

Commission on
Improving *the* Status
of Children in Indiana

Commission on Improving the Status of Children

DECEMBER 19, 2018

Agenda

1. Welcome and Introductions
2. Consent Agenda

Agenda

3. Strategic Priority: Child Safety & Services

- Victoria Szczechowski: Child Services Oversight Committee

Agenda

3. Strategic Priority: Child Safety & Services

- Sandy Runkle: Child Abuse Prevention Subcommittee

Indiana Statewide Framework for Child Maltreatment Prevention

- Gleaned from Child Maltreatment Prevention, A Planning Framework for Action
 - Chapin Hall at the University of Chicago

Initial Steps

- Review plans and frameworks that have already been completed
- Are there common themes/ideas among these plans
- What are the gaps in the plans
- Identify who will be the leaders in coordinating the framework
- Identify any outside entities that will be needed, e.g. partners who will be responsible for data collection and interpretation
- Create a budget

Initial Steps

- Identify partners and other stakeholders
- Identify core (and common) set of values
- Identify what is already being done among stakeholders
- Determine some of the priority issues in our state, e.g. substance abuse, infant mortality
 - What has been, or is being done to address these issues
 - What is the data, and how is it being shared in order to secure outcomes
 - What have been some of the challenges with accomplishing goals

Moving Forward

- What becomes the selected outcomes and indicators
 - These outcomes and indicators would be decided upon by the partners, e.g. quality and affordable caregiving, safe, supportive neighborhoods
- May start with pilot communities and develop local implementation teams
- Disseminate surveys to parents/caregivers and develop focus groups with parents/caregivers
- Identify specific policies or interventions that are promising, as well as those that align with the state's desired outcomes

Moving Forward

- Continuing follow-up to see if policies and outcomes are being met. This follow-up is done through surveys and in working with the local implementation teams.
- Create tool-kit that can be utilized by other communities based upon outcomes.
- This toolkit can be tailored to meet local community needs

Probable Resources Needed

- Academic partner to assist with data collection and data analysis
- Lead team or entity to coordinate efforts and be primary contact for partners, stakeholders, and those who are responsible for the data
- Timeframe would be 18 months to 2 years to complete
- Areas that we are currently aware of that will cost:
 - Partner who is assisting with data
 - Some statewide travel for focus groups and meeting with local implementation teams
 - Marketing of framework and toolkit

Agenda

3. Strategic Priority: Child Safety & Services

- Dr. Leslie Hulvershorn & Dr. Zachary Adams



Leslie Hulvershorn, MD | Zachary Adams, Ph.D., HSPP

Project ECHO: A Behavioral Health Workforce Expansion Strategy

Objectives

1. Introduction to ECHO model
2. Indiana OUD ECHO
3. Opportunities & Future Directions



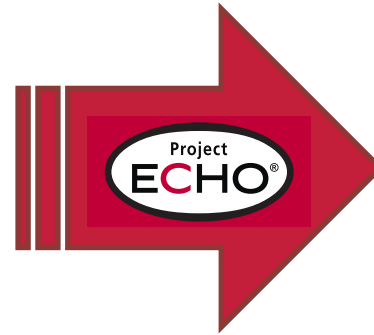
Problem



People need access to specialty care for complex conditions



Not enough specialists to treat everyone, especially in rural communities



Solution



ECHO® trains primary care clinicians to provide specialty care services

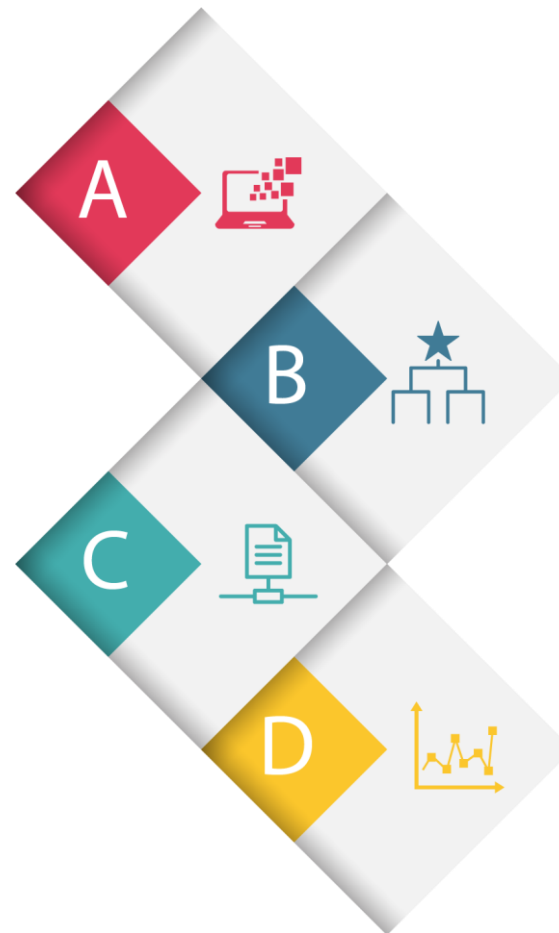


Patients get the right care, in the right place, at the right time.

