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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 16, 2024

# Agenda

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

# Agenda

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- 3. Child Health and Safety Task Force Update: Increasing Housing Stability
  - a. Dr. Jack Turman, Grassroots Maternal and Child Health Initiative



# Housing Equity for Infant Health

*Ensuring that a Safe and Affordable Place to Call  
HOME is a Right for Every Mother and Child*

Jack Turman, Jr. ,Ph.D.

Professor

Director, Grassroots Maternal and Child Health Initiative

Dept. of Pediatrics

Indiana University School of Medicine

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# Starting with Gratitude...

Funders	Leadership Team	Healthy Beginnings at Home Staff	Community Partners
<ul style="list-style-type: none"><li>• Dept. of HHS - Health Resources and Services Administration</li><li>• Indiana Dept. of Health</li><li>• CareSource Foundation</li><li>• Birge and Held Properties</li></ul>	<ul style="list-style-type: none"><li>• <b>Paige Klemme, PhD, LSW</b> - Director, Healthy Beginnings at Home Intervention</li><li>• <b>Adam Mueller, JD</b>, Director, Health Justice Intervention, ED - Indiana Justice Project</li><li>• <b>Breya Birdsong, VP</b>, RDOOR Housing Corp. - Manages Housing Navigation</li><li>• <b>Adam Brainerd, MPA</b>, CareSource</li></ul>	<ul style="list-style-type: none"><li>• LaVonna York, LCSW</li><li>• Sarah Rice, MSW</li><li>• Kati Brown, MSW Student</li><li>• Nina Porter, Tia Washum, Kelly Evans, MSW, Grassroots MCH Leaders</li><li>• Kenzie Mintus, PhD, Assoc. Professor of Sociology</li><li>• Shamika Morales, MSW, PhD Student</li><li>• IU MSW and JD Students</li></ul>	<ul style="list-style-type: none"><li>• Rental Karma</li><li>• St. Luke's Methodist Church</li><li>• North United Methodist Church</li><li>• University of Notre Dame - School of Law</li></ul>

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# Thanks to the Housing Equity for Infant Health Steering Committee!

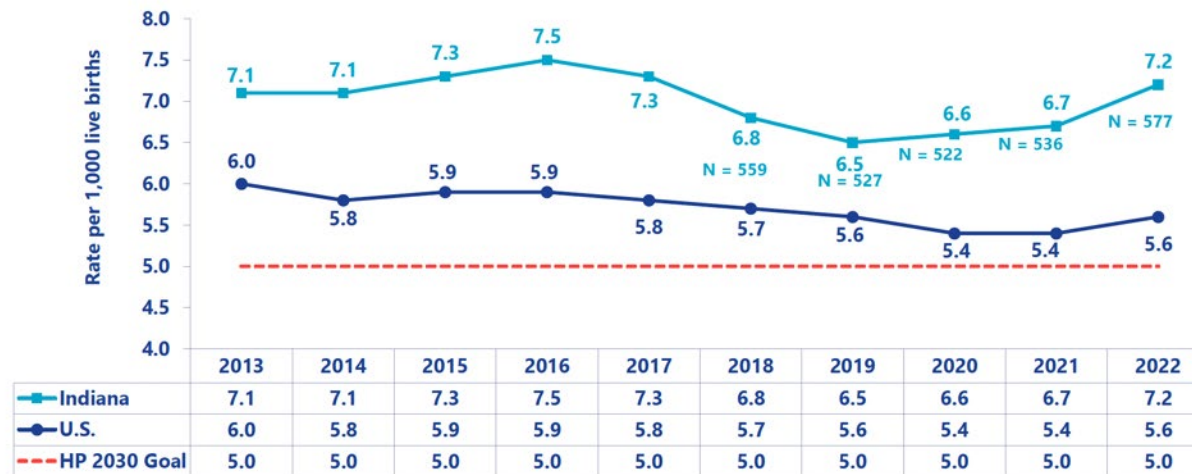
1. Indiana Dept. of Health
2. Coalition for Homelessness Intervention and Prevention
3. Wheeler Mission
4. City of Indianapolis Mayor's Office
5. Indiana Justice Project
6. RDOOR
7. CareSource
8. Prosperity Indiana
9. Grassroots MCH Leaders
10. Birge and Held
11. Indianapolis Housing Authority

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# The Persistent Problem of High Infant Mortality Rates in Indiana

## Infant mortality rates (IMRs) 2013-2022



Infant Deaths  
(before first  
birthday)

- 577 in 2022
- 2700 in last 5 years



# Marion County Infant Mortality Data

	2016	2017	2018	2019	2020	2021	2022
Marion County IN IMR	8.7	7.5	8.1	7.8	7.4	7.3	9.7
Total Infant Deaths	124	107	112	110	100	99	138
Total Number Live Births	14205	14331	13887	14045	13536	13615	14265
Non-Hispanic (NH) Black infant deaths	66	55	60	50	50	49	62
NH Black IMR	14.6	11.7	12.6	10.4	10.8	10.2	13.3
NH Black births	4531	4702	4757	4807	4644	4801	4664
White, non-Hispanic infant deaths	37	31	38	37	31	28	30
White, non-Hispanic IMR	5.6	4.8	6.2	6.2	5.4	5.1	5.7
White, non-Hispanic births	6634	6511	6119	5978	5759	5506	5323
Gap in Rates	9	6.9	6.4	4.2	5.4	5.1	7.6
Excess Black infant deaths	40.8	32.4	30.4	21.2	25.1	24.4	35.4

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# What do High Infant Mortality Rates Tell Us?



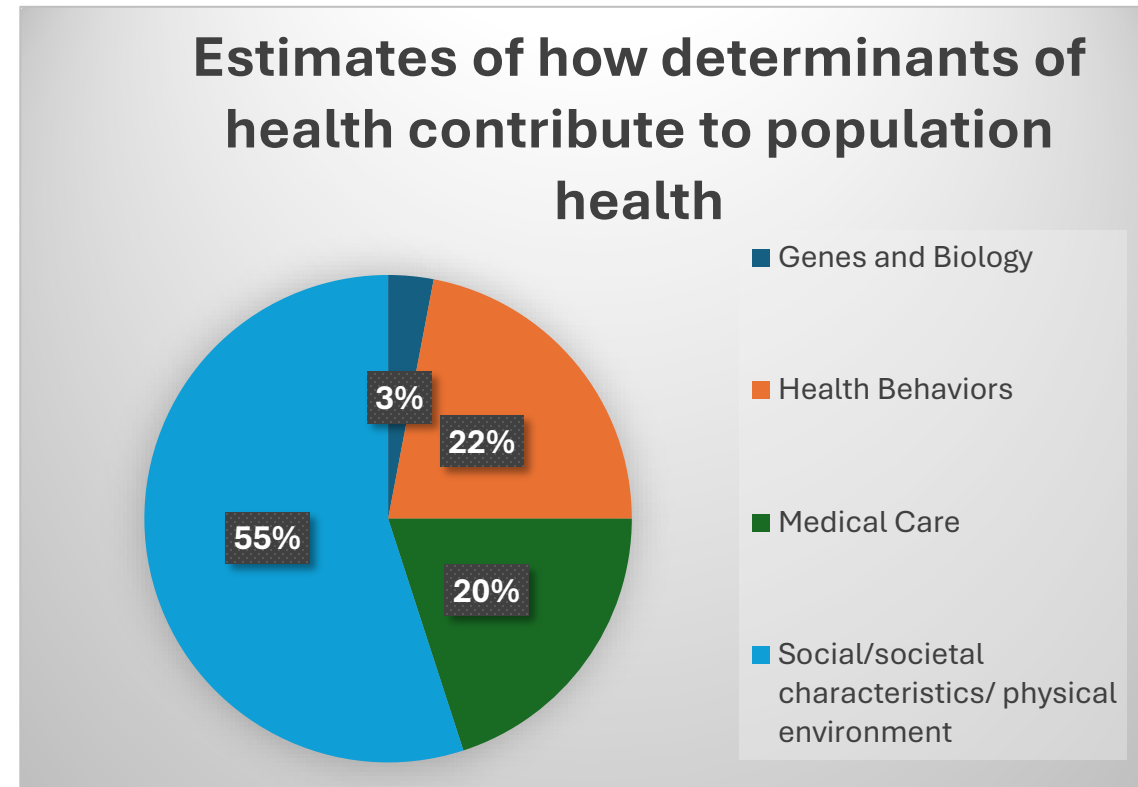
**Infant mortality is critical indicator of a population's health, and the health of its society.**



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# The Need to Address Social Factors Surrounding Families



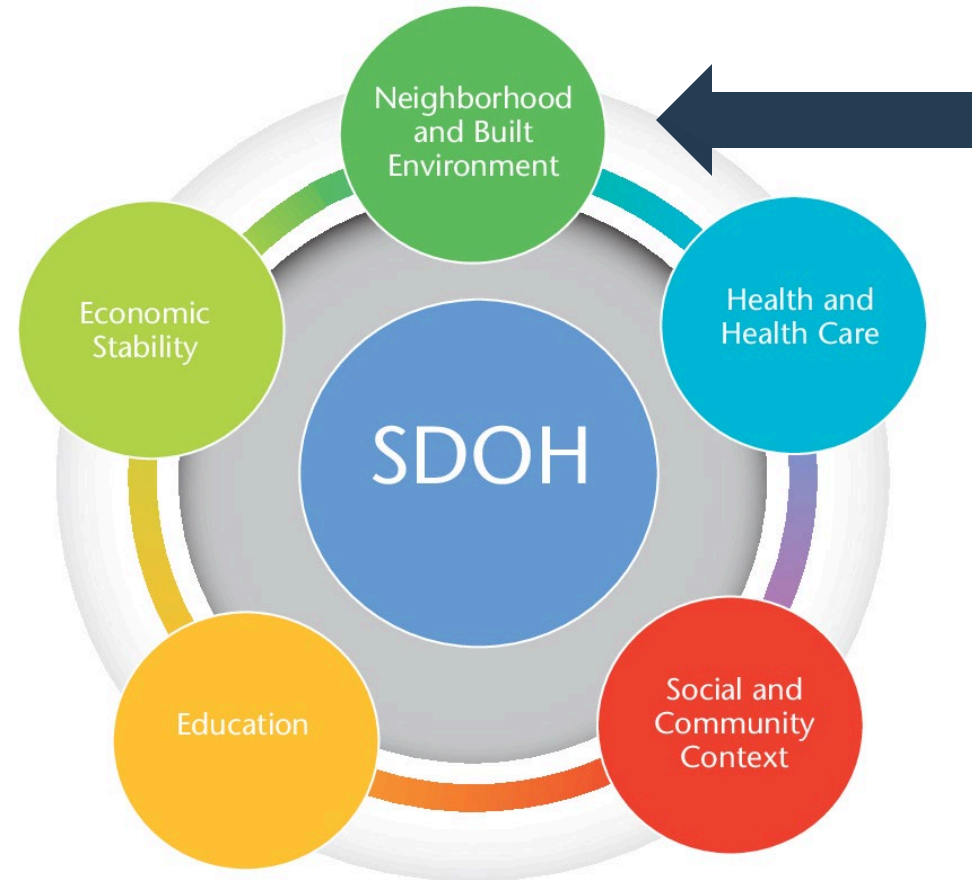
<http://www.cdc.gov/nchhstp/socialdeterminants/faq.html#c>

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# Social Determinants of Health: Addressing Social Systems to Improve Population Health Outcomes

Healthypeople.gov



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# Latisha's Story



“Pregnant with my son, I stayed with friends because local shelters were full. When the welcome wore out, I slept in cars, abandoned houses, and even on a bench. I once stayed in a car when it was five below zero. I tried to fill up on the free food at work because I didn’t know when I was going to eat next. There were some days I didn’t get much to eat at all.

