



Commission on
Improving the
Status of Children

Commission on Improving the Status of Children

AUGUST 21, 2024

Agenda

1. Welcome and Introductions
2. Consent Agenda
 - a. **Action:** Approve Minutes from the June 2024 meeting

Agenda

- 3. BEST Youth Initiative Update
 - a. Aly Leonard

BEST Youth Initiative

1. Launch Event

- Speakers/Panels
 - Keynote and Steering Committee
- Activities/Workshops
 - One page summary
- Support Network
 - Team Building and Strength Finding



BEST Youth Initiative

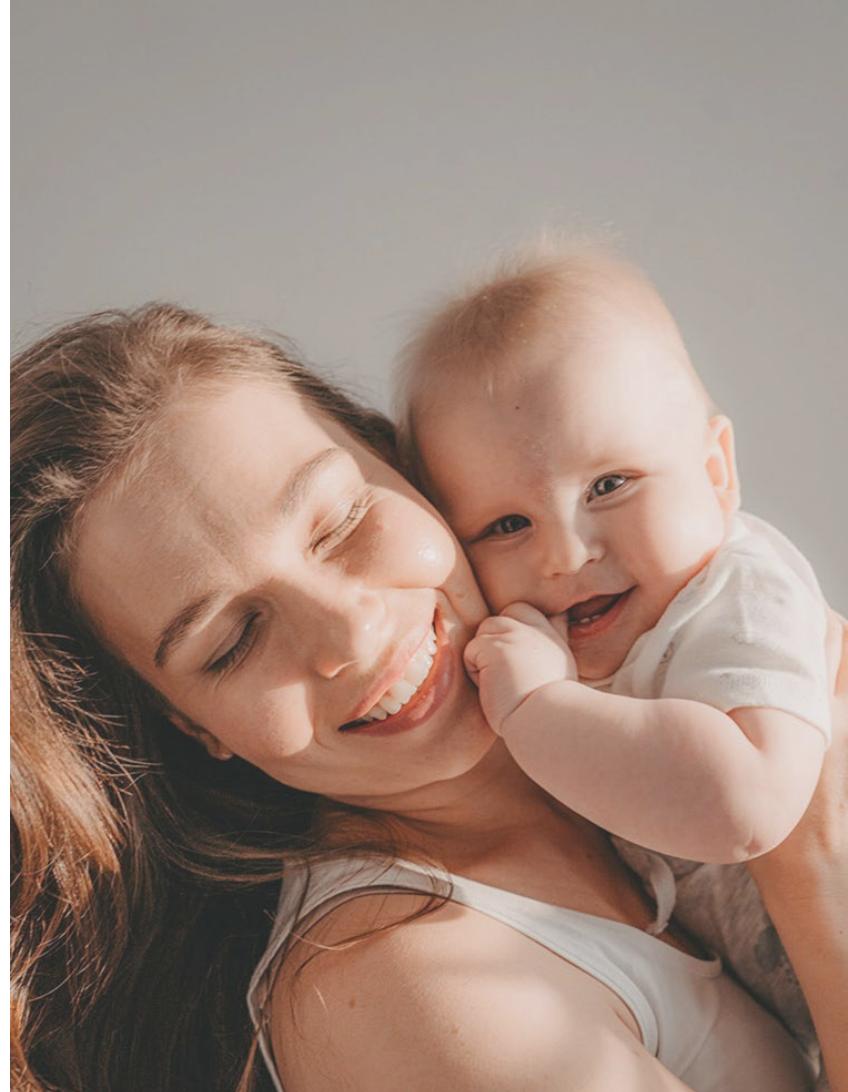
2. Team Indiana

- Member Agencies
- People with Lived Experience
- Uplifting PWLE voices
- Next steps
 - Site visit September 23-25