The ECHO Model

Amplification – Use
Technology
to leverage scarce
resources

Case Based
Learning
to master
complexity

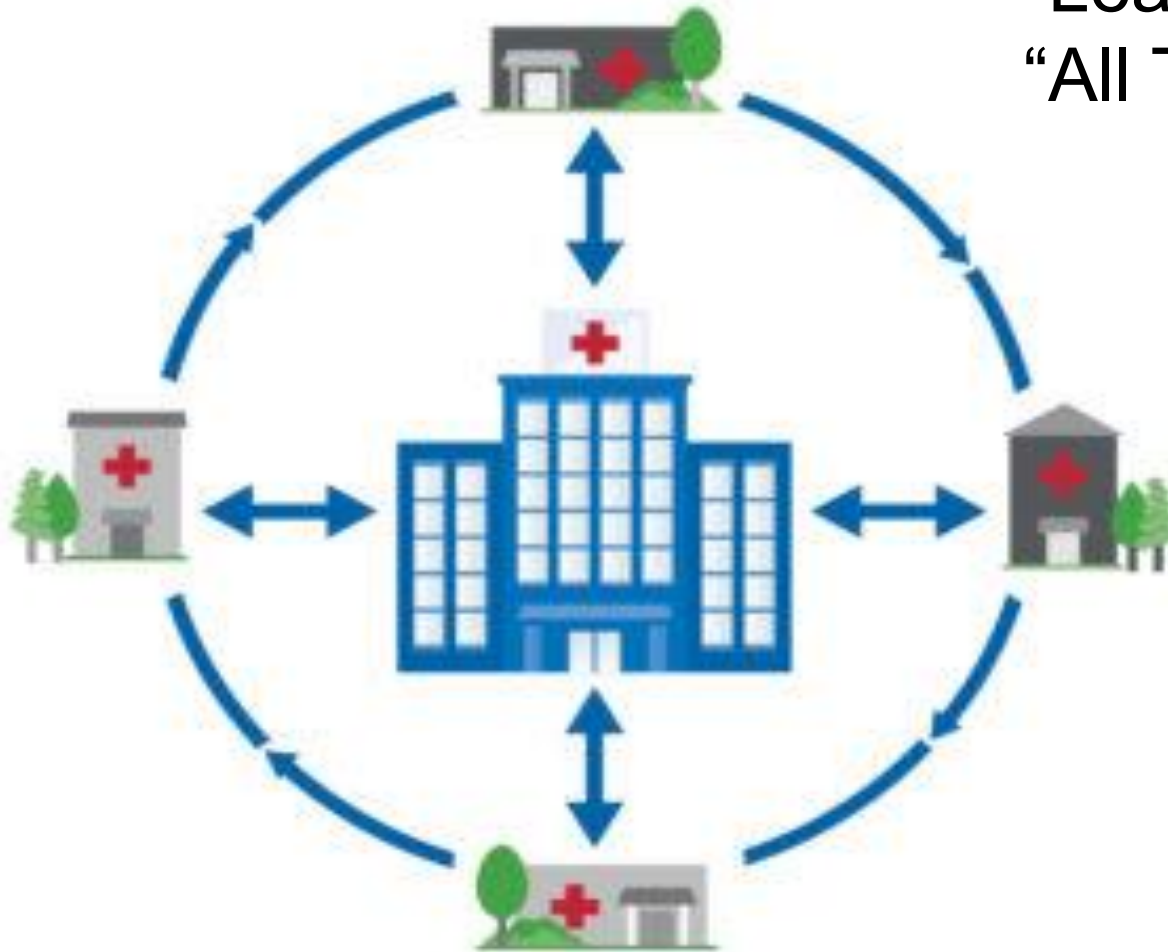


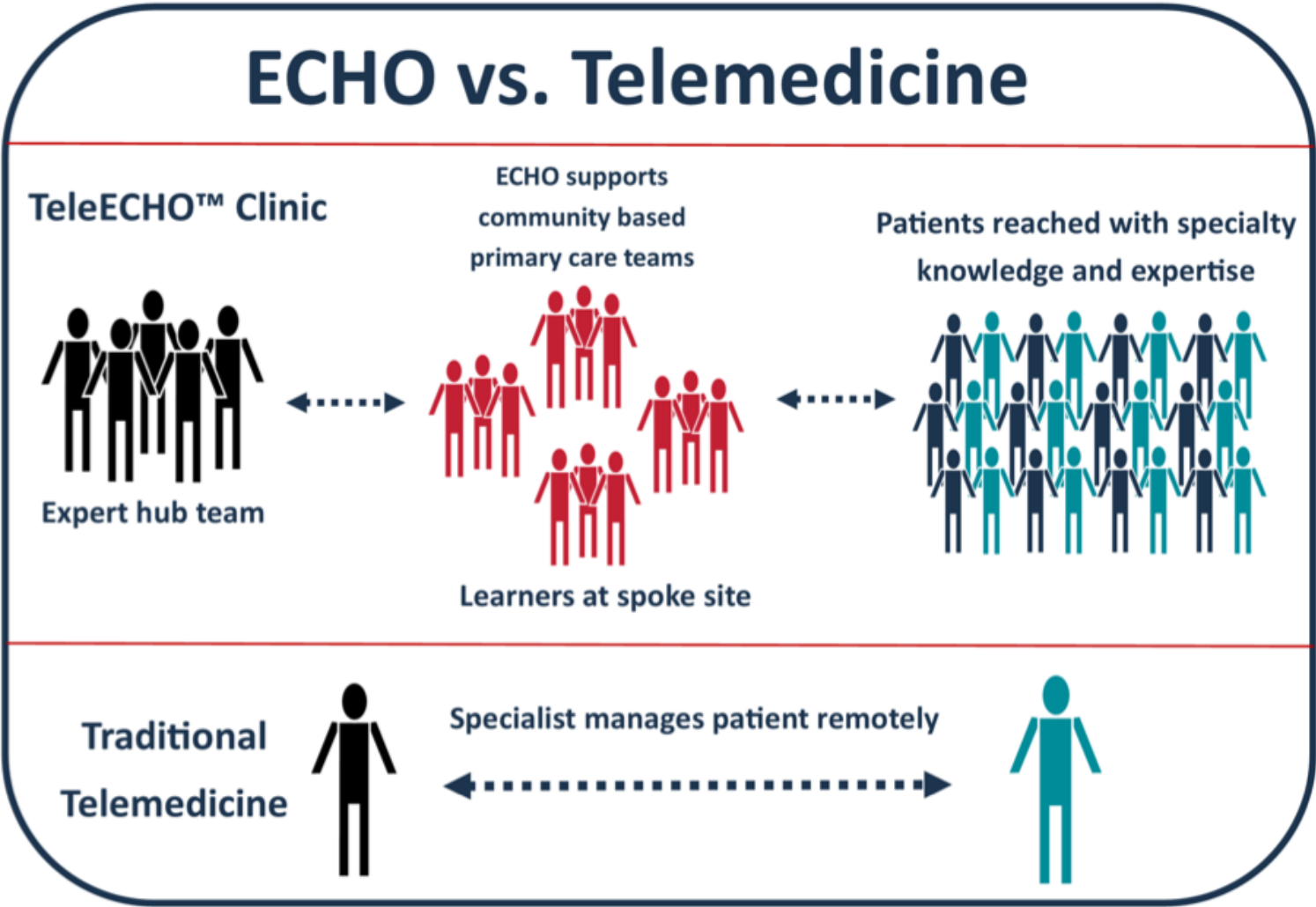
Share **B**est
Pactices to
reduce disparity

Web-based
Database to
Monitor
Outcomes

The ECHO Model

“Learning Loops”
“All Teach, All Learn”

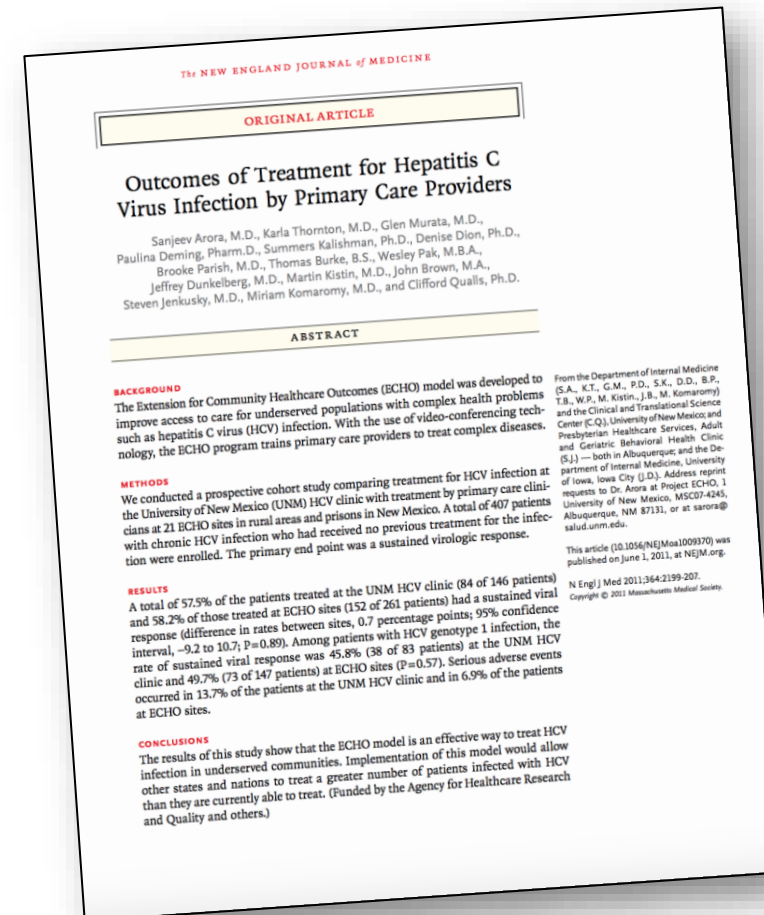




Treating provider retains responsibility for managing patient.

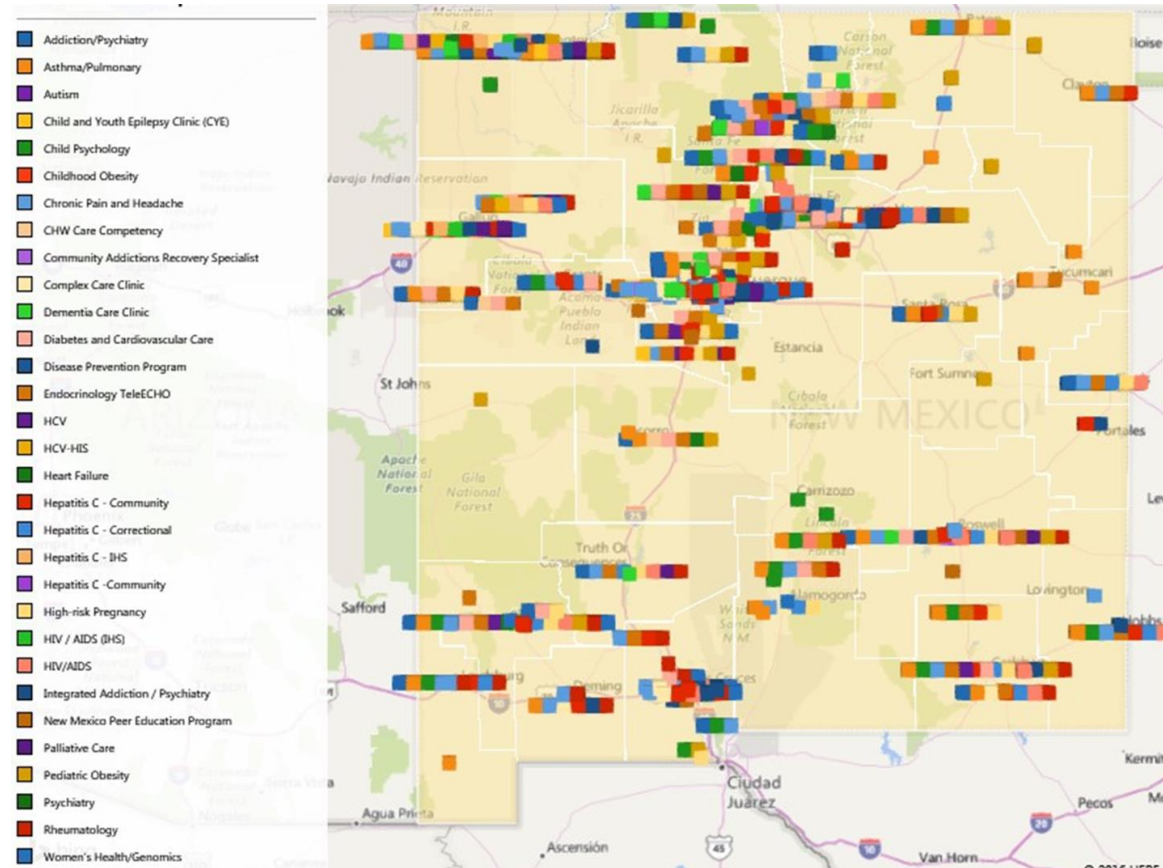
Outcomes of Treatment for Hepatitis C Virus Infection by Primary Care Providers