It was a scary thing to be out there – pregnant and homeless.”

From: [https://www.nwitimes.com/opinion/after-being-homeless-while-pregnant-my-baby-is-a-miracle-but-nobody-should-go-through/article\\_16774cab-c926-5337-930f-93e6bfac5619.html](https://www.nwitimes.com/opinion/after-being-homeless-while-pregnant-my-baby-is-a-miracle-but-nobody-should-go-through/article_16774cab-c926-5337-930f-93e6bfac5619.html)





# Indianapolis Housing Insecurity – Pregnant and Parenting

On average, more than 250 pregnant women and their infants experience homelessness annually in Marion County between 2017-2021.

<https://carenetabq.com/homeless-and-pregnant-how-to-get-help/>

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# Only Part of the Story....

Housing Insecurity is more than homelessness:

- Couch surfing
- Sleeping in cars
- Living in overcrowded conditions
- Eviction record
- Trouble paying rent
- Living in uninhabitable conditions



# The Impact of Housing Insecurity on Mothers and Infants

Mothers	Infant
<ul style="list-style-type: none"><li>• Less likely to take pre-conception pregnancy multivitamins</li><li>• Not attend a prenatal visit during the first trimester</li><li>• Forego expenses on personal healthcare services.</li><li>• Less in control of their sexual choices while homeless.</li><li>• Less likely to use barrier protection.</li><li>• Victims of personal violence.</li><li>• Consistent exposure to environmental health risks.</li><li>• Less likely to breastfeed</li><li>• Increased risk of hypertensive disorders, anemia, hemorrhage, longer hospital stays.</li></ul>	<ul style="list-style-type: none"><li>• Low birth weight</li><li>• Preterm birth (20% higher risk – on par with smoking)</li><li>• Increased NICU stay</li><li>• Extended hospital stay beyond 4 days.</li></ul>

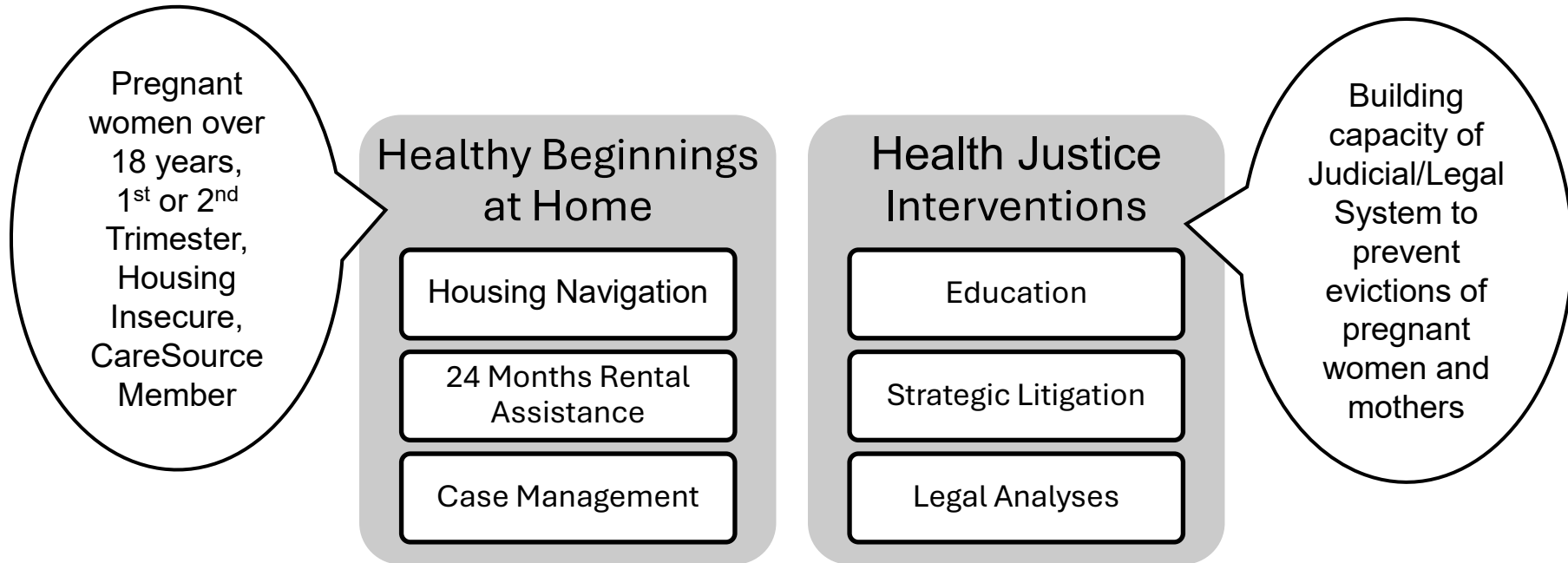


***Housing Equity for Infant Health:  
Providing Housing Security and Support  
for the first 1000 days of a Child's Life***

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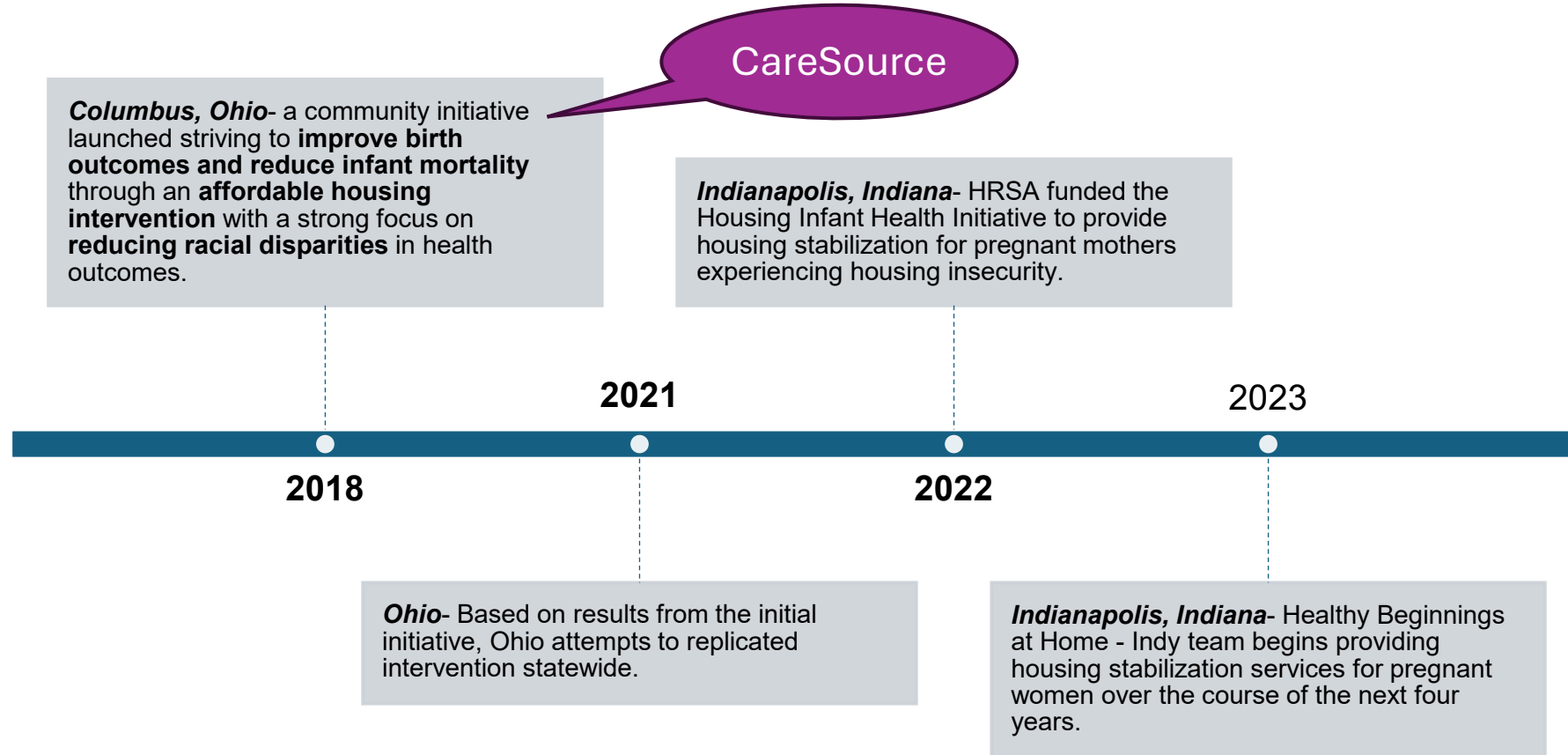
# Housing Equity for Infant Health Components



