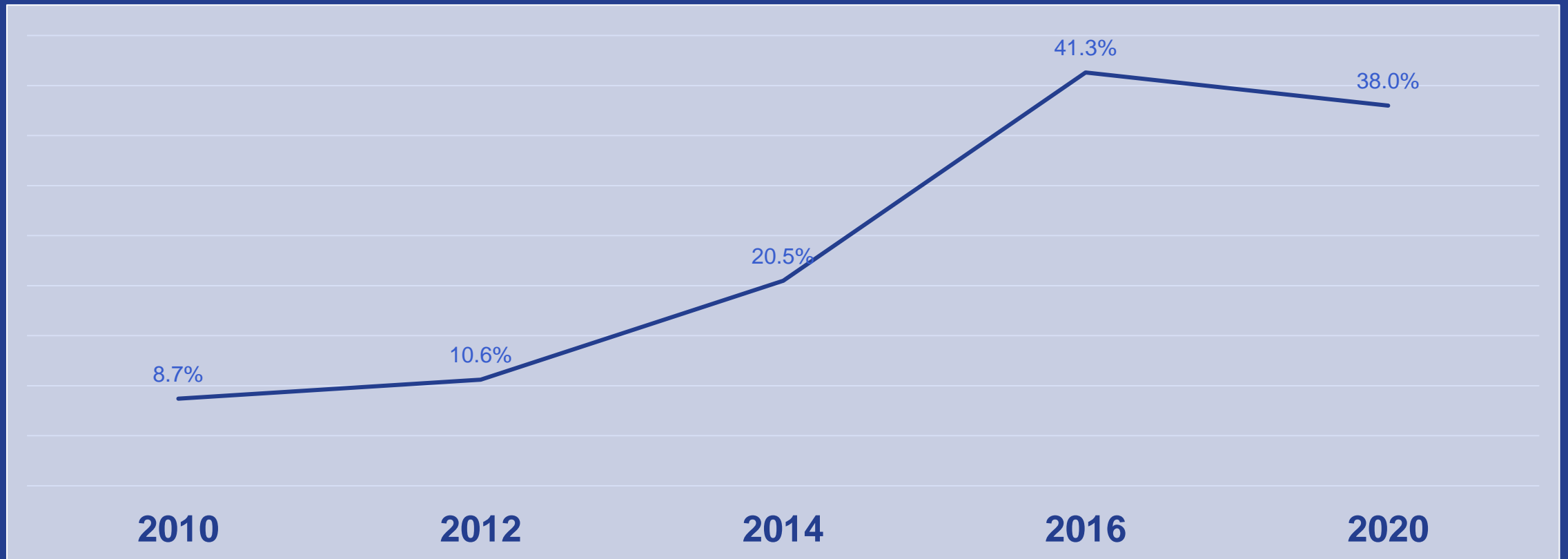
Percentage of students who reported their parents or other adults in their family talked with them about what they expect them to do or not to do when it comes to sex

All — Male — Female
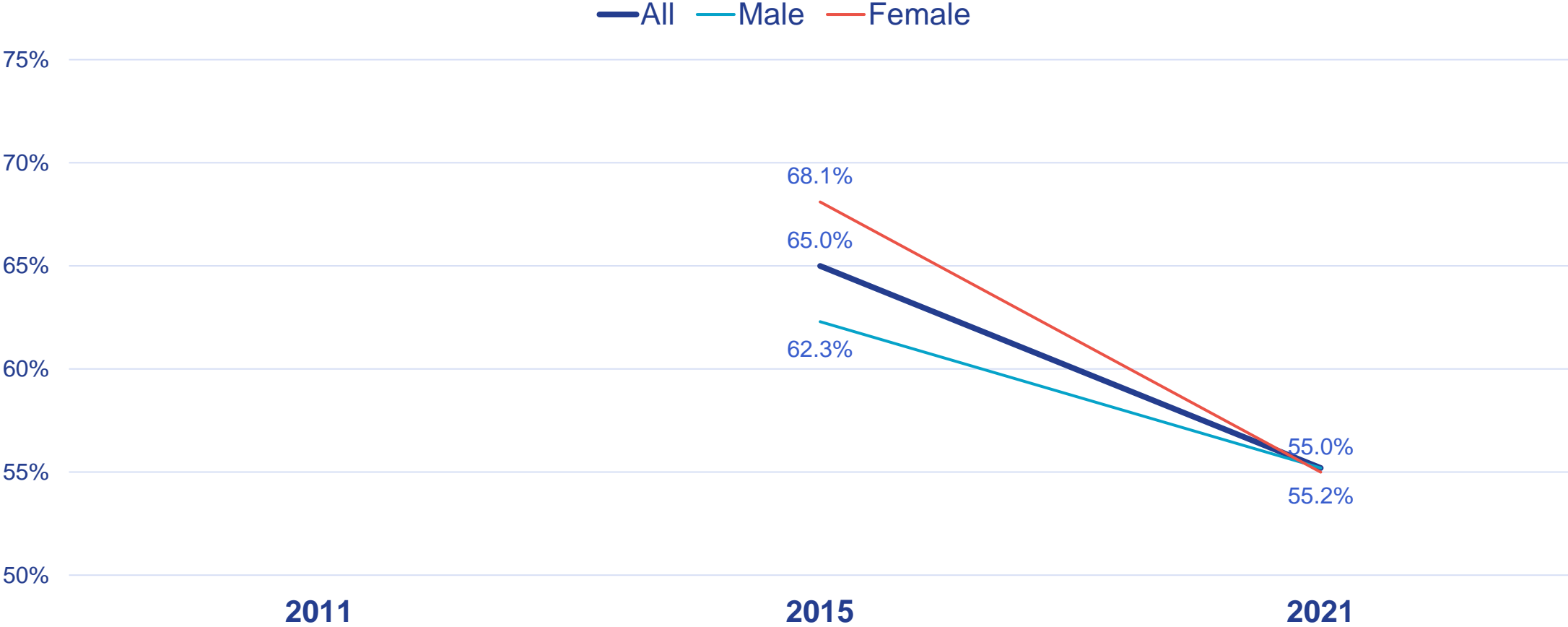
Parent & Social Support

Parental Support – 2021 Results

Percentage of students who reported that an adult in their household most of the time or always tried to make sure their basic needs were met — 87.8%

Percentage of students who reported that their parents or other adults in their family most of the time or always know where they are going or with whom they will be — 85.2%

Percentage of students who strongly agree or agree that their parents or other adults in their family have clear rules and consequences for their behavior — 76.7%

Social Support – 2021 Results

Percentage of students who would feel comfortable seeking help from one or more adults besides their parents if they had an important question affecting their life — 83.6%

Percentage of students who strongly agree or agree that they feel close to people at their school — 54.1%

Percentage of students who most of the time or always feel that they are able to talk to a friend about their feelings — 50.7%

Percentage of students who most of the time or always get the kind of help they need* — 19.5%

Indiana Department of Health

*among students who report having felt sad, empty, hopeless, angry, or anxious

Youth Advisory Board – Coming Soon!