Arora, S., Thornton, K., Murata, G., Deming, P., Kalishman, S., Dion, D., ... & Kistin, M. (2011). Outcomes of treatment for hepatitis C virus infection by primary care providers. *New England Journal of Medicine*, 364(23), 2199-2207.



Adapted from Copyright © ECHO Institute

ECHO Hubs & Spokes – New Mexico



Adapted from Copyright © ECHO Institute





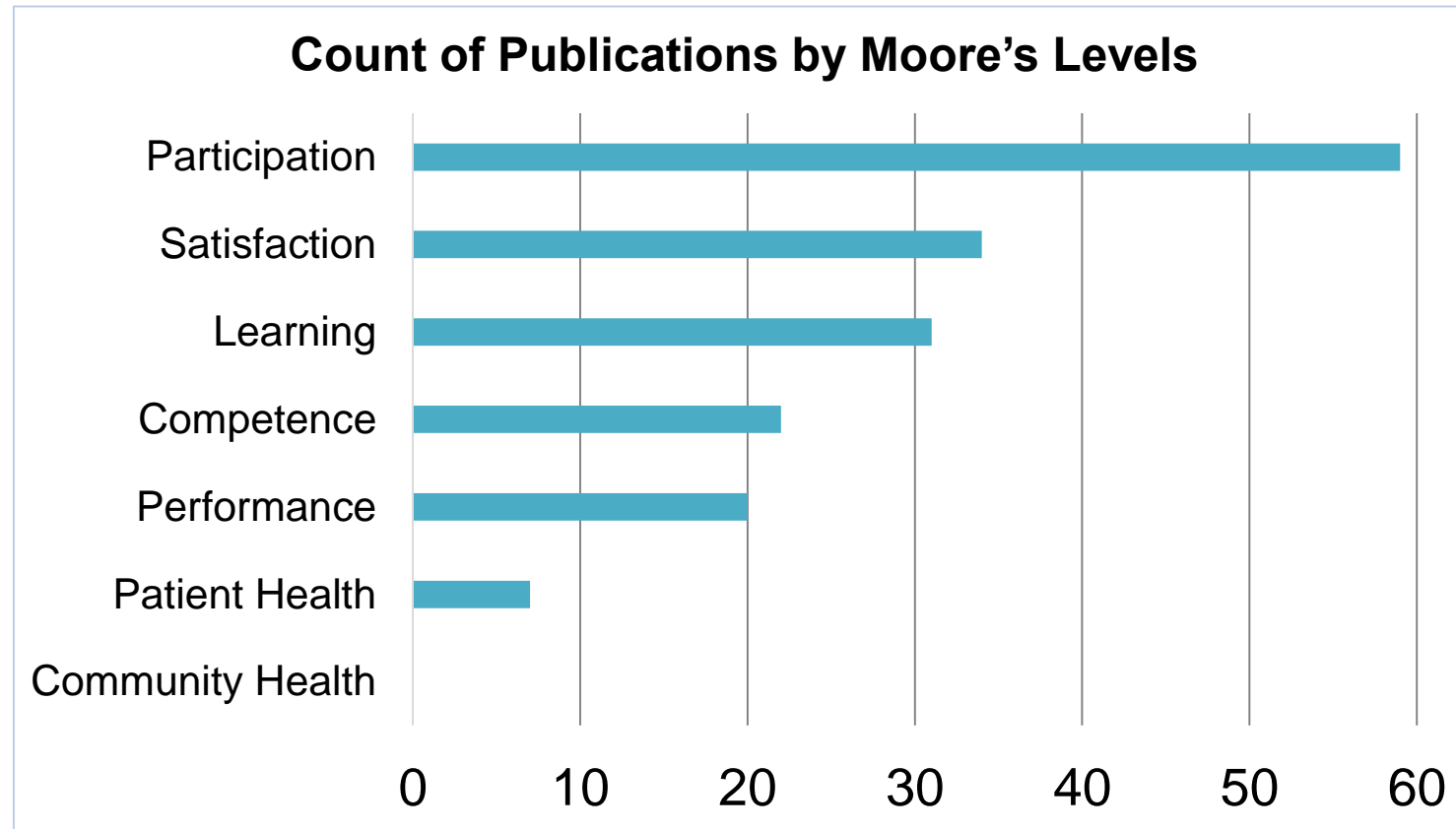
Project ECHO Hubs (Global)

Hub Locations

ECHO Countries	ECHO Hubs	ECHO Programs
32	249	575



As of March 2018, 100+ peer-reviewed publications and growing...



Adapted from Copyright © ECHO Institute



Indiana OUD ECHO

1. Partnership between community-based providers and Indiana University-led team of specialists to improve treatment of OUD in rural and other underserved areas
2. Supported by IN Family & Social Services Administration contract as part of state 21st Century Cures Act funding
 - Awarded Fall 2017, Renewed spring 2018
 - Funds expert panels, 1.5 FTE coordinator, marketing, administration



Cross-Campus Collaborative Team

oudecho.iu.edu



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

Department of Psychiatry
Thomas A. McAllister, MD
Albert E. Sterne Professor & Chair
OUD ECHO Director



IUPUI
RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH



INDIANA UNIVERSITY
SCHOOL OF PUBLIC HEALTH
Bloomington



Barriers to Opioid Use Reduction in Indiana



Patients are reluctant to engage in evidence-based treatment due to messaging based on stigma around treatment in the community.



Lack of collaboration between providers in many communities.



Lack of transportation makes treatment participation difficult.



Community stigma against people with opioid use disorder and evidence-based treatment.



Lack of coverage for many treatment and supportive services that are known to improve outcomes for opioid use disorder.

