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Commission on  
Improving the  
Status of Children

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# Commission on Improving the Status of Children

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OCTOBER 19, 2022

# Agenda

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1. Welcome
2. Consent Agenda
  - a. Minutes from August 2022 meeting

# Agenda

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3. Strategic Priority: Juvenile Justice and Cross-System Youth
  - a. Justice Steven David  
Youth Justice Oversight Committee update

# Agenda

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3. Strategic Priority: Juvenile Justice and Cross-System Youth
  - b. Yvonne Moore, DCS  
Presentation: Update on DCS CSEC work



# Children's Commission

*[DCSHumanTraffickingInformations@dcs.in.gov](mailto:DCSHumanTraffickingInformations@dcs.in.gov)*

# Indiana Department of Child Services

**MISSION:** The Indiana Department of Child Services leads the state's response to allegations of child abuse and neglect and facilitates child support payments. We consider the needs and values of all we serve in our efforts to protect children while keeping families together whenever possible.

**VISION:** Children will live in safe, healthy and supportive families and communities.

**VALUES:** We at the Indiana Department of Child Services empower our team, in collaboration with state and local partners, to make decisions in the best interest of every child in our care by embracing:

- Respect for all
- Racial justice
- Diversity and inclusion
- A culture of safety
- A commitment to continuous improvement

# OVERVIEW



DCS Human Trafficking Response System



Data 1/1/2020 – 09/30/2022



Policy, HT Screening Tools, HT Trainings

1 [Kathryn Malone](#)  
[Uzma Celestin](#)  
[Augusta Royster](#)

2 [Shawna Smith](#)  
[Christina Espar](#)

3 [Astrid Fletcher](#)  
[Richard Klinedinst](#)  
[Kelli Deisler](#)

4 [Kayla Ehresman](#)  
[Andrea Lamontagne](#)  
[Miranda Miller](#)

5 [Darrel Noonkester](#)  
[Christina Barnes](#)  
[Adeline Santos](#)

6 [Amber Haynes](#)  
[Nicole Richardson](#)

7 [Kelly Scott](#)  
[Katie Schwab](#)  
[Ciara Riggins](#)  
[Tammy Helton](#)

8 [Misty Parker](#)  
[Kristee Bruce](#)

9 [Danielle Ferguson](#)  
[Mike McNear](#)

10 **South**  
[Jocellyn Combs](#)  
[Lindsey Garrod](#)  
[Yoronda Caudle](#)  
[Janelle Rasmussen](#)

**North**  
[Shannon Pickering](#)  
[Channing Reed](#)

**West**  
[Kristen Farber](#)

**East**  
[Kristina Alley](#)  
[Laquita Thomas-Trabue](#)  
[Shakeena Kimbrough](#)

11 [Alexis Beane](#)  
[Mallory Shildmyer](#)

12 [Kara O'Neil](#)  
[Emily Kilgore](#)  
[Roberta Roberts](#)

13 [Natalie Kieffner Hamer](#)  
[Lindsay Jacobs](#)  
[Morgan Wills](#)

14 [Sarah Dudley](#)  
[Sarah Patarino](#)  
[Heather Andress](#)  
[Tabitha Lowery](#)

15 [Emily Goins](#)  
[Stephanie Conk](#)  
[Nathalia Beam](#)  
[Michelle Hicks](#)

16 [Lyla Theriac](#)  
[Carrie Miller](#)  
[Allison Keen](#)  
[Laura Stone](#)

17 [Tiffany Houchin](#)  
[Spencer Rhoads](#)  
[Amanda Holt](#)  
[Joshua Bowers](#)

18 [Elizabeth Vires](#)  
[Amy Byers](#)  
[Elizabeth Boeglen](#)

## Statewide Support

**Program Director**  
[Yvonne Moore](#)

**Foster Care**  
[Jamie Lawrence-Nickels](#)

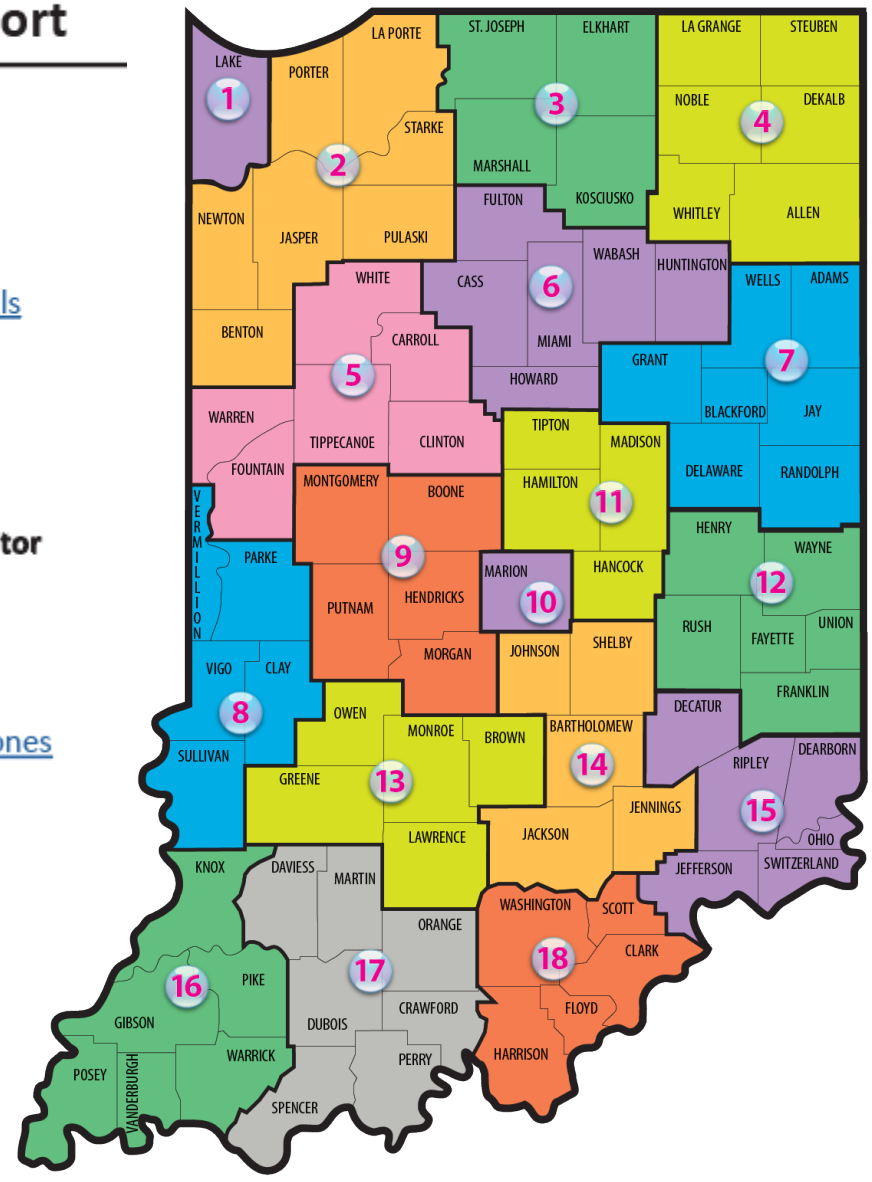
**Hotline**  
[Ethan Boring](#)  
[Manda Miller](#)