Agenda

4. Department of Child Services Prevention Programs
 - a. Hannah Robinson and Ashley Purdue



DCS Prevention Services

August 21, 2024, Hannah Robinson and Ashley Purdue, Prevention Services Division

Prevention Programs



Community Partners



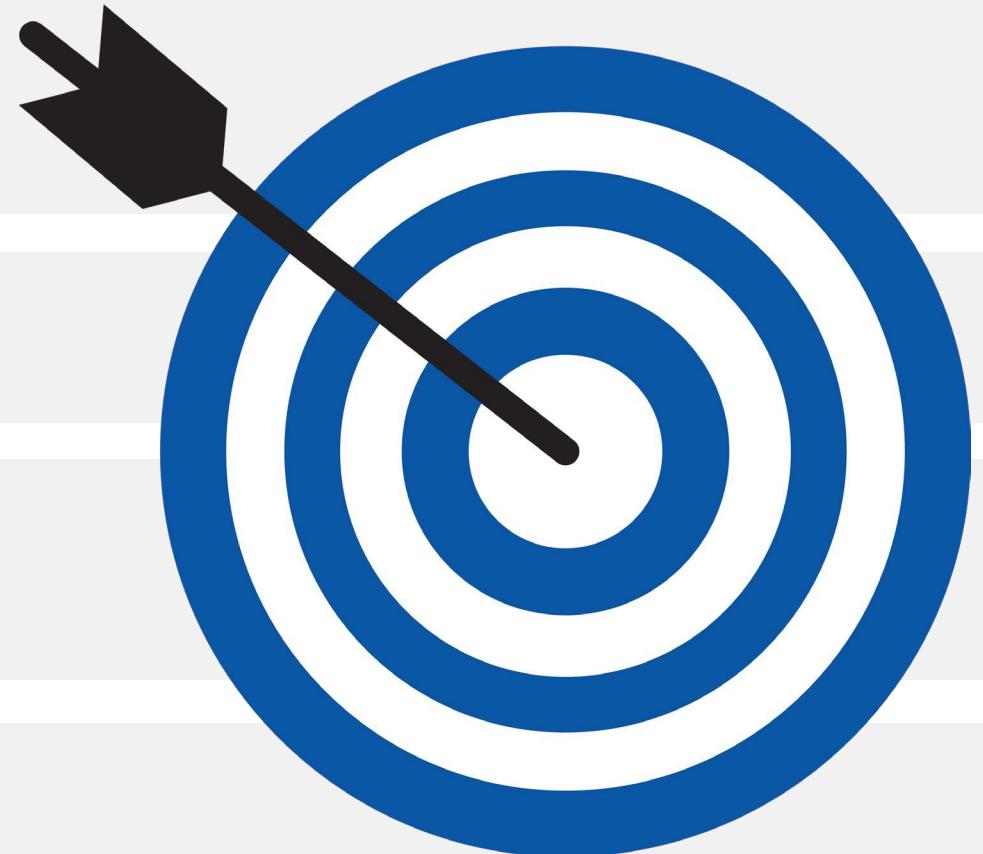
Family Resource Center



Healthy Families



My Healthy Baby





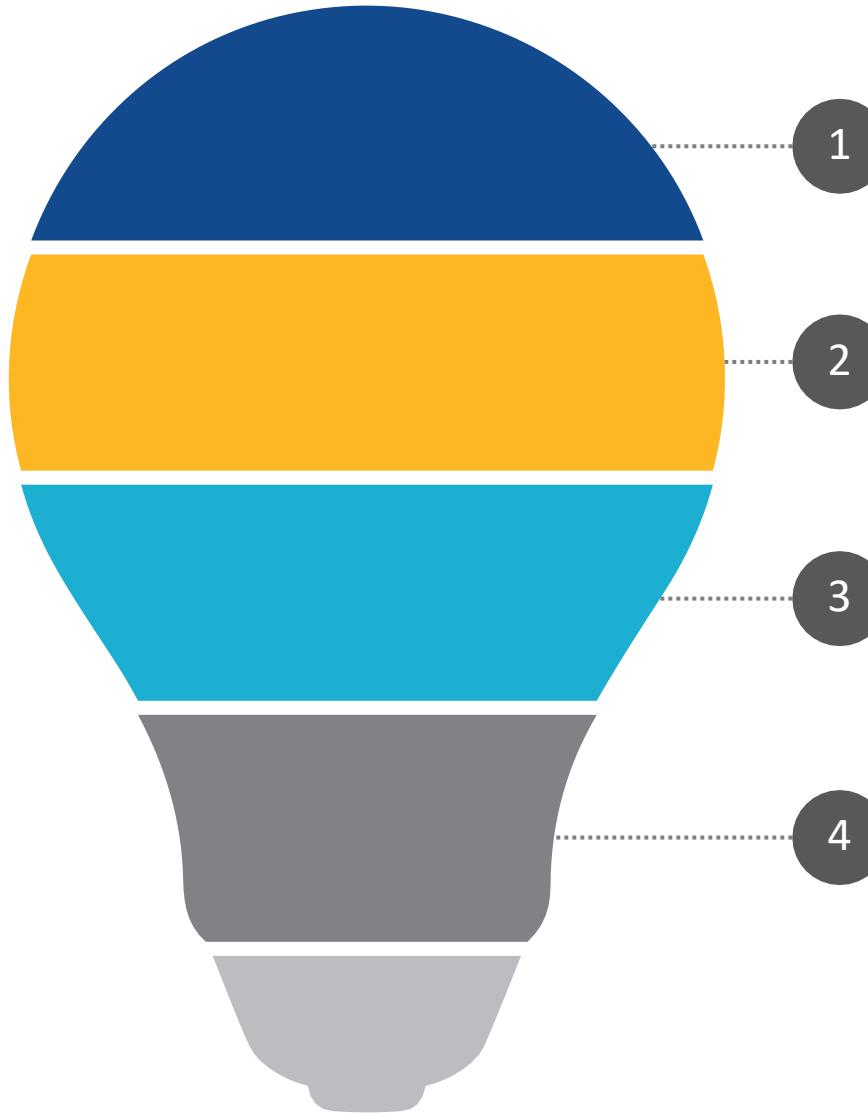
Community Partners for Child Safety



Community Partners for Child Safety



CPCS Service Delivery and Prevention Strategy



CPCS Services Offered

- CPCS provides in home visitation. Staff help families develop family-centered goals & connect them with local community services.
- CPCS provides service coordination, information and referrals, in-home case management, and advocacy for the family.
- The top needs identified in FFY 2022 were rent/utilities, info on budgeting, subsidized housing, counseling, and help with child behavior.
- Provider Referral Map

<https://www.in.gov/dcs/files/CommunityPartnersProvidersMap.pdf>





**STRENGTHENING INDIANA FAMILIES
FAMILY RESOURCE CENTER**



Family Resource Centers

- Indiana established 4 FRC's through the Community Collaborations grant name the Strengthening Indiana Families Project (SIF) : [Family Resource Centers \(strengtheningfamilies.org\)](http://strengtheningfamilies.org)
 - > Madison, Grant, Tipton and Delaware counties

In 2023 DCS expanded FRC's to 5 additional counties utilizing our Community Partners for Child Safety (CPCS) Providing Agencies, bringing the total number of FRC's statewide to 9.

1. Wayne County (FIREFLY)
2. La Porte County (GEMINUS)
3. Tippecanoe County (BAUER)
4. Elkhart (SCAN)
5. Clark (IRELAND HOME BASED SERVICES)

Support families to be strong, healthy, and successful

Contribute to building a strong and healthy community

Reduce the likelihood of child abuse/neglect by Strengthening Families



What is an FRC?

- Definition: A One Stop Shop and a safe place for families to go to receive concrete supports, social connections, connection to resources, and other needed services. A family friendly Family Resource Center use the Protective Factors to strengthen families, develop goals, and keep kids and families safe.
- In Colorado: The statute defines a Family Resource Center (FRC) as a “unified single point of entry where vulnerable families, individuals, children, and youth in communities...can obtain information, assessment of needs, and referral to delivery of family services.”
- A place for families to seek help without the stigma or involvement from the child welfare or legal systems. A place that normalizes asking for help.



Services Provided at FRC

- Comprehensive Family Support Case Management/CPCS/Connect Families to Resources
- System Navigation and Resource Referral
- Enhancing Parenting Skills through parenting education
- Promote Economic Success/Financial Literacy
- Early Childhood Education
- Susy's Store-Food Pantries/Hygiene Pantries/Safety Store
- Workforce Development
- Computer Labs
- Co-located services
- Kids Korner
- Addictions and Recovery Programming: support group, Peer Recovery Coaches
- Child Creative Activities and Story Times
- Parent Cafés and Support
- Whole Person Health Workshops - Adult & Children
- Foster the healthy development and well-being of children, youth, and families

Remember, not all FRC's will look the same and have the same services. These are just suggestions! If you have seen one FRC, you have ONLY seen one.