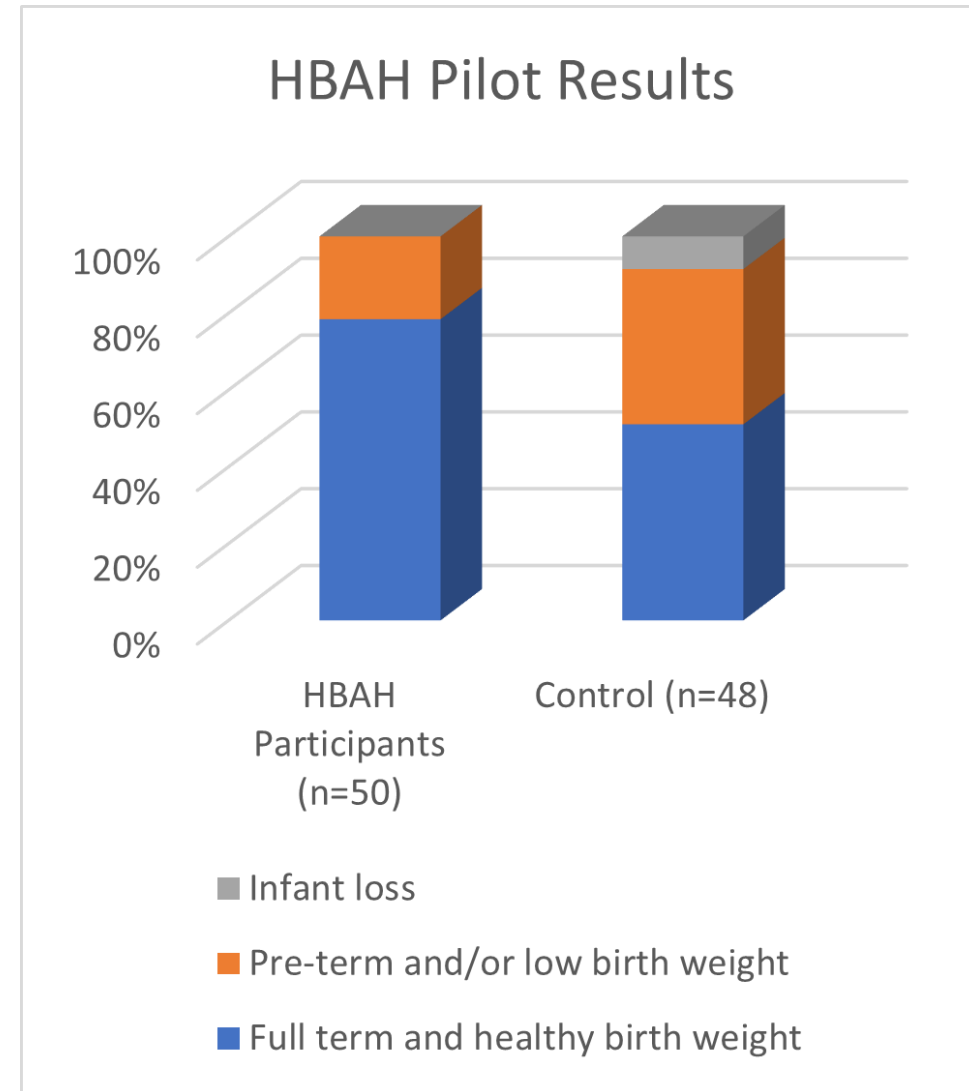
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# History of Healthy Beginnings at Home



# Ohio Healthy Beginnings at Home: Birth Outcomes Results



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# Ohio Healthy Beginnings at Home: Healthcare Utilization Outcomes



Reduced  
utilization

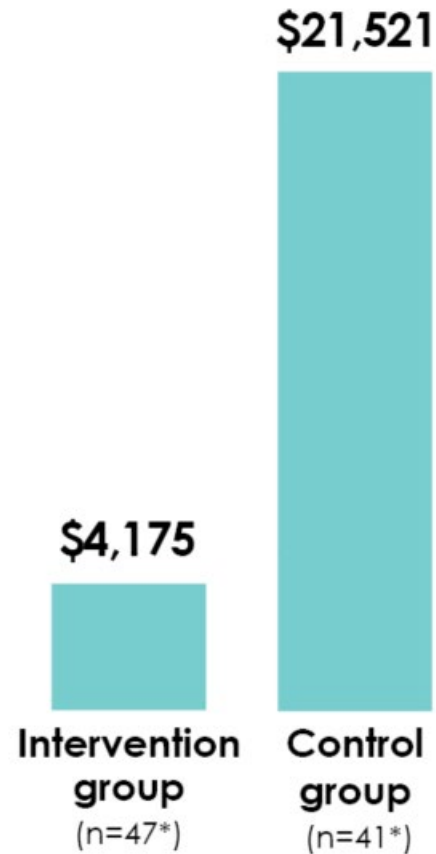
- Emergency hospital stays reduced by **15%** prior to delivery
- The NICU average duration of stay was reduced by **72%** (intervention group from 8 days vs control 29)
- Newborns placed in NICU were reduced by **60%** (33% vs 13%)
- 30-day readmission rates for the intervention group were **less than** the control group (4.3% vs 12.8%, respectively)

# Ohio Healthy Beginnings at Home: Medicaid Spending Outcomes

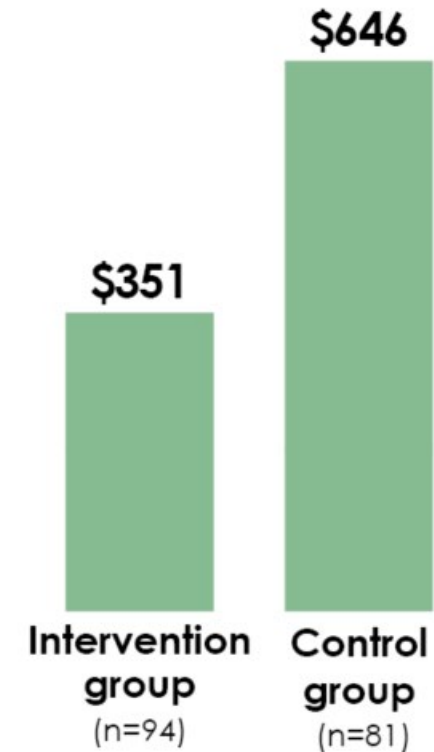
\* n is based on live births. Does not include fetal deaths.

Source: CareSource

Average paid per claim:  
Infant only at time of birth  
until initial release from  
hospital



Total Medicaid spending  
per member, per month  
(PMPM) without outliers:  
All household claims  
(from date of infant's birth  
to first birthday)



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# Ohio – Moving Forward....

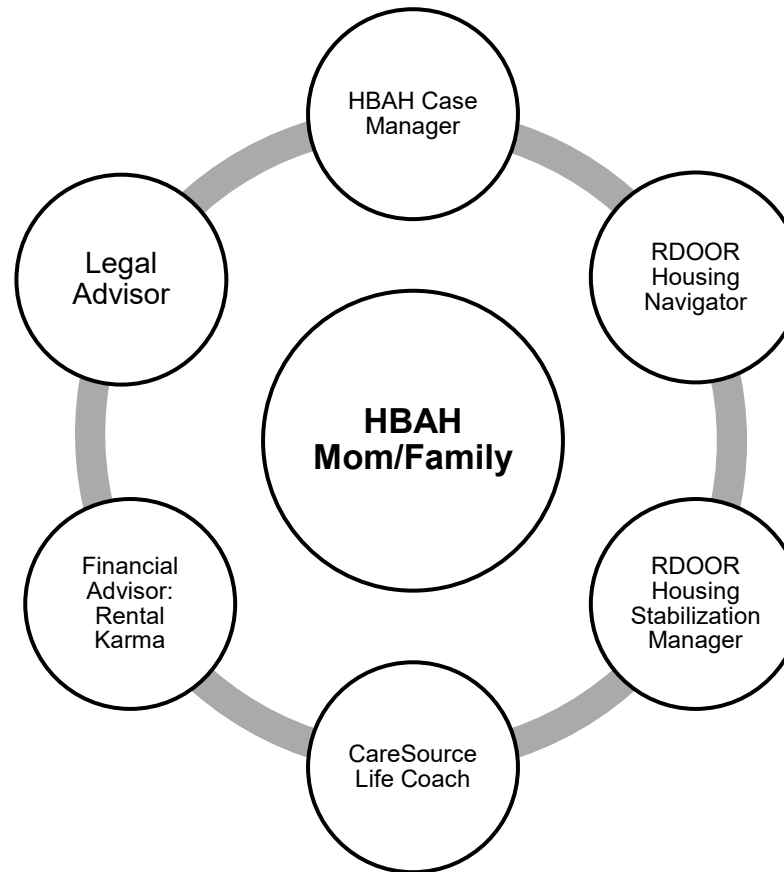
1. 2022 – Governor DeWine allocated \$2.25 million to continue program in two counties.
2. 2023: Governor DeWine’s maternal and child health package – “pursue a federal waiver to provide short-term housing and wrap-around care to pregnant women and new families struggling to find stable housing. Additionally, Healthy Beginnings at Home will expand to more Ohio communities.”  
[governor.ohio.gov](https://governor.ohio.gov).



# **Healthy Beginnings at Home Intervention – Indianapolis Style: Outcomes from May 2023-Present**

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# Creating a Positive Social Network for Each Mother/Baby Pair



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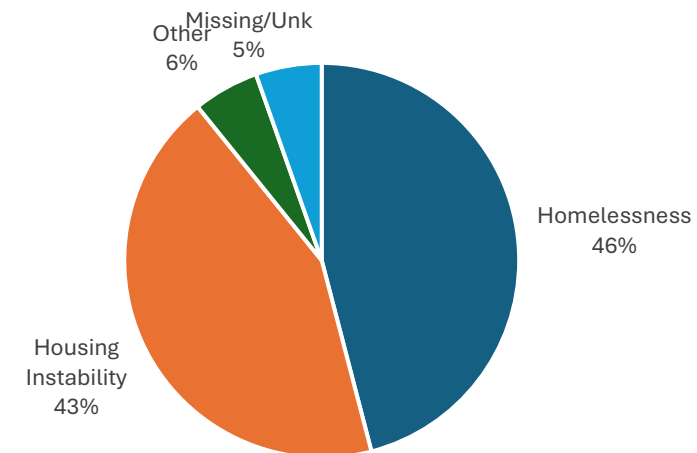
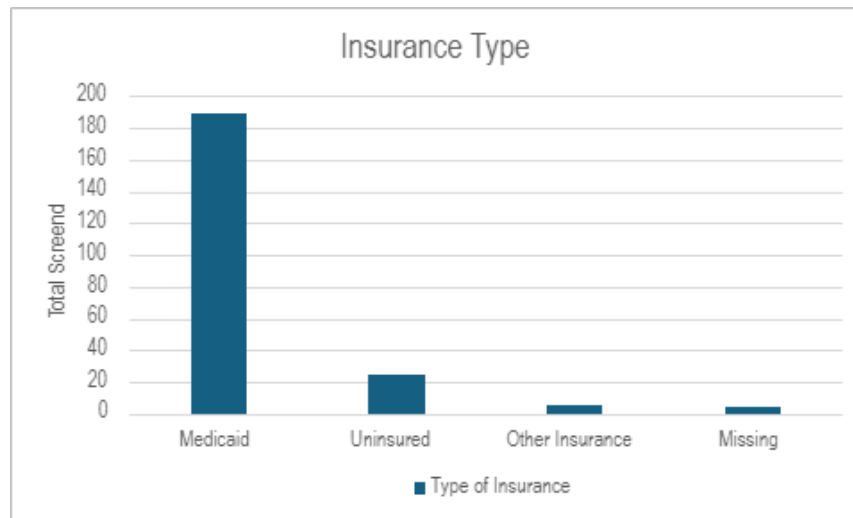
# Systems Change Outcomes!