**Institutional Investigator**  
[Jacqueline Stephens](#)

**Collaborative Care**  
[Rebecca Pitzer](#)  
[Gerrian Greenwade-Jones](#)  
[Dustin Voelker](#)

**Investigators**  
[Kelly Barger](#)  
[Julie Harvey](#)

**SafeAct**  
[Zachary Whann](#)  
[Rachelle Smith](#)

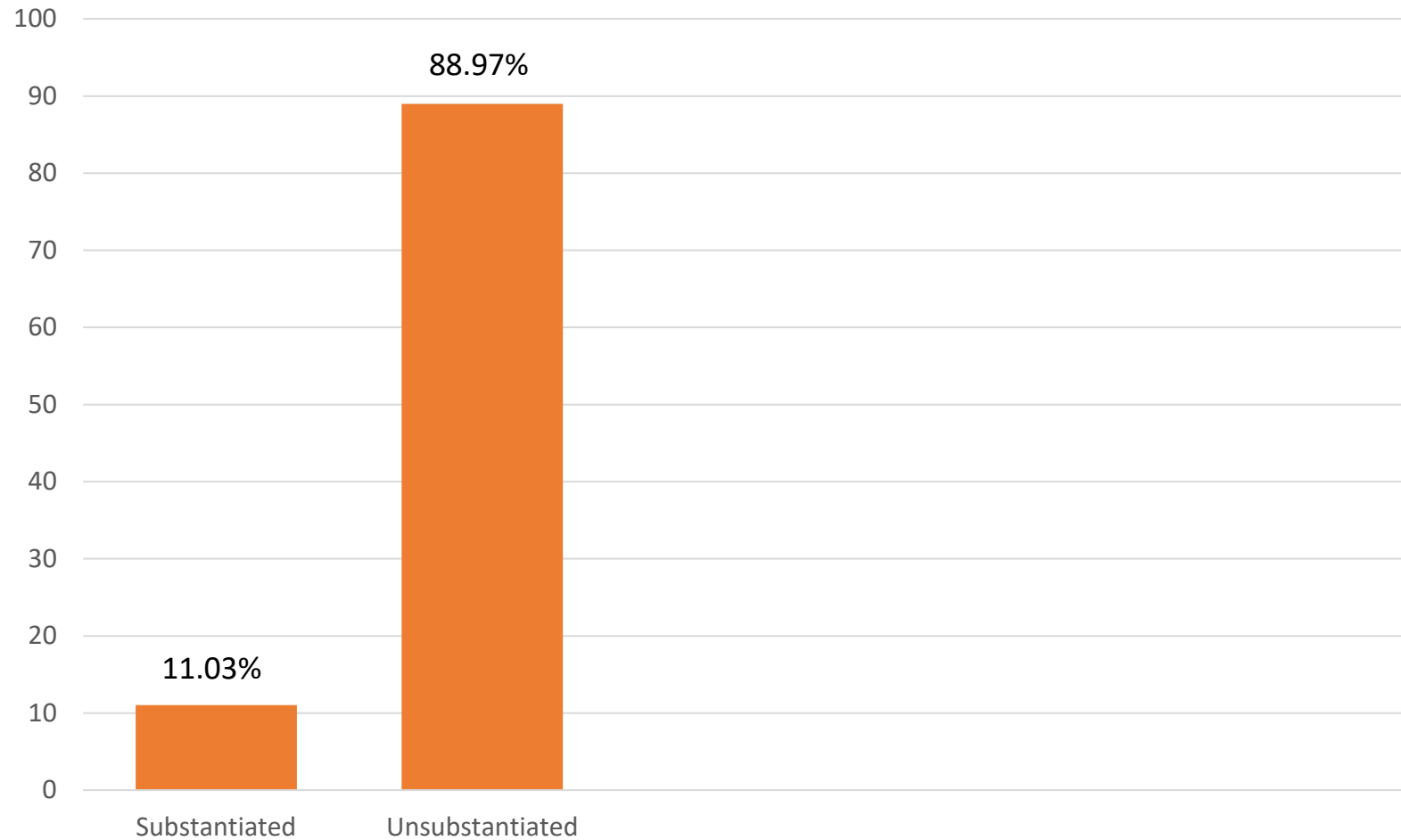


Indiana Department of Child Services

# Human Trafficking Response System



# Human Trafficking Assessments



# Training

- Since January 2020, provided quarterly advanced HT trainings to the HTRLs across Indiana
- ITVAP/DCS HT 102 training provided to more than 1,000 DCS staff *(partnered with ITVAP to provide this training)*
- Held two-day Human Trafficking Seminar for DCS staff *(6 breakout sessions with 4 lived experience experts presenting)*
- National Human Trafficking Training and Technical Assistance provided SOAR for Organizations for Child Welfare to 5 regional teams, one statewide team.