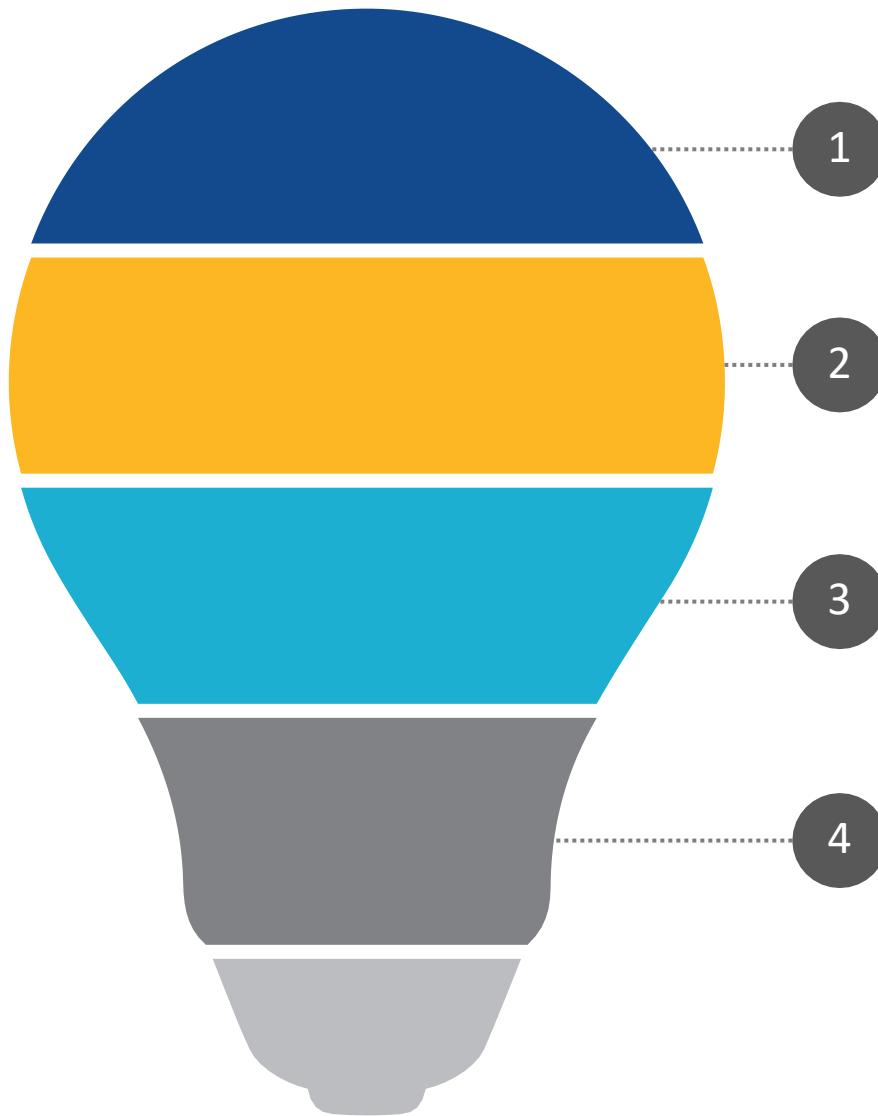




Healthy Families
Indiana™



HFI Eligibility



Goals and Target Population

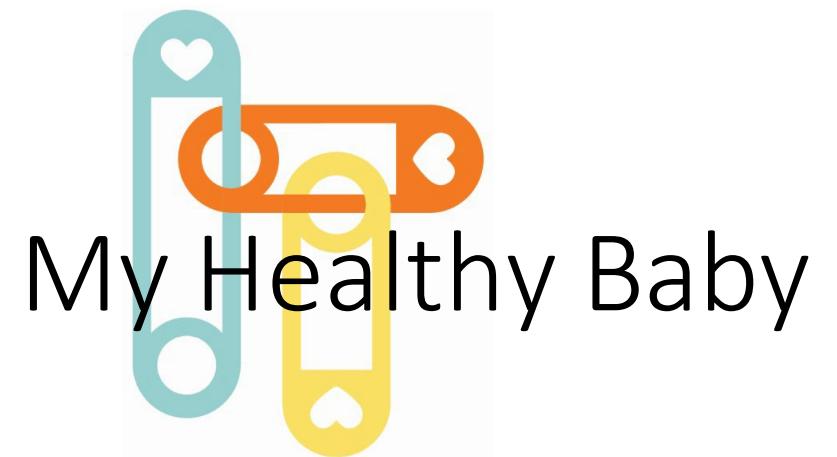
- Engage families with multiple stressors
- Promote safe environments for children and families
- Cultivate and strengthen nurturing parent-child relationships
- Promote healthy childhood growth and development
- Enhance family functioning by reducing risk and building protective factors for optimal childhood outcomes
- Provide staff training and support for professional well being