- Partnering with Indiana Division of Mental Health and Addiction Youth Services Team

- Opened applications during March 2021
  - Selected final 45 youth last week

- Focus on suicide, mental health, and teen pregnancy prevention, but will work with youth on other relevant topics

- Youth will meet monthly and paid for their time and work.

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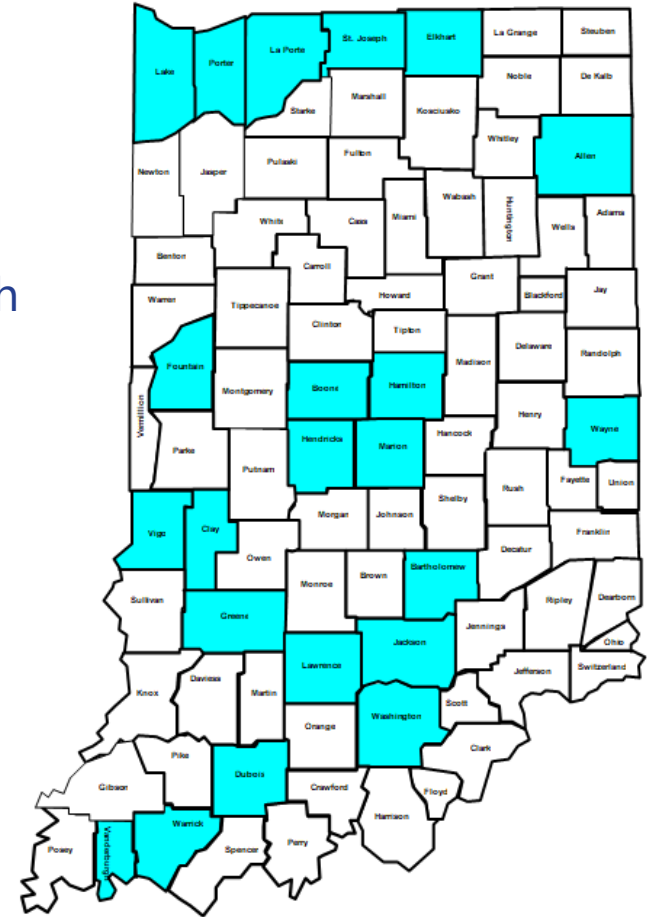
Call to Action

- Participation in these surveys is not mandatory, but we still need your help and influence!
  - This is some of the only data we get directly from youth
  - Please participate if given the opportunity!

- Help us put this data to action
  - Let us know how you want this shared and how you want this to look
  - Let us know what questions are important to you!

Indiana Department of Health

Kate Schedel, MPH, Director of MCH Programs

CISC Child Health & Safety Task Force Co-Chair
kschedel@isdh.in.gov

Indiana Department of Health

Agenda

6. Strategic Priority: Mental Health and Substance Abuse
      a. Jay Chaudhary, Tanya Merritt-Mulamba, Cindy Booth
      DMHA Initiatives for Children's Mental Health
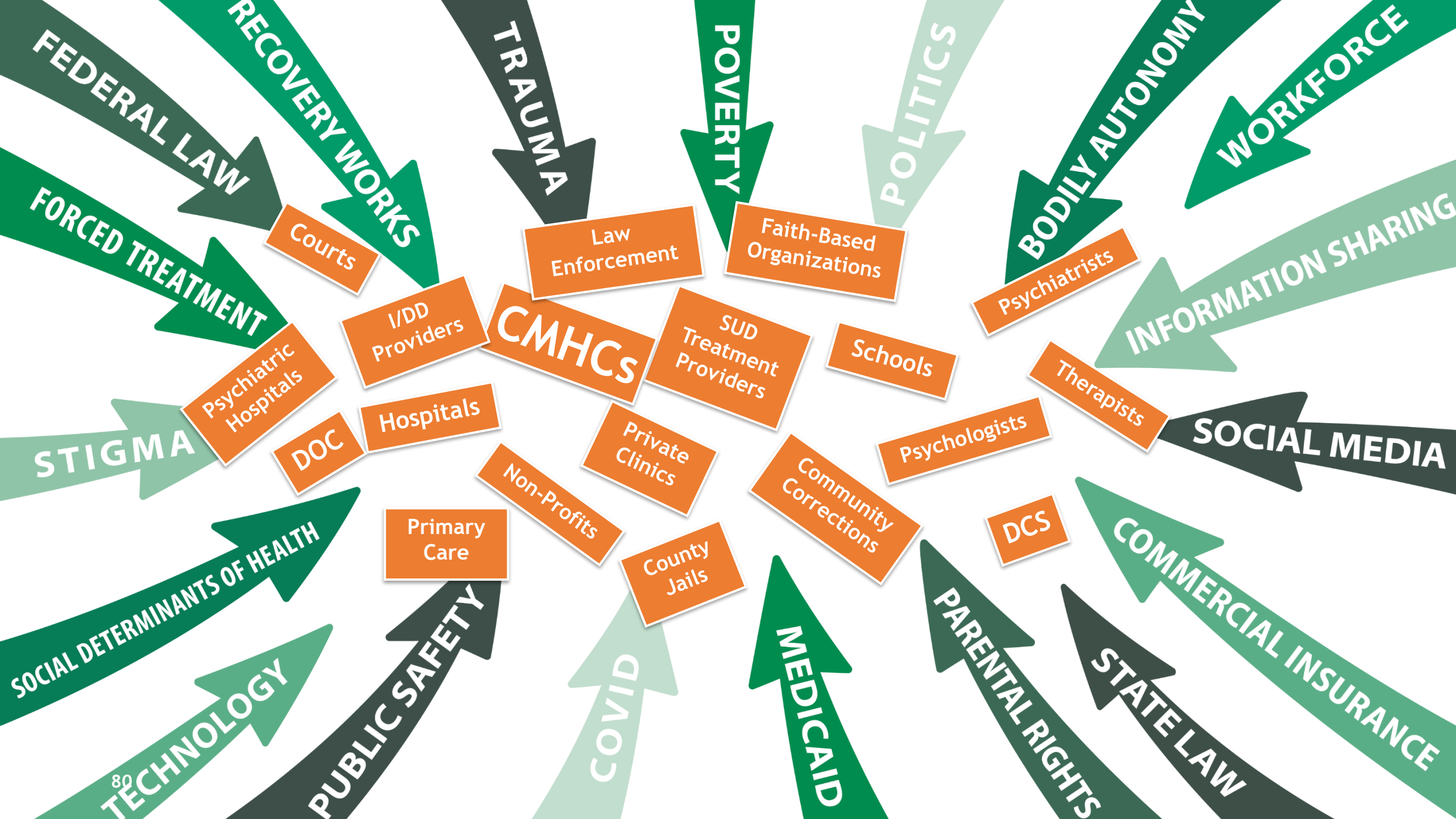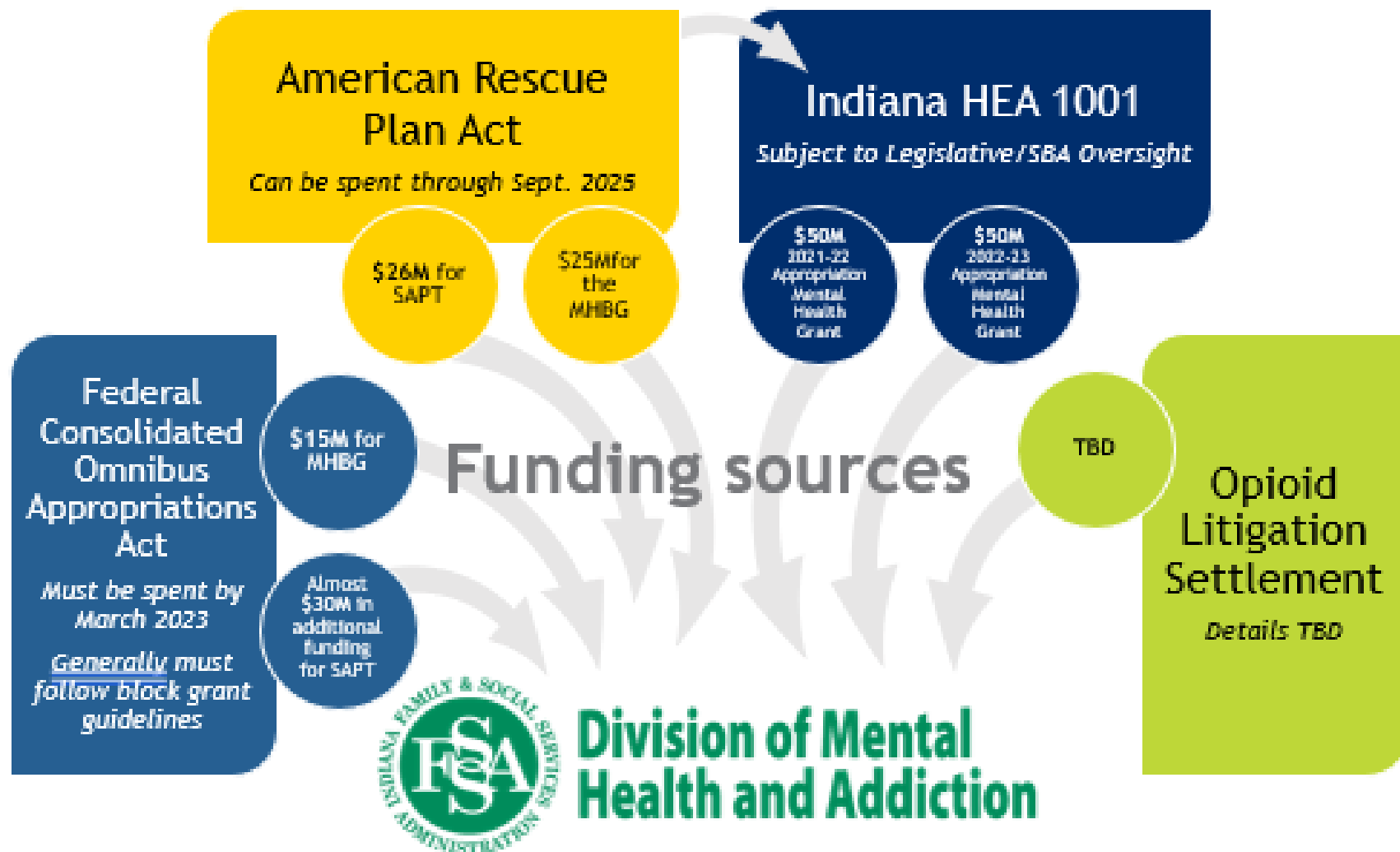
DMHA Strategic Priorities