# Training *(continued)*

- Office of Trafficking In Persons provided HT training to DCS staff
- Nathan Earl provided HT training to DCS staff and community providers across the state
- HT statewide conference partnered with ATNNI



# Accomplishments

Partnered with:

- CACs to develop more robust MDT approach to HT assessments
- NHTTAC to develop two new Human Trafficking Screening Tools
- National Center for Missing and Exploited Children (NCMEC)'s Child Sex Trafficking Recovery Unit
- US Marshal's and FBI on Operations to locate missing youth from care and at risk for sex trafficking
- Indiana Clearinghouse for Missing Children & Endangered Adults



# Accomplishments *(continued)*

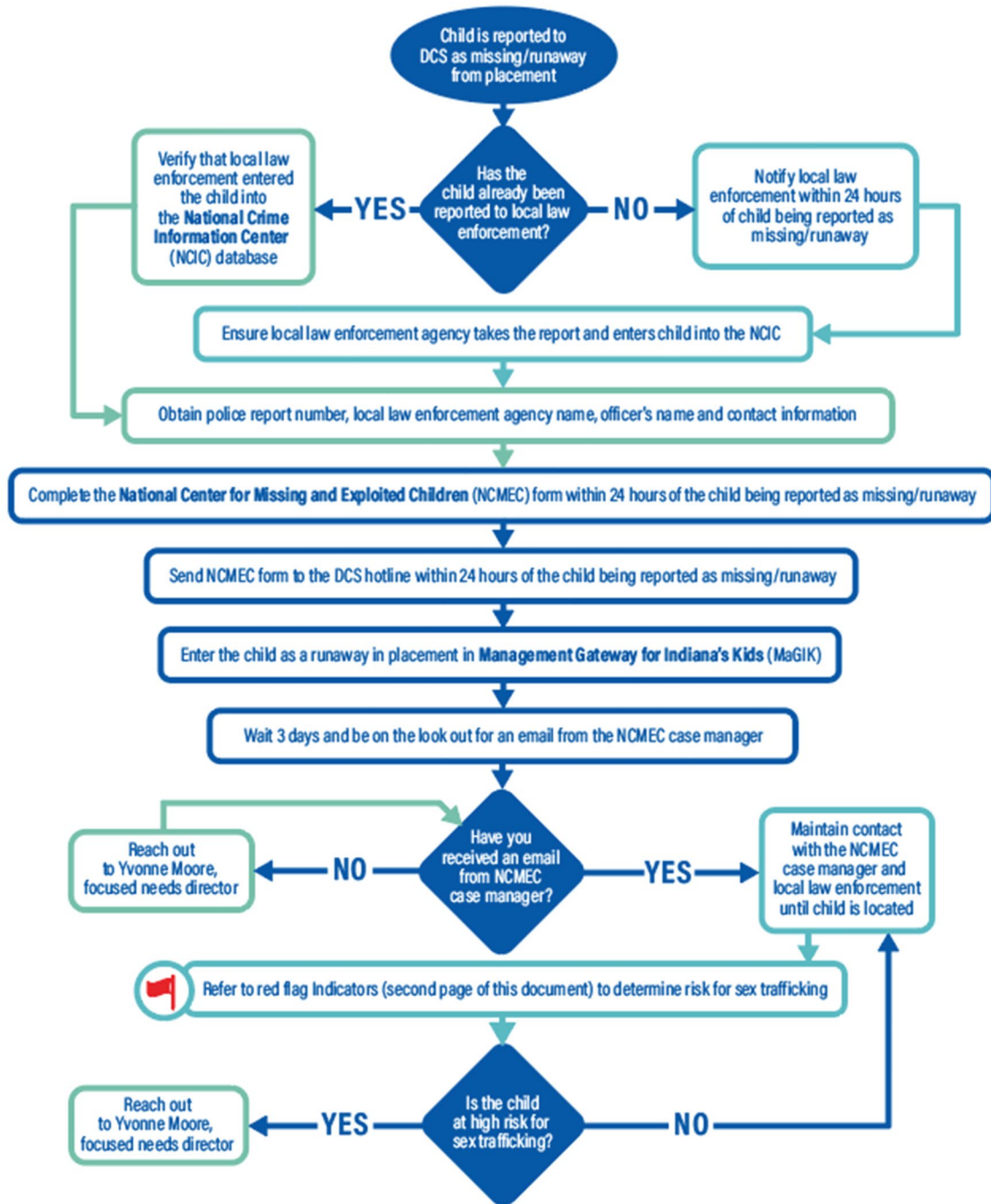
- Presented HT training to community providers/stakeholders
- Became a member of IPATH Core Committee, Child Welfare Anti Trafficking Collaborative, National Compendium, Region V Child Trafficking Workgroup, Indiana Internet Crimes Against Children
- Partnered with Allies, Inc. to provide HT-specific mentoring services
- Joined with 3 Residential Service Programs in Indiana – Bashor, Tru Harbor and Impact Program
- Partnered with a community-based HT Provider – Ascent 121



# Missing/Runaway Flowchart

## Red Flags:

- Chronic runaway/history of runaway/involvement with juvenile justice
- Possesses multiple cell phones
- Numerous inconsistencies in their story/restricted or scripted communication
- Lying about age/has fake identification
- Victim accompanied by another person who is controlling or insists on speaking for victim
- Neglected health care needs
- Family relationship not clear/no legal guardian is evident
- Has information containing numbers, dollar amounts, names or addresses
- Shows signs of violence
- History of sexually transmitted infections
- Possession of material items with lack of resources to purchase them
- Frequent relocation
- Secretive about online activity
- Gang affiliation
- Branding/tattoos
- Not aware of their surroundings/location
- Suspicious or fearful





## Contact Information

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**Yvonne Moore, MSW, LSW**

Focused Needs Director

[Yvonne.Moore@dcs.IN.gov](mailto:Yvonne.Moore@dcs.IN.gov)



# Agenda

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4. Strategic Priority: Child Health and Safety
  - a. Mark Fairchild, Covering Kids and Families



# Health Coverage for Lawfully Residing Immigrant Children & Pregnant Women

## **ISSUE ANALYSIS AND RECOMMENDATIONS**

FROM THE CHILD HEALTH AND SAFETY TASK FORCE -  
SUBCOMMITTEE ON CHILDREN'S HEALTH COVERAGE

*PRESENTATION TO THE COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA*

# Uninsured Children in Indiana

- ▶ The national rate for uninsured children had experienced positive trends, dropping to **4.7%** in 2016. Unfortunately, this trend ended and climbed to **5.7%** in 2019.
- ▶ More recently, some gains were seen as the national uninsured rate for children **decreased from 5.6% to 5.0%** between 2020 and 2021, attributed to COVID-related policies.
- ▶ Indiana is still estimated to have **110,000 - 120,000 uninsured children** based on 2021 national trends.
- ▶ Among lawfully residing immigrants, the uninsured rate is a dramatically higher **26%**, with a **child uninsured rate of 17%**.