Pregnant Women in 3rd trimester
or within 2 week after birth

Services until age 3, some
continue until child's 5th birthday

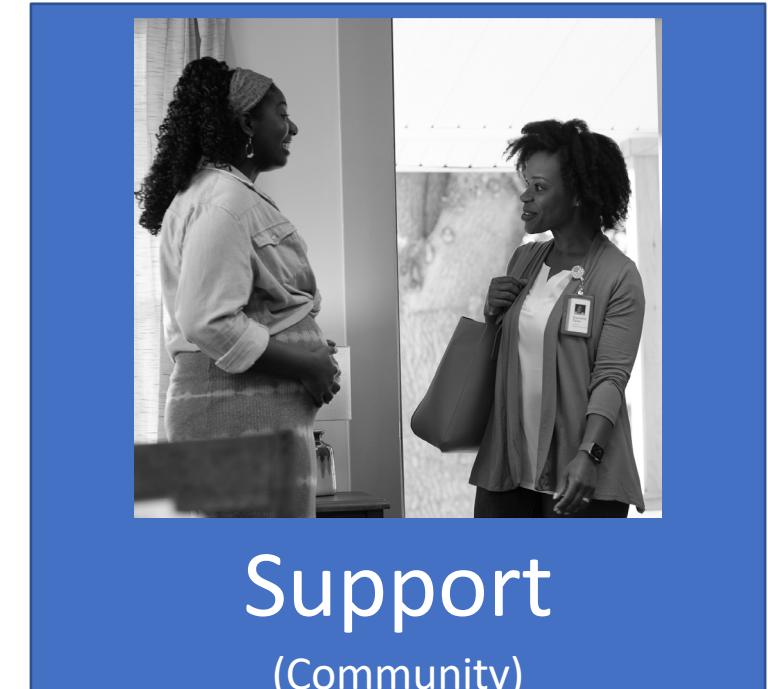
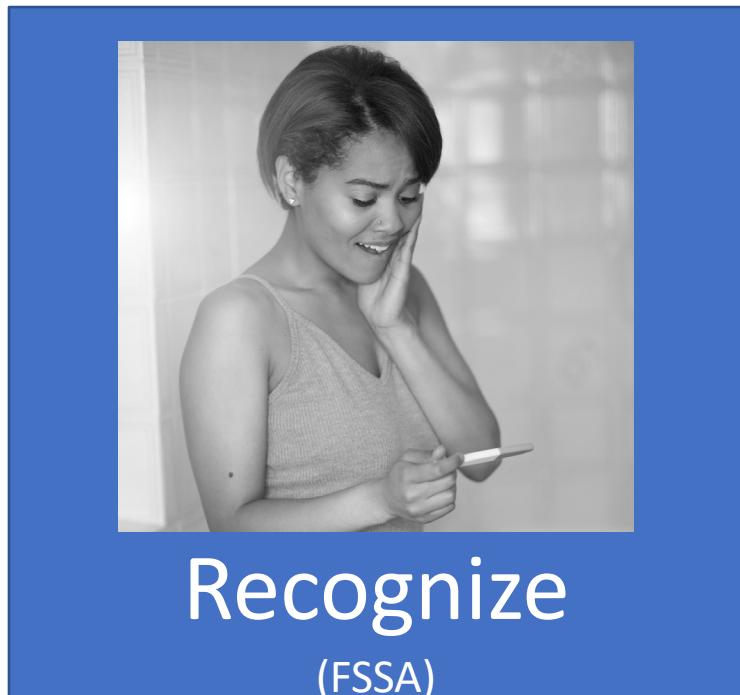
Referrals from WIC, MHB, Health
Clinics, Hospitals, and even DCS





My Healthy Baby is a referral system

Local family support programs already exist





Getting Connected to Free Pregnancy and Infant Support in Indiana

My Healthy Baby connects you to free, one-on-one support during your pregnancy and after baby arrives. This local support can be a helpful addition to the guidance you might already get from family and friends. Get started below.



Women can refer themselves at
MyHealthyBabyIndiana.com

Let's Get Connected*

Fill out this simple form or call us so we can connect you to local resources.

Your First Name

Your Last Name

Your Phone Number

Your Email Address (optional)

(We respect your [privacy](#) and will not sell your email.)



Contact Information

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Agenda

- 5. Indiana Behavioral Health Access Program for Youth
(Be Happy)
 - a. Rachel Yoder, MD



Be Happy

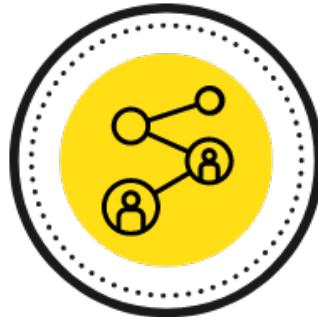
Indiana Behavioral Health
Access Program for Youth

Rachel Yoder, MD
Co-Director, Be Happy Program
Indiana University School of Medicine

Provider-to-Provider
Consultations



Educational
Opportunities



Referral Support



Direct Services



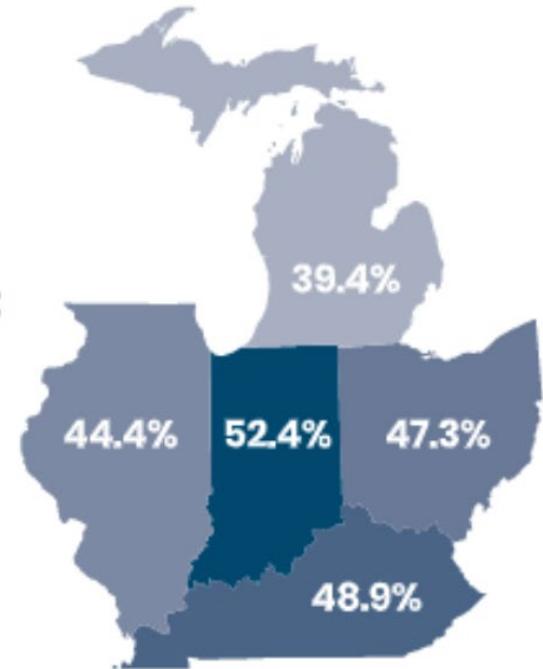
Practicing Child and Adolescent Psychiatrists per 100,000 Children Age 0-17 by County

Mostly Sufficient Supply (>=47) | High Shortage (18-46)* | Severe Shortage (1-17)* | No CAPs



- 45th in # child psychiatrists: children (7:100,000) **104**
- 76% of counties no CAP or severe shortage

Children with a Mental Health or Behavioral Condition who did not Receive Treatment or Counseling, Indiana and Neighboring States: 2019 and 2020



Source: National Survey of Children's Health

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

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**

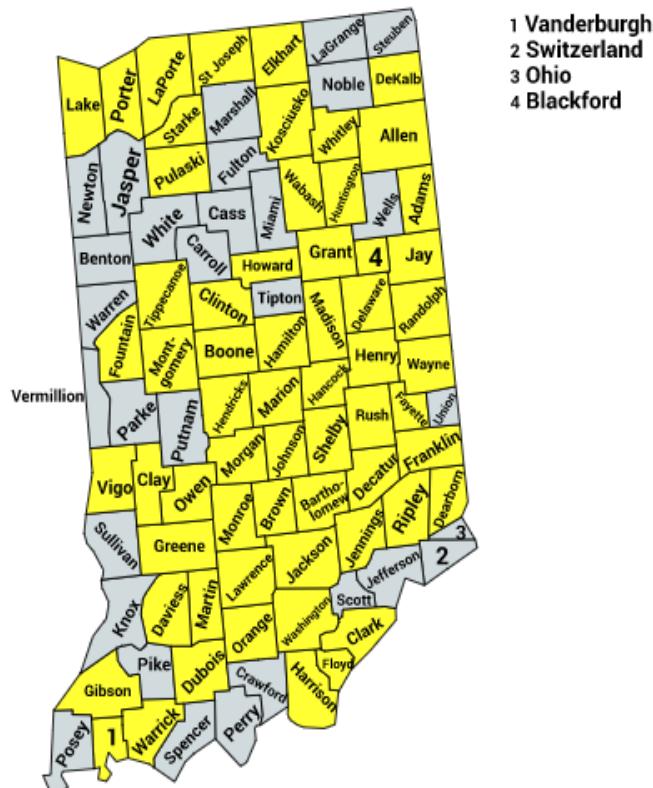
Outstanding service every time I have called. **So valuable to have this resource available as a primary care pediatrician in a rural community with limited mental health access**