Informed by FSSA's guiding principles, DMHA is targeting its investment of federal coronavirus relief funds in four strategic priority areas.

SUSTAINABILE STRUCTURES
Build out sustainable programs and partnerships to address existing gaps in the continuum of care

ACCESS TO SERVICES
Invest in communities and providers to grow capacity and equitably increase the availability of care

QUALITY OF SYSTEMS & SERVICES
Improve data systems and enhance the use of evidence-based practices to improve the quality of services

WORKFORCE
Advance recruitment, retention, and training efforts targeting the behavioral health workforce

Sustainable Structures – Key Initiatives

988 Crisis System

Establish a centralized, 24/7 access line and robust crisis response system to connect individuals experiencing mental health, substance use, and/or suicide related crises with trauma-informed care and resources to best meet their needs

Certified Community Behavioral Health Clinic Model

Strategically transition to the CCBHC model to provide sustainably-funded, comprehensive, integrated, and person-centered care to individuals experiencing mental health and substance use disorder needs

Criminal Justice

Enhance criminal justice connections and partnerships to provide early intervention supports and improve mental health and substance use disorder outcomes for individuals involved in the criminal justice system

Peers and Recovery Hubs

Expand and develop Regional Recovery Hub programs and specialized peer support programs to support individuals experiencing mental health or substance use disorder issues and their loved ones

Access to Services – Key Initiatives

Community Catalyst Grant Program — Develop and implement a large, open grant opportunity for organizations and communities to propose new or expanded programming addressing the needs within their communities, with a preference for demonstrated local match and community collaboration. Funding announcements expected in Early June

Accelerator Grant Program — Offer a grant and technical assistance program to foster and enhance the capabilities of grassroots organizations

Prevention, Intervention, & Treatment Programming — Invest in existing and new mental health and substance use disorder prevention, intervention, and treatment providers and programming to build out the continuum of care

Quality of Systems & Services – Key Initiatives

Assessments of Best Practices & Delivery of Services	Assess business practices, clinical practices, and the delivery of services to identify opportunities to systemically improve collaboration, the use of best practices, and the efficacy of care
Regulatory Structure Assessment	Assess the existing IT and data systems in use by DMHA and behavioral health providers to identify opportunities for future efficiencies and analysis of outcomes data

Workforce – Key Initiatives

Recruitment

Fund residency, fellowship, and internship opportunities and new partnerships to expand the behavioral health workforce

Retention and Ongoing Training

Develop grant opportunities for providers and offer new training, licensing, and certification opportunities to invest in the existing behavioral health workforce

ACCESS TO SERVICES

Invest in communities and providers to grow capacity and equitably increase the availability of care

Child Mental Health Wraparound Statewide Access Site

Collaboration between DMHA & Child Advocates

CMHW at a Glance
2014 - current
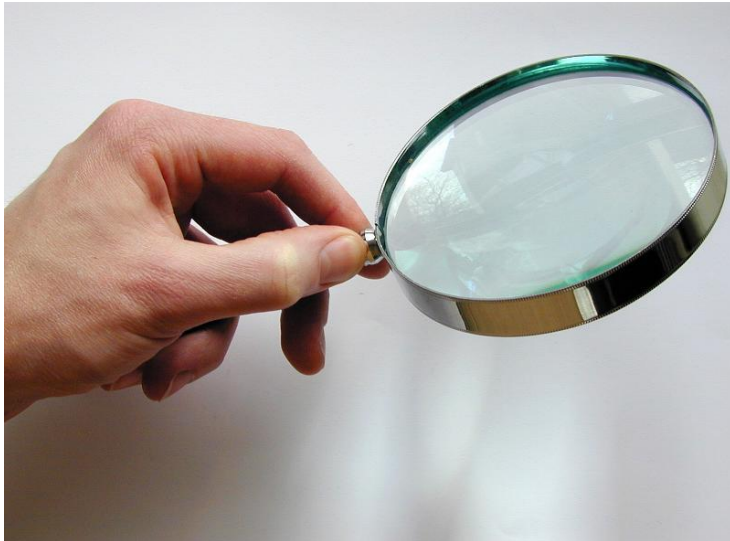
Eligibility Criteria
- Provides services to youth diagnosed with serious emotional disturbance (SED)
- Age 6 – 17
- Youth lives in the community
- Medicaid eligible
- Level of Need (LON) assessment
- Does not have IDD or Autism dx