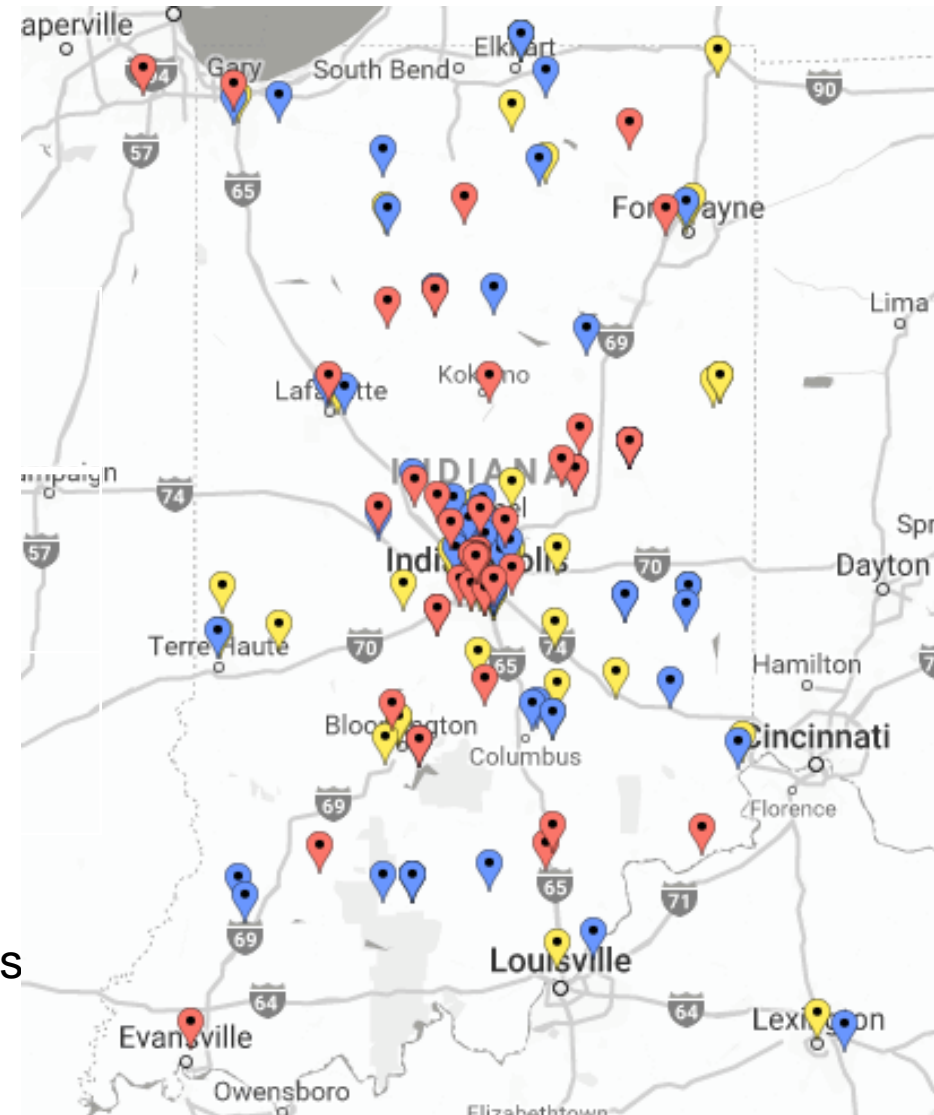


Inadequate funding for treatment and supportive services.

Current Tracks



- 180 total participants; 389 registrants
- 43 participants completed 75% of sessions
- Average 19 participants per session
- 55 sessions completed
- 12 sessions per series, every other week





Hub Panel Expertise

Medical-legal partnerships

Psychosocial interventions for OUD

Peer recovery support

Addiction psychiatry, adolescents

Outpatient, inpatient psychiatric
pharmacy

Addiction psychiatry, adults

Internal medicine, MAT

Social work and case management



Initial Launch (March 21, 2018)



Anatomy of an ECHO Clinic

- 12 sessions
- Meets every other week for 90 minutes
- Introductions
- 20 Minute Didactic, Q & A
- 1-2 de-identified patient Case Presentations



Preliminary Outcomes

1. Prescriber Cohort 1 (n = 43)

- Generally experienced providers (mean = 11.5 years of practice)
- Greater confidence in ability to manage OUD
- Most helpful aspects of IN OUD ECHO (sample responses):
 - “Developing a network of other providers”
 - “I learned a lot about the disorder, treatment options, and patient support groups.”
 - “Getting the panel to weigh in on difficult cases was helpful”
 - “The didactic sessions and suggestions were very informative and helpful”



ODU ECHO Testimonials

“From the case I presented, it connected us with people from WeCare as well as Regenstrief Institute. They came to the office last Friday and we met for about an hour and they are going to be connecting with the young lady for whom the case related. This is a resource we wouldn’t have known about, and thank you!”

– Client Care Coordinator from Lebanon, IN

“The ECHO program has been a godsend for me. Being in a small rural community it has made medical education accessible and relatively painless. It has brought to my community improved diagnosis and treatment of an undertreated disease, opiate use disorder. The professional expertise has been enlightening. I’m looking forward to other presentations.”

– Primary Care Physician from Pulaski County



Forthcoming Tracks

4. Providers treating **Pregnant Women with OUD**
5. Providers treating **Adolescents with OUD**
6. **First Steps Workers**
7. **Emergency Department OUD management**



Opportunities & Future Directions

1. Pediatric Mental Health
2. Childhood Trauma and Resilience
3. Setting- / Audience-Focused
 - Ex: Schools, Juvenile Justice, Child Welfare



IU OUD ECHO Leadership Team

PI: Thomas McAllister

Project Leads: Zack Adams and Leslie Hulvershorn

Program Coordinators: Kristen Kelley and Kaitlyn Reho

Collaborators: Joan Duwve, Ruth Gassman

Program Evaluators: Jon Agle and Matt Aalsma

Website/Technology Support: David Tidd

Grants Administrator: Dan MacLeod



Expert Panelists/Presenters

- **Jay Chaudhary**, Attorney, Medical Legal Partnerships
- **Brandon George**, Peer Recovery Coach, Indiana Addictions Coalition
- **Carol Ott**, Pharmacist, Purdue University & Eskenazi
- **Gabriella Williams**, Pharmacist, Eskenazi
- **Chris Suelzer**, Physician, Veteran's Hospital
- **Melissa Cyders**, Psychology, IUPUI
- **Laurie Redelman**, Social Worker, IUH
- **Nate Rush**, Peer Recovery Coach
- **Andy Chambers**, Addiction Psychiatrist, IUSM
- **Ally Dir**, Psychologist IUSM
- **Casey Evans**, Peer Recovery Coach and Community Health Worker, Anthem
- **Justin Beattey**, Peer Recovery Coach, Mental Health of America
- **Rachael Trimbur**, LCSW, Franciscan Health
- **Palmer MacKie**, Physician, Eskenazi
- **Mallori DeSalle**, Indiana Prevention Resource Center, IUB
- **Richard Bell**, Neuroscientist, IUSM
- **Sherika Sides**, Indiana State Dept of Health
- **Seth Pennington**, Open Beds/211
- **Amy Brinkley**, Division of Mental Health and Addiction
- **Nicholas Svetlauskas**, Div. Mental Health & Addiction
- **Angela Boarman**, Div. Mental Health & Addiction
- **Ruth Case**, Recovery Coach Trainer



Contact Us

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Kristen Kelley

kellykr@iu.edu



Agenda

4. Strategic Priority: Juvenile Justice and Cross-System Youth

- Amy Karozos and Derrick Mason: Indiana Task Force on Public Defense

Public Defender Council & Commission

**Commission on Improving the Status of
Children
December 19, 2018**

***Derrick Mason, Senior Staff Attorney
Public Defender Commission***

***Amy Karozos, Juvenile Project Director
Public Defender Council***



A faint, light gray watermark of a pair of scales of justice is centered in the background. The scales have a central vertical pillar with a pointed top, two curved arms extending outwards, and two pans hanging from the ends. The text is overlaid on this watermark.

Public Defender Commission

MEMBERS, INDIANA TASK FORCE ON PUBLIC DEFENSE

Reporting Committee (Voting members)

Judge John Daniel Tinder, Chair
Retired, 7th Circuit Court of Appeals



Roderick E. Bohannon, *Indiana Legal Services, Inc.*
David Bottorff, *Association of Indiana Counties*
Monica Foster, *Indiana Federal Community Defenders*
Larry Landis, *Public Defender Council (Retired)*
Stephen P. Luce, *Indiana Sheriffs' Association*
Prof. Andrea D. Lyon, *Valparaiso Law School*
Judson McMillin, *Criminal Defense Attorney*
Dr. Jeff Papa, *Barnes and Thornburg*
Rep. Gregory W. Porter, *IN House*
Prof. Joel Schumm, *IU McKinney School of Law*

Advisory Subcommittee (Non-voting members)

Sen. Rodric Bray, *IN Senate*
Justice Christopher M. Goff, *IN Supreme Court*
Joseph R. Heerens, *Office of the Governor*
Judge Vicki Carmichael, *Clark Circuit Court*
Judge Mary Ellen Diekhoff, *Monroe Circuit Court*

Advisors (Non-voting)

Prof. Norman Lefstein, *IU McKinney School of Law*
David Carroll, *Sixth Amendment Center*
Judge Carr Darden, *Indiana Court of Appeals*
Mimi Laver, *ABA Center on Children and the Law*
Tim Curry, *National Juvenile Defender Center*

PD COMMISSION LEGISLATIVE PRIORITIES

Based on the findings of the Task Force, the IN Public Defender Commission will be pursuing public defense policy reform efforts in the 2019 Legislative Session.

MISDEMEANOR REIMBURSEMENT: The PD Commission will seek legislative authorization to provide enhanced support to counties by being permitted to reimburse for all public defense cases.

APPEALS/JUVENILE/CHINS REFORM: The PD Commission will seek authority to create a centralized state appellate office to provide direct services, oversight, and support for appeals, including juvenile and CHINS. (This office would also contract with attorneys or local offices that provide services).

REGIONAL SUPPORT SERVICES TO COUNTIES: Counties should be authorized to have the option to enter into agreements to create a multi-county public defense delivery systems, and regional support services should be provided.

COUNTY BOARD REFORMS: The PD Commission will seek to make enhancements to local county Public Defense Boards to strengthen local services and enhance independent operation.