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

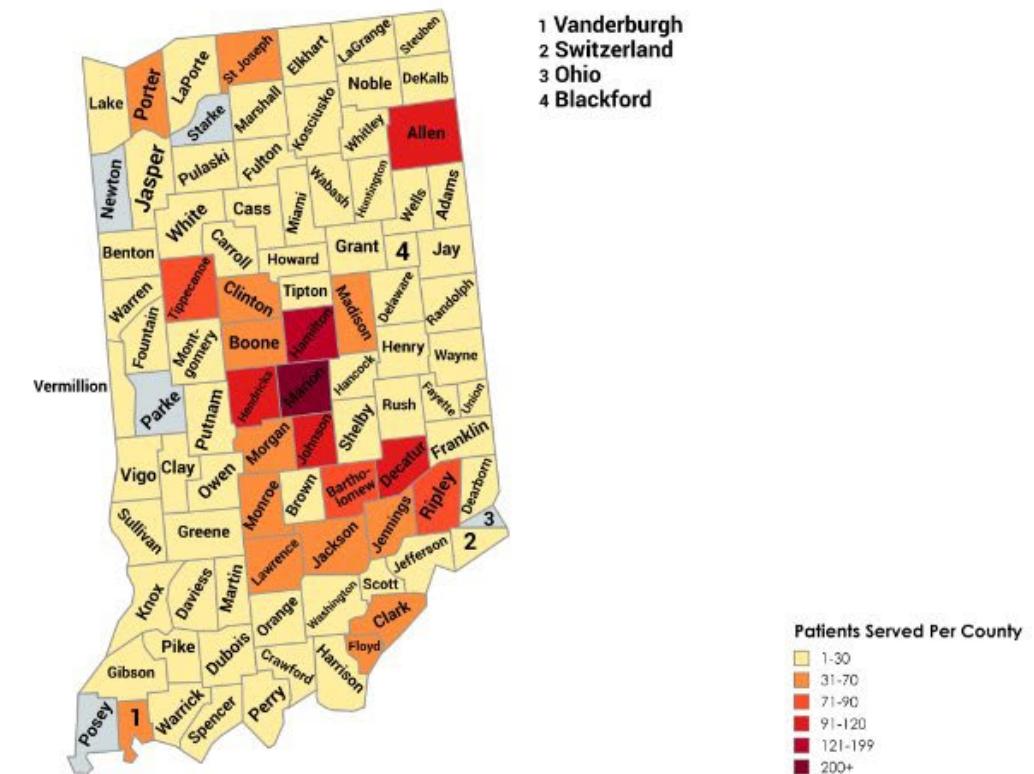
Child Psychiatry Access Program Outcomes

- High PCP satisfaction
- PCPs report greater self-efficacy, confidence, skill/knowledge in management of behavioral health concerns
- More active and systematic assessments for mental health problems in primary care
- 80% of PCPs surveyed saw their patients doing better after consultation
- 19% decrease in total behavioral health-related emergency costs over 5 years

June 2022
 1431 calls
 658 providers
 62 counties



August 2024
 3051 calls
 972 providers
 87 counties





**Indiana Consultation
for Healthcare Providers in Addiction,
Mental Health, & Perinatal Psychiatry**

Be Happy Therapy: served 277 patients in <2 years

Emergency Department support:

- Training in Collaborative Assessment and Management of Suicidality (CAMS) and mental health educational resources
- Increase access to Dialectical Behavioral Therapy