<i>Develop an Intake System</i>	<i>Rapidly Housing Pregnant Women</i>	<i>Provide a Path for Sustainable Housing</i>	<i>Data Tracking System</i>
<ul style="list-style-type: none"><li>• CareSource</li><li>• 211</li><li>• Self-Referral Link</li></ul>	<ul style="list-style-type: none"><li>• HBAH Staff, RDOOR Staff, CareSource Staff</li><li>• An average of <b>36.9 days to house participants</b></li><li>• <b>Typical city process – 70% housed in average of 120 days</b> (not counting intake).</li></ul>	<ul style="list-style-type: none"><li>• HBAH staff, RDOOR staff, Indianapolis Housing Authority partnership.</li><li>• Guide participants through process to get Section 8 housing.</li><li>• First 11 participants now have vouchers.</li><li>• Process in place to serve the others.</li><li>• Working with INHP for home ownership</li></ul>	<ul style="list-style-type: none"><li>• Health outcomes</li><li>• Economic outcomes</li><li>• Social outcomes</li><li>• Qualitative data from participants</li></ul>

# Learning from our Intake System: Who is Self Referring?

From 9/23-10/24 – 222 people completed self-referral form,  
199 were pregnant.

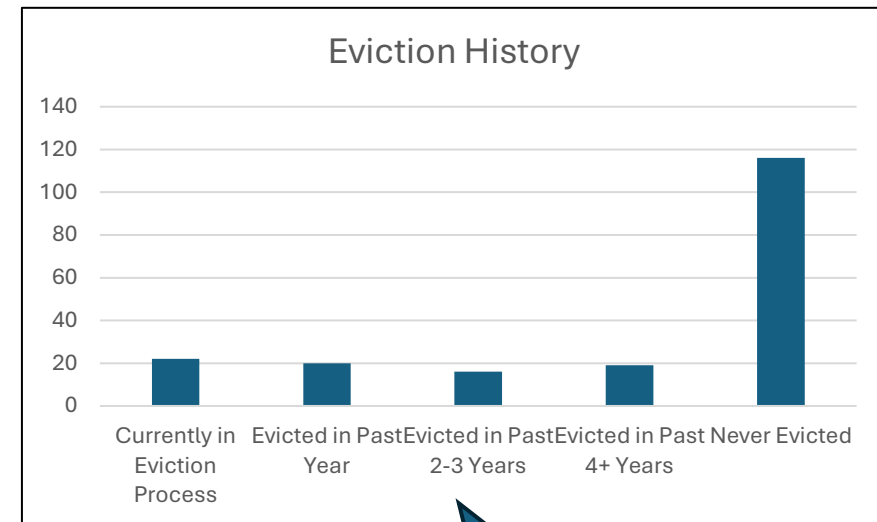
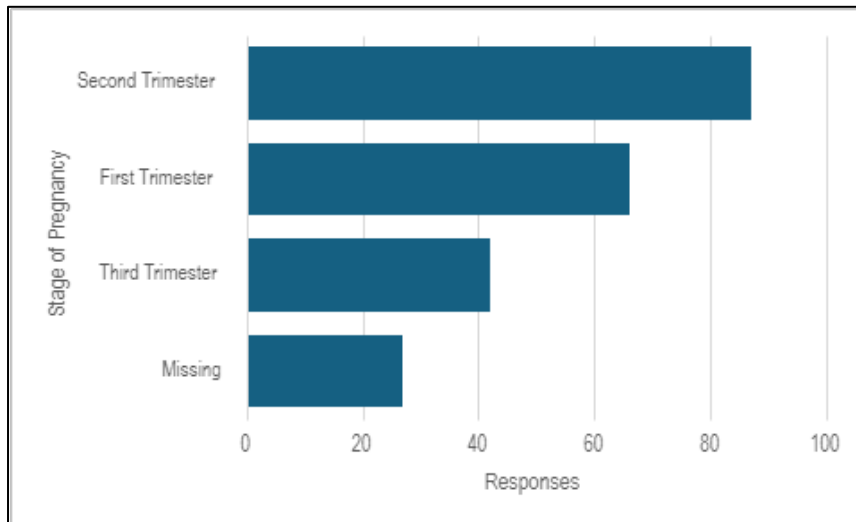
[Note: Approximately 4 months the link was not available as we were not accepting participants.]



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# Self-Referral Demographics Continued



39.8% With  
Eviction  
History

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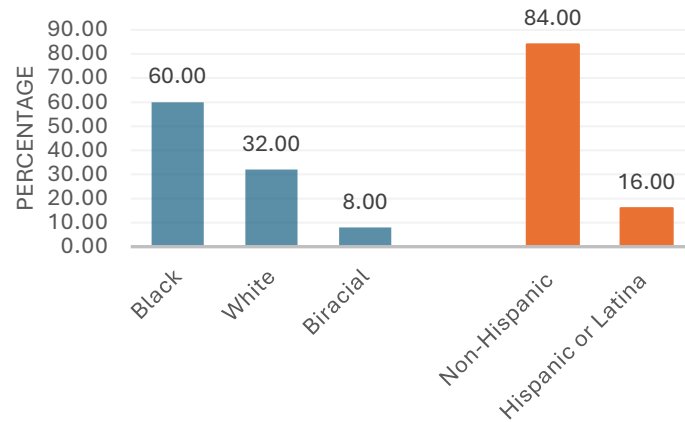


# Characteristics of our First 25 Participants at Intake

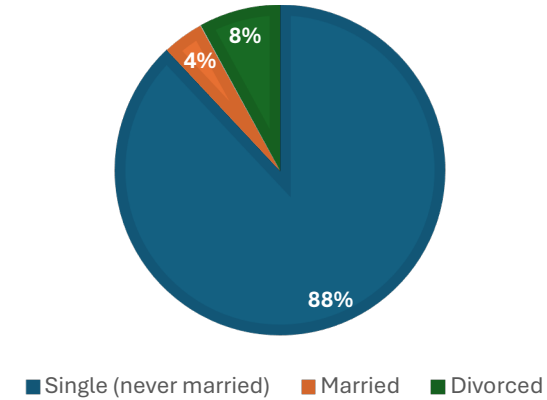
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# Participant Demographics

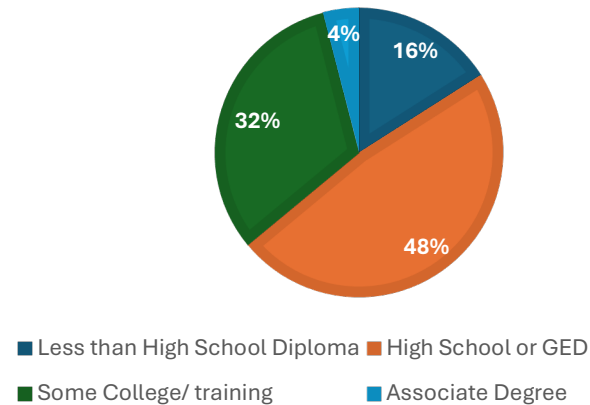
Race and Ethnicity (N=25)



MARITAL STATUS (N=25)



EDUCATIONAL ATTAINMENT (N=25)



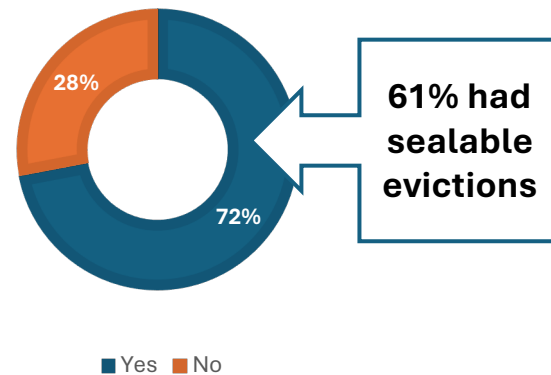
Note:  
2 Participants  
have gone  
back to  
school since  
in our  
program!

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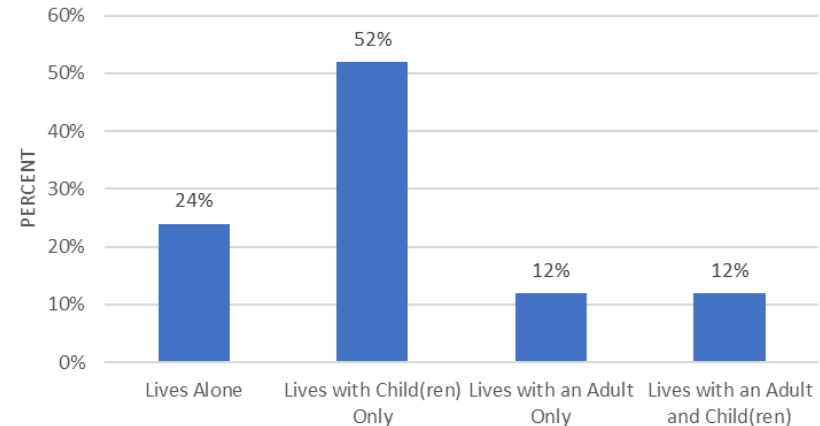


# Social Demographics

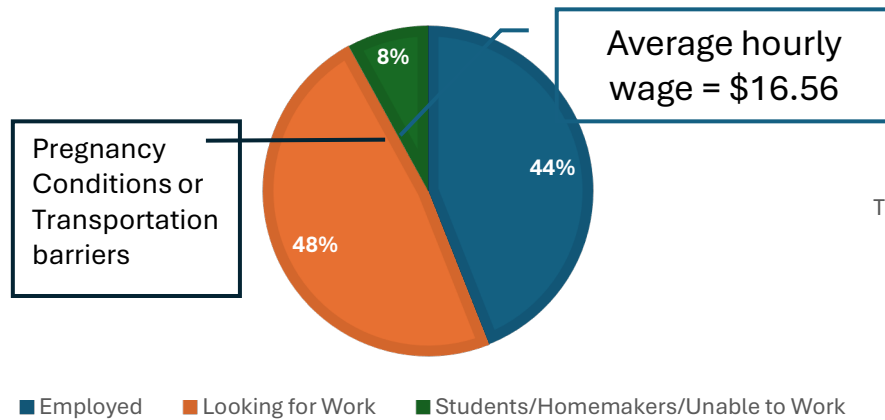
PRIOR EVICTION (N=25)



