Early Intervention Planning Council Meeting
Minutes of September 13, 2006

Present
John Kennedy
Jodie Stuck for Brant Ping
Rhonda Allen
Marilyn Pfisterer
Dan Carmin
John Brandon
Christina Ball
Patricia Jones
Dr. Barbara Gillenwaters

Support staff:
Laura Littlepage
Eric Wright

Commission Members not present:
Judge Marilyn Moores, Lonnell Conley, Kent Burrow, Rita Akins

The meeting convened at 8:15 a.m.

Rita Akins was not able to attend due to health problems and will present next month.

Dan Carmin — Eric, please review the purpose of the council.

Eric Wright— the purpose is to develop and expand a comprehensive plan for early intervention. Downstream issues are getting attention, but we also need to think further upstream, to keep families out of these systems. In these first few meetings, we have been hearing from each of the systems. IUPUI faculty has been drafting components of a plan— the technical aspects, not decision-making aspects. We have begun the process of identifying critical gaps and things to fill them. We have heard about reform innovations, but many are still focusing on downstream-diversion, CPS. How do we keep kids out of those systems in the first place? Let's engage in a brainstorming session today. Next time, we'll be talking about how to pay for all this.

Where might we make significant changes, etc.? That is the question for the day.

John Kennedy— my interest in prevention is education. I'd like to extend the conversation from Barbara and Patricia's excellent overview. Upstream— what are indicators of what kids will become future truants, curfew violators, etc.? Many have had school failures. When they are not doing well in school, this puts stress on parents, potential for family-child problems, which could lead to abuse or neglect.

Eric Wright— any thoughts about building on the specific reforms mentioned last time?

John Kennedy— adequacy level in school might be good indicator of future problems— wrap around services, have the community involved with the family, more community support to school systems when the school identifies a child, early warning system, a plan that would include what support would be there. Kids coming into probation and detention have been missing school. Kids who were abused and neglected have missed school. When working with kids, you can't work by yourself. There needs to be some mechanism for vulnerable children to wrap around families.

Rhonda Allen— the school mental health programs that were mentioned— how many schools have that?

Patricia Jones— it's used in many of the schools, we need a consistent level of providers. Every week, a different person shows up. In terms of a model, it's a good model, but without consistent personnel, it is a problem. It's a great tool, but how can we remedy personnel problem? It is nice to have them on site, to not pull kids from school.

Dr. Barbara Gillenwaters— in IPS we have that as well. If we could identify a profile of students who, if they continue, are likely to end up in the Juvenile Justice arena; it might help to focus our efforts. Many skip, have high absenteeism, and are not successful in school. If we look at profiles, as early as middle school, we can see early indicators of kids who are not being successful, we could see some success.

Patricia Jones— this year, for the first time, they are doing truancy court for the entire family. Each district had an opportunity to take ten families to see what they can do to serve the family. When they have done investigations, it turned up lots of other needs. The first ten families will go through; we need to see the impact of that.

Dr. Barbara Gillenwaters—another point is to look at families and start an offensive perspective. Teachable moments. How can we support families in our communities so we can support families so we don't have discipline problems, truancy, etc. and other negative behaviors. It might be multiple perspectives, addressing those who now have needs and preventing others from having those needs.

Marilyn Pfisterer— I agree with family focus completely. What is being doing for children of incarcerated families? I know there are some programs, but that can be the genesis of problems. Also, community centers. I am familiar with Christamore House, not as familiar with others. I have talked with the director. If they had some money to keep Christamore house open later, it would impact crime that would happen on the streets. Dr. Barbara Gillenwaters mentioned another thing on my mind—parenting education. Very young people have children and don't have the skills needed to address the situation. Maybe through community centers, to help parents to know what are the good things to do, teachable moments, format to help get ready for school, know structures in a family. I am raising questions without answers, and hope that as a group we can come up with some.

Dr. Barbara Gillenwaters—when we opened school, Dr. White asked fathers to bring kids to school, and there was an overwhelming response. We need to raise the level of awareness of how

valuable children are and what we can do to support children. Make sure there are places for them, prepare for school, have fun. Comprehensive plan to saturate the community to value children.

John Kennedy— I think we all agree on the values of this. What is already in place, maybe we could build on it. If a child is struggling and a child need services. What are the services available? Is that a therapist? Is it a case manager? Is there any service coordination, not a mental health diagnosis, but need for other services? Roll-out of United Way video— who is going to see it? What are we doing now? If we are doing something now, maybe we could build on it.

John Brandon— Success by Six is a program of United Way to help kids be ready for school. Brought here in 2004, and our UW decided it would become one of their focus areas. They have mass-produced videos and distributed them to community partners. I think you are right about building on existing models. On parenting education, if we want to help young people know what it means to be a parent. You need a license to be a plumber or cosmetologist. But no one has to say that you are qualified to be parents. Maybe an elective course or integrate into curriculum.

Marilyn Pfisterer— there are classes available, where you take charge of a "baby." Also, need classes on how to manage money, write a checkbook, etc. Health classes could be one place.

