

**Members**

Rep. Cindy Noe, Chairperson  
Rep. Charlie Brown  
Sen. Patricia Miller  
Sen. Lindel Hume  
Kathleen O'Connell  
Margie Payne  
Ronda Ames  
Valerie N. Markley  
Bryan Lett  
Caroline Doebbling  
Kurt Carlson  
Chris Taelman  
Jane Horn  
Rhonda Boyd-Alstott  
Dr. Danita Johnson Hughes  
Dr. Brenna McDonald



# COMMISSION ON MENTAL HEALTH AND ADDICTION

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Authority: IC 12-21-6.5

## MEETING MINUTES<sup>1</sup>

Meeting Date: October 15, 2012  
Meeting Time: 1:00 P.M.  
Meeting Place: State House, 200 W. Washington St., House Chamber  
Meeting City: Indianapolis, Indiana  
Meeting Number: 3

**Members Present:** Rep. Cindy Noe, Chairperson; Rep. Charlie Brown; Sen. Patricia Miller; Sen. Lindel Hume; Margie Payne; Ronda Ames; Valerie N. Markley; Bryan Lett; Caroline Doebbling; Kurt Carlson; Chris Taelman; Dr. Danita Johnson Hughes.

**Members Absent:** Kathleen O'Connell; Jane Horn; Rhonda Boyd-Alstott; Dr. Brenna McDonald.

### I. Call to Order

Representative Cindy Noe, Chairperson, called the meeting to order at 1:05 P.M. and asked the members to introduce themselves.

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<sup>1</sup> These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at <http://www.in.gov/legislative>. Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for hard copies.

## II. Update from the Council on Evansville State Hospitals

**Representative Suzanne Crouch**, told the Commission that in 2011 legislation was passed creating the Council on Evansville State Hospitals. Representative Crouch introduced **Judge Brett Neimeier** to update the Commission on the work of the Council. (Exhibit 1) Judge Neimeier reported that, for many parents, Evansville Psychiatric Children's Center (EPCC) is the last resort for treatment for their children. The Council maintains that there will always be some children who are in need of the level of care provided at the EPCC. Senator Hume expressed his support for the EPCC and emphasized the importance of the facility for the Evansville community and for children throughout Indiana.

## III. Bill Drafts

### (A) PD 3298 Immediate Detention - adds "gravely disabled"

Representative Noe discussed PD 3298. (Exhibit 2) Representative Noe explained that during the first meeting when commitment was discussed everyone agreed that the commitment process is working well. This draft adds "gravely disabled" to the conditions considered in the immediate detention statute to make the statute consistent with the emergency and temporary commitment statutes. Representative Noe explained that the language from this draft may be combined with other concepts concerning mental health issues for introduction. The draft was amended and approved by consent.

### (B) PD 3325 CHINS 6 - allows prosecutors to file CHINS 6 petitions for a period of two years

Representative Noe discussed PD 3325. (Exhibit 3) Representative Noe indicated that she intends to share this draft with an interim committee studying the Department of Child Services (DCS) later this month. That Committee includes members from the judicial branch and others who deal daily with CHINS 6 petitions. The draft allows prosecutors to file CHINS 6 petitions for a period of two years. The two years will give DCS time to implement the new system for providing services to CHINS 6 children as well as give the General Assembly time to consider how the prosecutors are using the CHINS 6 petitions. Representative Noe explained that the language from this draft may be combined with other concepts concerning DCS issues for introduction. The draft was approved by consent.

## IV. Final Report

The final report (Exhibit 4) was approved by consent.

## V. Adjournment

Representative Noe adjourned the meeting at 1:55 P.M.

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Exhibit 1

The members of the Council on Evansville State Hospitals first started meeting in June 2010 at the recommendation of Senator Vaneta Becker. The Council informally met for a year and in July 2011 the Council was officially created by an act of the General Assembly and a law signed by Governor Daniels.

The Council's task is to review the following:

1. The mental health and addiction services available to children in the Evansville area.
2. The quality of care to patients in the state hospitals.
3. The utilization of the state hospitals.