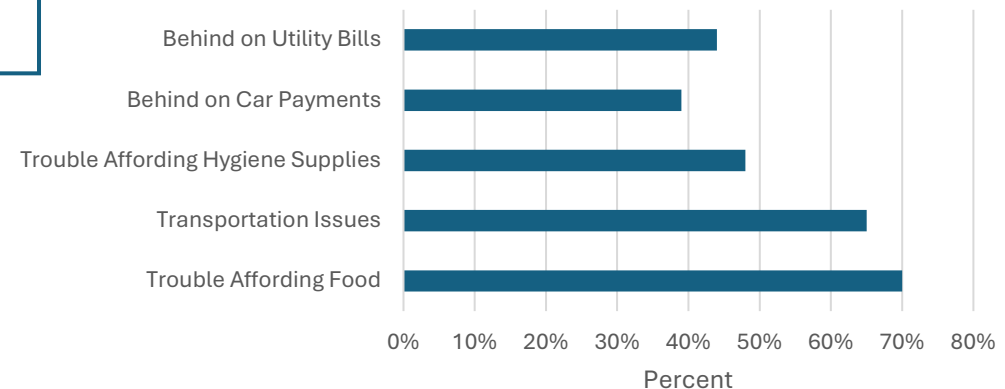
Household Composition



EMPLOYMENT (N=25)



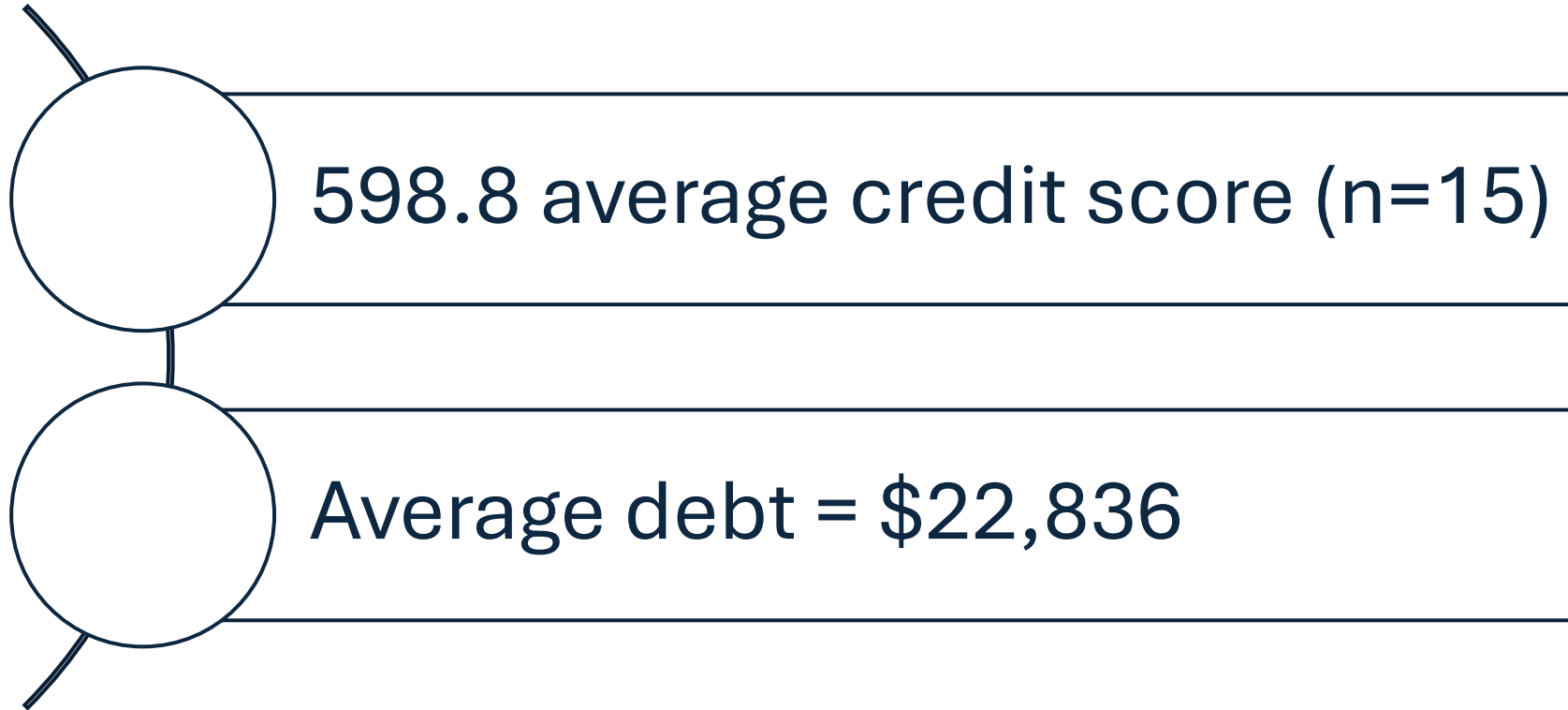
Financial Hardship (N=25)



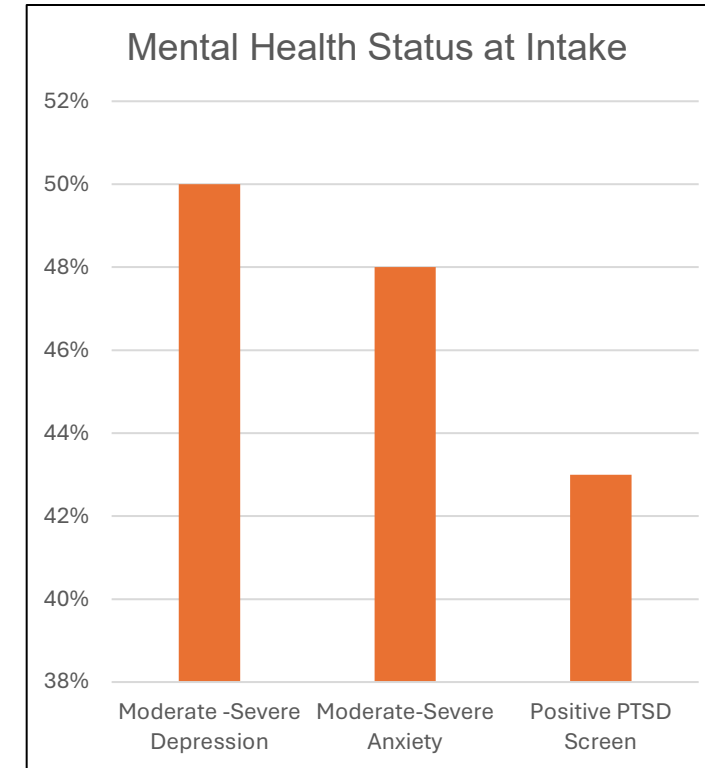
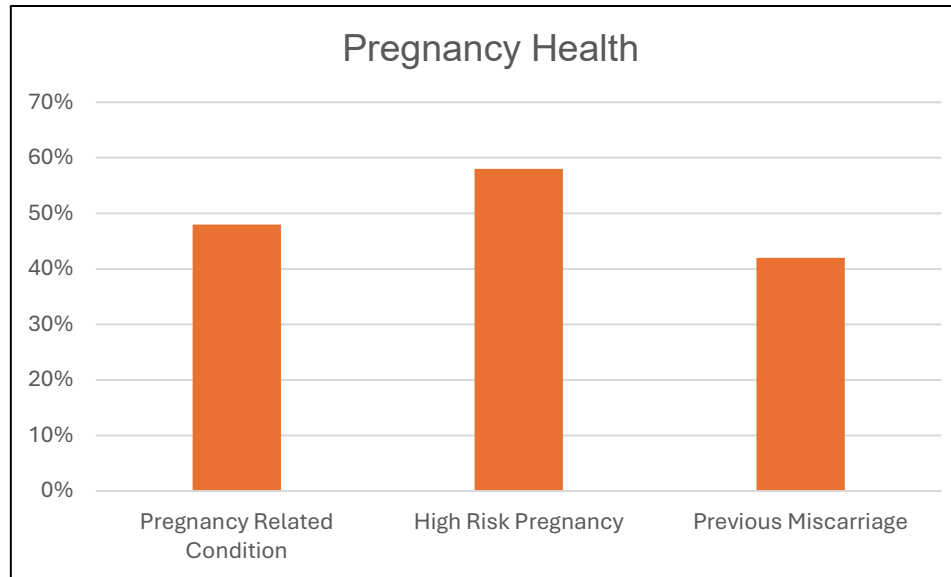
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# Social Demographics Continued



# Health Characteristics



***The average Adverse Childhood Experiences (ACE) score was 4.4.***  
(This indicates that prior to the age of 18, participants on average experienced 4 to 5 adversities. ACE scores greater than 3 indicate a greater likelihood for health and mental health issues.)

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# The Voice of Moms: What led to their Housing Insecurity?

<i><b>Finances</b></i>	<i><b>Unhabitable Living Conditions</b></i>	<i><b>Toxic Environment</b></i>
<ul style="list-style-type: none"><li>• Increase in rent</li><li>• Lack of affordable housing</li><li>• Lack of employment</li><li>• Income restrictions due to pregnancy</li></ul>	<ul style="list-style-type: none"><li>• Mold</li><li>• Pests</li><li>• Pipes bursting</li><li>• Holes in floor</li><li>• Unsafe Neighborhood</li></ul>	<ul style="list-style-type: none"><li>• Partner</li><li>• Friends</li><li>• Other tenants</li><li>• Landlords</li><li>• Overcrowding</li></ul>

# Healthy Beginnings at Home Babies!

## *24 Deliveries of our First 25 Participants!*

- 19 full term infants (79%)
- 2 preterm twins
- 1 pair late preterm twins
- 1 late preterm infant
- 1 fetal loss



**Local Coverage of Initial Successes:** <https://www.wthr.com/article/news/health/indiana-university-pilot-program-provides-housing-for-pregnant-women-aims-to-improve-birth-outcomes/531-fceafe7d-cade-4279-a146-29786ba50336>.

