

Minutes
Commission on Improving the Status of Children in Indiana
Wednesday, December 11, 2013, 10:00 A.M. to 2:00 P.M.
Indiana Government Center South, Conference Room A

Members present: Justice Loretta Rush, Chair; Mary Beth Bonaventura, Director, Department of Child Services; Brian Bailey, Director, State Budget Agency; Mike Dempsey, Director, Division of Youth Services, Department of Correction; Senator Travis Holdman; Lilia Judson, Executive Director, Division of State Court Administration; Representative Rebecca Kubacki; Senator Tim Lanane; Larry Landis, Director, Public Defender Council; Susan Lightfoot, Chief Probation Officer, Henry County; Debra Minott, Secretary, Family & Social Services Administration; Kevin Moore, Director, Division of Mental Health & Addiction; Representative Gail Riecken; Glenda Ritz, Superintendent of Public Instruction; Dr. Ryan Streeter, Senior Policy Director for Governor Mike Pence; Greg Zoeller, Attorney General.

Guest Presenters: Judge Charles Pratt, Allen Superior Court; Don Travis, Deputy Director Juvenile Justice Initiatives and Support, Indiana Department of Child Services; Julie Whitman, Vice President of Programs, Indiana Youth Institute; Christopher Waldron, Director, Public Health Geographics, Indiana State Department of Health; Senator Carlin Yoder, Chair, Child Services Oversight Committee; Barry Salovitz, Casey Family Programs.

Other Guests: Dr. Joan Duvve, Indiana State Department of Health; Suzanne O'Malley, Indiana Prosecuting Attorneys Council.

Commission Staff present: Amber Holland, Indiana Supreme Court; Jane Seigel, Anne Jordan, Angela Reid-Brown, Indiana Judicial Center; Ruth Reichard, Kathryn Dolan, Mike Commons, Indiana Supreme Court, Division of State Court Administration.

1. **Welcome and Introduction of Guests:** Justice Rush welcomed the Commission members and thanked them for the work they have done so far. She then introduced the guest presenters.
2. **Approval of Minutes.** The minutes from the October 16, 2013 meeting were approved by consensus of the Commission. Justice Rush stated she realizes the minutes from the last two meetings are lengthy, but they will be pivotal for the report the Commission will be submitting to the Governor, Legislature and the Chief Justice.
3. **Presentation by Commission Members.** Commission members were given the opportunity to present an overview of their agency's organizational structure.
 - ❖ **Justice Loretta Rush.** Justice Rush reviewed the organizational structure and the statutory requirements of the Commission. She announced the members of the Commission's Executive Committee are herself, Senator Holdman, Representative Kubacki, Dr. Ryan Streeter and Mary Beth Bonaventura. She reported the 2014 Legislative Chair of the Commission has not yet been announced. Justice Rush said Attorney General Zoeller has proposed an amendment to the organizational structure. She said the Commission's Executive Committee would discuss the proposed amendment at its meeting on December 18, 2013.
 - ❖ **Dr. Ryan Streeter, Senior Policy Director for Governor Mike Pence.** Dr. Streeter provided an overview of Governor Pence's policy operations team. Dr. Streeter said any member of the policy team might be contacted, but asked that he be included on any correspondence with the team members.

❖ **Mary Beth Bonaventura, Director, Department of Child Services (DCS).** Director Bonaventura provided an overview of DCS. The DCS has almost 3,500 employees and has offices in all 92 counties. She stated that DCS has 19 regions across the state including central office. Director Bonaventura reviewed the roles and responsibilities of the following Divisions:

- Field Operations. Provides oversight and support to 18 regional managers, local officer directors and Family Case Managers.
- Permanency and Practice Support. Responsible for policy development and permanency support.
- Services and Outcomes. Establishes DCS and provider outcomes and services offered to families.
- Placement Support and Compliance. Licenses and monitors foster homes, residential facilities and foster care and relative support services.
- Staff Development. Provides training to staff, foster parents and adoptive parents.
- Legal Operations. Provides legal services to local offices, drafts contracts and conducts administrative appeals.
- Communications. Manages the agency's internal and external communications.
- Juvenile Justice Initiatives and Support. Focuses on initiatives where the child welfare and juvenile justice systems intersect, including supervision of DCS probation consultants and providing support to courts and probation departments.
- Child Support Bureau. Administers the Title IV-D Child Support Program in Indiana. The program is administered by the State and enforced locally by the County Prosecutors.
- Information Technology. Maintains DCS computer systems.
- Finance. Manages fiscal operations.

