Members:

Rep. Susan Crosby, Chairperson
Rep. Gloria Goeglein
Sen. Steven Johnson
Sen. Cleo Washington

Lay Members

Candace Backer
Robert Bonner
Dr. David Giles
John Huber
Galen Goode
Gloria Kardee
Jerri Lerch
Amelia Cook Lurvey
Janet Marich
Judge Stephen Spindler
Judith Tilton

LSA Staff:

Steven R. Wenning, Attorney for the Commission
Ron Sobecki, Fiscal Analyst for the Commission

Authority: ***P. L. 37-1998***

INDIANA COMMISSION ON MENTAL HEALTH

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MEETING MINUTES

Meeting Date:	**October 19, 1998**
Meeting Time:	**10:00 A.M.**
Meeting Place:	**State House, 200 W. Washington St., Room 233**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**8**

Members Present: **Rep. Susan Crosby, Chairperson; Rep. Gloria Goeglein; Sen. Steven Johnson; Robert Bonner; Dr. David Giles; John Huber; Galen Goode; Gloria Kardee; Jerri Lerch; Amelia Cook Lurvey; Judge Stephen Spindler.**

Members Absent: **Sen. Cleo Washington; Candace Backer; Janet Marich; Judith Tilton.**

Representative Susan Crosby (Chairman) called the meeting of the Indiana Commission on Mental Health (Commission) to order at 10:15 a.m.

Bob Marra
Director, Special Education Programs, Department of Education

Mr. Marra stated there are many different governmental agencies that work with children who have an emotional or mental problem. Each agency has its own label for these children (e.g. the Department of Education (DOE) uses the term "emotionally handicapped"). A child will receive different labels from each agency that the child comes into contact with even though the child may only have one disorder. When the

DAWN project began in Marion County with 125 children, 75% of the children had a DOE special label while 79% of the same children had been assigned a special label by the juvenile justice system. Before being assigned to the DAWN project the average yearly cost of case management for each child was $14,000. The average coordinated case management cost of each child under the DAWN project is about $4,800. The savings are used to serve additional children. Some of the unique characteristics of the DAWN project are as follows: parents are involved in the decision making process; solutions look to provide support for the entire family; and special solutions are used to meet the family's needs (e.g. a family who was receiving $90,000 a year in services believed that moving to a different neighborhood would help - the DAWN project spent $1,100 in moving costs and the annual cost of family services was reduced to $23,000).

Answering questions from the Commission, Mr. Marra stated the following:

- The DAWN project cannot be cloned and transplanted into other communities. Each community must design a program that fits into its unique area. Each community has different overlapping agencies (welfare offices, school townships, etc.). However, other communities can learn from the DAWN project's successes and mistakes.
- It was difficult for agencies to relinquish their independent decision making authority and allow the DAWN team to make the decisions.
- Under the old federal S-5 program the only option DOE had with certain special needs students was to send them to facilities in other states. Changes in the 1990's now allow Indiana to spend this money in different ways so that services for these children can be assembled in the child's home community. Thirteen percent of the S-5 children are currently in out-of-state placements. This number can be reduced further, but the services that can be offered in other states should not be cut off completely from those students who need those services.

Commission discussion included the following comments:

- Children with untreated problems become adults with problems (e.g. welfare, unwanted pregnancies, jail, etc.). The lifetime cost to society is staggering. The adults then pass the same problems on to their families and the cycle continues for another generation.
- Governmental agencies need a shift in their philosophy of success. Currently, agencies look at their own numbers to determine success (e.g. case loads, budgets). This approach does not lead to interagency cooperation or examination to see if families are actually improving.
- The system is beginning to see some agencies support the idea of blending their funds to support children.
- Many children who are diagnosed with conduct disorders usually have an unidentified or untreated underlying problem.

The Chairman then moved on to discussing and voting on the following proposed

legislation:

PD 3442 concerning mentally ill dependent insurance coverage was amended and adopted by the Commission 11-0.

PD 3492 concerning the Department of Correction drug formulary was amended and adopted by the Commission 11-0.

PD 3437 concerning insurance coverage for mental health and substance abuse services was amended and adopted by the Commission 11-0.

PD 3513 concerning mentally ill prisoners was amended and adopted by the Commission 11-0.

HC 1001 concerning the Division of Mental Health's budget was amended and adopted by the Commission 11-0.

PDoc 1509.002 concerning insurance coverage for mental health services was amended and adopted by the Commission 11-0.

The Commission then read and discussed the Commission's Final Report. The Commission made several changes and directed staff to update the report to reflect the Commission's final meeting of the year. The Commission adopted the amended Final Report 11-0.

The Chairman adjourned the Commission meeting at 2:45 p.m.