The most significant task of the Council is to determine the viability of the Evansville Psychiatric Children's Center (EPCC) and the Evansville State Hospital and make a report to the general assembly of our findings. The Council's authority ends on December 31, 2013.

The Council's official members include the following:

1. Chairperson Judge Brett Niemeier
2. Senator Tomes (R)
3. Senator Hume (D)
4. Senator Becker (R)
5. Representative Crouch (R)
6. Representative Riecken (D)
7. Steve McCaffrey of Mental Health America
8. Steven Luzader, a therapist at Deaconess Cross Pointe
9. Lynn Kyle, Executive Director of Lampion Center
10. John Browning, former CEO of Southwestern Healthcare
11. Lottie Cook, Superintendent of the Evansville Psychiatric Children's Center
12. Kevin Moore, Director of the Division of Mental Health & Addiction
13. Cathe Fulcher, Superintendent of the Evansville State Hospital
14. Dan Davis, Community representative

The Council also receives regular assistance from Department of Children Services- Vanderburgh County Director Shirley Starks, Cathlin Gray of the Evansville Vanderburgh School Corporation, Linda Evinger of University of Southern Indiana, and a host of others as their schedules permit.

#### Background Information

The EPCC was opened in 1966. It is the only state hospital designed and built just for children. In the past eight years 145 children have been admitted or an average of 18 children a year. Since 2008 the length of stay has decreased from 10-12 months to 6-8 months. This decrease was due to implementing the newest available research on how to effectively treat the complexity of disorders presented by these children. Reactive attachment, post traumatic stress, obsessive-compulsive, mood disorder, oppositional defiance, and anxiety disorders are all treated at the EPCC. 36% of the children at the EPCC suffer from at least four disorders.

75% of the children served at the EPCC have already had prior hospitalizations. 10% have already been treated at a Private Residential Treatment Facility (PRTF). While southern Indiana utilizes the facility more than the rest of the state, in the last two years ten different mental health centers around the state have referred children to the EPCC.

### Recommendations

1. The first and most significant recommendation of the Council is that EPCC should remain open. After hearing from parents, community providers, and two mental health center directors, there is no question that the EPCC provides a valuable and necessary level of care. Nobody who appeared before the Council thought that closing the facility was in the best interest of children, families, or our State's system of care. It is apparent to the Council that no matter how strong outpatient services and acute care services are, there will always be a need for inpatient hospitalization for children with the most complex and severe mental health conditions. Hospitalization needs to be an available option for mental health care, just as hospitalization is needed at times for a person's physical health.
2. Review the State's gatekeeper system. The EPCC has 28 beds for children but utilization seems to be artificially low. The Council has identified several reasons for the EPCC's apparent underutilization. First, the State's gatekeeper system, unique to mental health medicine, requires that all cases be reviewed by the local mental health center before being evaluated by the EPCC admission staff. This can be a cumbersome and time intensive process. Second, Psychiatrists, physicians, and members of the community typically do not understand the gatekeeper system and thus have significant trouble navigating it. The Council will continue to review the gatekeeper system to determine whether it is the best and most efficient way for parents and children to access the EPCC.

Even in cases where the gatekeeper system is understood, process and paperwork lead to significant barriers preventing families from accessing essential care at EPCC. For instance, understandably there is a requirement for a lot of documentation to be provided to the mental health center prior to review and admission, unfortunately this presents an incredible burden on a family who already has tremendous emotional and 'systems' burdens being placed on them. The Council recommends that a new emphasis should be focused on the barriers that families face in gaining access to the EPCC services their children need.

