

Data Sharing & Mapping Task Force
Commission on Improving the Status of Children in Indiana
March 18, 2015
Meeting Minutes

1. The Task Force met on Wednesday, March 18, 2015, from 2:30 p.m. to 4:30 p.m. in the JTAC Training Room, 30 South Meridian Street, 5th floor.
 - a. The following members were present: Lilia Judson, Indiana Supreme Court Division of State Court Administration (INSTAD) (Co-Chair); Julie Whitman of the Indiana Youth Institute (IYI), (Co-Chair); Tony Barker, Office of Technology (IOT); Serrilla Blackmon, Division of Mental Health and Addiction (DMHA); Mary DePrez, Court Technology, INSTAD; Joshua Ross, Criminal Justice Institute (CJI); and, Cynthia Smith and Don Travis, Department of Child Services (DCS).
 - b. No one joined us by teleconference.
 - c. Not present: Delia Armendariz, Casey Family Programs; Michael Commons, INSTAD; Ann Hartman, 211/Connect2Help; Jeff Hudnall, Indiana Network of Knowledge (INK); Barbara Moser, NAMI (*ex officio*); Sarah Schelle, Department of Correction (DOC); Barbara Seitz de Martinez, Indiana Prevention Resource Center (IPRC); Lisa Thompson, Court Technology; Doris Tolliver and Jeff Tucker, DCS; Joshua Towns, Department of Education (DOE); Chris Waldron, Indiana State Department of Health (ISDH); and, Tamara Weaver, Indiana Attorney General's Office.
 - d. Guests: We were joined by Hannah Maxey, PhD, Assistant Professor and Director, Health Workforce Studies, and Connor Norwood, MHA, Policy Analyst, Health Workforce Studies, Department of Family Medicine, Indiana University School of Medicine. Janetta McKenzie, MS, LSW, Grant Coordinator, Indiana Association of Resources and Child Advocacy (IARCA), also attended the meeting.
 - e. The meeting was staffed by Ruth Reichard, STAD staff attorney.
 - f. Lilly Judson welcomed those in attendance and our guests introduced themselves.

2. **Approval of Minutes from January 28, 2015 Meeting:** the members reviewed the minutes of the January 28, 2015 meeting and suggested no additions or corrections. The group approved the minutes by consensus. As a reminder, once minutes are approved, Ruth sends them in a PDF to Angela Reid-Brown, who posts them on the Commission's web site here: <http://www.in.gov/children/2344.htm>

3. **Health Workforce Studies Program Data Collection & Analysis—Hannah Maxey:** Hannah Maxey from the IU School of Medicine presented slides and discussed her work. In the broadest sense, she examines workforce *capacity*, as opposed to supply. When she began her work in 2009, she initially set out to answer the question of why Indiana had fewer HPSAs (Health Professional Shortage Areas) than our neighboring states. She worked with the ISDH and the PLA (Professional Licensing Agency) to obtain data from surveys that were part of the PLA's electronic professional licensing renewal process. The surveys are elective, but the PLA designed the process to be very easy to complete; therefore, there is a very high response rate ranging from 85-96% depending on the license type. Hannah compared that rate to the ISDH's response rate of 10% using paper surveys. In response to a question, Hannah stated that her staff does audit the data. Her project works on a contract with the ISDH and the PLA, but is transitioning to working directly with the PLA. Hannah believes that the data will eventually feed into MPH (Indiana's Management & Performance Hub), as well.

The PLA's survey data contain some gaps from the last cycle, but will capture the data in the next biennium. The next cycle of surveys for all professions will also employ the Federal Minimum Data Set Survey Tools, which is a standardized set of questions designed to capture specific licensee/provider characteristics. Hannah informed us that addictions professionals do fall under the "licensed mental health professionals" category in her data. Her staff is currently working with ISDH to prepare a report for the Commission's Substance Abuse & Child Safety Task Force that studies (and maps) the population of licensed mental health professionals, along with "pill mills," emergency department usage, etc. She expects to have this finished in May. Hannah's staff consists of three people, and this project is unfunded, so the work is progressing slowly.

Referring to the slides, Hannah told us that the *data reports* are online; the files are very large, but anyone wishing to see the numbers for each county can go online. The *policy reports* are in the folders Hannah and Connor handed out to us at the meeting. [Anyone wishing to get a folder should contact Ruth.] They are not policy recommendations, but are rather designed to help stakeholders make the case for their grant proposals, etc.

Hannah touched on mental health workforce information. The survey does ask questions concerning the ages of the patients the providers serve, but Hannah's staff is currently unable to harvest that data because they lack the resources (they would need more funding). With respect to Indiana's shortage of psychiatrists, Hannah noted that there are only 6 psychiatric residency slots a year in Indiana medical schools.

The HPSAs include the Medicaid-eligible population. "Health professionals" include primary care physicians, dentists, and mental health professionals. Hannah discussed the slides referring to the NHSC (National Health Service Corps) and explained how that works. Students can receive financial assistance with loan repayment for a number of years based on the area they agree to serve, their license type, etc.

Currently, Indiana has MHPSAs (Mental Health Professional Shortage Areas) in 62 counties.

Hannah then discussed the HWS PCNA, which is the Health Workforce Studies Primary Care Needs Assessment. This project recently transitioned from paper surveys to working on a more comprehensive needs assessment. They run the numbers every two years; HPSAs are renewed every three to five years. The ISDH used to wait for a county to ask for help with HPSA designation; now, the agency is taking a more proactive approach and is both strategizing and prioritizing decisions about which areas should seek the HPSA designation. Hannah was asked how long the process to receive the HPSA took; she said normally it takes months, but some areas have been on a waiting list for years due to a lack of data. The state has very limited staff resources devoted to processing the applications for HPSAs.