Data Sources: American Community Survey 1-year estimates. Retrieved from <https://data.census.gov/>  
KFF analysis of 2021 Current Population Survey Annual Social and Economic Supplement (CPS ASEC).  
Retrieved from <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

# Implications for Uninsured Children

- ▶ Reduced access to ongoing medical care.
- ▶ Reduced access to preventative care, such as developmental screenings and vaccinations.
- ▶ Reduced opportunities for parents to learn about maintaining the health and well-being of their children.
- ▶ Reduced opportunities for children to learn about healthy habits that will influence their health as adults.

Data Source: Indiana Youth Institute (2020) [Children's Health Insurance Coverage in Indiana](https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/).  
Retrieved from <https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/>

# Implications for Uninsured Children

- ▶ Medicaid Coverage for Children has been linked to:
  - ▶ Decreased reports of mental health problems
  - ▶ Decreased likelihood of developing eating disorders
  - ▶ Decreased likelihood of high-risk sexual behavior
  - ▶ Decreased smoking and alcohol use
  - ▶ Decreased likelihood of obesity, late-onset diabetes, high blood pressure and heart disease in adulthood

Data Source: Indiana Youth Institute (2020) Children's Health Insurance Coverage in Indiana. Retrieved from <https://www.iyi.org/childrens-health-insurance-coverage-in-indiana-2/>

# Areas Explored by the Subcommittee

- ▶ **Extension of postpartum Medicaid coverage**
  - ▶ Extended to 12-months by Indiana General Assembly legislation
- ▶ **Extension of program continuous eligibility**
  - ▶ A handful of states have sought / received waivers to create this for children
- ▶ **Elimination of the CHIP 90-Day Rule**
  - ▶ Recommended to and approved by CISC in 2020
  - ▶ 90-day rule is currently paused during the federal Public Health Emergency
  - ▶ Pending federal rule and/or State Plan Amendment will formally end this rule
- ▶ **Elimination of the Medicaid/CHIP 5-year waiting for lawful residing immigrant children and pregnant women**

# Action Requested by the Commission

- ▶ We request the Commission for Improving the Status of Children recommend that the Office of Medicaid Policy and Planning (OMPP) eliminate the 5-year waiting period for lawfully residing immigrant children and pregnant women.
- ▶ This waiting period requires that lawful immigrant residents of Indiana that have a lawful immigration status must wait 5 years before they are eligible for CHIP or Medicaid enrollment.
- ▶ With emergency coverage being their only public option, preventative care, well-child checks, developmental screenings and prenatal care may be neglected. Refugees have assistance limited to 8 months depending on status.
- ▶ As of January 1, 2022, only 15 states do not cover these immigrant children and 25 states also cover pregnant women.

# Pathway and Federal Permission

- ▶ Since the Children's Health Insurance Act of 2009, section 214, states have been allowed to cover lawfully residing immigrant children and pregnant women in Medicaid and CHIP with federal cost sharing including the enhanced CHIP rate ([CMS Info](#)).
- ▶ States may elect for this option by submitting a state plan amendment under Medicaid only or under Medicaid and CHIP.
- ▶ The section 214 option may be applied to pregnant women for Medicaid and CHIP and/or to children up to age 19 for CHIP and up to age 21 for Medicaid.
- ▶ Indiana has already prioritized prenatal care, postpartum care and children's healthcare access. This recommendation is directly in line with those existing priorities.

# Disparate Impact of Current Policy



- ▶ When coupled with other barriers commonly experienced by immigrants (cultural differences, language) and low-income populations (transportation, limited provider options, healthcare costs), rules such as the 5-year waiting period limit access to care.
- ▶ Gaps in coverage, especially with children, may result in missed opportunities for vaccinations, developmental screenings and early interventions, with those items becoming out of sync with recommended timelines or missed entirely.
- ▶ Allowing coverage for pregnant immigrant women would also help to further improve maternal and infant health, granting increased access to prenatal and postpartum care.





# Overall Cost Estimates

- ▶ Medicaid is jointly funded between the state and federal government. The state share of costs for most Medicaid medical services for 2022 is 34%. The state share of Children's Health Insurance Plan (CHIP) costs is 24%.
- ▶ With federal approval, providing CHIP and Medicaid coverage to lawfully residing immigrant children and pregnant women who are lawfully residing in Indiana, and who otherwise qualify, is estimated to increase state Medicaid share between \$3.8 million and \$5 million annually.
- ▶ If lawful residents are covered under the Healthy Indiana Plan, some of the added costs may be funded through hospital assessment fees, reducing costs to the state.

Data Source: <http://iga.in.gov/legislative/2022/bills/house/1197#document-0be9d19b>

# Suggested Codification

## Indiana Code 12-17-2.5: Human Services; Children's Health Insurance Program; Eligibility

**Code Addition:** An individual who is less than 19 years of age; is lawfully residing in the United States, as set forth in 42 U.S.C. 1396b(v)(4) and is otherwise eligible for the program under this article and meets any other requirement under federal law is entitled to receive assistance under this article without a waiting period in accordance with 42 U.S.C. 1397gg(e)(1).