ADDITIONAL LEGISLATIVE OPTION – JC/JT PILOT PROJECT

DCS EVALUATION: Identified social workers to provide a benefit in other jurisdictions.

OTHER STATES: Have shown that specially trained Children in Need of Services lawyers paired with specially trained social workers returned children home much sooner from out-of-home placements.

Indiana Pilot: Study whether similar gains can be shown (quicker permanency, earlier returns) by providing such specially trained lawyers paired with social workers; can there be an early appointment/prevention model? A mediation model?

BENEFITS OF STRONG PUBLIC DEFENSE SERVICES

Family Strengthening



- DCS REPORT: the number of court-involved cases in DCS is more than **double the national average**.
- Estimates show that returning a child to the home saves Indiana taxpayers thousands of dollars **per year**.
- PDs represent parents in these often heartbreaking court proceedings and seek a **just and fair resolution**.

BENEFITS OF STRONG PUBLIC DEFENSE SERVICES

Less Low-Risk Individuals in DOC

10.4% of Indiana children have a parent who has served time in jail, compared to 8.2% nationally.

As of July 2017, there were 25,733 adults incarcerated in Indiana's institutions. More than a quarter (28.0%) of incarcerated adults have one or more drug offenses

Commission counties currently have a 20% lower rate of low-recidivism-risk individuals incarcerated in Department of Correction facilities.

*"We must incarcerate the people we're afraid of,
and not those who we are mad at."
--former State Senator Brent Steele*





Indiana Public Defender Council



IPDC JUVENILE DEFENSE PROJECT

Ensure that all youth have access to counsel at all critical stages, including early appointment at detention hearings or initial hearings.

Create a strong system of post-dispositional representation for youth through increased state resources, including appellate representation and civil legal services upon re-entry.

Create a system of comprehensive and thorough legal advocacy which recognizes juvenile defense as a specialization.

Enhance the current juvenile data collection to promote accuracy and to collect key defense data indicators statewide.

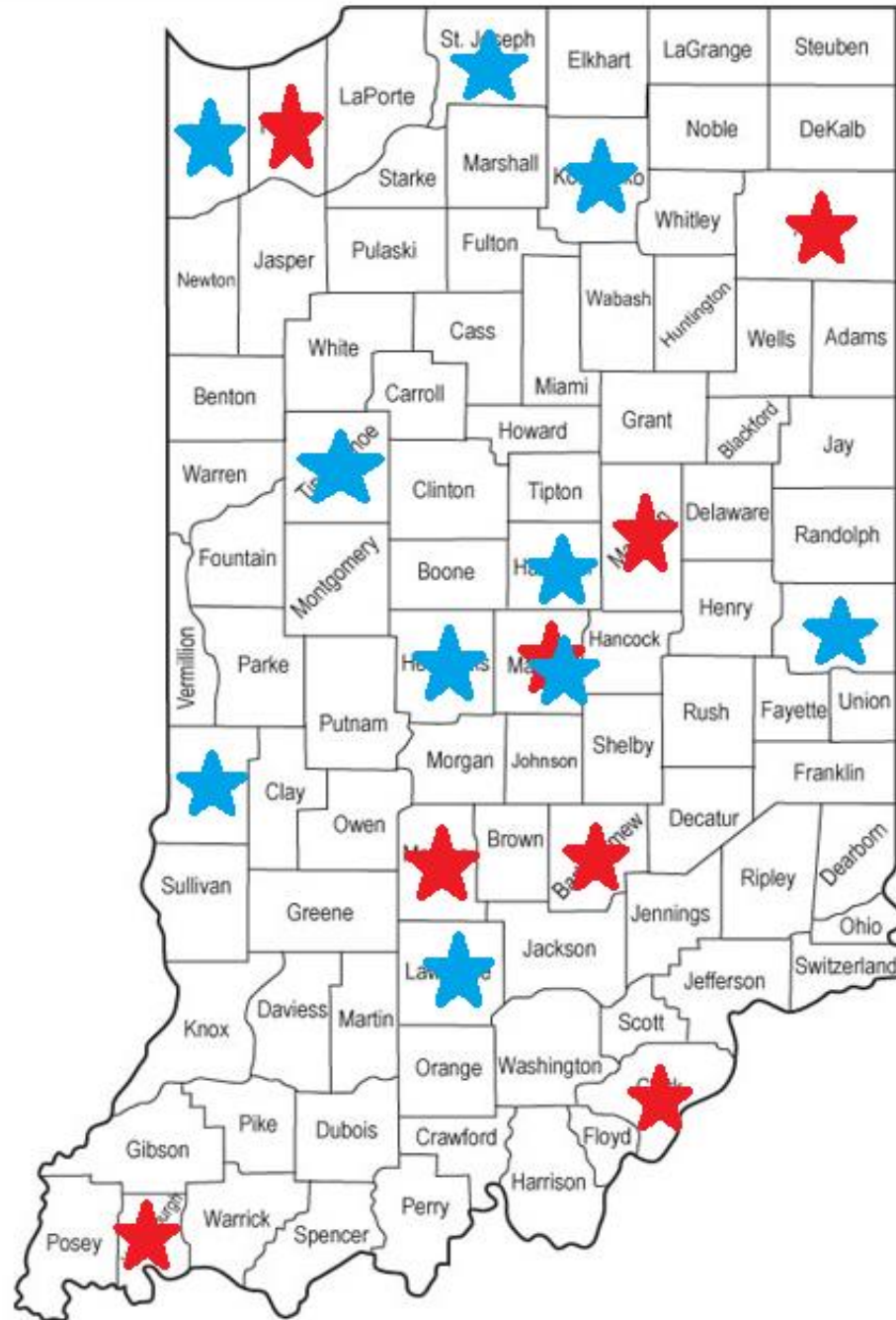


Providing
support and
training for
juvenile
defenders
throughout
Indiana

- Access to resources to assist in juvenile defense
- Access to free local trainings on relevant topics
- Development of juvenile defense community in Indiana

2017 Regional Trainings

- Allen
- Bartholomew
- Clark
- Madison
- Marion
- Monroe
- Porter
- Vanderburgh



2018 Regional Trainings

- Hamilton
- Hendricks
- Kosciusko
- Lake
- Lawrence
- Marion
- St. Joseph
- Tippecanoe
- Vigo
- Wayne



- **Beginning in April 2017:**
- **Orientation on legal rights to 818 incoming DOC students.**
 - Logansport Intake, Madison JCF, LaPorte JCF
- **392 Individual Interviews (48% of total)**
- **110 Students Requesting Referrals (13% of total)**
 - 73 for direct appeal
 - 37 for TR60 Motions

IPDC JUVENILE DEFENSE PROJECT

What is the cost of inadequate juvenile defense?

*Costs of Incarceration

*Recidivism

*Education



The Commission and the Council request your support for these public defense improvement efforts.

Thank you!

Indiana Public Defender Council

309 W. Washington Street, Suite 401
Indianapolis, IN 46204

<https://www.in.gov/ipdc/>

Bernice Corley
Executive Director

Mark Carnell
Legislative Liaison

Amy Karozos
Juvenile Project Director

Indiana Public Defender Commission

309 W. Washington Street, Suite 501
Indianapolis, IN 46204

<https://www.in.gov/publicdefender/>

Derrick Mason
Senior Staff Attorney

Andrew Cullen
Communications/Policy Analyst

Agenda

5. Strategic Priority: Mental Health & Substance Abuse

- Josie Fasoldt: Management Performance Hub



Children's Commission December 2018

An Overview of Results from the Indiana Commission to Combat Drug Abuse Drug Data Working Group

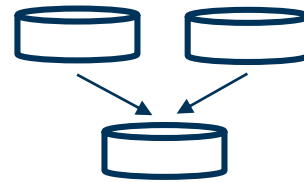
Josie Fasoldt

IMPH's Role

The State of Indiana Management Performance Hub is a unique agency that serves 70 agencies by unlocking data, analyzing it, and sharing it with agencies and external partners. This enables the State to:



Understand how challenges intersect across agencies and what the foundational root of each is for our citizens.



Merge disparate datasets to develop a holistic understanding and greater insights for problem solving and sharing



Convene government agencies and community partners to tackle complex challenges with innovative solutions.



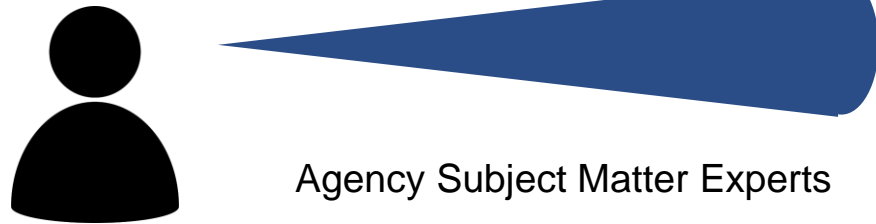
Leverage technology across agencies saving resources and creating continuity of systems across government.