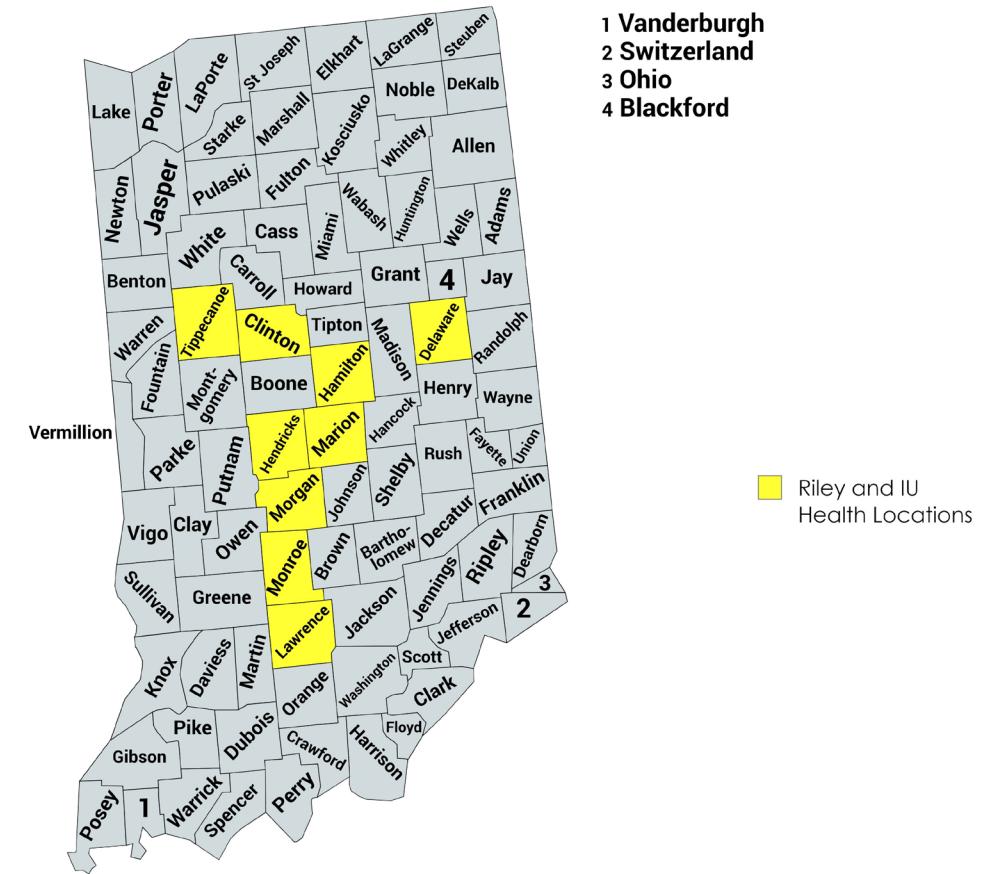
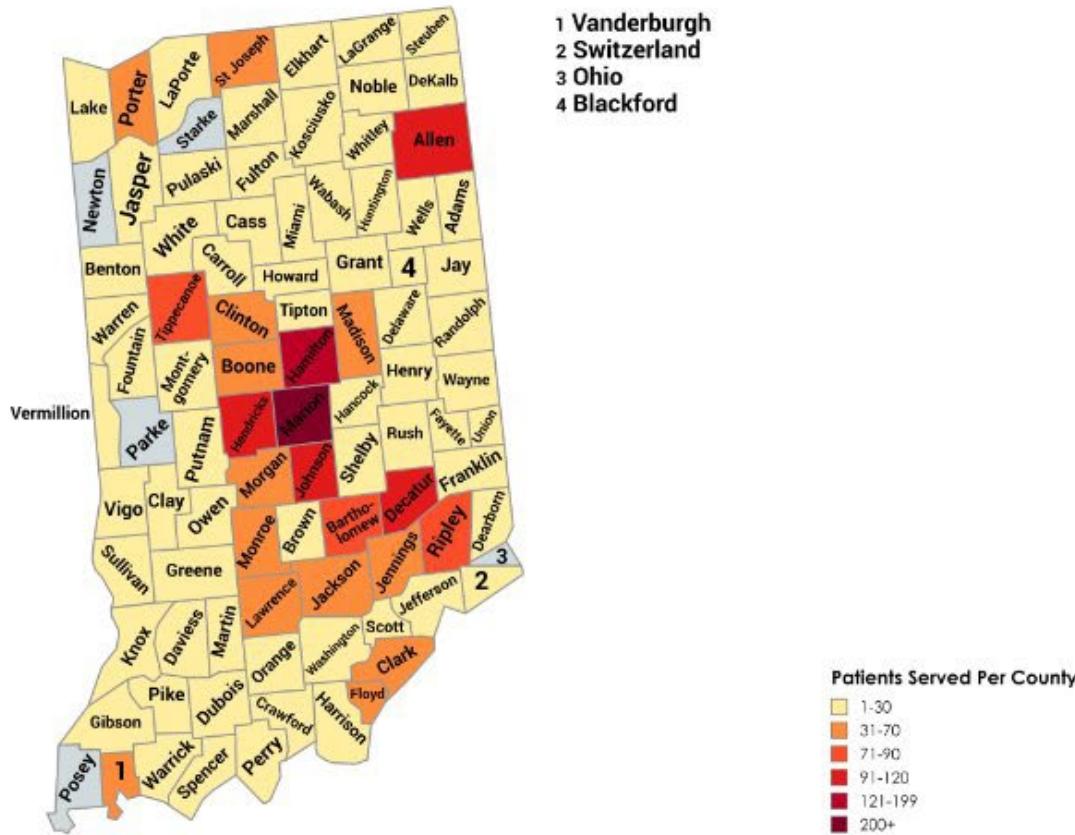
Thank you for being available to guide us with our difficult mental health treatments **while keeping the patient in our primary care office.**

Excellent service! I **always learn something during the consult and it helps me be a better doctor.**

I cannot express how grateful I and my little patients are for Be Happy. First, it helps me take care of them appropriately. Second, **they prefer PCP guide them and not a new person.** And third, a partner recently came and asked about a similar situation, and **I was able to pass on what I had learned through my most recent Be Happy consultation**, so everyone wins. Thank you!!

This a wonderful program that **fills an essential need. Please keep funding it!**

Potential Be Happy Coverage area without support



Potential Funding Considerations

- State Budget Item
- Pooled Insurance Funding Model
- Other



Riley
Children's
Foundation



SCHOOL OF MEDICINE
DEPARTMENT OF PSYCHIATRY



Division of Mental
Health and Addiction



Anthem Blue Cross and Blue Shield Foundation



HERBERT SIMON
FAMILY FOUNDATION

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Agenda

- 6. Court Appointed Special Advocates and Guardians ad Litem**
 - a. Rae Feller, Esq. - GAL/CASA State Director