*Note: No Indiana Administrative Code (IAC) eligibility rules conflict with the proposed policy change ([IAC Title 405, Article 12](#))*

# Suggested Codification

## Indiana Code 12-15-2.5: Human Services; Medicaid; Lawful permanent residents; exceptions

**Code Addition:** Individuals who are lawfully residing in the United States as set forth in 42 U.S.C. 1396b(v)(4):

- (1) A pregnant individual during the pregnancy the 12 -month period beginning on the last day of the pregnancy.
- (2) An individual who is less than twenty-one (21) years of age.

If an individual meets other requirements under federal law and is otherwise eligible for Medicaid under this article they are entitled to receive assistance without a waiting period in accordance with 42 U.S.C. 1396b(v).

*Note: No Indiana Administrative Code (IAC) eligibility rules conflict with the proposed policy change ([IAC Title 405, Article 2](#))*

# Closing Comments

- ▶ This recommendation was crafted with the involvement and vetting of the Office of Medicaid Policy and Planning and the Indiana Family and Social Services Administration.
- ▶ We respectfully request that the Commission on Improving the Status of Children endorse this recommendation.
- ▶ We hope that the Commission on Improving the Status of Children values this as an impactful way to address health disparities, care for the health of our Hoosier children and pregnant women and reduce our uninsured rate.

**Presented on behalf of the Child Health and Safety Task Force by:  
Mark Fairchild, MSW, LSW – [mfairchild@ckfindiana.org](mailto:mfairchild@ckfindiana.org) – 317.508.9317**

# Agenda

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5. Evaluating Our Impact
  - a. Sarah Mihich, Transform Consulting Group



# Update on the Evaluation

Commission on Improving the Status of Children in Indiana

October 19, 2022



**TRANSFORM**  
— CONSULTING GROUP —

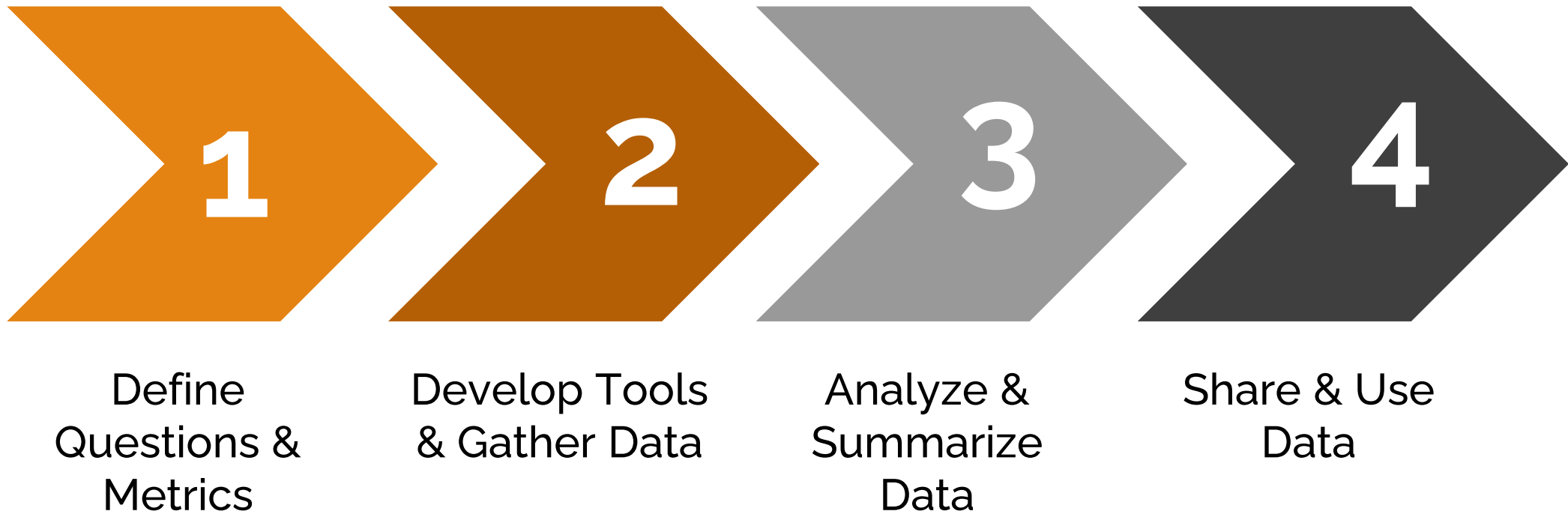
# AGENDA

1. Evaluation Process
2. Evaluation Report Findings
3. Recommendations
4. Next Steps



# Evaluation Process

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# Step 1: Clear Metrics

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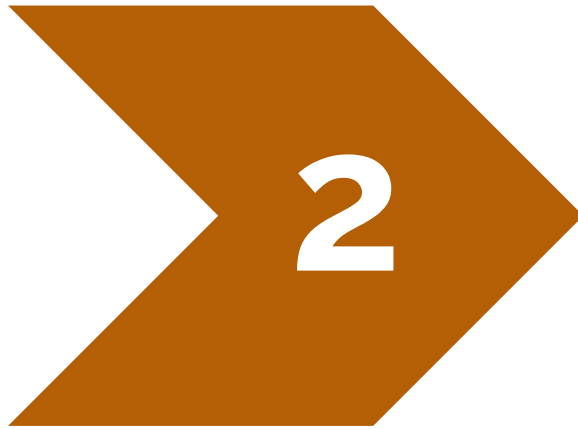


Define  
Questions &  
Metrics

1. Is the Commission having an impact on (a) the way Indiana state government operates for vulnerable children and (b) the outcomes of vulnerable children served by state systems?
2. What is the reach, role, and perception of the Commission among entities addressing the needs of vulnerable youth (both governmental and non-governmental)?
3. How are the Commission's tools, resources, and other work products being employed by family and youth-serving professionals, and are they effective?
4. How can the Commission maximize the effectiveness of its work and the use of its resources?