Services Available
- Wraparound facilitation
- Habilitation
- Respite
- Family Support for the Unpaid Caregiver

CMHW Enrollment

Enrollment by year:
- 2014: 210
- 2015: 603
- 2016: 906
- 2017: 1007
- 2018: 1017
- 2019: 1126
- 2020: 937
- 2021: 1211
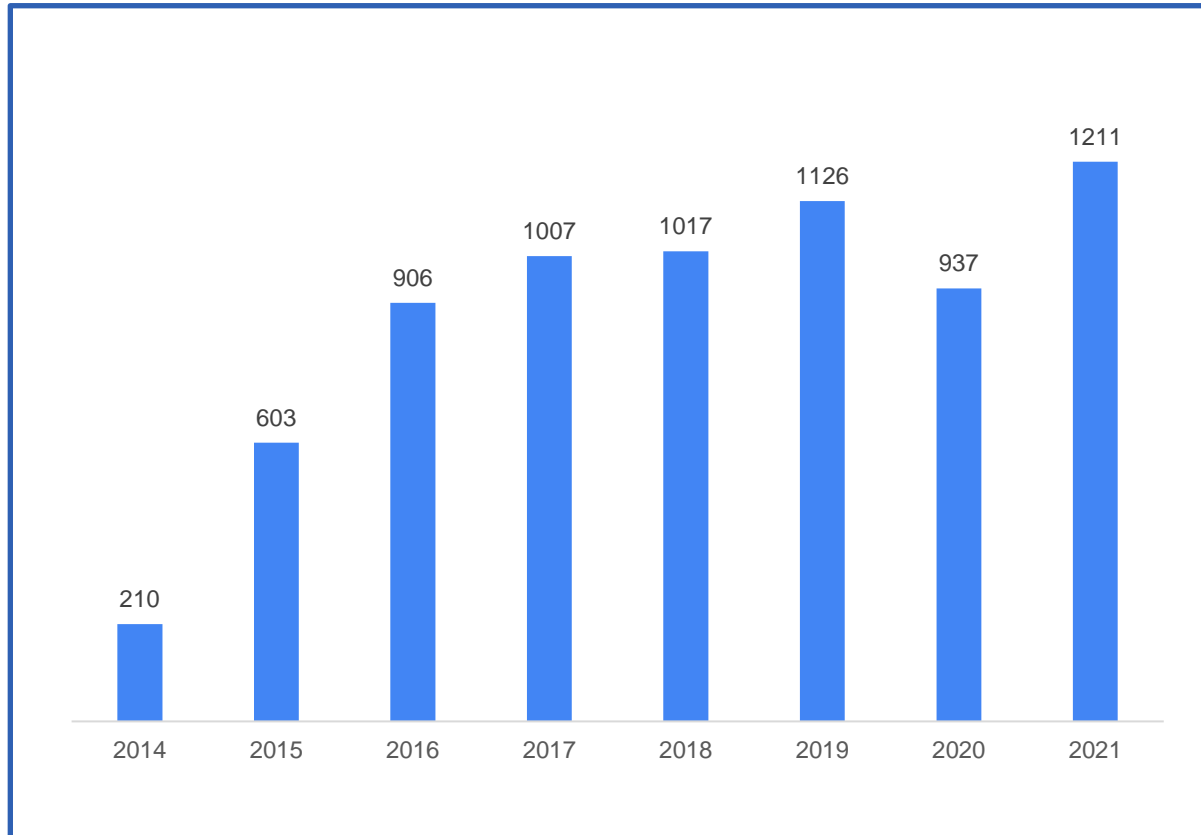
- 30+ counties with zero or ≥5 youth enrolled

- Historically Lake county has some of the lowest enrollment numbers in the state

- Lake county is also home to large communities of African American & Hispanic families

- Administrative data indicates that CMHW is serving approximately only 28.3% of presumed eligible youth

- Most (81.5%) youth with presumed eligibility had Medicaid
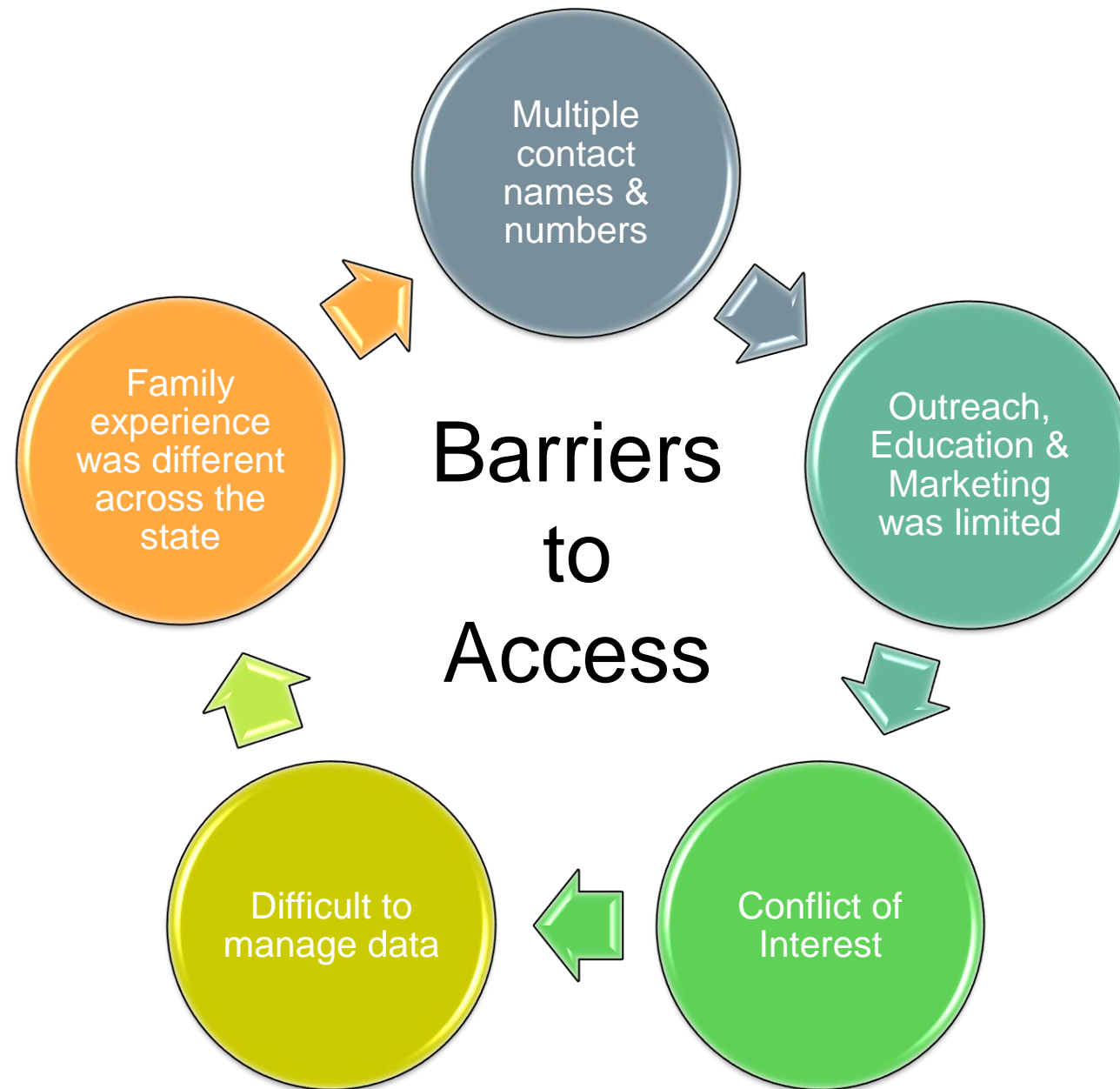
Partnership & Collaboration