❖ **Debra Minott, Secretary, Family and Social Services Administration (FSSA).** Secretary Minott reported FSSA has a statewide presence with approximately 4,100 employees. She said the work of the agency is essentially done through six divisions, five of which report to the chief of staff. She provided an overview of the following FSSA Divisions:

- Operations. This newly formed division combines the transactional work of the various divisions, including claims processing and provider enrollment.
- Healthcare Strategies and Technology. This division provides IT resources.
- Aging. This division supports the elderly in the community, including those that are in nursing facilities and those that remain in the community through waivers.
- Disability and Rehabilitation Services. This is a large division with 500 employees, and has a statewide presence. It provides services and support for both physically and developmentally disabled individuals. The division manages such programs such as first steps, vocational rehabilitation and waivers.
- Family Resources. This division is represented statewide. There are offices in every county that receive applications and determine eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance to Needy Families (TANF). The division is also responsible for administering the Child Care Development Fund (CCDF) vouchers and regulating childcare services.

❖ **Kevin Moore, Director, FSSA's Division of Mental Health and Addiction (DMHA).** Mr. Moore provided an overview of DMHA's organizational structure. He highlighted the Suicide Prevention and Emergency Management Division, Mental Health & Addictions and the Office of Youth

Services, which specifically focuses on the mental health needs of children and other special populations. He reported there are six state hospitals, two of which serve children exclusively. Larue Carter hospital also has beds available for children.

- ❖ **Mike Dempsey, Director, Indiana Department of Correction, Division of Youth Services (DOC, DYS).** Mr. Dempsey provided an overview of the Office of the Commissioner and the Division of Youth Services. There are four juvenile correctional facilities within the Division of Youth Services. Mr. Dempsey reported that the Division of Youth Services provides oversight for juvenile parole and reintegration services. The division also provides funding opportunities for juvenile community corrections, provides juvenile treatment programs inside the facilities and oversees juvenile detention center audits and inspections. The division also participates in the Juvenile Detention Alternatives Initiative (JDAI) from a deep end perspective.
- ❖ **Greg Zoeller, Office of the Attorney General.** The office of attorney general is essentially a large law firm placed within state government. The Administrative Officer oversees human resources, investigations, chief financial officer, information technology, training and legislative services. The Chief of Staff oversees administrative staff, communications and unclaimed property. The Chief Counsel oversees government litigation, medical fraud, consumer protection, appeals, licensing enforcement, revenue, advisory and solicitor general.
- ❖ **Suzanne O'Malley, Deputy Director, Indiana Prosecuting Attorneys Council (IPAC).** Ms. O'Malley provided an overview of IPAC's organizational structure. IPAC is made up of all the elected prosecutors and chief deputy prosecutors from across the state. IPAC provides training to prosecutors, research and guidance to prosecutors across the state. IPAC also works with DCS to help improve child support operations across the state.
- ❖ **Dr. Joan Duvve, Chief Medical Officer, Indiana State Department of Health (ISDH).** Dr. Duvve reported on ISDH's organizational structure. She provided an overview of the five commissions of ISDH. Each of the commissions affect the health of children across the state:
 - Public Health Protection and Laboratory Services. This commission provides public health services, which includes food preparations, public health preparedness and TB regulation.
 - Health and Human Services. This commission oversees such programs as Women Infant and Children (WIC), Immunizations, Children's Specialty Health Care, Maternal and Child Health and Child Fatality Reviews.
 - Health Care Quality and Regulatory. This commission provides oversight of acute care facilities and long-term care facilities.
 - Tobacco Prevention and Cessation. This commission actively works to prevent tobacco use among youth and to encourage those that do use tobacco to quit.
 - Office of Legal Affairs. Provides legal support for the entire ISDH.

Representative Gail Riecken thanked ISDH for working on the child fatality review project. She asked Dr. Duvve to explain the relationship between ISDH and local county health departments. Dr. Duvve answered that the county health officers do not report to ISDH because of the "home rule" nature of Indiana's government structure. Instead, local health commissioners are independently appointed. ISDH provides grant opportunities to local health departments and works closely with them to engage them in new initiatives. The local health departments meet quarterly with the ISDH.