# Step 2: Data Tools

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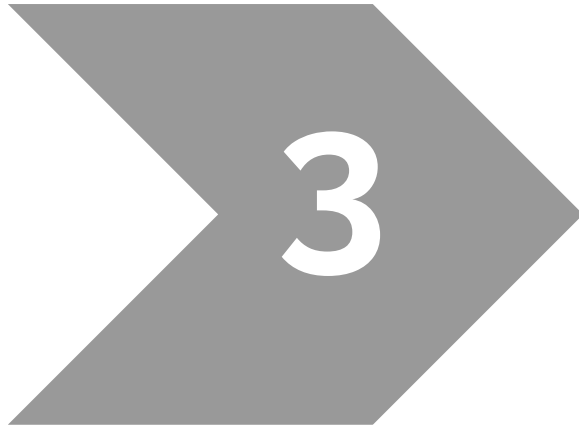


Develop Tools  
& Gather Data

## Data Management Plan

- CISC Internal Reports and Documentation
- Quantitative Data
- Qualitative Information
  - Members, Committees and Workgroups, Community, Funders

# Step 3: Summarize Data



Analyze &  
Summarize  
Data



Commission on Improving the Status of Children in Indiana  
**Impact Evaluation**  
October 2022

Prepared by Transform Consulting Group



# Key Findings

***Research Question #1a:***

***Is the Commission having an impact on the way Indiana state government operates for vulnerable children?***

# Research Question 1: The Commission making an impact



TRANSFORM  
— CONSULTING GROUP —

## Themes of Impact:

- Collaboration
- Youth involvement
- Relationship building
- Data sharing
- Increase visibility of key issues
- Focus on equity, inclusion, and cultural competence

# Research Question 1:

# The Commission making an impact



TRANSFORM  
— CONSULTING GROUP —

## Commission's Top Areas of Success as Ranked by Members:

1. **Closed data gaps** through new data collection efforts
2. **Alignment** of existing state efforts
3. New **collaborations** and **relationships** with stakeholders that produce outcomes
4. **Policy/legislation** is informed by research and best practices
5. **Follow through** on recommendations
6. Achieving **results** based upon decisions made
7. Vulnerable children and their families have **increased access** to quality services
8. **Funding** directed toward evidence-based practices
9. Making Indiana a **better** place for children and families



# Research Question 1: The Commission making an impact



**TRANSFORM**  
— CONSULTING GROUP —

Year	Enrolled Acts	Purpose	Creator/ Contributor
2022	House Enrolled Act <a href="#">1359-2022</a>	Reduce recidivism, improve equity, and increase the efficiency of the resources for youth in contact with Indiana's juvenile justice system	Juvenile Justice Reform Task Force
2021	House Enrolled Act <a href="#">1468-2021</a>	Reduce barriers to licensing for Licensed Addiction Counselors and Licensed Clinical Addiction Counselors that may impede new counselors from entering the field.	Mental Health and Substance Abuse Task Force
2020	House Enrolled Act <a href="#">1283-2020</a>	Screening of the film "Resilience" in Indianapolis for state-level professionals inspired Rep. DeVon to file House Bill 1283-2020. The bill required teacher preparation programs to include content that prepares teacher candidates to use trauma-informed classroom instruction.	Education Outcomes Task Force
2019	House Enrolled Act <a href="#">1006-2019</a>	Raised the age a youth could stay in collaborative care from 20 to 21.	Child Health & Safety Task Force (formerly Child Safety and Services Task Force)
2018	House Enrolled Act <a href="#">224-2018</a>	Streamlined the mental health licensing internship hour requirement and the ability to receive virtual supervision.	Mental Health and Substance Abuse Task Force (formerly, Child Safety and Substance Abuse Task Force)

# Research Question 1: The Commission making an impact



TRANSFORM  
— CONSULTING GROUP —

## The Commission is Making an Impact on Vulnerable Populations

Current Commission Members, past Commission members, taskforce members, and committee members (n=55)



Community Organizations (n=26)



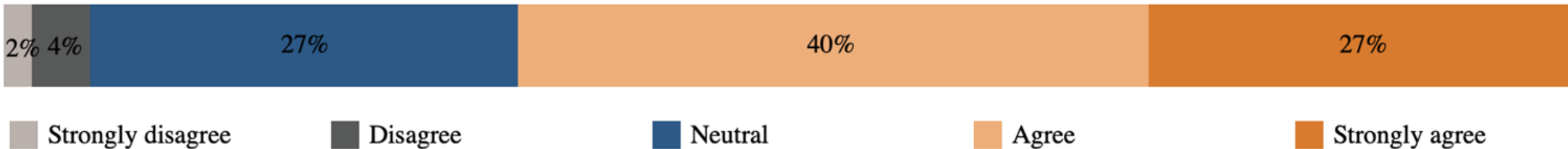
# Research Question 1: The Commission making an impact



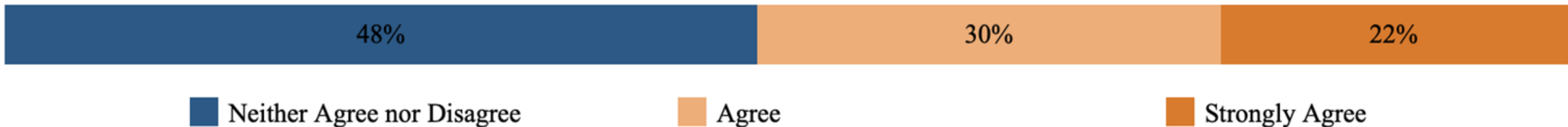
TRANSFORM  
— CONSULTING GROUP —

The Commission practices equity, inclusion, and cultural competence

Current Commission Members, past Commission members, taskforce members, and committee members (n=55)



Community Organizations (n=26)