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# Initial Data Comparison Results

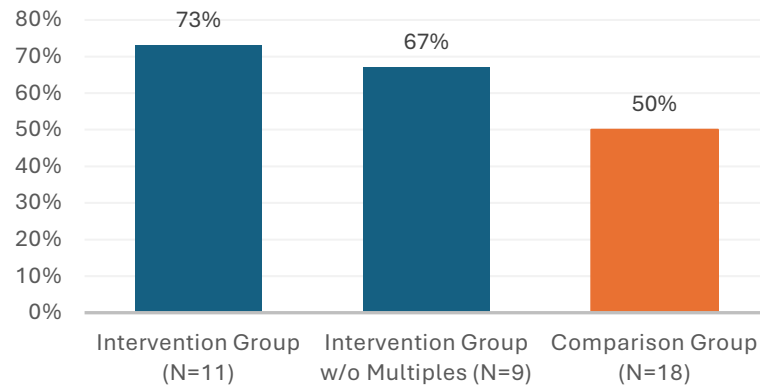
	Intervention (n=11)	Comparison (n=18)
Black	46%	66%
White	36%	17%
Other	18%	0%
Unknown	0	17%

# Birth Outcomes

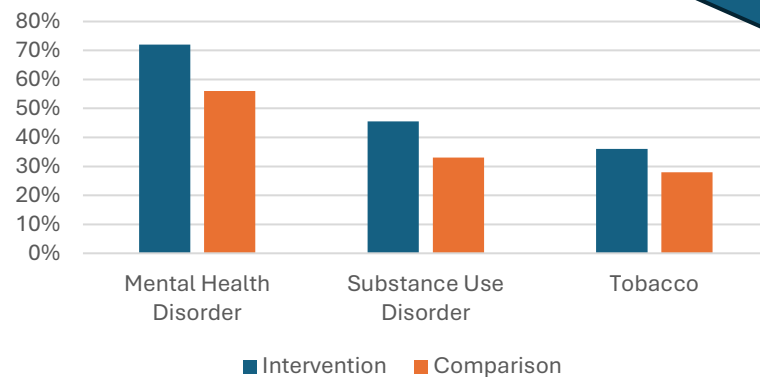
Birth Outcome	Intervention (n=11)	Comparison (n=18)
Twins	2	0
Gestational Age (median)	266 days (8.87 months)	263.5 days (8.78 months)
Infant Mortality	0	0
Preterm Birth	3	4
Low Birth Weight	2	6

# Our Participants Experience Complex Pregnancies

Mother's Medical Fragility

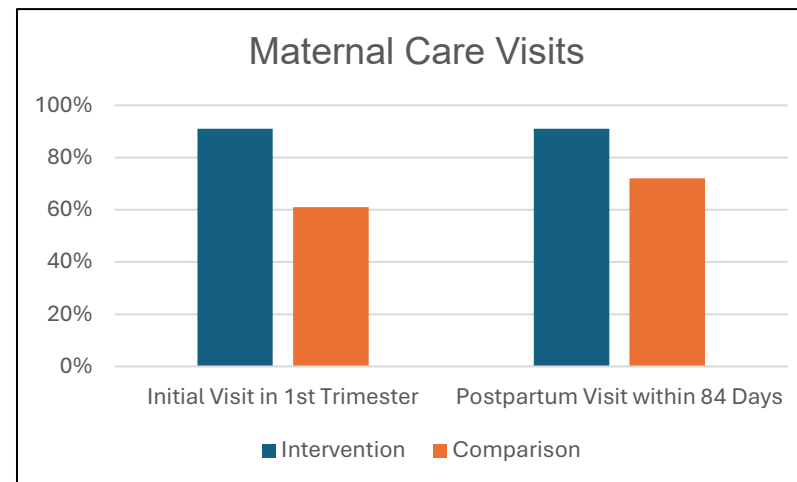
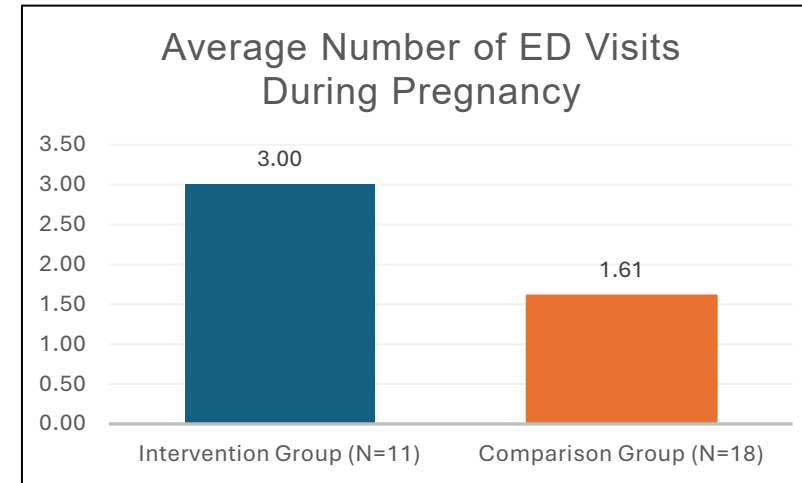
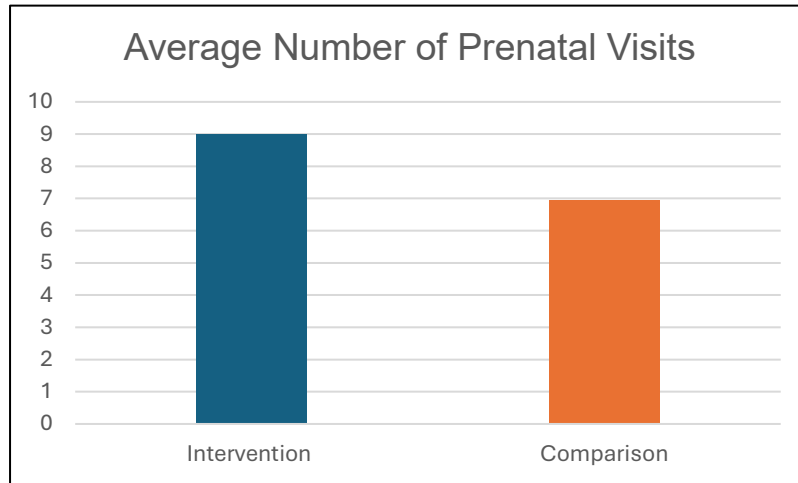


Mental and Behavioral Health



Note: At delivery only one baby in our intervention had a positive drug screen, 2 of our moms went through drug treatment.

# Health Visits



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# Some Initial Trends....

- The intervention group **had more medically fragile mothers**
- The intervention group had a **longer gestational periods**
- The intervention group had **fewer pre-term births and low birth weight babies**
- The intervention group **had higher number of prenatal visits (including 1<sup>st</sup> trimester), ED visits, and postpartum well visit**





**Health-Justice  
Intervention**



**INDIANA  
JUSTICE  
PROJECT**

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# Components of Health-Justice Intervention



# Indiana's Eviction Crisis

Data from 9/1/24	Indiana	Indianapolis	South Bend
Filings Last Month	6,152	2,174	212
Filings Last 12 Months	70,458	25,221	2,615
Filing Rate Last 12 Months (evictions filed per 100 renter households)	9%	15%	8%

“We demonstrate not only that the average evicted household includes one child, but that ***the most common age to experience eviction in America is during childhood.***” *Graetz et al., 2023 (PNAS)*

# Who is Getting Evicted in Indianapolis?

[Data provided by GIMA Court Watching Teams]

Age	Race	Gender
Young n=338, 52.85%	Black n=434, n=67.8%	Female n=399, 61.9%
Middle Aged n=226, 35.3%	White n=140, 21.9%	Male n=232, 35.6%
Senior n=69, 10.8%	Latino n=37, 5.8%	Other n=20, 3.1%
Unknown n=7, 1/1%	Other n=29, 4.5%	

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# System Change Outcomes

## *Individual Small Claims Court Processes*

- Informed Judge of Process to Delay Eviction – Allow access to rental assistance.
- Judge denied damages request of out-of-state landlord.

## *Indiana State Supreme Court*

- Proposals to make eviction proceedings fairer and increase likelihood of amicable resolutions between landlords/tenants
- Coalition for Court Access endorsed changes.
- Under review at Supreme Court Rules Committee.

## *Tenant Protections*

- Release of Tenant's Habitability Guidebook.
- Eviction Sealing Clinic Process

# Legal Education

1. Community-Based Know Your Housing Rights Campaign: **Over 120 people served since May 2023**: Link to sign up for program for your organization:  
<https://airtable.com/appgHpU2CTEHMuIpQ/shrAlp5J4XVyzmRG0>
2. Annual Housing Justice Conference: Raising awareness of legal sector of the intersection of housing and maternal and child health.

The infographic is titled "KNOW YOUR RIGHTS Indiana Renters Guide for Tenants". It features logos for "GRASSROOTS MCH" and "INDIANA JUSTICE PROJECT". The content is organized into several sections with bullet points:

- What to know about Lease Agreements**
  - It is an agreement between landlord and tenant for the rental property
  - It might be written or oral (if oral, ask for every discussed to be put into writing)
  - It outlines rights and responsibilities of both the landlord and tenant
- Before You Sign a Lease Agreement**
  - Do a walk-through
  - Note any damages to property in writing
  - Put all oral agreements in writing
  - READ to Lease to make sure everything you discussed is in writing before you sign
  - Ask for a copy of the lease that you signed
- INDIANA HOUSING LAW REQUIREMENTS**
  - Landlord must comply with all health and housing codes
  - Landlord must maintain electrical, plumbing, sanitary, heating, ventilation and air conditioning (if A/C provided)
  - Landlord must give reasonable notice to enter the property, and only at reasonable times (e.g. not in the middle of the night while sleeping)
  - Landlord must keep common areas of the property clean and safe
- Landlord Obligations**
  - Landlord must fix problems with the property
  - Tenant should notify landlord of problems in writing and give a reasonable time for landlord to fix issues
  - If issues are not fixed, tenant should file complaint against landlord in small claims court
  - IT IS NOT ADVISED THAT YOU WITHHOLD RENT UNTIL THE ISSUE IS FIXED
  - Landlord must return security deposit within a period of time; they may subtract from deposit any damages or unpaid rent
- Tenant Obligations:**
  - Comply with health and housing codes
  - Comply with the lease
  - Keep premises clean
  - Do not damage property beyond normal "wear and tear"
  - Return the property in the condition you found it
- Moving Out:**
  - Tenant should give written notice
  - Remove trash and belonging
  - Give landlord a forwarding address to receive security deposit

# Strategic Litigation-Court Representation

***Represented 11 adults*** in eviction and housing conditions related matters in high-risk zip code with high infant mortality rate.

- The representation included advice and counsel, as well as presenting defenses and arguing motions in small claims court.