Single-Source View

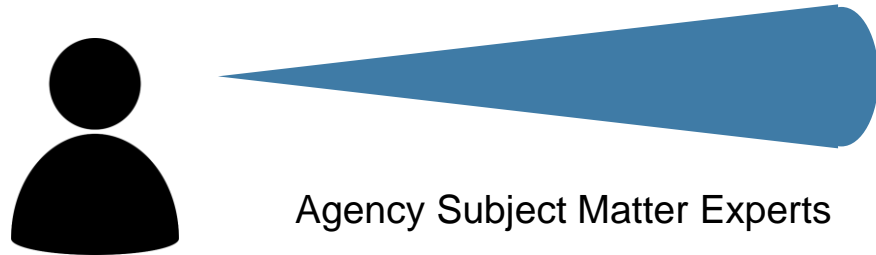
Agencies see through the lenses of available information about their area of deep expertise.



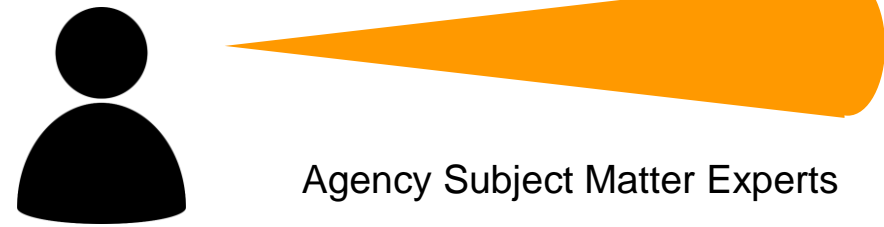
Agency Subject Matter Experts



Agency Subject Matter Experts



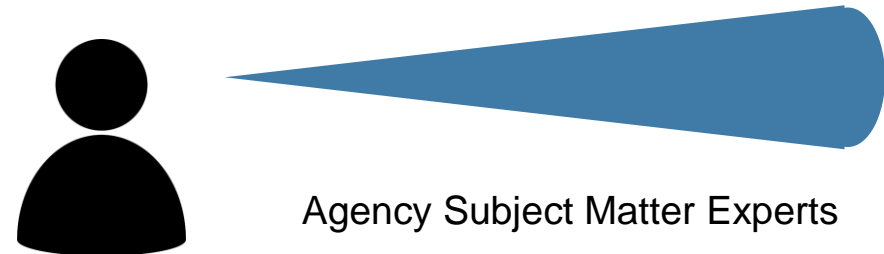
Agency Subject Matter Experts



Agency Subject Matter Experts



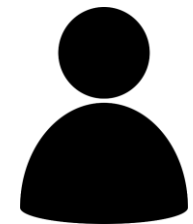
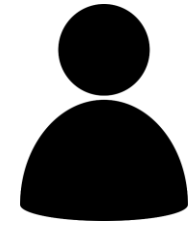
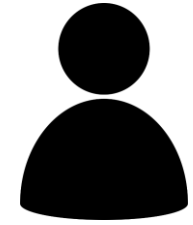
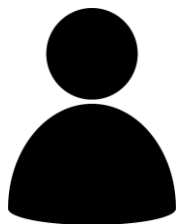
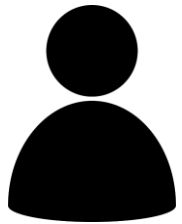
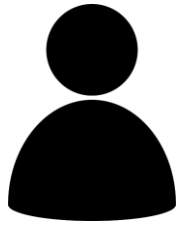
Agency Subject Matter Experts



Agency Subject Matter Experts

Holistic and Coordinated Approach

When combined, a more complete view of a challenge becomes available.

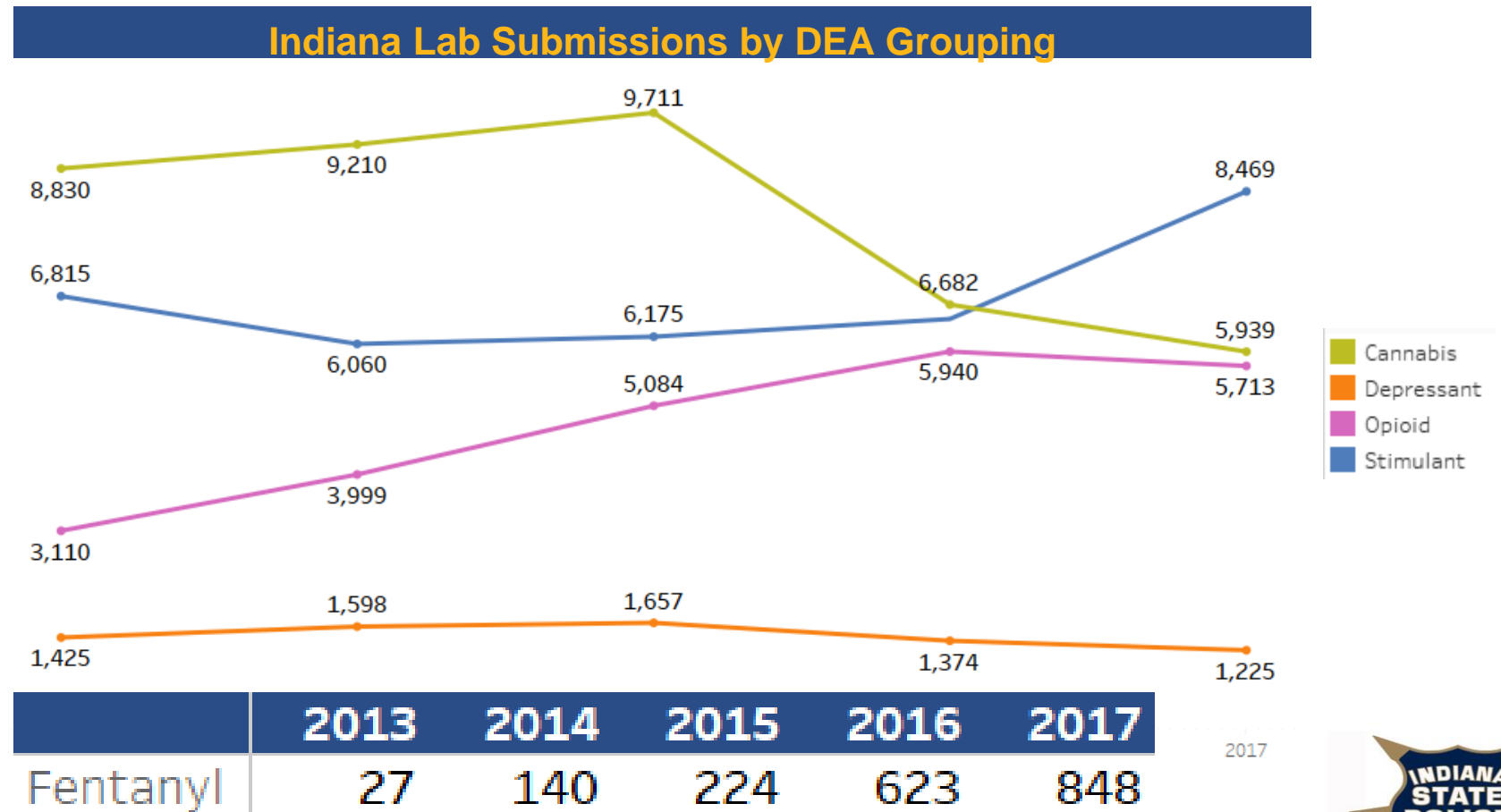


Holistic and coordinated solutions are realized.