- ❖ **Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education (DOE).** Superintendent Ritz provided an overview of the organizational structure of DOE. She highlighted four key positions within DOE. These include the Deputy Director of Public Instruction, Assistant Superintendent of Public Outreach, Assistant Superintendent of School Support Services and Assistant Superintendent of Student Achievement and Improvement. She stated that the Division of Outreach is a relatively new position. It employs thirteen outreach coordinators who serve as the first line contact for local schools.
- ❖ **Larry Landis, Indiana Public Defender Council (IPDC).** Mr. Landis provided an overview of IPDC's organizational structure. The state public defender provides post conviction services. All other public defender services are provided for and funded at the local level, although some counties may receive some state funding from the Public Defender Commission. IPDC does not have control over county public defenders. IPDC provides training, publications and research to the 1100 attorneys that provide public defender services across the state. IPDC also provides assistance to local public defenders in CHINS and TPR cases. He stated one issue he would like the Commission to look at in the future is the possibility of creating a separate agency at the state level to handle CHINS and TPR cases.
- ❖ **Susan Lightfoot, Chief Probation Officer, Henry County Probation Department.** Ms. Lightfoot provided an overview of the basic organizational structure of probation. She reported that there are approximately 1300 probation officers across the state. There is at least one probation department in each of Indiana's 92 counties. Probation is funded at the local level and each department may vary in size and structure. Probation falls under the Judicial Branch of government and is supported by the Indiana Judicial Center. There is also a Probation Officer Advisory Board that works to improve policies and procedures across the state. Each probation department is required to report to the Indiana Supreme Court, Division of State Court Administration on the number of referrals and dispositions.
- ❖ **Lilia Judson, Executive Director, Division of State Court Administration.** Ms. Judson provided an organizational overview of the Indiana Supreme Court, which is the judicial branch of government. The Supreme Court has constitutional authority over locally elected judges. She explained that the Chief Justice serves as the Chief Justice for both the State of Indiana and the Supreme Court. The Supreme Court is made up of the Chief Justice and four Associate Judges, an appellate court with fifteen judges, a tax court with one judge, approximately 460 trial court judges and magistrates and commissioners, 1300 probation officers and approximately 3000 court employees. In addition, there are 92 separately elected clerks' offices that do a lot of the record keeping for the courts. All trial courts have jurisdiction to hear juvenile cases.

The Supreme Court and the Court of Appeals have state level offices. The two offices that interact the most with vulnerable youth are the Indiana Judicial Center and the Division of State Court Administration. The Judicial Center is the staff agency for the Judicial Conference of Indiana, which is comprised of every judge and magistrate in Indiana. The Division of State Court Administration is within the Office of Chief Justice and serves as the administrative office of the Supreme Court. The Division of State Court Administration has two divisions, the Judicial Technology and Automation Committee (JTAC), which is responsible for implementing technology in the courts. It takes the substantive rules, regulations and forms and puts them into technology. The other division is responsible for collecting statistics and has several programs that deal with vulnerable youth. The Division is currently working on developing a juvenile database.

Ms. Judson provided an overview of the Judicial Center. The Judicial Center has a number of committees that work on children's issues. It also publishes Benchbooks and guidelines, and provides education to judges and probation officers. Ms. Judson ended by noting that the judicial branch accounts for less than 1% of the state budget.

4. Cross-System Children: *Don Travis, Deputy Director Juvenile Justice Initiatives and Support, Indiana Department of Child Services; Judge Charles Pratt, Allen Superior Court*

Mr. Travis presented information on the intersection of the delinquency and CHINS systems. Mr. Travis explained that crossover youth are usually defined in one of three ways: 1) crossover youth – youth who had experience in one system and then crossed over to the other system. These youth typically start out in the CHINS system and then end up in the delinquency system; 2) dually involved youth – youth who have or are receiving services from both the CHINS and delinquency system at the same time; 3) dually adjudicated youth – youth who are concurrently adjudicated as a CHINS and a delinquent at the same time and are receiving services from both systems at the same time.

Mr. Travis identified five areas that are key to addressing kids that are involved in both systems. These areas include: 1) Early identification of crossover youth cases and establishing which system is appropriate to address the needs of the child, or if both systems should be working together; 2) Encouraging interagency communication and collaboration and assessing whether the processes and tools from each system can be integrated in order to get the best outcomes for kids; 3) Coordinated case planning to ensure that the needs of the child and family are being addressed. Both systems should begin to look at these as “OUR KIDS”; 4) Coordinated case supervision based upon what is in the best interest of the child and family; 5) Both systems need to work together to plan for permanency and case closure. Mr. Travis concluded his presentation by saying that both systems need to work together to ensure the right kids get the right programs for the right amount of time.