- 211
- Enhancements to the CMHW database
- Web-based referral portal

- Complete the rollout
- Increase marketing, education & outreach efforts
- Track enrollment and other key indicators
- Ensure sustainability plan is in place

Agenda

6. Strategic Priority: Mental Health and Substance Abuse
   b. Dr. Zachary Adams & Dr. Rachel Yoder
   Indiana Behavioral Health Access Program for Youth (Be Happy)

Need for Provider Training & Support

- 9 in 10 children see a primary care provider, but **only 1 in 3 pediatricians report sufficient training** to diagnose and treat children with mental health disorders.

Provider-to-Provider Consultations

Educational Opportunities

Referral Support

Direct Services

Be Happy
Indiana Behavioral Health
Access Program for Youth

Be Happy
Indiana Behavioral Health
Access Program for Youth

(317) 278-7700

M-F, 9am – 5pm EST

behappy@iu.edu

https://medicine.iu.edu/psychiatry/
clinical-care/behavioral-health

NOT intended for use by families

Mission: To partner with providers across the state of Indiana to continue delivering high-quality, best practice care for pediatric patients concerning mental health care & substance use concerns.

- Provider-to-provider **phone consultation line** with board certified psychiatrists

- Community **referral support** with up to date psychiatric & community resources

- **Educational opportunities** related to pediatric mental health

Be Happy by the numbers:

- 1431 Consultation Calls

- 658 Total Enrolled Providers

- Enrolled Providers located in 65 out of 92 counties
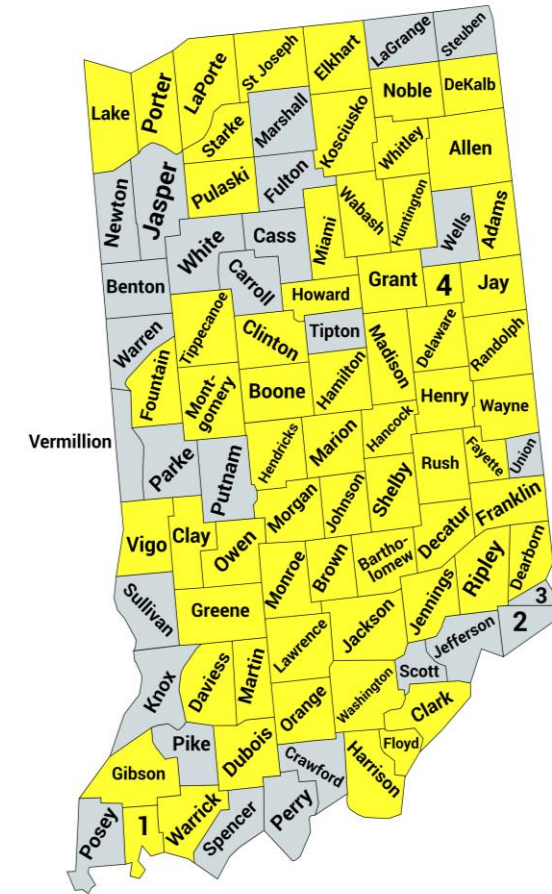
1 Vanderburgh
2 Switzerland
3 Ohio
4 Blackford

November 2019
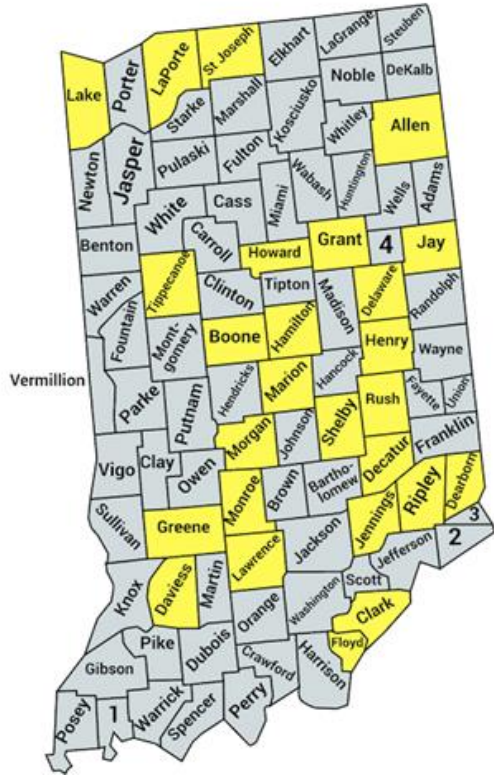
1 Vanderburgh
2 Switzerland
3 Ohio
4 Blackford

24 counties

January 2020
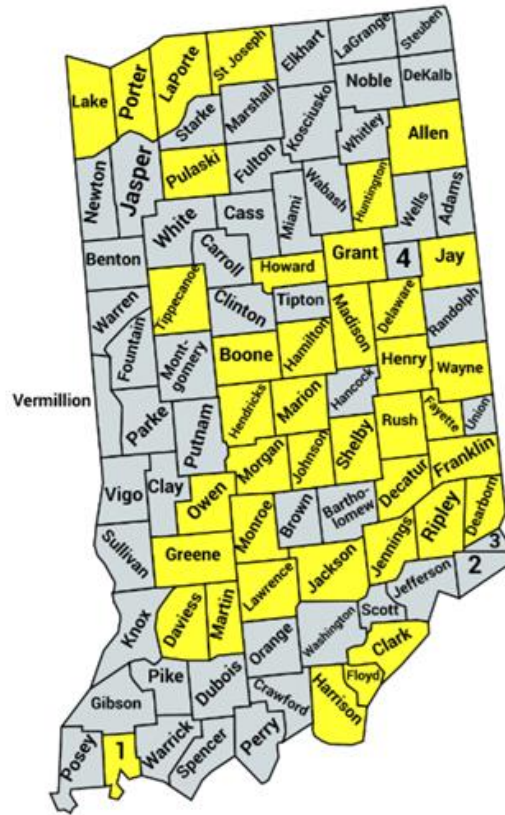
1 Vanderburgh
2 Switzerland
3 Ohio
4 Blackford