## **Demographics:**

- Race: 8 Black, 1 Hispanic, 1 white, 1 unspecified.
- Children in the household: 14, with 7 under the age of 3.


## **Outcomes**

- Repairs to apartments
- Saved contents of apartments
- Delayed eviction ruling to let families get rental assistance



# Strategic Litigation: Evictions

1. Three eviction sealing clinics in 2024:  
**191 Attendees, 245 Eviction Sealing Motions Filed!**
2. All the eligible evictions have been sealed for Healthy Beginnings at Home participants. (**17 evictions for 9 participants**)
3. Indiana Justice Project + IU McKinney School of Law Health and Human Rights Clinic filed amicus curiae brief in Indiana Court of Appeals – The court overturned the eviction and issued guidance on what rules need to be followed for an eviction to be proper.

You may be able to erase past  evictions

**EVICTON SEALING CLINIC**

*Free eviction consultation with attorneys  
plus renters' rights information*

**Saturday, Feb. 10, 9:30 a.m.-12:30 p.m.**

**North United Methodist Church's Fellowship Hall**  
**3808 N. Meridian St., Indianapolis (Corner of 38th and Meridian Streets)**

**FREE! Walk in; no registration is required. First come, first served**

In partnership with Indiana Justice Project and Grassroots Maternal and Child Health Initiative  
For more info email [amueller@injp.org](mailto:amueller@injp.org) or call (317) 924-2612

# Legal Analysis Reports

- An Indiana specific report card (policy brief) on American Bar Association eviction guidelines.  
<https://law.nd.edu/news-events/news/the-notre-dame-clinical-law-center-publishes-report-on-shortcomings-in-indiana-eviction-laws/>.
- An eviction trauma report for the Indiana Bar Association  
[https://cdn.ymaws.com/www.inbar.org/resource/resmgr/pdfs/June\\_2023\\_RG.pdf](https://cdn.ymaws.com/www.inbar.org/resource/resmgr/pdfs/June_2023_RG.pdf).
- A policy brief regarding the impact of poor housing stability on pregnancy, maternal health, infant health, toddler health and school age children's health and well-being.  
<https://medicine.iu.edu/pediatrics/specialties/health-services/grassroots-maternal-child-health/housing-equity>



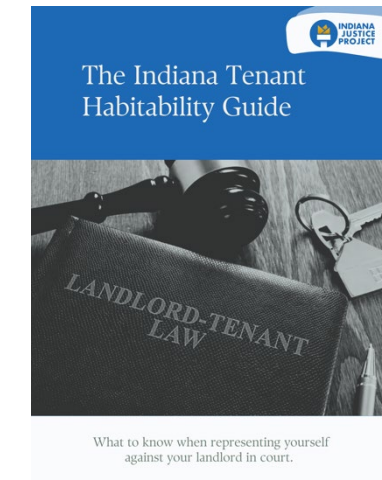
**Eviction Protections for Renters:  
Does Indiana Make the Grade?**

Notre Dame Clinical Law Center  
February 1, 2023



# Legal Analysis Reports

- Eviction Record Sealing Processes:  
<https://law.nd.edu/news-events/news/indiana-justice-project-and-the-notre-dame-clinical-law-center-publish-a-report-on-the-future-of-eviction-record-sealing-in-indiana/>
- Community Legal Strategies to Address Indiana's Maternal and Child Eviction Crisis:  
<https://indianalawreview.com/2024/07/09/community-legal-strategies-to-address-indianas-maternal-and-child-eviction-crisis/>
- Indiana Tenant's Habitability Guidebook:  
Release October 18<sup>th</sup>!



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# **Next Steps: Must Address Indiana's Habitability Crisis**

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## Experience of a Participant Prior to Enrollment in our Program

“And then we started having black mold grow up underneath the cabinets, and there’s like holes in the floors under the carpet, from like termites or something. In the walls in the bedroom, we can hear the mice and the birds all climbing through. When the pipe busted, the water came all down there....and they just left it there. We called them. They just left it. We have holes where our water heater is, that we can see into the next apartment.”

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# Habitability Data from our Participants

1. 13 of 25 – lived in poor habitability conditions that led to their evictions and housing insecurity.
2. We have had to move 4 participants from their units because of poor habitability conditions.
3. 13 participants successfully utilized our advocacy to work with landlords regarding safety-related housing conditions that includes: poor ventilation, water bubble in ceiling, mold, raw sewage in property, faulty plumbing, and gas leak (verified by gas company).

# Moving Forward...

We are working to address serious habitability issues in Indianapolis:

1. Pending HUD proposal – implementing a Healthy Homes Intervention for Healthy Beginning at Home participants and families in Indianapolis Healthy Start.
2. Assisted City of Indianapolis with HUD Capacity Building Grant to Address Lead Contamination – Just awarded!!



# Our Hope and Vision for all Moms and Babies in Indiana....



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# Concluding with the Voices of the Moms in our Program

## #AsktheWomen!

*How has this program impacted your life?*

"I don't know where I'd be right now without HBAH. It's scary to think about sometimes. The program has given me and my kids a roof over our heads, which really means we didn't have to worry from one day to the next if we would have a home or not, and having housing stability makes a difference. Before I enrolled, there would be days I would often wonder if I would have a home to go back to and some days think, "Are we going to have to stay in our car for a while?" This program has made me feel seen, and the people who work there give me the security and support of always having someone in my corner to back me up. When I was going through homelessness and other issues, they saw me, helped me, and I never felt judged by them, not once, and I've never had that before."



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# What would you like lawmakers to know about our program and the need to address housing insecurity for pregnant women?

"That it's a program that's REALLY NEED because even someone who's like me, even though I don't have any evictions, I don't have the credit. So, the issue of credit scores makes it much harder for me to get an apartment--I may have the fund, and I may be able to pay rent and deposit and prove my income, but because of my CREDIT score is at a 600, they look at that. And I feel like that's not fair because not all of us know about credit or were taught, and before I even knew what credit was had already messed mine up. ***Lawmakers should know that through this program people can get a second or even third chance (regardless of our credit score) and give us opportunity and time to be able to better ourselves and our kids' lives; Stability is needed to work on bettering yourself and this is the only program, that I know of, that offers that.***





# To Learn More....

## Contact:

- Jack Turman, Jr., Ph.D., Professor, Director – Housing Equity for Infant Health Initiative, ([jaturman@iu.edu](mailto:jaturman@iu.edu))
- Paige Klemme, Ph.D., Director – Healthy Beginnings at Home, Indiana ([pklemme@iu.edu](mailto:pklemme@iu.edu))
- Adam Mueller, JD, Director – Health Justice Intervention ([amueller@injp.org](mailto:amueller@injp.org))

## Visit and Follow Us:

- <https://medicine.iu.edu/pediatrics/specialties/health-services/grassroots-maternal-child-health>
- [Facebook](#), [Twitter](#), & [Instagram](#): @GrassrootsMCH
- YouTube: <https://rb.gy/umyp7u>
- LinkedIn: <https://rb.gy/4wjlf6>



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# Agenda

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- 4. BEST Youth Initiative Update
  - a. Mark Fairchild and Uma Ahluwalia

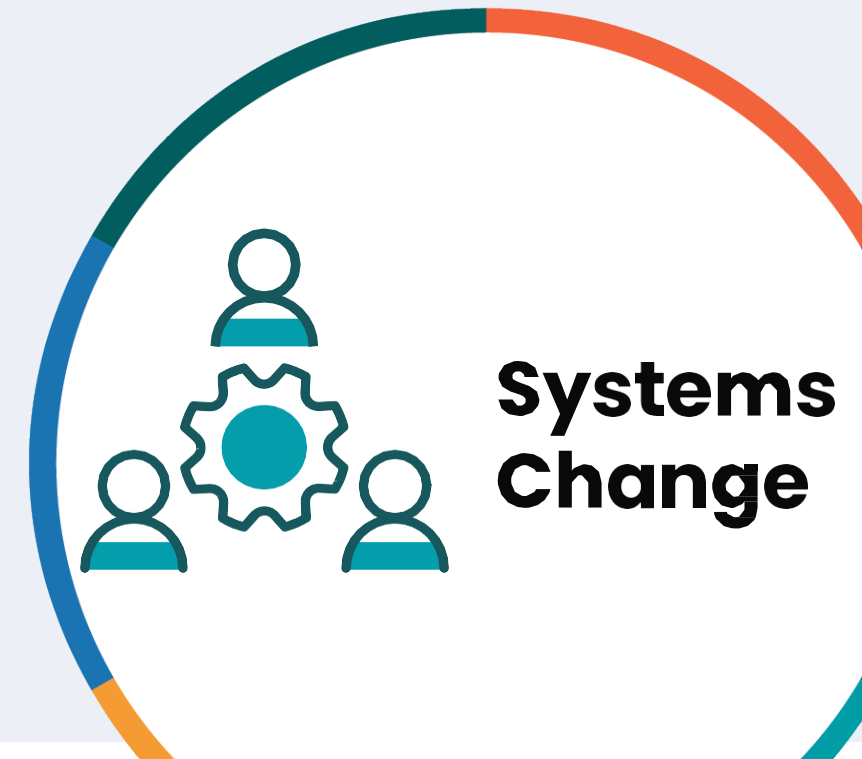
# **Building Ecosystems Statewide for Thriving Youth Initiative**