Judge Pratt presented an overview of crossover cases. He explained the terms crossover youth, crossover cases and dual jurisdiction cases all mean the same thing. Judge Pratt reviewed the mission of the CHINS and delinquency systems. The child welfare system seeks to protect the child and to restore the family and establish permanency; whereas, the delinquency system seeks to address child behavior, rehabilitate the child and ensure community safety. He said the distinct mission of each system might not be what is in the best interest of the child. He reported that crossover youth often present co-occurring problems and behaviors that require services from multiple agencies in addition to the CHINS and delinquency systems.

Judge Pratt reviewed national research findings that shows maltreated children are often younger at the time of their first arrest, commit almost twice as many offenses and are arrested more frequently than children who are not maltreated. He noted that Indiana currently does not have a coordinated effort in place to address the needs of crossover children. Judge Pratt further reported that foster care youth are disproportionately represented in detention rates. National estimates reflect that 9% to 29% of child welfare children cross over to the delinquency system.

Judge Pratt reported that in 2009 a task force of the judiciary conducted a survey of Indiana's five largest counties (Allen, Lake, Marion, St. Joseph and Vanderburgh). Each judge advised that they had more than 25 cases in their respective jurisdictions that could be classified as crossover or dual jurisdiction cases and the problem is growing. Mike Dempsey reported that the DOC is seeing a number of crossover youth as well.

Judge Pratt identified system barriers associated with crossover cases. The barriers include: 1) Procedural barriers to communication; 2) Lack of common definitions to identify and accept crossover cases; 3) Silo mentality. Judge Pratt offered the following recommendations to address the barriers: 1) Build a shared set of beliefs between sectors to accept responsibility for crossover cases; 2) Apply Restorative Justice and Family Group Decision Making practices; 3) Clearly identify the roles of the systems and the family; 4) Effectively use blended resources; 5) Develop a common assessment approach to identify crossover youth; 6) Develop a shared case management and decision making process that will optimize child and community safety using evidence based practices. Children in foster care are an important subset of dual jurisdiction children. Justice Rush asked if there were model protocols in use elsewhere for crossover children.

Judge Pratt stated there needs to be a task force to study the issues above and to implement pilot programs. He suggested the task force should include representatives from probation, DCS, judiciary, DOC, prosecutors, education, public defenders, placement agencies, IARCCA, service providers, mental health centers and county councils.

Senator Holdman commented that he has been concerned about this for a long time. Schools are critical to early identification of these children, but they are often not at the table. He would like to see a pilot project using a team approach involving local schools that focuses on preventing kids from coming into the systems. Don Travis reported there are several statewide initiatives that use the collaborative team approach with school participation. One such initiative is JDAI. Kevin Moore reported that the children's system of care program supports collaboration and is in place in many counties. He offered to give a presentation about the system of care program at a future commission meeting. Justice Rush said there is a need to educate probation officers and DCS Family Case Managers on how to tap into the DMHA systems of care program. Judge Pratt commented that New Haven Schools and East Allen schools have collaborative programs that are worth reviewing. He also said there are national models that can be reviewed as well. He stated that this is a very urgent situation and it is one that crosses county lines in some cases. He further noted that there are really two sets of issues here: the need to get children help before they enter either the DCS or juvenile justice system; and once children are in the system, it is important to identify their needs and relevant models for communication. Senator Holdman stated that he is most interested in prevention. Justice Rush stated that if the Commission decided that cross-system children should be the subject of a task force, utilizing a team approach might be one of the task force's recommendations.

Larry Landis stated that if this becomes a task force, one of the issues that need to be addressed is who represents the child in crossover cases. He stated Public Defenders represent the child in delinquency cases and parents in CHINS cases. His agency would not be able to represent both parties if a parent and child have CHINS and Delinquency cases at the same time due to internal conflict of interest.

Glenda Ritz stated that from a school perspective, it is very complex dealing with a child with multiple issues and all the systems that are involved. Some children find themselves in two or three different schools during one year. She noted that youth who change schools frequently often have a hard time trusting adults and connecting with other kids. She offered DOE's participation in any task force that is developed.