40 counties

June 2022
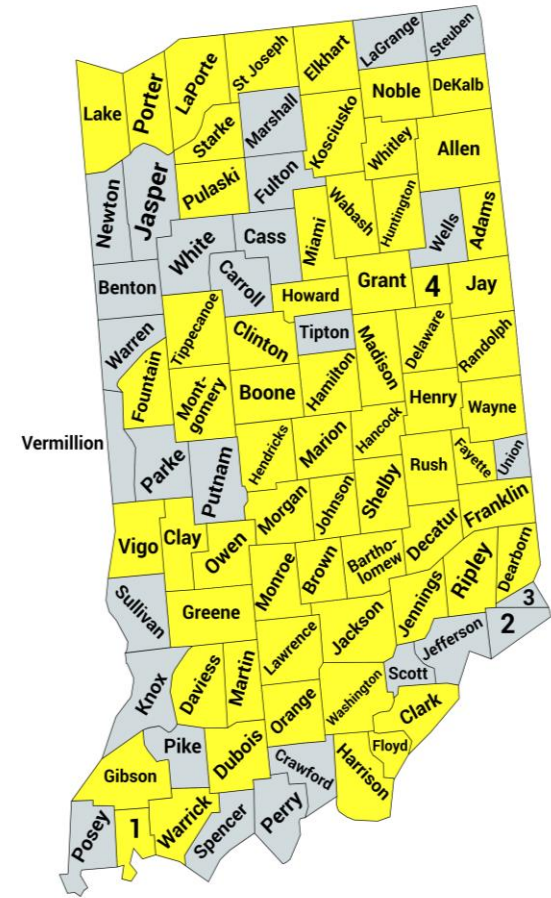
1 Vanderburgh
2 Switzerland
3 Ohio
4 Blackford

65 counties

Be Happy Consultation Calls

Be Happy Monthly Calls
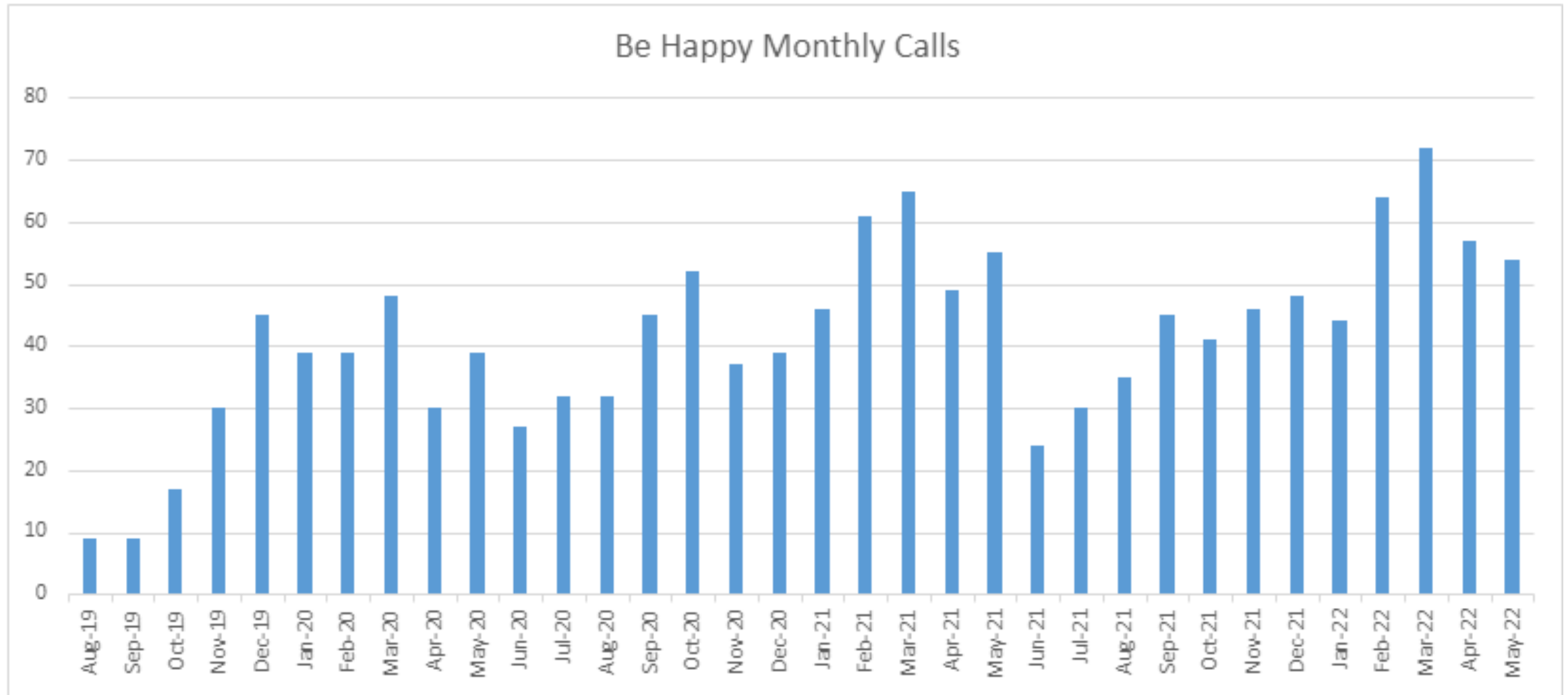
- We primary care pediatricians out here in the field are seeing a TON of mental health issues, **with a mega long wait to get into mental health professional**. **Be Happy is a true lifeline!!** THANK YOU!

- Be Happy always provides me helpful timely information regarding a specific patient **that I can then apply broadly to other patients with similar diagnoses/symptoms**

- Outstanding service every time I have called**. So valuable to have this resource available as a primary care pediatrician in a rural community with limited mental health access**

- Thanks for all you do! The amount of complicated psych issues that end up in my lap as a PCP have become overwhelming.

HRSA grant ($2.6M) provides 5 years of support for operations and expansion

- Increase availability and accessibility of statewide pediatric healthcare

- Conduct web-based training and provide technical assistance (Project ECHO)

- Improve health equity related to racial, ethnic, and geographic disparities in access to care, with a focus on rural and other underserved areas (DEI consultation, Advisory Committee)

https://echo.iu.edu/

ECHO: Extension for Community Healthcare Outcomes

- Project ECHO connects PCPs and other healthcare professionals with specialists for training and mentorship on management of complex conditions to increase access to care.