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

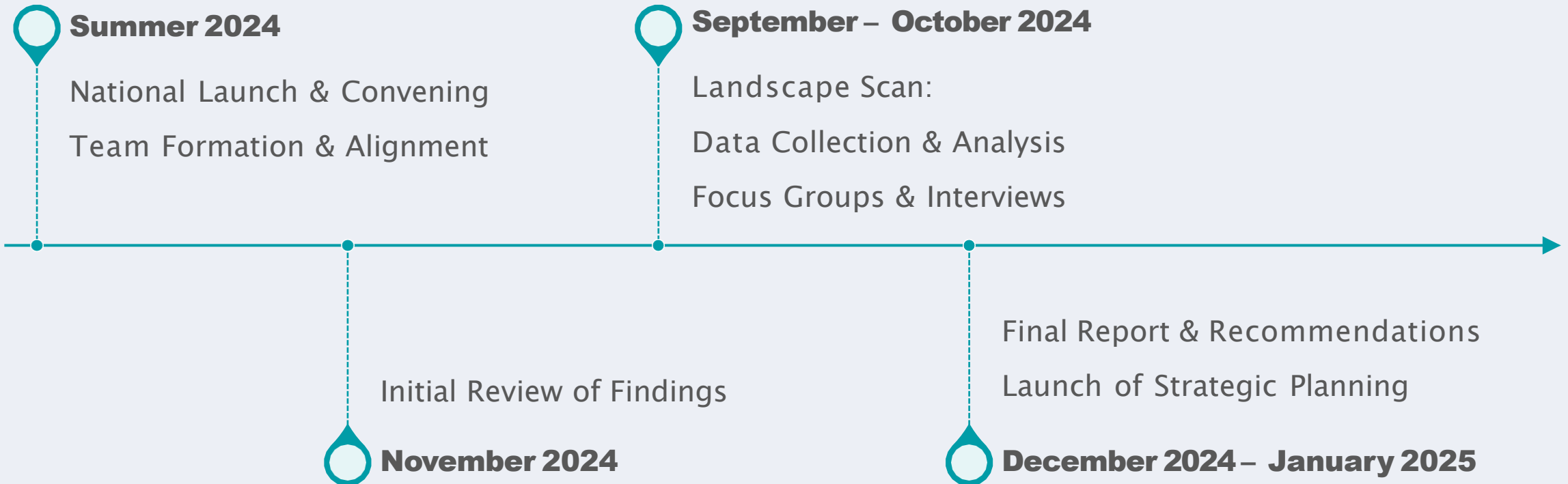
October 16, 2024



- Co-Design outcome driven reforms with innovative leaders
- Implement a youth and family-centered approach to systems change
- Elevate promising practices



# State Action Lab: Discovery Timeline



- Gain deeper insights into Indiana's youth serving systems through a comprehensive assessment (qualitative & quantitative).
- Engage in a generative and collaborative process
  - explore contextual considerations that may influence how strategies are executed, leveraged and sustained.
  - identify strengths, challenges, emerging trends and strategic opportunities that will enable Indiana to make more informed decisions moving forward.
- Develop a holistic understanding of the current landscape while gaining valuable insights into dynamics, youth & family preferences & needs, as well as potential areas for growth and innovation and effective coordination of support and care.



1. Understand drivers of chronic absenteeism
2. Understand policies and practices that are in place to support regular attendance
3. Assess and understand policies and practices that are needed to decrease chronic absenteeism and improve regular attendance
4. Assist in selecting strategies that are culturally responsive, inclusive and equitable
5. Identify the resources needed to support effective implementation of identified strategies to reduce chronic absenteeism



# Interviews & Focus Groups

1. Data & Strategy Officer on DEI – Governor’s Office
2. Department of Education
3. Probation
4. Juvenile Detention Alternatives Initiative (JDAI)
5. Division of Mental Health & Addiction: Suicide Prevention
6. Ripley County Court Services
7. Court of Appeals Judge
8. Kids Voice
9. Youth Justice Oversight Committee (YJOC)
10. GAL/CASA (multiple counties – urban and rural)
11. Multiple Legislators
12. Morgan County Prosecutor & Probation
13. Prosecuting Attorneys Council / CISC JJ Task Force
14. Department of Child Services – Foster & Kinship Care
15. Department of Health – School Health Liaisons, Maternal & Child Health
16. Public Defender’s Office
17. Wayne County Community In Schools (CIS)
18. Handle With Care
19. Indiana Youth Institute
20. Division of Mental Health & Addiction: MH & Wellness Team
21. 3 PWLE Focus Groups: 2 young adult with lived experience & 1 parent/caregiver with lived experience
22. Interim Study Commission on Education (attended hearing)



- Indiana YRBS data reports
- Indiana Kids Count data and other reports from the Indiana Youth Institute
- Indiana Department of Education policy statements and attendance reports
- Indiana State Board of Education data and presentations
- 2024 Chronic Absenteeism Legislation
- Commission on Improving the Status of Children information
  - Enabling legislation, annual report, strategic plan, TOC, meetings & recordings
- Youth Justice Oversight Committee
  - Enabling legislation, diversion workgroup, toolkit, meetings & recordings, final reports
- National Chronic Absenteeism Fact Sheets



- Structural changes
  - Defined by incentive funding, accountability metrics, policies, and data utilization.
- Relational changes
  - Defined by how systems work together to achieve goals, with an emphasis on stakeholder and person with lived experience (PwLE) relationships and partnerships.
- Transformational changes
  - Defined by focus on mindset shifts and systemic culture changes.



- Policy
  - YRBS data utilization challenges due to lack of local data and low participation (weighted data).
  - Barriers in policy, such as consent approaches varying drastically between principals.
  - Indiana's abstinence-only policy impacting sexual education.
  - Differences in priorities with changes in the health commissioner, influencing data dissemination.
- Practice
  - Staff working in isolation due to the lack of mandatory links between positions.
  - Variations in data collection practices across schools and districts.
- Infrastructure
  - Difficulty accessing comprehensive statewide YRBS data due to non-participating schools.
  - Capacity challenges for school-based health centers (SBHC), with services varying drastically by location.
- Partnership
  - Department of Health (DOH) collaboration with DMH and FSSA to build Youth Advisory Boards (YAB).
  - Public Defender and juvenile systems are constrained by structural issues like geographic justice disparities.



- Policy
  - Leveraging the DMHA YAB for youth involvement in policy discussions.
  - Challenges in influencing actionable policy, especially around youth voices being acknowledged but not always acted upon.
- Practice
  - Building relationships with schools to improve YRBS participation by fostering trust and communication between DOH and educational institutions.
  - Public Defender partnerships with probation officers to improve juvenile justice outcomes.
- Infrastructure
  - Lack of continuity in school relationships due to staff turnover (principals and superintendents), leading to inconsistent collaboration.
  - SROs (School Resource Officers) in some schools but not others, creating unequal support systems.
- Partnership
  - Collaborative efforts with stakeholders, including doctors, schools, and nonprofits, to advocate for data utilization from YRBS results.
  - The role of coalitions in creating systemic changes to address barriers in health and justice systems.



# Transformational Changes

- Policy
  - Shifting cultural mindsets to be more receptive to youth mental health data and feedback.
  - Increased focus on social-emotional learning and mental health in schools despite policy barriers like abstinence-only education.
  - Addressing data sharing policies to facilitate data driven decision-making
  - Applying the right balance of restorative and accountability policies to address chronic absenteeism
- Practice
  - Implementing a feedback loop involving across school staff, partner agencies, PwLE and advocacy community to improve cross system collaboration to address chronic absenteeism
  - Increased receptivity to cultural change and acknowledgment of differences in roles and responsibilities, especially between departments and partners.
  - Engaging people with lived experience informal navigator roles to address root cause issues in families with students who are chronically absent
  - Creating whole family strategies to address root cause issues
  - Hiring more attendance liaisons and school counselors to support students and their families
- Infrastructure
  - Reintroducing mentorship and shadowing metrics to bridge generational divides and support professional development.
  - Shifting mindsets to see School Based Health Centers with mental health competencies and capacities as well, as integral to the school community and improving service provision for mental health and strategies to reduce adolescent pregnancies.
- Partnership
  - Building alliances through initiatives like CISC, JDAI and other statewide coalitions to address issues like chronic absenteeism, maternal mortality, and school health policies.
  - Promoting long-term collaborations between youth advisory boards, policymakers, and health departments for sustainable changes.



# Discussion & Questions



# Agenda

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## 5. Executive Director Updates

### a. Mark Fairchild

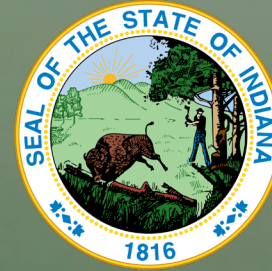
# Executive Director Updates

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- Presentation on youth and family engagement staffing need



# Family & Youth Engagement: Progress, Future & Emerging Needs



Commission on  
Improving the  
Status of Children



## Family & Youth Engagement: *Progress Made*

- **4 Youth Representatives Appointed** to the Commission (2021 & 2023 for 2-year terms)
- **Youth Member** added to Task Force
- **3 Family & Youth Engagement Summits**
- Inaugural cooperative **Youth Day at the Statehouse** (2024)
- **BEST Youth Initiative** Selection (2024)
- First Task Force created with **Family & Youth representation as a priority** (2024)

## Family & Youth Engagement: *Future Activities*

- **Additional Educational Opportunities** for Family & Youth serving on the Commission and its Task Forces.
- **Youth Members** added to all Task Forces.
- Expanded **Youth Day at the Statehouse with In-Person Convening & Training** of Youth with Lived Experience.
- Creation of an **Indiana Family & Youth Engagement Network** to support, encourage and expand engagement statewide.

## Family & Youth Engagement: *Emerging Needs*

- **Additional Funding for Events & Activities:**
  - Online & in-person event costs (e.g. speakers, food)
- **Additional Funding for Family & Youth:**
  - Youth Representative & Task Force members meeting & activity reimbursement
  - Travel & mileage reimbursement
  - Educational opportunities costs
- **Additional Staff Support:**
  - **Outreach & Engagement Coordinator** leading engagement activities family and youth, as well as outreach to support and expand statewide efforts.

# Executive Director Time Study



# Coordinator Time Study



# Financial Breakdown & Proposal

- **Additional Funding for Events & Activities:**
  - With outside funding support, limited to **\$5000/yr**
- **Additional Funding for Family & Youth:**
  - Youth Representative & Task Force members meeting & activity reimbursement - **\$4800/yr**
  - Travel & mileage reimbursement - **\$1200/yr**
  - Educational opportunities costs - **\$2400/yr**
- **Outreach & Engagement Coordinator**
  - Salary, benefits & support costs: **\$80,000 - 85,000/yr**
- **Additional Funding Requested: \$90,000 annually**  
(raising the total Commission budget to **\$440,000** annually)

## Why Should the Commission Expand Our Efforts?

- Our commitment to improving the status of children requires meaningful engagement with families and youth.
- The movement toward incorporating lived experience voices is rapidly growing - across state agencies, youth-serving organizations and in national initiatives.
- The Commission is in an ideal position to assist with all these efforts, while also ensuring that state policies and practices are informed and impactful.



# Executive Director Updates

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- Discuss issues for monitoring and potential action for the 2024 Indiana General Assembly
- December 11th Commission meeting & reception

# Fall Virtual Series

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REGISTER NOW



The summit will feature a keynote speaker, training on strategic sharing, and a peer-led young adult panel discussion.

- We warmly invite anyone interested to join us for meaningful conversations and listening sessions, engaging with diverse narratives that inspire systemic change.

# Agenda

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## 6. Commission Member Announcements and Adjournment

# 2024/2025 Meeting Dates

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- December 11 with reception
- February 12
- April 9
- June 18
- August 20
- October 15
- December 10 with reception