## ***Research Question #1b:***

***Is the Commission having an impact on the outcomes of vulnerable children served by state systems?***

# Research Question 1: Impact on Youth

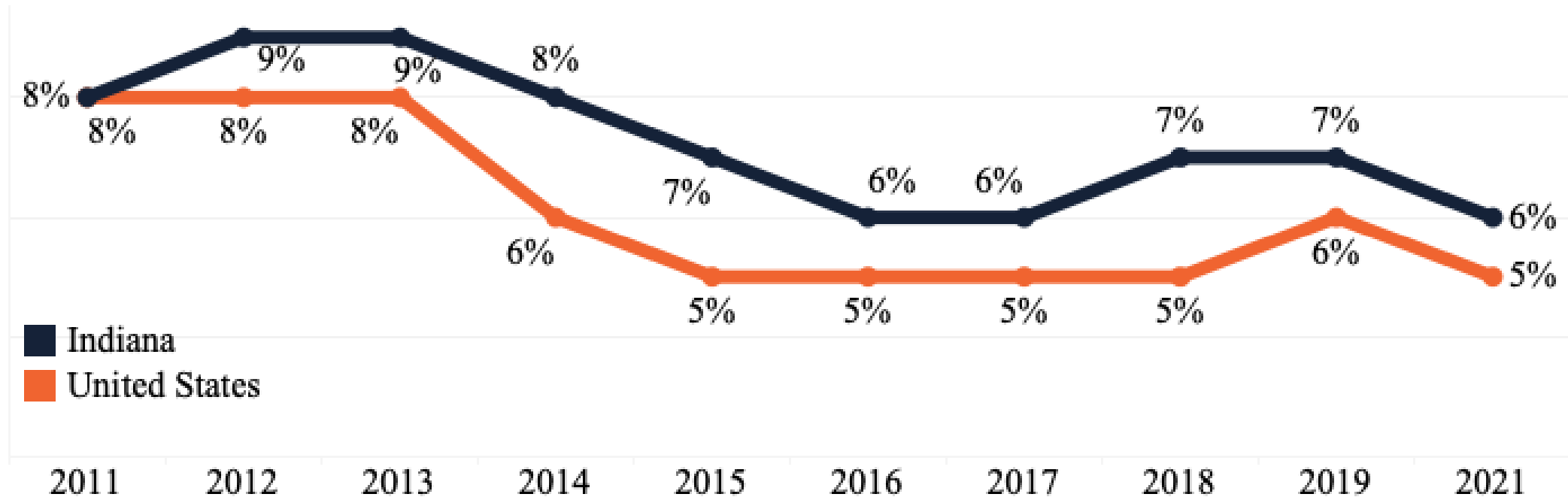


Youth Risk Behavior School Survey (YRBSS) Participation Rates by Year			
2015	2017	2019	2021
<ul style="list-style-type: none"><li>● Schools: 73%</li><li>● Student: 82%</li><li>● Overall: 60%</li></ul>	Did not meet recommended response rate to publish data*	Did not meet recommended response rate to publish data*	<ul style="list-style-type: none"><li>● Schools: 88%</li><li>● Students: 81%</li><li>● Overall: 71%</li></ul>

# Research Question 1: Impact on Youth



## Children Under 18 Without Health Insurance



Source: KIDS COUNT Data Center

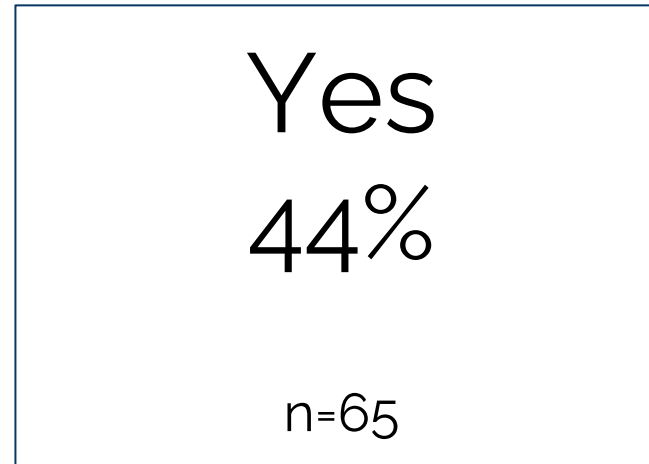
## ***Research Question #2:***

***What is the reach, role, and perception of the Commission among entities addressing the needs of vulnerable youth (both governmental and non-governmental)?***

# Research Question 2: Reach, Role, and Perception



Are stakeholders aware of the Commission?





## *Research Question #3:*

*How are the Commission's tools, resources, and other work products being employed by family- and youth-serving professionals, and are they effective?*

# Research Question 3: Tools and Resources



Are stakeholders familiar with the tools, resources, and projects of the Commission?



# Research Question 3: Tools and Resources



What additional information or tools would be useful for stakeholders' work?

## Tools

- Operational documents/procedures
- Calendar
- Legislative updates
- Data

## Topics

- Diversity, equity, and inclusion
- Volunteering
- Behavioral/mental health and resiliency
- Curriculum and training resources
- Mothers and babies
- Workforce shortages and barriers

***Research Question #4:  
How can the Commission maximize the  
effectiveness of its work and the use of its  
resources?***

# Research Question 4: Maximize Effectiveness

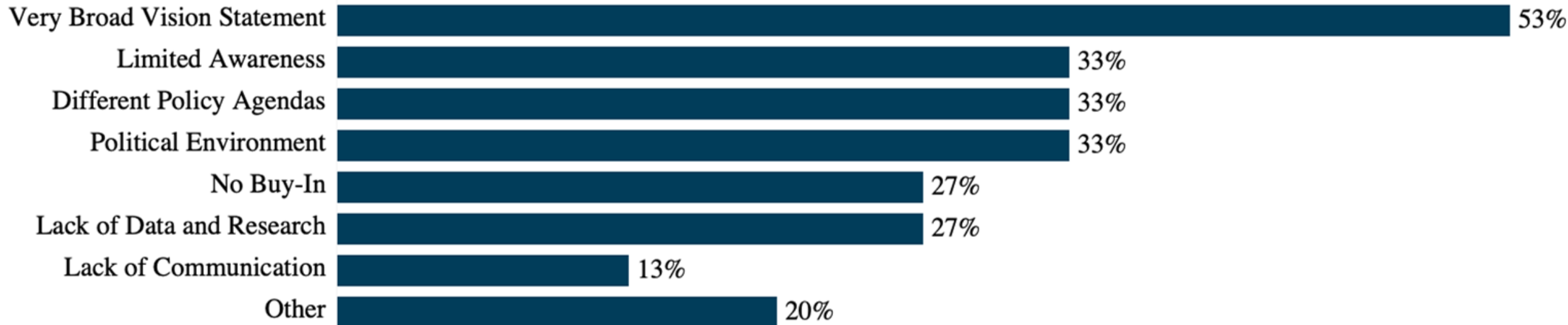


Commission's Top Areas of <b>Success</b> as Ranked by Members:	Commission's Top Areas of <b>Feasibility</b> as Ranked by Members:
<ol style="list-style-type: none"><li>1. Closed data gaps through new data collection efforts</li><li>2. Alignment of existing state efforts</li><li>3. New collaborations and relationships with stakeholders that produce outcomes</li></ol>	<ol style="list-style-type: none"><li>1. Alignment of existing state efforts</li><li>2. New collaborations and relationships with stakeholders that produce outcomes</li><li>3. Achieving results based upon decisions made</li></ol>

# Research Question 4: Maximize Effectiveness

What obstacles or challenges prevent the Commission from achieving success?