- No-cost CME/CE credits

- Feedback on complex cases

- Opportunities for professional networking

- Increased access to best practice care

CAMH ECHO: Topics and Presenters

January 21st	Medication Management for Depression	Dr. Yoder & Dr. Adams
February 18th	Managing Anxiety Disorders (GAD)/ Medication management for anxiety	Dr. Yoder & Dr. Adams
March 18th	Managing ADHD	Dr. Braitman
April 15th	Suicide Prevention	Dr. Casey Pederson
May 20th	Behavior Management Principles for PCPs	Lindsey Noble, LSCW
June 17th	Disruptive Behavior Disorders	Dr. Reddy
July 15th	Panic Attacks/Emotional Dysregulation	Dr. Melissa Hord
August 19th	Mental health/neurotropic effects of COVID	Dr. Dunn
September 16th	Best Practices for Trauma-informed care	Dr. Broderick
October 21st	Treating Autism Spectrum Disorders	Dr. Minshawi
November 18th	Med Management for Autism	Dr. Plawecki
December 16th	Sleep Hygiene	Dr. Honaker

CAMH ECHO: Number and Types of Providers

Primary Care Provider: 76
Advanced Nurse Practitioner: 30
Asst Clinical Professor, also PMHNP-BC: 1
CCMA: 2
Clinical Psychologist:1
Coach: 1
Community Health Worker: 6
Mental Health Worker: 1
LPN: 1
Government Entity: 1
Occupational Therapy: 2
Physical Therapist: 1
Physician, Specialist Pediatric Palliative Care: 1
Program Coordinator: 2

Registered Nurse: 3
Social Worker: 24
Child Neurology Resident: 1
Juvenile Probation Officer: 1
Medical Assistant: 4
Resident: 1
Physician Assistant: 2
Not Listed: 25

CAMH ECHO: Heat Map of Attendees
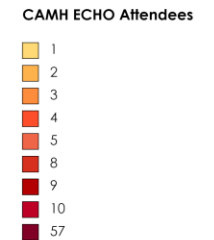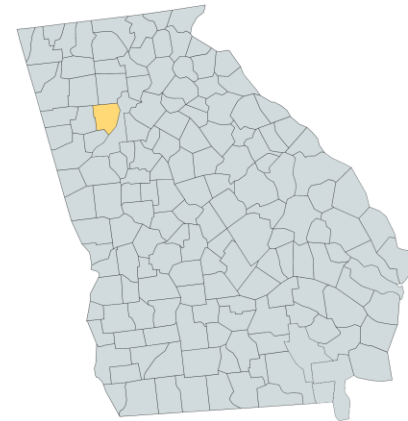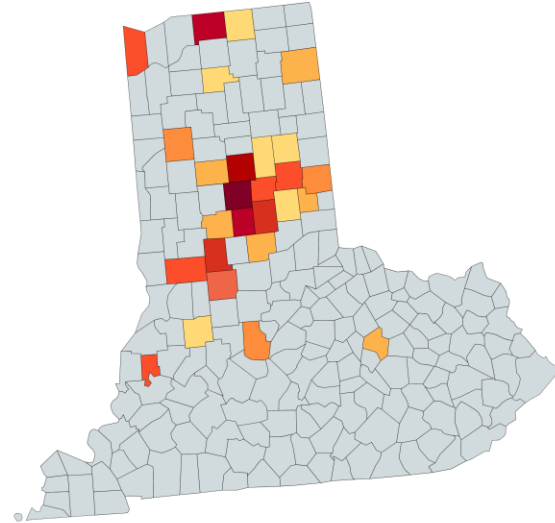
Created with mapchart.net

CAMH ECHO Attendees

- 1
- 2
- 3
- 4
- 5
- 8
- 9
- 10
- 57
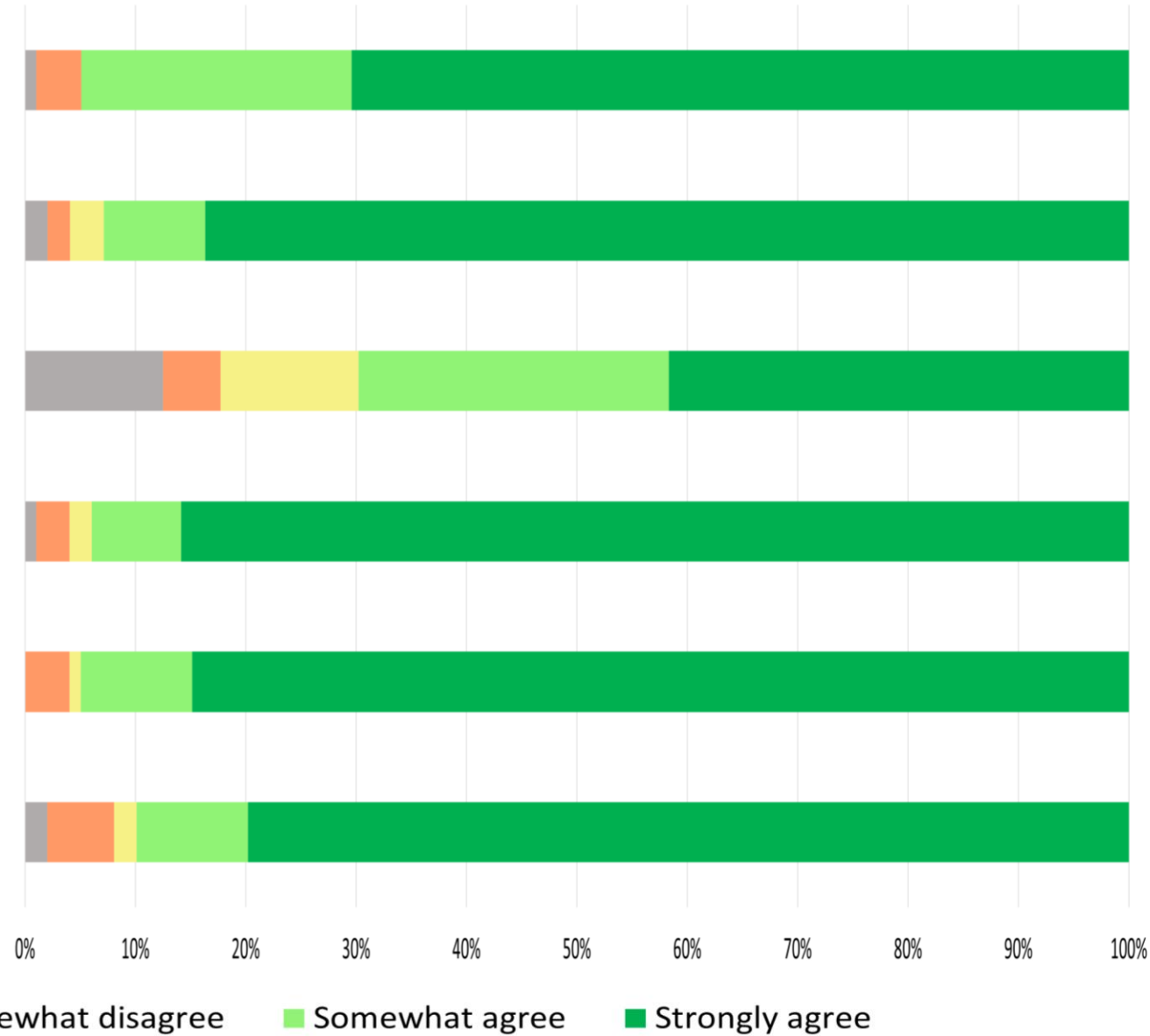
Irsay / Colts and Simon / Pacers Foundation Support!