Laboratory Information Management System (LIMS) - Drug Seizures

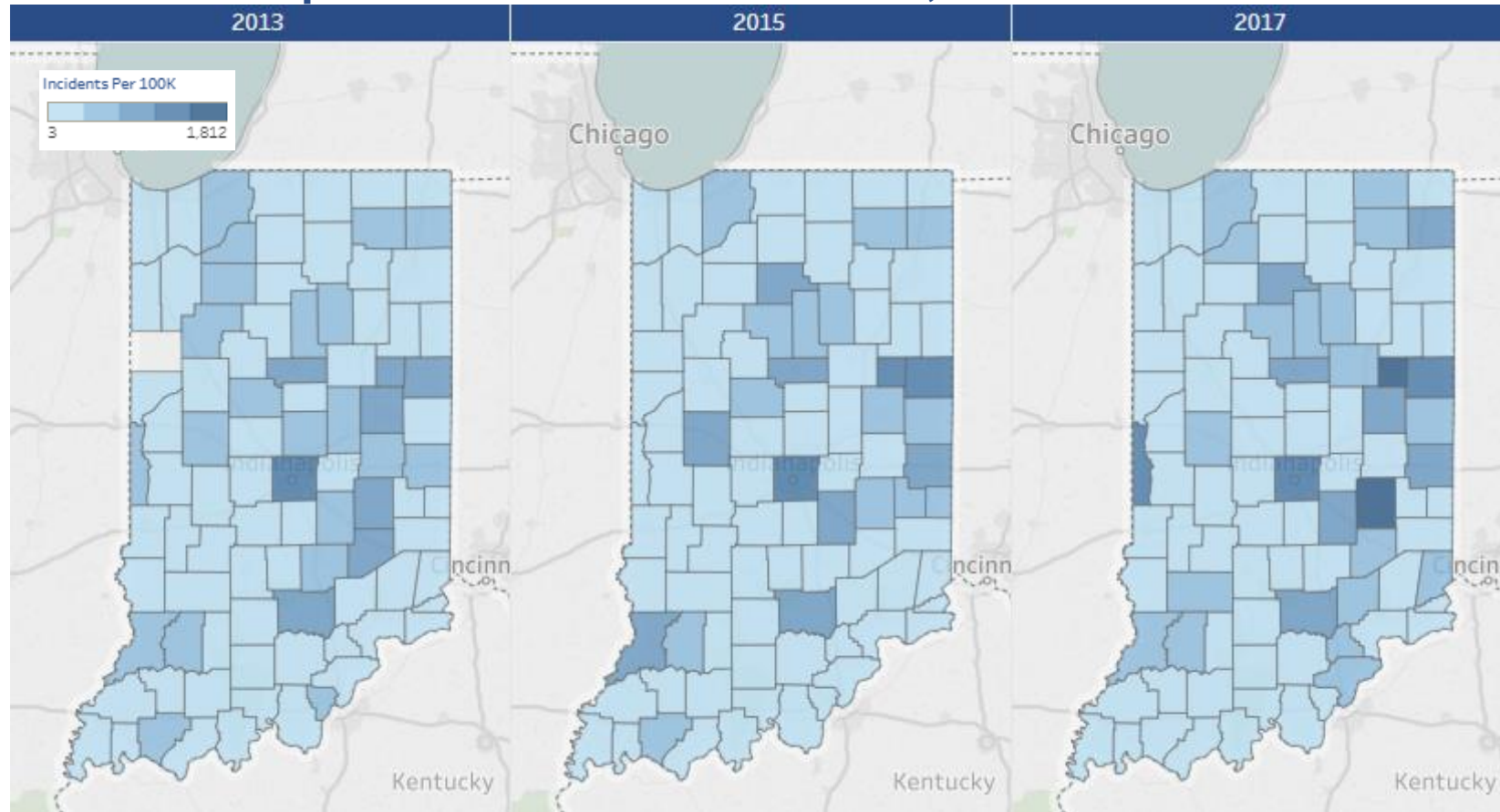
- LIMS data contains information on the substances that were processed by the Indiana State Police and Marion county forensics laboratories.

Total Drug Seizures in 2017 22,572
% Change in Total Drug Seizures since 2009 +9%
% Change in Opioid Seizures since 2009 +84%
% Change in Fentanyl Seizures since 2013 +304% (F)



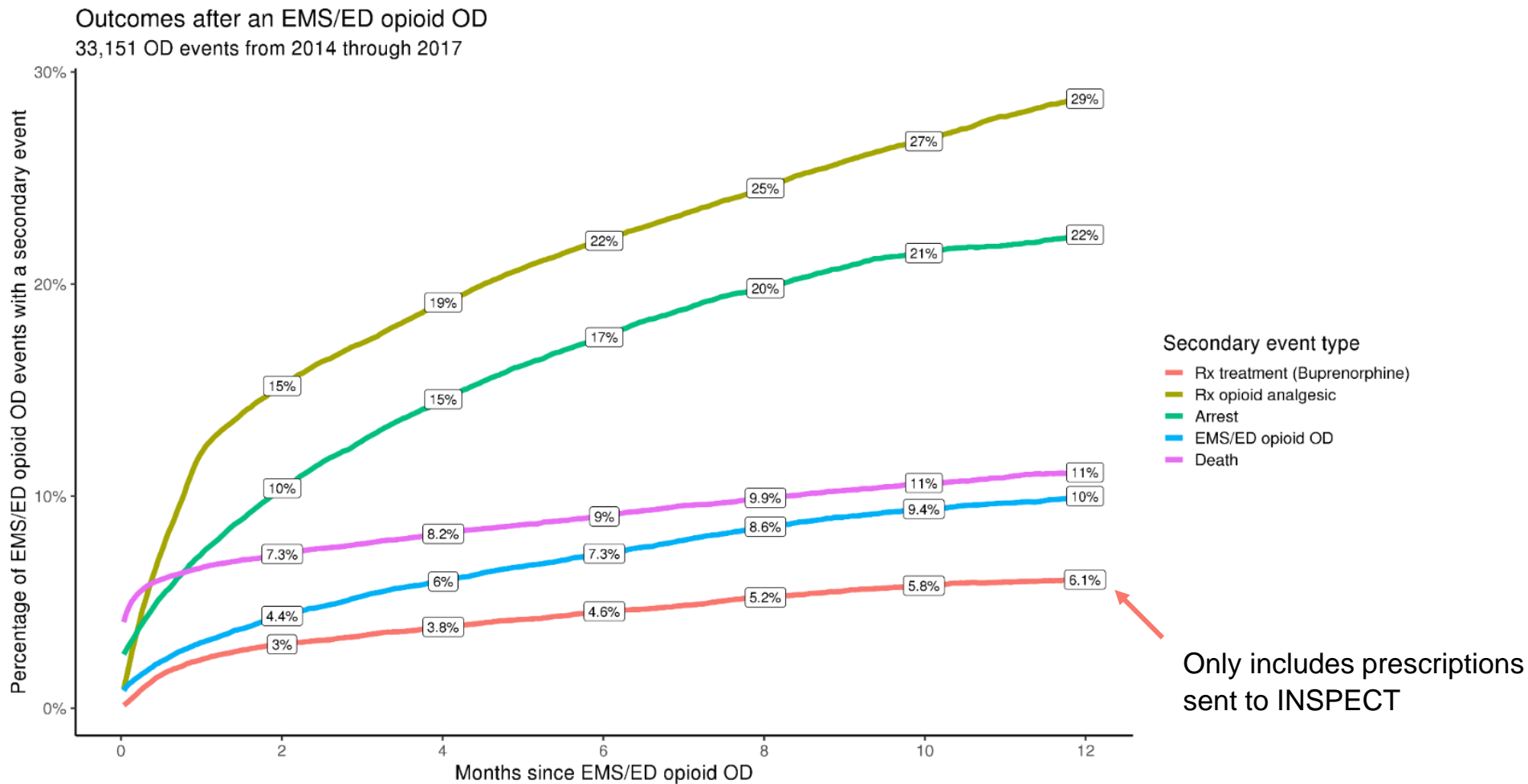
LIMS - Drug Seizures

Opioid Lab Submissions: 2013, 2015 and 2017



[Click here to access LIMS data](#)

Events in the year after an OD



Current Drug Datasets and date ranges

Dataset	Date type	Date range		Dataset	Date type	Date range
DOE K12 Student	Graduation year	1990* – 2021		FSSA Medicaid	Member month	2014-2017
CHE Student	School year	2000+		PLA AWA Rx E	Prescription dispensed	2014-2017
DWD Wage	Quarter	2014-2017		DHS EMS	EMS run	2014-2017
ISP Arrest	Arrest/ Booking	2014-2017		ISDH ED	Emergency Department visit	2014-2017
DOC Inmate	Custody in DOC facility	2014-2017		ISDH Vitality	Death	2014-2017

*Estimate; graduation years prior to 2006 are not populated in the data

Indiana Data Hub

hub.mph.IN.gov

This data on the Indiana Data Hub is housed securely, de-identified, and published in a manner that promotes analysis, collaboration, and innovation.

Indiana maintains data that can inform the important efforts of policy makers, researchers, and others.

50+ Datasets **6** Data Sources



INDIANA
TRANSPARENCY
PORTAL



Questions?