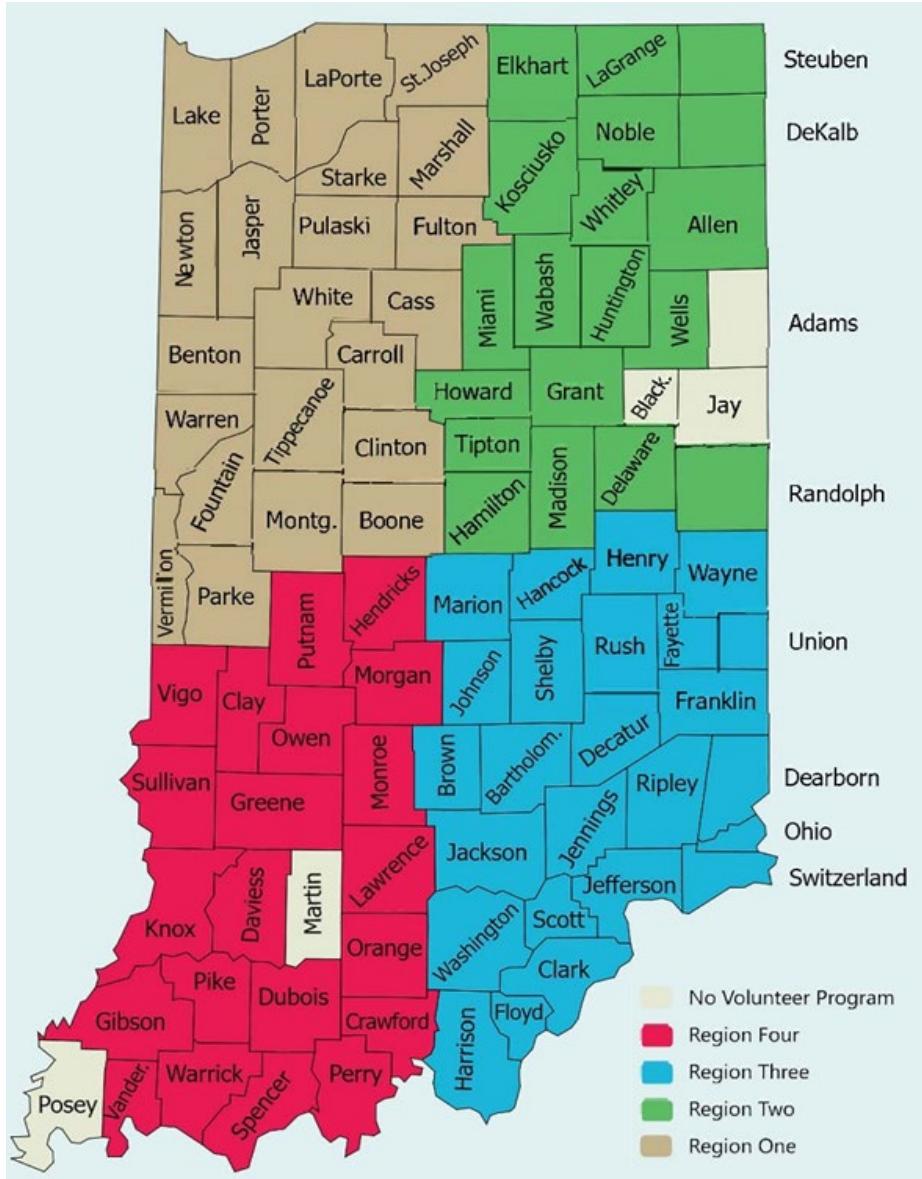


INDIANA STATE OFFICE OF GAL/CASA

State Office of GAL/CASA: Established 1990

- Indiana Supreme Court,
Office of Court Services
- Certify and provide training
to local GAL/CASA
programs
- Ensures alignment with
Program Standards and
Code of Ethics





Local GAL/CASA Programs

- Programs in 87 of 92 counties
- Programs consist of a director, staff, and volunteers.
 - Staff can be supervisors, attorneys, trainers, recruiters, advocates, etc.
- Sizes of programs vary greatly:
 - Nearly 4,000 vs. single digits

GAL/CASA REQUIREMENTS



- 21 years and older
- Potential volunteers are interviewed and screened by the program
- Pass a criminal background check
- Pass a DCS background check
- 30 hours of initial training
- 12 hours per year ongoing training
- Training in identification and treatment of child abuse and neglect
- Training in early childhood, child, and adolescent development
- HAVE TIME

My CASA is....

**“The person that
has known me
longer than
anyone else in
my life”**

**“The person I
want to be
proud of me”**

**“The first time in
my life I felt
I had my
person”**

Is it GAL or is it CASA? What's the difference?

Title	Definition
CASA	All advocates in the program
GAL	All advocates in the program
CASA	Only volunteer advocates
GAL	Only staff advocates

- In CHINS/TPR, GAL and CASA are **interchangeable**. Both appointed by the court to represent the **best interests** of the child.
- GAL can be a volunteer or staff. CASA is typically a volunteer (but not always).
- BOTH approach each case with the single goal of advocating for interventions and services designed to ensure that the child is in a safe, stable and permanent home as soon as possible.

GAL/CASA Best Interest Advocacy



Best Interest Advocacy

- Conduct an independent investigation to gather facts, including, but not limited to, reviewing all records, interviewing appropriate parties, and conducting a prompt and thorough review of the case to ascertain the needs and wishes of the child
- **The direct wishes of the child are to be included in every report to the court.**





Direct Representation of the Child

- In Indiana that means an attorney who is licensed by the Indiana Supreme Court, who advocates for the child or youth's expressed wishes. The attorney owes the same duties of professional responsibility to the child client as an adult client (confidentiality). This model may also be called "stated interest", "expressed interest", or "client directed" legal representation.

Current Practice: Indiana

- Every child in a CHINS/TPR is assigned a GAL/CASA pursuant to Federal and Indiana Law
- GAL/CASA programs are required to operate with access to counsel. Those attorneys represent the child/ren's best interest.
 - Attorney directors, staff attorneys, contract attorneys, attorneys on retainer, pro bono attorneys, CASA attorneys, GAL attorneys



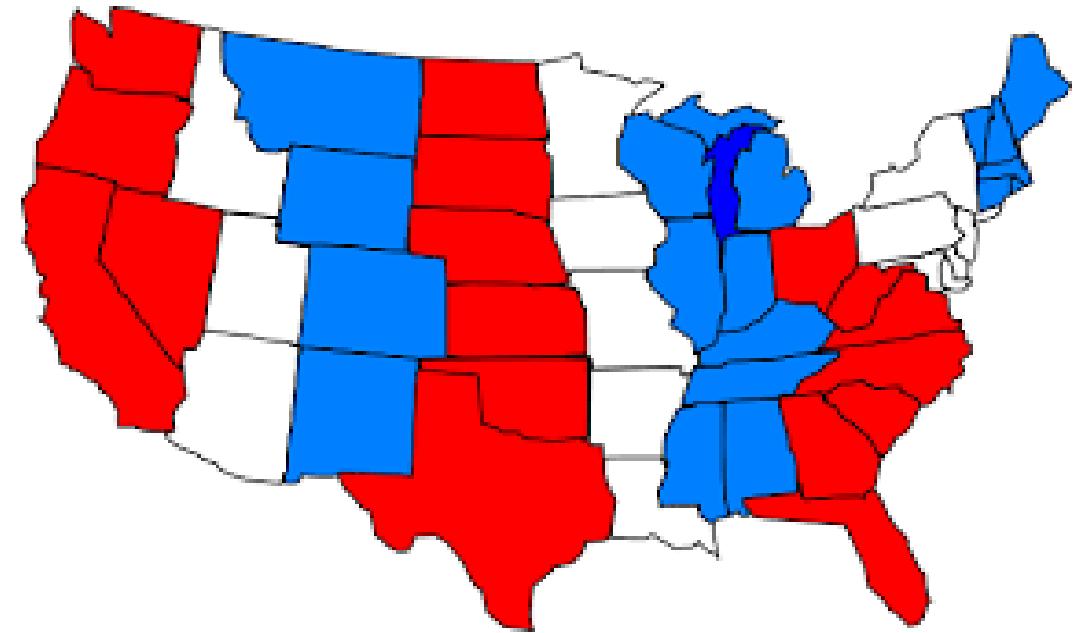
Current Practice: Indiana cont'd



- The court has the ability to appoint a direct representation attorney for a child in CHINS/TPR.
- Often when children have a direct representation attorney, GAL/CASA is the party making that request for older children or children with specific circumstances pursuant to GAL/CASA Best Practice (or case-by-case basis).
- Children in Indiana do have attorney representation on a case-by-case basis.
 - Attorneys contracted with GAL/CASA program, Public defender, pro bono attorney, retained attorney, attorney designated by court, etc.