– **4 Telehealth Psychologist positions, working on filling these now!**

Herbert Simon Family Foundation and the Pacers Foundation Support Behavioral Health

Indianapolis - The Herbert Simon Family Foundation and the Pacers Foundation today announced they are building on the Simon family's longstanding support of Riley Children's Health with a gift to increase the comprehensive care available for Indiana's children with mental and behavioral health needs.

The joint donation of $650,000 to Riley Children's Foundation will support the Indiana Behavioral Health Access Program for Youth, or "Be Happy," which aims to improve access to mental health services for Indiana's children and adolescents.

"The statistics are clear, our state and country are facing a growing mental health crisis, with significant impact on our young people," said Steve Simon, director, Herbert Simon Family Foundation and owner, Pacers Sports & Entertainment. "Expanded access to the Be Happy program is critical to help the next generation of Hoosiers to become mentally healthy, regardless of their location throughout the state."

Future Directions!

- Adult Psychiatric Care

- Perinatal Psychiatric Care

Agenda

7. Strategic Priority: Educational Outcomes
    b. Joan Smith, Melaina Gant, Maggie Stevens & Aly Leonard
    Foster Youth Educational Outcomes

Foster Care Education Outcomes

Key Findings, Action Plan, and Resources

Presentation by:

Aly Leonard
Jim Casey Young Fellow
Indiana Youth Advisory Board Leader

Joan Smith, LMSW
Indiana Department of Education

Melaina Gant, M.Ed., CYC-P
Department of Child Services

Maggie Stevens, Ed.D.
Foster Success

What is the Foster Care Education Outcomes Report?

What is the Foster Care Education Outcomes Report?

Required by Indiana Code: 021 Indiana Code Title 20. Education Article 19. State Administration of Elementary and Secondary Education Chapter 3. Department of Education 20-19-3-17. Report on Foster Care Youth Educational Outcomes.

17.(d) The state board shall, in collaboration with the department and the department of child services, annually prepare (a report on foster care youth educational outcomes that includes the following:

1. The annual graduation rate of foster care youth, including the following information:
   a. The graduation rate for each of the following:
      i. Foster care youth who received a graduation waiver under IC 20-32-4-4.
      ii. Foster care youth who did not receive a graduation waiver under IC 20-32-4-4.
   b. The number and percentage of foster care youth who received each type of diploma.

2. The adjusted cohort graduation rate for foster care youth, including the adjusted cohort graduation rate for each of the following:
   a. Foster care youth who received a graduation waiver under IC 20-32-4-4.
   b. Foster care youth who did not receive a graduation waiver under IC 20-32-4-4.

3. The number and percentage for each of the following:
   a. Foster care youth who were promoted to the next grade level at the end of the school year.
   b. Foster care youth who were retained in the same grade level for the next school year.
   c. Foster care youth who were suspended during the school year.
   d. Foster care youth who were expelled during the school year.
   e. Foster care youth who met academic standards on statewide assessment program tests (as defined in IC 20-32-2-2.3) administered during the school year.

4. The information reported under this subdivision must also be disaggregated by race, grade, gender, free or reduced price lunch status, and eligibility for special education.
   a. The number and percentage of eligible foster care youth who are enrolled in the prekindergarten pilot program under IC 12-17.2-7.2.
   b. The number and percentage of foster care youth who passed the reading skills evaluation administered under IC 20-32-8.5-2.
   c. The number and percentage of foster care youth enrolled in schools, disaggregated by the category or designation of the school under IC 20-31-8-3.
   d. The number and percentage of foster care youth enrolled in schools, disaggregated by the type of school, including public schools, charter schools, and secure private facilities (as defined in IC 31-9-2-115).

2020 – 2021 Key Findings

Foster Students were:

- More likely to be enrolled in traditional public school (**90%**)

- Less likely to graduate on time (**55%**)

- **3X l**ess likely to earn a rigorous diploma

- **3X** more likely to be retained in grade

- **2X** more likely to be suspended and **4X** more likely to be expelled

Action Plan Goals

1. Encourage districts to enact positive discipline practices and deliver resources to districts that will reduce the suspension and expulsion of students in foster care.

2. Broaden and intensify services and supports offered to students in foster care in order to increase graduation rates.

3. Create and share a variety of targeted professional development resources specific to the role of Foster Care Point of Contact (POC) clarifying the expectations and responsibilities of the POC and the specific needs of foster youth.

4. Create a blueprint of communication and processes to help and support increased collaboration among foster youth, foster families, DCS education services, LEAs, and community-based service providers. Successful models of collaboration will then have the opportunity to be replicated across the state.

Since January 2022

+ Standard Operating Procedures

+ Winter Webinars for Foster Care Points of Contact

+ Transportation Training

+ E-Blast with Education Resources for Foster Care Points of Contact

+ Foster Care Flashcard

Foster Care Flashcard

Foster Care Flashcard
Things to Remember When Supporting Students Experiencing Foster Care

We can feel unheard and unseen.

School is a safe space.

We are not irreversibly broken.

Ask, don't assume.

Bio families still matter.

Consistent contact is crucial.

Be involved in our response plans.

Trust takes time.

This card was created by Aly Leonard with input from her peers based on their experiences in foster care.

foster success

TIP: Ask about their interests and goals. It could reassure them that they matter. Foster youth have faced a lot of rejection in their lives, which can result in disengagement, or acting out for attention.

TIP: Engage them in the learning environment no matter how long they have been in your classroom. Despite transferring schools more than their non-foster peers, school provides structure and stability.

TIP: Establishing an authentic relationship helps to accommodate their trauma history. A common assumption is that because of the trauma foster youth have gone through, they are irreversibly broken and their actions cannot be mitigated by traditional discipline.

TIP: Meet the child where they are at and ask if you do not know. Ask if you have to, but do not assume. Not every school's curriculum is the same, just like every child's learning style is different.

TIP: Be aware of anything you say regarding their family status. Not every child taken from their home wanted to leave, and while some biological families are not involved, others are working towards reunification.

TIP: Become a consistent person in their life by role modeling healthy communication and boundaries. Foster youth have a huge disadvantage in gaining social capital. Making consistent contact with adults crucial.

TIP: Get involved in their response plans. Be an adult advocate on their team. Youth spend more time at school than at home, so it's beneficial to be involved by advocating for what is and isn't appropriate in their response plan.

TIP: Show up by engaging continually, knowing it will take time. Trust is built over time by being there and collaborating with the child and their supports to establish a stable environment.

In the Works

+ Distribution of the Foster Care Flash Card

+ Training for Indiana judges on ESSA laws

+ Foster Care Conference for Educators

Foster Care Education Outcomes

Key Findings, Action Plan, and Resources

Presentation by:

Aly Leonard
Jim Casey Young Fellow
Indiana Youth Advisory Board Leader

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Indiana Department of Education

Melaina Gant, M.Ed., CYC-P
Department of Child Services

Maggie Stevens, Ed.D.
Foster Success

Agenda

8. Discussion: Future Meeting Topics or Other Items
    All Commission Members

Agenda

9. Next Meeting
   Wednesday, August 24, 2022,10 a.m. – noon
   Indiana State Library, History Reference Room