Eric Wright— if I could respond to John's point about mental health, we have been meeting with quite a few people. There is a large array of services but what is the extent to which they are coordinated? We are not doing a good job of early identification; part of this is because schools have morphed into new social service systems without funds to do it. We don't have funds in the community to serve kids in need. We have taken a preliminary look at estimates of need and those numbers are frightening. How are we going to fund this? We have an opportunity to connect early intervention and crime prevention. If we are going to go out on a limb and raise taxes, then we should also raise money for prevention, on a dollar to dollar match. On mental health, lack of funding is critical; there is a reason for so much turnover, chronic underfunding, we have defunded it. Medicaid is considering changes to reduce funding to children with mental health. The plan has to have two parts— what needs to be done, how to pay for it. We have to do both.
IPS has invested heavily in resource coordination teams for targeted groups, but may need to expand in IPS as well as in township schools.

Dan Carmin— early intervention is key. Dr. Lasky recommended that we improved the ability of the medical community to identify risk factors. Typically, they are the first people to see these kids. In the first three years of life, a child sees a doctor nine times, so there are opportunities for identification. Another important factor is substance abuse. Our staff tells us that 80 to 90% of coercive intervention usually has substance abuse as a major issue.

John Brandon— doesn't that also happen in the juvenile justice area?

Eric Wright— when I talk about mental health, I include substance abuse. The co-morbidity of mental health and substance abuse is very high and should be addressed together.

John Brandon— you know, the state is drafting a socio-emotional plan

Eric Wright— yes, it could help identify needs, but screening is an issue. Tension in school systems. It promotes clustering of kids because it costs less than mainstreaming

Eric Wright— handed out DRAFT list. The goal is to come up with action steps. Some of these are really big and we will not be able to put them in place tomorrow. Two levels—short term solutions, and there are some, and longer term which will require some reform, and hope City Council will take leadership and may even need the state legislature to act. To change the culture is an admirable goal, but it may not be achievable, but we can take off the stigma of help seeking. Some of what DCS is doing is on that road. Help people to self-identify if they have a problem, because they don't want to be part of a system.

I would disagree that medical professionals are the best early identifiers, but say instead that teachers are the best early identifiers. We need to train them to identify earlier. Now they have to wait until a there is a serious problem, and have someplace to refer them.

Patricia Jones— I think many are already trained in early intervention, and some schools have wraparound teams, and we identify what are the issues in the family. Once you identify needs, what is protocol? How do we help this family when we see other needs? Not all schools have this and there isn't a protocol and we need to make sure every district has equitable funding. All children should have quality in meeting their social and emotional needs.

Eric Wright— there are some pockets of activity. In teacher training programs, there is not systematic training. We have talked about expanding school-based mental health systems. Early intervention and diversion— have to have something to divert them to—the other side of the equation is more challenging. Having comprehensive services and wraparound to be able to deal with multi-level problems. Now it is child-focused diversion rather than family.

Christina Ball— this ties in with one of the things JDI has run into. There are lots of kids who would be eligible for diversion but are being held in detention, so the case has to be filed with the court. If we had a shelter facility, we could keep some kids out of the system. If parents don't pick them up, can't find them, etc., they go into the system.

Eric Wright— need to put more funding into mental health— don't have trained workforce of children and adolescent workers. How do we expand this? Intermediate-care beds, therapeutic foster care, etc? Developing array of services. Build theoretical continuum of care— some critical gaps in late elementary school and early middle school. Issue of reimbursements— socio-emotional plan will create logjam. Need to address with state that CMH centers are the only ones able to accept Medicaid.

Universal identification system— coordinates exchange of information across systems. How do the different professionals working with a child find out what's going on? Most important

thing— we have no centralized body to deal with coordinated case management until they get to CPS. If we are going to do something new, we should have a resource coordination place. Create DAWN-light- referred to a centralized agency that has the job of pulling together resources. As soon as you can start, you can do more. I am not wedded to any of these. Those are my thoughts.

Dr. Barbara Gillenwaters— the wraparound services, DAWN model, are excellent. Amount of funding we place on the back end, and look at what dollars we can place on front end. How do we embrace the community— there are lots of agencies and groups that share a common goal— if we can identify gaps. When we look at action steps, look at what we can do to help families on the front end and think seriously about this.

Eric Wright— look at the goal, number one

Dr. Barbara Gillenwaters— other industries impact by marketing. Change attitudes, perspectives with marketing, different ideas about parenting, how to engage children. Let's give thought to reduce the incidence of negative occurrences. If parents know where kids are at night, make sure they go to school, read to kids, etc. — can be deliberate about communicating this— so don't need services.

Eric Wright— you are suggesting a systematic social marketing campaign?

Dr. Barbara Gillenwaters— we need to be deliberate to help families know what to do, to be stronger, helping families to access services, to be good parents, sometimes they just don't know how because there were parents at an early age or didn't have good role models.