Julie asked Hannah what type of concrete recommendation we can make to the Commission. Hannah replied that we need to build capacity for health workforce analysis, especially to enable the examination of the age data for patient populations for primary care physicians, mental health providers, and dentists. Hannah stated that her office has some of the data already, but lacks the staff to adequately vet and analyze the data. We also discussed recommending that the Commission invite Hannah to speak at a future meeting. Lilly shared that, at the recent district meetings, judges have expressed concern regarding the revised

criminal code's emphasis on local correctional options for offenders (instead of imprisonment). The judges have described a lack of an adequate number of mental health providers for both adults and children at the local level that has been exacerbated by the recent changes to the sentencing laws. Lilly and Julie will approach the Executive Committee and recommend that Hannah be placed on an upcoming agenda, to emphasize the situation regarding substance abuse and mental health.

After Hannah left for another meeting, Tony said it might be possible that the MPH could help Hannah's staff scrub the data on patients' ages (in other words, vet the answers to the licensing survey questions about the age range of patients each professional serves). Tony will talk with Paul Baltzell of IOT about this idea, and will also find out who Hannah's contact at MPH is, and whether MPH can in fact offer assistance along these lines, if Hannah is willing to share the data in this fashion.

4. **Cross-System Youth Task Force—Don Travis:** Don, one of the co-chairs of the Task Force, gave an update. There is some overlap between the work of the Task Force and the work of the Child Services Oversight Committee. He clarified that "cross-system" does not refer to dual court involvement, but rather to dual system involvement on the part of the child. The different systems are comprised of the courts, DCS, and the schools. The goal is to prevent children from falling through the cracks. His Task Force has identified many needs (homelessness, mental health, substance abuse, etc.); in September 2014, the members broke down into subcommittees by age (0-6; 7-15; 16-19/20) instead of by issue/need. The subcommittees will examine each issue and its effect on their specific age cohort. At some point, Don predicted, these subcommittees will need data.

Don discussed the differing definitions that the systems encounter: for example, there are two different definitions of "homeless"—one from the Dept. of Housing & Urban Development, and a different standard from the Dept. of Education. Likewise, there are three different definitions of "dual status"—dually adjudicated, dually involved, and dually identified.

In cooperation with Marion County officials, they are working on data sharing issues under the auspices of a project funded by the RFK and MacArthur Foundations. They are working to identify what data to collect, what data each part of the system wants (the group found roughly 157 data points they wanted), what data they *need*, and what is available.

Don also mentioned that the Task Force will work with the pilot sites for judicial engagement once the sites are selected. He described other activities of the Task Force and other discussions they've been having. Don's Task Force will co-host, along with the Supreme Court, a symposium on July 24th. Teams of 5 from each county will attend, and communication between systems will be one of the topics of discussion. Lilly and Julie thanked Don for attending our meeting and updating us on his Task Force's progress. They also offered to send someone from our Task Force to Don's next meeting to reciprocate.

5. **Information Sharing Certificate Program, Center for Juvenile Justice Reform, Georgetown University—Julie Whitman:** Julie summarized the team's progress on identifying a capstone project. The team has submitted a summary of its project to Georgetown, and is awaiting feedback. There are three aspects to the project: first, to survey the counties to determine what data they want, what data they need, and what data they are currently sharing. Second, the team aims to develop a manual of state and federal laws on privacy and data

sharing with respect to child welfare information (how to legally share information in the best interests of the child). It would be optimal to have such a booklet by the July summit, we all agreed. Julie said that once this manual/research brief is developed, the team would like a panel of attorneys from relevant/affected state agencies (DOE, DCS, etc.) to review it and see whether they agree with the legal analysis and engage in a discussion of its contents. Third, the project would identify a county where we could pilot the information sharing—Julie commented that, after hearing Don’s presentation, it sounds like Marion County may already be engaged in this activity.

Julie mentioned that at the February Commission meeting, Chief Justice Rush talked about the need for data on educational outcomes for system-involved youth. This would require system-level data sharing. Do we want to revisit this question? Julie reminded us that, last Fall, we ran into a dead-end with INK when we learned that its enabling statute specifically prohibited the sharing of juvenile justice data.

Julie believes that Doris Tolliver of DCS was working with the DOE on an MOU, but that may be stalled at the moment. Ruth sent two emails to the DOE asking for a staff person to be assigned to our Task Force as an additional member—someone with expertise in both policy and law related to data sharing issues. She has not yet received an answer. Lilly suggested that she and Julie approach the Executive Committee with a request that they ask Superintendent Ritz to appoint someone. Julie had an ad hoc discussion of this matter with the Superintendent at the February meeting, and Superintendent Ritz directed her to David Galvin. We also discussed asking the Executive Committee to assign a Task Force to work on mental health issues.

6. **Discussion of Possible New Task Force Members:** We expect that Chris Waldron from ISDH will no longer regularly attend our meetings, because we are moving away from mapping and concentrating further on data sharing projects. Likewise, now that Connect2Help/211 has our database, Ann Hartman will not be attending future meetings, but has informed Ruth that she would like to continue to receive minutes in order stay abreast of our activities. Joshua Ross said that he believes CJI should still belong to our task force in order to get information on the other agencies’ activities. We discussed the DOE personnel, and would like to add someone from that agency with some expertise in the legal issues associated with sharing information.
7. **Next meeting:** the Task Force’s next meeting will be on *Wednesday, May 6, 2015*, from 2:00 p.m. to 4:00 p.m. at 30 South Meridian Street, 5th floor, in the JTAC Training Room (our usual location). Once again, we will have a conference call set up so that task force members can call into the meeting.