Practice around the country

- Majority of states use best interest model (same as Indiana)
- As of 2022: Appx. 10 states mandated direct representation of all children. Even in those states, children who cannot articulate his/her wishes receive substituted judgment which is best interest advocacy.



Where does Indiana stack up with other states?

- In 2021 Indiana ranked 24th in time to permanency out of 52 (DC and Puerto Rico) according to childtrends.org
- Other measures of success in Indiana identified by federal review 2024: siblings placed together/staying together, placements with relatives/kinship, children have educational needs met, among others.



Challenges seen in other states with attorneys in dependency cases

- Children not being seen or only being seen immediately prior to court.
- Attorneys that do not have adequate training.
- Caseloads that are unmanageable.
- Professionals that are overpaid and overworked causing frequent turnover and shortage of attorneys willing to take cases.

Importance of meeting with child

- <https://advokids.org/out-of-sight-out-of-mind-report-2024/>
- Findings:
 - Nearly 50% of children in dependency cases in California have never met with their attorney.
- Harms reported: Improper placement disruptions, harmful visitation experiences, emancipation without support, unnecessary or lengthy appeals, separation from family and/or siblings, loss of age-appropriate activities, case delays, and revictimization.
- Bottom line: An attorney for the child that does not know the child can do more harm than good.

Challenges in Indiana: Lack of Resources

“We currently have a critical shortage of lawyers which is impacting access to justice in each of our 92 counties,” Indiana Chief Justice Loretta Rush

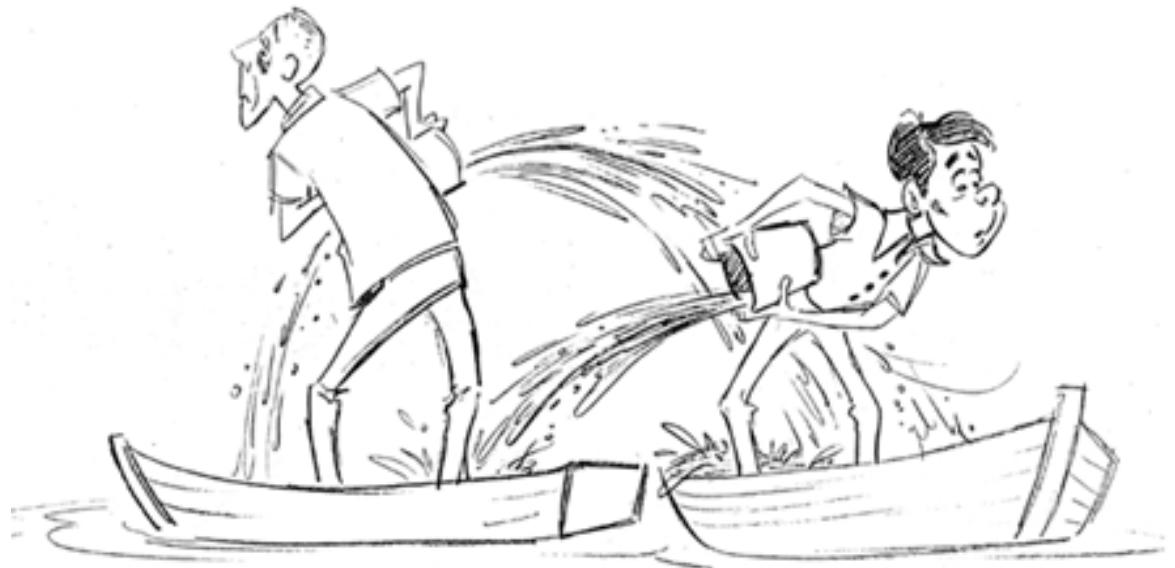
“The state of the attorney shortage – particularly the deputy prosecutor shortage – has become a public safety issue in Indiana. Offices are understaffed, turnover is high, and many deputy prosecutors are underpaid.” – Courtney Curtis, assistant director of IPAC

15,000-16,000 practicing attorneys in Indiana – Justin Forkner, CAO of ISC

16,224 Children with DCS cases in July of 2024

Public servants

- Practitioners in public service are passionate about the work
- Careers in public service pay far less than private practice
- Prosecutors, public defenders, DCS attorneys, government attorneys



Proposal

- What do we already have that we can build on?
 - One of the largest, established statewide GAL/CASA networks in the country.
- How can we build on that?
 - Increase access to attorneys for GAL/CASA programs that will provide more access directly to children.
- How can that work?
 - Cases that are less challenging, involve less intervention, etc., may require little to no attorney involvement.
 - Challenging cases with complex issues, involve older children, will have more attorney involvement.



GAL/CASA Best interest attorneys: How can we help?

- Petition for Guardianship to expedite permanency
- Petition to Modify Custody to expedite permanency
- Petition for TPR
- File Petition for Adult Guardianships
- Intervene in Adoptions
-



Determining if the child needs direct representation

Indiana GAL/CASA Best Practice

Victims of human trafficking
Dual status youth (JD and CHINS)
Significant conflict between best interest and child's wishes
When there is a need for attorney-client privileged..

Screening tools

Older youth
Residential settings
Substance use disorder
Multiple placement disruptions
Mental health conditions...



Addressing Training

- An attorney wanting to serve as a GAL/CASA must have “training appropriate for the person’s role, including the identification and treatment of child abuse and neglect; and early childhood, child, and adolescent development”.
- Current requirements for direct representation attorneys in CHINS/TPR: **none**
- Proposal: State Office of GAL/CASA has four (4) hour curriculum that covers: CHINS/TPR Process, Trauma-Informed Advocacy, the Ethics of Working with Minors, and Models of Representation of Children.
 - In addition to the training the attorneys receive through the local GAL/CASA program.



- **Rae Feller, State Director of GAL/CASA**
- **317.232.2823**
- **rae.feller@courts.in.gov**

Agenda

7. Executive Director Updates

- a. Presentation of 2024 Annual Report
- b. BEST Youth Initiative state visit September 23-25
- c. Introduction of 2024-2025 Sen. Jean Breaux Collaboration Fellows
- d. Discussion on youth and family engagement progress and staffing need

Agenda

8. Commission Member Announcements and Adjournment

2024 Meeting Dates

- October 16
- December 11