Senator Holdman moved to form a cross-system task force with Judge Pratt and Don Travis as co-chairs. Larry Landis seconded the motion. The motion was unanimously approved. Justice Rush requested quarterly reports from the task force and noted that the judges identified this as their number one priority issue in this summer's survey.

5. Indiana Children's Mental Health Issues

Julie Whitman, Vice President of Programs, Indiana Youth Institute; Kevin Moore, Director, Division of Mental Health and Addiction

Julie Whitman reviewed mental health statistics for Indiana's children. She reported that one in five Hoosier youth have mental health needs; 50% of children and youth in the child welfare system have mental health disorders and 67-70% of youth in the juvenile justice system have a mental health disorder. Attention Deficit-Hyperactivity Disorder (ADHD) is the most common problem in Indiana (11.7%), followed by behavior or conduct problems (5.3%), anxiety (4%) and depression (3.1%). Representative Kubacki asked whether the depression survey asked children why they felt sad or hopeless; Ms. Whitman answered that it did not. Additionally, eleven percent of high school students reported attempting suicide. Numbers of suicide attempts were higher for girls, but numbers of completed suicides were higher for boys. In 2011, three children ages 10 to 14 died by suicide and 45 teens ages 15 to 19 died by suicide. Dr. Duwve stated that there is a suicide prevention task force that is statewide, and ISDH is part of the task force. Suicides have risen in all age groups in Indiana over the past ten years, according to Dr. Duwve.

In general, alcohol and substance use by high school students have declined or remained steady except pipes and prescription drugs. The use of e-cigarettes has doubled in the last year and pipe smoking is up from 10.3% in 2002 to 26.7% in 2012. Attorney General Zoeller mentioned that state attorneys general are looking at tobacco companies' advertisement strategies for e-cigarettes and examining whether they are targeting their marketing efforts toward children by making them bubble-gum flavored, for example. Two percent of 12th graders reported using methamphetamine, down from 2005.

Justice Rush reminded the Commission members that they had identified mental health as their top priority area. Representative Riecken asked Ms. Whitman if Indiana ranked better than the national average in any category relating to mental health; Ms. Whitman replied that the answer was no.

Kevin Moore described the services provided to children through the Division of Mental Health and Addiction Services (DMHA). He reported that services are provided to eligible children and adolescents by organizations under contract with DMHA. The criteria for eligibility include whether they meet the definition of Serious Emotional Disturbance based on diagnosis, functional impairment and duration; whether they are residents of Indiana; if their families are currently receiving public assistance through Medicaid, TANF or SNAP; or if the family's income is at or below 200% of the poverty guideline. He then reviewed the numbers in treatment, and noted that he is statutorily required to serve these children. Mr. Moore also identified the following five state operated psychiatric hospitals: Logansport, Larue Carter, Evansville, Richmond and Madison. Of the five hospitals, only Larue Carter and Evansville have beds available for children.

Mr. Moore stated that when we talk about services to kids, we could not leave out their support systems. He also reported that mental health services are provided in many different arenas, not just at community mental health centers, including schools, detention centers and residential treatment facilities.

Mr. Moore identified his agency's current initiatives, including Children's Mental Health Initiative, Child Wrap-Around Services Initiative and statewide system of care, detention center screenings, mental health promotion and substance abuse screening. The Children's Mental Health Initiative is being conducted in partnership with DCS. Director Bonaventura reported the initiative is expected to be rolled out statewide by early 2014. Superintendent Ritz requested that information about the initiative be shared with DOE's outreach coordinators. Dr. Duwve stated primary care providers also need to be educated about the initiative.

Mr. Moore identified gaps in services that need to be addressed. These gaps include access to effective treatment for youth with substance use disorders; access to mental health and addiction services for youth involved with the juvenile justice system; access to assessment for early identification and intervention and access to the appropriate level of service regardless of funding. He said that this is by no means an exhaustive list.

Mr. Moore also discussed Indiana's suicide prevention plan. The URL for the plan is <http://www.in.gov/issp/>. Dr. Duwve reported that the Indiana State Health Department has a suicide report on its website. The URL for the report is [http://www.in.gov/isdh/files/Suicide_Report_2013_final\(1\).pdf](http://www.in.gov/isdh/files/Suicide_Report_2013_final(1).pdf). Another resource that might be of interest is the Youth Risk Behavior Survey data. The URL is <http://www.in.gov/isdh/20627.htm>.