MANAGEMENT
PERFORMANCEHUB



Agenda

6. Strategic Priority: Educational Outcomes

- Melaina Gant, DCS and Christy Berger, IDOE



Social Emotional Learning and Mental Health in Schools

Offered by the CISC: Education Outcomes Task Force (EOTF)

Co-Chairs: Melaina Gant and Christy Berger



EOTF: Mental Health Supports in Schools Subcommittee

- ▶ Subcommittee Co-Chairs:

- ▶ Dr. Terri Miller - Hamilton County Education Co-op/ Systems of Care
- ▶ Christy Gauss - The Indiana School Mental Health Initiative

- ▶ Subcommittee Members:

- ▶ Kristen Sievers-Coffer (Indiana Department of Education)
- ▶ Jeff Whitman (Indiana Department of Education)
- ▶ Erin Tock (National Alliance on Mental Illness/ INSOC Board Facilitator)
- ▶ Elizabeth Avery (School Based Mental Health)
- ▶ Letecia Timmel (Four County Counseling Center/ Children's Mental Health Council Chair)
- ▶ Natalie Brake (Early Learning Indiana- Outreach Director)
- ▶ Bethany Ecklor, DMHA, School and Community Based Programs Director
- ▶ Jacob Griffin (Youth Move Indiana)
- ▶ Christy Berger (Indiana Department of Education)
- ▶ Sara Midura, Educational Liaison, Adolescent Behavioral Unit, Riley Hospital



Objective 4.2: Advocate for additional and improved services integrated in schools to address mental health and wellness

- ▶ Recommendation Approved August 15, 2018:

- ▶ *Each school district designate personnel to facilitate and oversee the integration of Social Emotional Learning and Mental Health in schools*
- ▶ *Advocate for funding to evaluate current efforts that are in place or being developed to integrate Social Emotional learning and Mental Health Services into school settings.*
- ▶ *Action Requested by CISC:*
 - ▶ *Detailed recommendation outlining what areas of oversight, qualities, experience, and education the designated school district personnel would need to fulfil the duties to facilitate and oversee the integration Social Emotional Learning (SEL) and Mental Health in schools*



Detailed Recommendation of Ideal Strengths of a Local SEL Program Facilitation Candidate

Potential Job Titles

- ▶ Director of Neuroeducation
- ▶ Director of Mental Health and School Counseling
- ▶ Coordinator of Social Emotional Learning
- ▶ Mental Wellness Coordinator

Recommended Education & Licenses

- ▶ Master's degree in Psychology, Education, Counseling, Social Work, Applied Behavior Analysis, or related field.
- ▶ Licensed mental health professional preferred
- ▶ IDOE School Services license preferred



Some suggested areas of influence and/or oversight

- ▶ Multi-Tiered System of Support
- ▶ Neuroscience Application
- ▶ Positive Behavior Interventions and Supports
- ▶ School discipline related to social/emotional learning and mental health
- ▶ Collaboration with local community mental health providers, police and fire departments, other community entities
- ▶ Trauma informed and resiliency building practices
- ▶ Counseling and Social work evaluation process
- ▶ Safety plans for students in crisis
- ▶ Data collection related to student services and mental health supports
- ▶ Support families in need of mental health/behavioral information and resources
- ▶ Social emotional universal screeners
- ▶ Reallocation of financial resources to expand and enhance guidance and SEL services Early Childhood-12
- ▶ Integration of Social Emotional Learning with Indiana Academic State Standards and Early Learning Foundations
- ▶ State mandated initiatives for students and staff related to child safety and wellbeing

*This slide does not include all suggested areas of influence offered on the official recommendation. Please see attached recommendation in the handout for all items referenced during the EOTF Presentation 12-19-18.



Recommended Experiences and Knowledge

- ▶ Child and adolescent cognitive, academic, social, emotional, behavioral and physical development, assessment, and mental health
- ▶ Multi-Tiered System of Supports
- ▶ Applied Educational neuroscience
- ▶ Intercultural competence
- ▶ Successful leadership experience in mental health field and school districts
- ▶ Ability to maintain program finances within an assigned budget
- ▶ National and state trends in the areas of SEL and Mental Health,
- ▶ A minimum of 3 years of combined experience working as a social worker, school counselor, or therapist within a school or organization. Experience as a social worker in an educational setting strongly preferred.

*This slide does not include all suggested areas of influence offered on the official recommendation. Please see attached recommendation in the handout for all items referenced during the EOTF Presentation 12-19-18.

A decorative graphic on the left side of the slide. It features a dark grey arrow pointing right at the top, with several thin, curved lines in shades of blue and grey extending downwards and to the right from the arrow's base.

Potential Funding Sources

- ▶ Title IV funding
- ▶ Title I funding
- ▶ Special Education funding
- ▶ General Fund
- ▶ Grants (federal and local)

We ask all school administrators to please consider reviewing the applicable sections of the Every Student Succeeds Act ([ESSA](#)) and [Indiana Administrative Code](#) that apply to this recommendation as they develop their school district's plan to support the mental health needs of their students.

State Board of Education 2006 Plan

CISC: Education Outcomes Task Force (EOTF)

Co-Chairs: Melaina Gant and Christy Berger



Working Together for Student Success

Background

- **IC 20-19-5-1 Department duties:** Sec. 1. The department of education, in cooperation with the department of child services, the department of correction, and the division of mental health and addiction, shall:
 - (1) develop and coordinate the children's social, emotional, and behavioral health plan that is to provide recommendations concerning:
 - (A) comprehensive mental health services;
 - (B) early intervention; and
 - (C) treatment services;for individuals from birth through twenty-two (22) years of age;
 - (2) **make recommendations to the state board, which shall adopt rules under IC 4-22-2 concerning the children's social, emotional, and behavioral health plan;** and
 - (3) conduct hearings on the implementation of the plan before adopting rules under this chapter.
- In 2006, Social, Emotional, and Behavioral Health Plan was created.



Background

- In April 2018, the State Board of Education asked that the plan be updated.
- The Education Task Force and Mental Health Subcommittee helped to update the plan.
- In addition, the Department of Children Services, Department of Corrections, Division of Mental Health and Addiction, Indiana State Health Department, Commission on Improving the Status of Children, Juvenile Detention Alternatives Initiative, and Indiana Criminal Justice Institute provided input and updated data.
- December 12, 2018, the updated plan was submitted to the State Board of Education.
 - SBOE is currently reviewing the plan as submitted



Overarching themes

- State agencies need to continue collaborating to eliminate barriers for access to mental health services for Hoosier children.
 - CISC
- Prevention is essential
 - Social-Emotional Learning
- Anti-Stigma awareness campaign is needed
- Early identification is a must
- Whole Child Wellness is key



Next Steps

- Encourage schools to identify a staff person to oversee mental health supports
- Encourage all State agencies to have a group or person that can regularly meet to provide proactive approaches to supporting Indiana children's mental wellness in schools.
 - DMHA- Bethany Ecklor
 - IDOE- Christy Berger
- Create Social Emotional Learning Competencies
- Recommend the use of the Education Outcomes Taskforce to monitor progress of recommendations
- CISC continue work towards identified objectives
 - Established platform for state agencies to work together on like topics



Thanks to:

DCS	Don Travis-Deputy Director
DCS	David Reed-Deputy Director
DCS	Sarah Sailors-Deputy Director
DMHA	Sirrilla D. Blackmon-Deputy Director
DMHA	Gina Doyle-Assist. Deputy Director
DMHA	Bethany Ecklor – School & Community Based Programs Director
DWD	Leslie Crist-Associate Chief Operating Officer of Workforce Development
DOE	Jeff Wittman-School Social Work & Foster Youth Specialist
DOE	Christy Berger – Assistant Director of Social, Emotional, and Behavioral Wellness
DYS	Chris Blessinger-Executive Director
JDAI	Nancy Wever–Executive Director
CISC	Julie Whitman–Executive Director
DFR	David D Smalley-Deputy Director – Policy
DFR	Suzanne Tryan-Policy
VR	Johnathan Kraeszig
OMPP	Carol Sutton
ISDH	Shirley Payne- CSHCS Director
BDDS	Cathy Robinson- Ed Director Bureau of Developmental Disabilities Services
ICJI	Elizabeth Crist Darby- Youth Division Director



Agenda

7. Committee Updates

- Tamara Weaver and Tyler Brown, Data Sharing and Mapping Committee

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7. Committee Updates

- Kathryn Dolan: Communications Committee

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8. Commission Member Legislative Priorities

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9. Executive Director Update

- Julie Whitman

Agenda

10. Future Meeting Topics or other Items from Commission Members

11. Next Meeting: February 20, 2019, IGCS, Conference Room C



Commission on
Improving *the* Status
of Children in Indiana

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