Eric Wright— that dovetails nicely with early parent education. We are suggesting partnerships with other community organizations to provide parent education. Social marketing, PSAs, some of it is in place, but how do we coordinate it, who is the responsible party?

Dr. Barbara Gillenwaters— when we began to talk about it, we found many with the same mission, what can medical, law, banking, etc. do to advance this mission? Out of that collaborative experience, then it's not just this body, we are coming together as a community to do this.

Dan Carmin— which would address primary prevention, many of these are secondary and tertiary. How do we focus even earlier to support families?

Eric Wright— I think of some of these as primary prevention. Over a person's life span, they can have bumps in the road. We think of inoculating people early and they won't have any problems, but things change, especially in poverty families.

John Kennedy— there are other players we might want to include. Throughout development, know bumps, encourage self-esteem, agencies to help kids over bumps— youth development agencies— boys/girls clubs, etc. When they hit puberty, they may have new issues. We need to include those agencies that aren't typically there.

Jodi Stuck— such a need for mentoring programs. Lots of kids that come through probation could use one, if we are talking about more front-end services to do mentoring— community development— important to get churches involved. Lots of families go to church. They may not know how to help. When you talk about wrap-around services, keep in mind creating natural networks for these families, they may leave the city, even the state, teach them, empower them to find resources. Have several programs likes NACS that have worked to establish this. I used to work for Password, ABACUS program— good model to identify high risk needs. This program uses a professional mentor that works with the child and goes into the home to work with the family and engages the child in school, in the home.

Marilyn Pfisterer— we need to provide media with an educational piece they could utilize to de-stigmatize help seeking; make connections that could help further program.

Dr. Barbara Gillenwaters— I'd like to support the last two comments. Building support in the community empowers those people,

Eric Wright— the literature on case coordination says intervention is most effective when it develops natural networks. We will add a goal to have community development, social marketing,
youth mentoring, church, etc.

John Brandon— there is a huge issue we haven't really addressed. It is the whole issue of poverty. Many people who end up in our systems come from economically depressed situations. If we are talking about equality of resources, then this is an issue. Somehow we have to integrate that into our work.

Marilyn Pfisterer— one thought is technology to help get the info out. We talked about getting medical people involved. Medical people can be involved with pre-school age, while teachers are involved with school-age kids. One aspect of the medical community is HIPAA laws which might circumvent some of the flow of information.

Dan Carmin— any other comments?

Dr. Barbara Gillenwaters— we have begun to work with Healthy Families and they make home visits— their clients are identified by other agencies, might be some way to expand it.

Eric Wright— in my suggestion of coordinating agency, it doesn't have to be a new agency. It could be an existing agency that could scale up. We need a front door— there are a plethora of doors. If people don't have resources, where do they go for help? Technology is good, but the vast majority of poor people have limited access. How do we get information out there to those who really need it?

John Kennedy— we might want to add to the list— creating a system of resource coordination with existing resources and supports and help take care of kids while fixing what parents need fixed, child care so people can go to work, go to doctor's appointments.

Dan Carmin— there is a good model in Louisville at community centers. They use a community-based service center that provides public assistance access and other service opportunities in neighborhoods. Access to services for this population is a challenge.

Eric Wright— great point— we don't want to start from scratch— if there is an infrastructure in place to build on, it would get us moving faster.

Marilyn Pfisterer— is there a database of community centers, mental health, etc., that might help to make this clearer?

Eric Wright— United Way, juvenile justice, DCS, all have their lists— we are trying to put this together. How can we expand the scope of the Information Referral Network— following kids, developing, changing? We need to be able to study the system in a systematic way on a regular basis. We can't do it now, but we would like to have a way to measure after it.

Patricia Jones— people stumble into programs, if it works for them. Like to see more narrow focus of programs, more quality control, some are marginal, if we could narrow the focus and have quality and look at a direct connect. Sometimes we have families seeing three and four agencies at a time.

Jodi Stuck— for providers, we have to be holding everyone accountable. We have to have outcomes. Transitions traumatize kids— have to treat last agency, last placement, measuring right things, and hold providers accountable. We have been working on that for years.

Eric Wright— quality is important, but we should keep in mind that treatment research has suggested that not all programs work the same for all people. We need to keep diversity of programs to serve people.

Patricia Jones— I would like to move from 50 programs to 25.

Dan Carmin— any other discussion?

John Kennedy— would service coordination include that the family learns how to do it themselves? Will they become the master of the plan? When a family learns how to do it, they can do it. We need to ask families what works for them.

Eric Wright— one thing that is common to reform initiatives, focusing on family and focus on family responsibility and empowerment. Next steps— we will work on a rough draft of this for our next meeting. That meeting will be a marathon. We will give Rita an opportunity to give her presentation, spend time on finance, and then come back to this plan. Following that, hopefully, by November, we will have a draft plan in place to circulate. We want to have action steps and who is responsible. If we are going to do anything, we need to do those.

Dan Carmin— any other business to bring before the council? If no, then we are adjourned at 9:30 a.m.