Mr. Moore mentioned SEA 529-2005, which addressed plans for children's emotional health. He said this might provide a good template for system collaboration. He recommended that someone make a presentation to the Commission about this plan, which was created but has sat in a dormant state since then.

6. Report from Data Sharing and Mapping Task Force

Julie Whitman, Vice President of Programs, Indiana Youth Institute; Christopher Waldron, Director, Public Health Geographics, Indiana State Department of Health; Lilia Judson, Executive Director, Division of State Court Administration, Indiana Supreme Court

Julie Whitman and Lilia Judson reviewed the task force report from the December 11, 2013 meeting. Approximately 1800 surveys have been sent and 374 responses have been received. The survey asks three basic questions: who are you, what services are you providing and where are you providing the services. The task force would like to obtain information that is more detailed from the survey respondents in the future.

The Data Sharing and Mapping Task Force is working on building a web application to query and map mental health and substance abuse providers. Christopher Waldron provided a live demonstration of three types of applications that are available. These applications include Google Map, Simple Map Viewer and Robust Map Application. Mr. Waldron highlighted the benefits of each of the applications.

The initial efforts of conducting the survey and building the database can continue with existing resources. The Commission will eventually need to identify a permanent home for the database and the type of map application it wants to use. The task force will also need to know who the intended audience is for the map and if the map should show different information depending on who will be accessing the map.

Ms. Judson will prepare a list of questions the task force would like the Commission to answer. The questions will be submitted to the executive committee for review prior to the February 2014 Commission meeting.

7. Substance Abuse-Methamphetamine/Child Neglect

Greg Zoeller, Indiana Attorney General; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Barry Salovitz, Senior Director Strategic Consulting, Systems Improvement, Casey Family Programs

Director Bonaventura reviewed the statutory definition of child neglect. She reported that in 2012, there were over 170,000 calls to the DCS child abuse and neglect hotline and that 75% of substantiated assessments were due to child neglect. She stated that prescription drugs, marijuana, cocaine, heroin and

methamphetamine (meth) account for the majority of the child neglect cases that are attributable to substance abuse. Director Bonaventura stated that when DCS becomes involved, the first priority is to ensure the safety of the child. Children are first bathed to remove the drug, and then workers try to find a foster home (including placement with relatives). DCS also must find treatment for children who have ingested the drugs. DCS partners with families and communities to help address the issues that led to the DCS intervention. She provided a few examples of neglect cases she presided over while she was a judge in Lake County that involved parental drug abuse.

Attorney General Zoeller reported that law enforcement, prosecutors and our Legislature have all worked hard to crackdown on the use and manufacture of meth. He discussed the collateral consequences associated with the use and manufacture of meth. He provided statistics on the number of Indiana State Police Clandestine Lab Arrests and the number of children present at drug busts in 2012.

Attorney General Zoeller provided an overview of the National Precursor Log Exchange (NPLEx), which is an electronic logging system used by pharmacies and law enforcement to track the sales of over-the-counter cold and allergy medication containing precursors to meth. Effective January 1, 2012, pharmacy and NPLEx retailers are required, before completing a sale of an over the counter product containing pseudoephedrine or ephedrine, to electronically enter the sale into the NPLEx system, if the system is available in the state without a charge. The pharmacy or NPLEx retailer is not allowed to complete the sale if the system generates a stop sale alert. Law enforcement agencies use the system to identify who is buying pseudoephedrine.

Attorney General Zoeller reviewed IC 35-48-4-14.7 that makes “smurfing” illegal. Smurfing is the act of buying certain cold or allergy products for meth makers. The legislation limits the amount of pseudoephedrine someone can buy each month and each year and stops sales that exceed the limit. Attorney General Zoeller reviewed a map showing the number of clandestine lab incidents by county in 2012.

Attorney General Zoeller reported there is a debate amongst the Midwest attorney generals on which method of addressing the meth problem is best. Some states require a prescription as the only way to obtain pseudoephedrine, while other states, usually in the Midwest do not. He recommends that Indiana follow suit with whatever our neighboring states do, because what they do will have an impact on Indiana. If those states decide to require a prescription for the precursor drugs, but Indiana does not, Indiana can expect to see an increase in meth labs.