3. Review the EPCC admission criteria. Criteria for admission is seen as another possible reason that EPCC census is limited. Only children from ages of 6 – 12 are currently able to be admitted. Another example is that a child's low IQ might make them ineligible. Children with other disorders are also not eligible, but it might take major revisions for these youth to be able to receive services at the EPCC. The Council will continue to review these limitations and will determine whether other children in need should be allowed to receive services at the EPCC.
4. Continuum of Care. The Council is convinced that the underutilization of the EPCC is not due to a lack of need, but rather a lack of continuity of care in a mental health system which creates barriers to the most behaviorally & medically appropriate care, including treatment at the EPCC. The most

significant gap that the Council has identified for southern Indiana is the lack of services between emergency acute care and longer term intensive mental health care offered at the EPCC. Evansville is fortunate to have Deaconess Cross Pointe which accepts children in emergency situations. Unfortunately, Medicaid only covers a child for 3-7 days in these circumstances. Many children cannot be fully assessed and stabilized in this short period of time. Children are typically released home, and on many occasions return to Cross Pointe time and again until finally hospitalization at the EPCC is approved. The trauma being caused to these children and families by repeated stays in an acute unit just adds to the children's short term and long term issues and diminishes treatment outcomes. The lack of seamless care is not unique to Evansville. Each community differs on the level of services provided by mental health. Some communities may not have acute care, but rather a PRTF. Some communities have wraparound services while others do not. These inconsistencies ultimately affect the care for children and the usage of the EPCC.

5. EPCC adding the role as a comprehensive diagnostic center. The Council is considering the State benefit for EPCC to be identified as a diagnostic center, allowing for thorough evaluation to be completed by their multi-disciplinary team. A 30-60 day stay would allow for expert evaluation, medication review, and treatment recommendations which could avert multiple admissions to an acute unit, avoid some stays at PRTFs, and possibly reduce length of stay at the EPCC. Following intensive services, comprehensive outpatient follow up would complete the continuum of care and help avoid additional inpatient stays.
6. Review whether the EPCC should add the role of aftercare/transitional services for their patients. Currently, once a patient is discharged the child normally goes to the local mental health center to receive aftercare services. 30-60 days of aftercare services through the same treatment team at the EPCC could make for a better transition, thus better outcomes. In the alternative, a collaborative approach should be considered.

In closing, the Council's work is far from being done but a strong framework has been established. We are pursuing "best practices" while at the same time establishing cost effective, seamless mental health care for Indiana's children.

The Council is dedicated in fulfilling the legislature's request to the best of our ability in a total nonpartisan fashion.

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Exh. b. 2

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**PRELIMINARY DRAFT  
No. 3298**

**PREPARED BY  
LEGISLATIVE SERVICES AGENCY  
2013 GENERAL ASSEMBLY**

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DIGEST

**Citations Affected:** IC 12-26-4.

**Synopsis:** Immediate detention. Provides that an individual must be gravely disabled, in addition to having a mental illness, being dangerous, and being in immediate need of hospitalization, to permit a law enforcement officer to detain the individual and transport the individual to the nearest appropriate facility.

**Effective:** July 1, 2013.



1 in which the individual was taken into custody.



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Exh. b. f 3

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**PRELIMINARY DRAFT**  
**No. 3325**

**PREPARED BY**  
**LEGISLATIVE SERVICES AGENCY**  
**2013 GENERAL ASSEMBLY**

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DIGEST

**Citations Affected:** IC 31-34-9-1.

**Synopsis:** Authorization of prosecuting attorney to file CHINS petition. Allows a prosecuting attorney to request a juvenile court to authorize the filing of a petition alleging that a child is a child in need of services in certain circumstances and to represent the interests of the state in the child in need of services proceeding. Provides that the provisions expire on June 30, 2015.

**Effective:** July 1, 2013.



A BILL FOR AN ACT to amend the Indiana Code concerning family law and juvenile law.