(Current and Past Commission Members, n=14)



# Recommendations



# Awareness

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- Increase awareness of the Commission's general purpose and work through outreach and marketing efforts to reach more families, providers, and community organizations.
- Increase awareness of tools/ resources developed. Create a communication and dissemination plan for developed tools and resources. Collect contact information of people who download items and do follow up surveys to gauge satisfaction and use.



# Operational

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- Develop operational documents to inform current and prospective Commission members, committees, and task forces on the onboarding process, progress made, and upcoming events and meetings.
- Create a method for committees and task forces to track their actions during meetings.
- Develop continuous documentation of actions made by the Commission, committees, and task forces as a summary for internal and external stakeholders to reference.

# Follow Through

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- Identify ways for committees and task forces to access and utilize key data to inform their work.
- Revisit recommendations regularly to ensure there are action steps to lead to positive outcomes for vulnerable youth.
- Provide frequent updates on policy, legislation, and other Commission work impacting youth, families, and providers in accessible language for all to read on the Commission's website.

# Equity

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- Increase youth participation through adding more members to the Commission and current committees or developing a designated committee for youth.
- For materials that can be used by families and children, provide them in multiple languages to increase accessibility.
- Update language on how to refer to the population the Commission serves; the term vulnerable youth is not recommended to be used based on best practices and research.

# Next Steps

- Share and use data
- Continuous Quality Improvement Process

# Key Contacts

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**Amanda Lopez**

President

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**Sarah Mihich**

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**Sara Gropp**

Data Manager

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[www.transformconsultinggroup.com](http://www.transformconsultinggroup.com)

# Agenda

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## 6. Executive Director Updates

# Strategic Planning

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- Requested input on current objectives from Task Force Co-Chairs
- Data from Evaluation process & report
- Half-day retreat on 11/7 to review Theory of Change, input/feedback received, and propose priorities for new plan
- Report initial ideas to Exec Committee on 11/9
- Draft to Commission members and Exec Committee in December
- Feedback and revisions Dec/Jan
- Adopt in February 2023

# Implementation Updates

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- Developmental Screening Campaign
  - [Learn the Signs, Act Early](#)
  - IPQIC Infant Wellbeing Task Force
- Guardianship forms on indianalegalhelp.org
  - Posted in July 2020
  - 9<sup>th</sup>-most visited page (out of 100+)
  - Email in July 2020 from grandparent: "I fall exactly into the gap you described. Are the pro bono legal services and self-help forms available for my use and if so, where may I find them? School is supposed to begin August 13th and I am trying to get this accomplished as soon as possible."



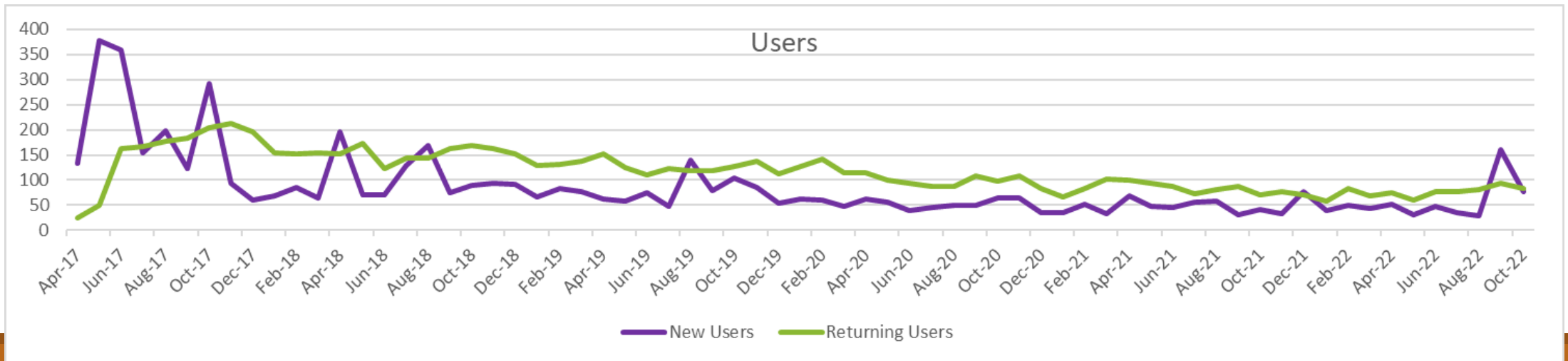
# Implementation Updates

- [Trauma Screening & Assessment Guide](#)

- Need to continue to raise awareness of this resource wherever folks talk about screening for ACEs or trauma (schools, mental health, other service settings)

- [Information Sharing Guide](#)

- Big bump in usage statistics in Sept. after shared with DCS field
- Who else needs to know about the guide?



# 2023 Commission Meeting Dates

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Meetings are on Wednesdays, 10 a.m. – noon

February 15<sup>th</sup>

April 19<sup>th</sup>

June 21<sup>st</sup>

August 16<sup>th</sup>

October 18<sup>th</sup>

December 20<sup>th</sup>

# Agenda

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7. Discussion: Future Meeting Topics or Other Items from Commission Members

# Agenda

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## 8. Next Meeting

Wednesday, December 7, 2022, 10 a.m. – noon  
Indiana State Library, History Reference Room