Representative Kubacki said she has been fighting the meth issue since she was elected in 2010. She highlighted some of the efforts Indiana has tried in the past to address the meth problems, such as tracking sales. She said what Indiana has been doing is not working and will not work until the precursors to meth are made a scheduled drug. Children are the ones who get hurt, and she will be introducing a bill this legislative session requiring a prescription only for pseudoephedrine.

Representative Riecken stated there are two hidden cost to meth that needs to be addressed: the cost to clean up and repair damage caused by meth labs and the permanent damage to children who are exposed to meth. She asked if data could be made available on the recidivism rate in certain areas. Director Bonaventura advised that this information could be shared since DCS tracks repeat maltreatment (recidivism) rates. She stated that family case managers are now also able to enter the type of drug involved in these types of child neglect cases. Representative Riecken stated that she believes hospitals should be included in the Commission’s effort to address this issue.

Barry Salovitz reviewed Indiana child welfare data regarding the number of children entering foster care and meth incident data. He warned against trying to make direct correlations between removals and meth incidents because some dates do not match up and some information is incomplete. He said the data does suggest that there is a relationship between methamphetamine incidence and removals. Barry suggested that if the Commission would like to dig deeper into the meth incidents and entries into foster care then it would be helpful to have data regarding child abuse and neglect reports, assessment findings and updated meth incident information, including specific locations of meth labs. He noted that Casey has provided additional resource materials to the Commission members in the back of their packet.

Justice Rush asked the Commission if it wants to set up a task force to study this issue. She advised some of the issues the task force could tackle are 1) how to track the incidence of these types of child neglect cases; and, 2) how many reports are related to meth. Attorney General Zoeller stated the prescription drug abuse task force focuses on neonatal drug exposure.

Larry Landis discussed the recommendation made several years ago by the Commission on Methamphetamine to make pseudoephedrine a scheduled drug. He supports this position because it will help eliminate meth labs. Dr. Duwve cautioned that if the General Assembly did make these types of drugs available by prescription only, the law should build in an education and safety component.

Senator Lanane stated the General Assembly has looked at this issue in the past. He thinks the Commission could add to the momentum by keeping the focus on children. Representative Riecken moved to establish a task force that focuses on the interplay between meth and child welfare. The motion was seconded and adopted by consensus.

Representative Kubacki expressed concern about another task force being established to address this issue. She does not think a task force is needed since there is already a bill in the works addressing this issue. Justice Rush acknowledged the Commission feels there is a huge issue in Indiana concerning child welfare and the increase in meth labs.

8. Child Services Oversight Committee Report and Recommendations

Senator Carlin Yoder, Chair, Child Services Oversight Committee

Senator Yoder stated that he has authored all of the bills pertaining to pseudoephedrine. He said there are two sides to everything and encouraged the Commission to be fair with its approach. He next reviewed the Child Services Oversight Committee report and recommendations. He complimented Mary Beth Bonaventura and DCS on their willingness to work with the Oversight Committee. The Committee had two recommendations for the Commission, which are 1) to study the system response to newborns born with drugs in their systems; and, 2) to continue to monitor and review the changes that have been recommended to the Department of Child Services, which the Department of Child Services has begun to implement. Senator Yoder said his committee is willing to help the Commission in any way they can.

9. Other Matters

Anne Jordan reported that the permanent website has been launched. The web address is www.in.gov/children. The website can also be accessed from the in.gov home page under the family and health tab. Justice Rush said the Commission Task Forces would be listed on the website along with any minutes and reports they may produce.

Justice Rush ended the meeting by reviewing the four Task Forces: 1) Data Sharing and Mapping; 2) Infant Mortality and Child Health; 3) Cross-System Children; and 4) Methamphetamine and Child Welfare.

Chairs are needed for the Methamphetamine and Child-Welfare Task Force. Justice Rush thanked the Commission staff. She also thanked DOE for live streaming the meeting. She expressed that serving as chair of the Commission has been wonderful, and the members of the Commission thanked her for her service.

10. Future Meeting Dates

- Feb.19, 2014 10:00 A.M. – 2:00 P.M.
- April 16, 2014 10:00 A.M. – 2:00 P.M.
- June 18, 2014 10:00 A.M. – 2:00 P.M.
- Sept. 17, 2014 10:00 A.M. – 2:00 P.M.
- Nov. 19, 2014 10:00 A.M. – 2:00 P.M.