*Be it enacted by the General Assembly of the State of Indiana:*

- 1 SECTION 1. IC 31-34-9-1, AS AMENDED BY P.L.146-2008,  
2 SECTION 588, IS AMENDED TO READ AS FOLLOWS  
3 [EFFECTIVE JULY 1, 2013]: Sec. 1. **(a)** The attorney for the  
4 department:  
5 (1) may request the juvenile court to authorize the filing of a  
6 petition alleging that a child is a child in need of services; and  
7 (2) shall represent the interests of the state at this proceeding and  
8 at all subsequent proceedings on the petition.  
9 **(b) A prosecuting attorney:**  
10 **(1) may request the juvenile court to authorize the filing of a**  
11 **petition alleging that a child is a child in need of services**  
12 **under IC 31-34-1-6; and**  
13 **(2) shall represent the interests of the state at this proceeding**  
14 **and at all subsequent proceedings on the petition.**  
15 **(c) Subsection (b) expires June 30, 2015.**



## Commission on Mental Health and Addiction

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Exhibit 4

### I. STATUTORY DIRECTIVE

The Commission on Mental Health and Addiction is established by IC 12-21-6.5 to do the following:

- (1) Study and evaluate the funding system for mental health and addiction services in Indiana.
- (2) Review and make specific recommendations regarding the provision of mental health and addiction services delivered by community providers and state operated hospitals. The review and recommendations must cover services to all age groups including children, youth, and adults.
- (3) Review and make recommendations regarding any unmet need for public supported mental health and addiction services:
  - (A) in any specific geographic area; or
  - (B) throughout Indiana.

In formulating recommendations, the commission shall consider the need, feasibility, and desirability of including additional organizations in the network of providers of mental health and addiction services.

- (4) Monitor the implementation of managed care for persons with mental illness and addictive disorder that is paid for in part or in whole by the state.
- (5) Make recommendations regarding the commission's findings to the appropriate division or department of state government.

The Legislative Council assigned the following additional responsibilities to the Commission for the 2012 interim:

- A. Whether prosecuting attorneys should be allowed to file a petition alleging that a child is a child in need of services under IC 31-34-1-6;
- B. The unmet mental health needs of children within the juvenile justice system, including children in need of services and delinquent children; and
- C. Involuntary commitment of persons with substance use disorders, including the following:
  - (1) Whether the involuntary commitment statute is underutilized;
  - (2) Whether the state should inform the public, law enforcement, and judiciary of the current Indiana laws on involuntary commitment; and
  - (3) Whether the state has adequate resources to provide treatment for persons with substance use disorders.

### II. SUMMARY OF WORK PROGRAM

The Commission met three times during the 2012 interim, on August 27, 2012, September 17, 2012, and October 15, 2012.

At the August 27, 2012, meeting, the Commission received an update on mental health services in Indiana and information on detention and commitment statutes.

At the September 17, 2012 meeting, the Commission heard presentations on Children in Need of Services when the children have mental health needs (CHINS 6).

At the October 15, 2012, meeting there was a presentation on behalf of the Council on Evansville State Hospitals, bill drafts were discussed and (approved) (rejected), and the final report of the Commission was (approved).

### **III. SUMMARY OF TESTIMONY**

Meeting minutes for the Commission can be accessed from the General Assembly Homepage at <http://www.in.gov/legislative/>

August 27, 2012

Mr. Kevin Moore, Director, Division of Mental Health and Addiction (DMHA), Family and Social Services Administration (FSSA), updated the Commission on the mission and priorities of the DMHA, including information on addiction and the following four different types of involuntary commitment: (1) immediate detention, (2) emergency detention, (3) temporary commitment, and (4) regular commitment.

Mr. Richard Turner, Magistrate, Marion County Superior Court, Probate Division, provided the Commission with information on the detention and commitment statutes. Mr. Turner indicated that he believes the commitment and detention statutes work properly. Mr. Brad Hoffeditz, Trooper, Indiana State Police, discussed the ways in which police officers are generally involved in situations involving individuals with mental illness. Ms. Sharon Blair, Social Justice Advocate, discussed her experiences in seeking substance abuse treatment for her daughter.

September 17, 2012

There was discussion concerning issues surrounding CHINS 6. Mr. Kevin Moore, DMHA, explained the services DMHA provides to children who are CHINS 6 children. Mr. John Ryan, Chief of Staff, and Ms. Lisa Rich, Deputy Director of Programs and Services, Department of Child Services (DCS), discussed the plans DCS is developing to better address providing services to CHINS 6 children. The plan is being implemented as a pilot program and relies strongly on obtaining services from community mental health centers. DCS supports using DCS local attorneys to exclusively have the authority to file CHINS 6 petitions.

Attorney General Greg Zoeller discussed the role of the office of the Attorney General in CHINS 6 cases. The Attorney General presented his proposal that includes having all CHINS 6 case appeals handled by the office of the Attorney General to insure that there is consistency statewide in policies at the appeals level.

Ms. Suzanne O'Malley, Indiana Prosecuting Attorneys Council, informed the Commission that the Prosecuting Attorneys Council believes that, in addition to DCS attorneys filing CHINS 6 petitions, the prosecuting Attorneys should also have the authority to file CHINS 6 petitions. Mr. Larry Landis, Executive Director, Public Defenders Council, supported the position of the Prosecuting Attorneys Council that prosecuting attorneys should have the authority to file CHINS 6 petitions. Ms. Karen Lueck, Wayne County Public Defenders' Office, Ms. JauNae Hanger, Indiana Bar Association Civil Rights of Children Committee, and Ms. Kaarin Lueck, Public Defender, Richmond, supported allowing prosecuting attorneys to file CHINS 6 petitions.

Ms. Cathy Graham, Executive Director IARCCA, discussed the need for proper mental health treatment for children and their families. Dr. Matt Aalsma, Advisory Board for the Indiana Juvenile Mental Health Screening, Assessment, and Treatment Project, discussed the need for a statewide, evidence-based treatment system to care for youth identified with mental health disorders. Mr. Bill Glick, Indiana Juvenile Justice Task Force, Inc., discussed how the Department of Correction (DOC) provides mental health services to youth.

Ms. Barbara Collins-Layton and Ms. Jill Garner presented letters from parents detailing the difficulties they had obtaining services for their children.

Mr. Matt Brooks, Chief Executive Officer, Indiana Council of Community Mental Health Centers, Inc., discussed the Council's readiness to supply services under the new plan DCS is implementing for providing services to CHINS 6 children.

Ms. Pam, McConey, National Alliance on Mental Illness (NAMI), discussed objectives for providing mental health services to children.

October 15, 2012

Judge Brett Niemeier and Representative Suzanne Crouch made a presentation on behalf of the Council on Evansville State Hospitals.

The following bill drafts were discussed:

The final report of the Commission was approved.

#### **IV. COMMISSION FINDINGS AND RECOMMENDATIONS**

The Commission recommended the following bill drafts:

#### **WITNESS LIST**

August 27, 2012

Mr. Kevin Moore, Director, DMHA  
Mr. Richard Turner, Magistrate, Marion County Superior Court, Probate Division  
Mr. Brad Hoffeditz, Trooper, Indiana State Police  
Ms. Sharon Blair, Social Justice Advocate

September 17, 2012

Mr. Kevin Moore, Director, DMHA  
Mr. John Ryan, Chief of Staff, DCS  
Ms. Lisa Rich, Deputy Director of Program and Services, DCS  
Attorney General Greg Zoeller  
Ms. Suzanne O'Malley, Indiana Prosecuting Attorneys Council  
Mr. Larry Landis, Executive Director, Public Defenders Council  
Mr. Matt Brooks, Chief Executive Officer, Indiana Council of Community Mental Health  
Centers  
Ms. Karen Lueck, Wayne County Public Defenders Office  
Ms. Barbara Collins, Advocate  
Ms. Jill Garner, Advocate  
Ms. Cathy Graham, Executive Director IARCCA  
Dr. Matt Aalsma, Advisory Board for the Indiana Juvenile Mental Health Screening,  
Assessment, and Treatment Project  
Ms. JauNae Hanger, Indiana Bar Association Civil Rights of Children Committee  
Mr. Bill Glick, Indiana Juvenile Justice Task Force, Inc.  
Ms. Kaarin Lueck, Public Defender, Richmond  
Ms. Pam McConey, NAMI

October 15, 2012

Judge Brett Niemeier  
Representative Suzanne Crouch