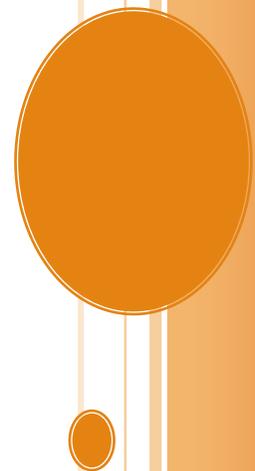


# COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

*Annual Report*

July 1, 2013 – June 30, 2014



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## *Executive Summary*

Legislation establishing the Commission on Improving the Status of Children in Indiana (CISC) went into effect on July 1, 2013. This 18-member Commission consists of leadership from all three branches of government. The CISC is charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation.

In its inaugural year, the CISC identified priorities to help guide the work of the CISC, established the mission and vision, adopted an organizational model, issued Report of Findings and Recommendations, launched a website, and formed task forces.

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### **ACCOMPLISHMENTS**

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JULY 1, 2013-JUNE 30, 2014

- ✓ Identified priorities
- ✓ Developed the mission and vision of the CISC
- ✓ Adopted an organizational model
- ✓ Issued Report of Findings and Recommendations regarding topics assigned to the CISC by Legislative Council Resolution 13-01
- ✓ Launched the CISC website
- ✓ Established task forces

# COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA

## Members

**Brian Bailey**

Director  
Indiana State Budget Agency

**Mary Beth Bonaventura**

Director  
Indiana Department of Child Services

**Mike Dempsey**

Executive Director  
Indiana Department of Correction, Division of Youth Services

**Sen. Travis Holdman**

State Senator  
District 19

**Lilia Judson**

Executive Director  
Indiana Supreme Court, Division of State Court Administration

**Rep. Rebecca Kubacki**

State Representative  
District 22

**Sen. Tim Lanane**

State Senator  
District 22

**Larry Landis**

Executive Director  
Indiana Public Defender Council

**Susan Lightfoot**

Chief Probation Officer  
Henry County Probation Department

**Debra Minott**

Secretary  
Family and Social Services Administration

**Kevin Moore**

Director  
Division of Mental Health and Addiction

**David Powell**

Executive Director  
Indiana Prosecuting Attorneys Council

**Rep. Gail Riecken**

State Representative  
District 77

**Glenda Ritz**

Indiana Superintendent of Public Instruction

**Hon. Loretta Rush**

Indiana Supreme Court

**Ryan Streeter**

Senior Policy Director  
Office of the Governor

**Dr. William VanNess II, M.D.**

Indiana State Health Commissioner

**Gregory Zoeller**

Indiana Attorney General

## *ABOUT THE COMMISSION*

Governor Pence signed Senate Enrolled Act 125-2013 into law on April 30, 2013. This legislation established the eighteen (18) member Commission on Improving the Status of Children in Indiana (CISC) [IC 2-5-36].

### **MEMBERSHIP**

- (1) One (1) legislative member appointed by the speaker of the house of representatives.
- (2) One (1) legislative member appointed by the minority leader of the house of representatives.
- (3) One (1) legislative member appointed by the president pro tempore of the senate.
- (4) One (1) legislative member appointed by the minority leader of the senate.
- (5) The superintendent of public instruction.
- (6) The director of the department of child services.
- (7) One (1) judge or justice with experience in juvenile law appointed by the chief justice of Indiana to serve on the commission for a period of four (4) years.
- (8) The executive director of the prosecuting attorneys council of Indiana.
- (9) The executive director of the public defender council of Indiana.
- (10) The secretary of family and social services.
- (11) The state health commissioner.
- (12) The director of the department of correction division of youth services.
- (13) One (1) representative of the juvenile probation system, appointed by the chief justice of Indiana for a period of four (4) years.
- (14) The director of the office of management and budget, or the director of the state budget agency, as selected by the governor.
- (15) A member of the governor's staff, to be appointed by the governor.
- (16) The executive director of the division of state court administration.
- (17) The director of the division of mental health and addiction.
- (18) The attorney general, who shall serve as a nonvoting member.

### **VULNERABLE YOUTH**

For the purposes of the CISC, the law defines “vulnerable youth” as a child served by:

- (A) the department of child services;
- (B) the office of the secretary of family and social services;
- (C) the department of correction; or
- (D) a juvenile probation department.

## CISC DUTIES<sup>1</sup>

- (1) Study and evaluate the following:
  - (A) Access to services for vulnerable youth.
  - (B) Availability of services for vulnerable youth.
  - (C) Duplication of services for vulnerable youth.
  - (D) Funding of services available for vulnerable youth.
  - (E) Barriers to service for vulnerable youth.
  - (F) Communication and cooperation by agencies concerning vulnerable youth.
  - (G) Implementation of programs or laws concerning vulnerable youth.
  - (H) The consolidation of existing entities that serve vulnerable youth.
  - (I) Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes.
- (2) Review and make recommendations concerning pending legislation.
- (3) Promote information sharing concerning vulnerable youth across the state.
- (4) Promote best practices, policies, and programs.
- (5) Cooperate with:
  - (A) other child focused commissions;
  - (B) the judicial branch of government;
  - (C) the executive branch of government;
  - (D) stakeholders; and
  - (E) members of the community.
- (6) Submit a report not later than July 1 of each year regarding the commission's work during the previous year. The report shall be submitted to the legislative council, the governor, and the chief justice of Indiana. The report to the legislative council must be in an electronic format under IC 5-14-6.

The CISC may also:

- (1) Request information or a presentation from an agency involved with vulnerable youth.
- (2) Request and review outcome data from an agency related to vulnerable youth.
- (3) Receive information from experts concerning vulnerable youth.

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<sup>1</sup>Pursuant to SEA 227-2014, effective July 1, 2014, the CISC shall study and evaluate the following:

- (J) Crimes of sexual violence against children.
- (K) The impact of social networking web sites, cellular telephones and wireless communications devices, digital media, and new technology on crimes against children.

## Website

In December 2013, the CISC launched its permanent website: <http://www.in.gov/children>. All CISC meetings are webcast live on the website. Meeting agendas, minutes, PowerPoint presentations, handouts, and other resources are posted on the website.

The screenshot shows the homepage of the Commission on Improving the Status of Children in Indiana (CISC). The browser address bar displays <http://www.in.gov/children/>. The page features the IN.gov logo and the slogan "A State that Works". The navigation menu includes links for "About Indiana", "Agriculture & Environment", "Business & Employment", "Education & Training", "Family & Health", "Law & Justice", "Public Safety", "Taxes & Finance", and "Tourism & Transportation". The CISC logo and name are prominently displayed in a blue banner. Below this, there is a "CISC HOME" sidebar with links to "About", "Members", "Committees & Task Forces", "Meetings", "Reports", "Press Releases", "Resources", and "Contact us". A central image shows a diverse group of children and adults smiling. To the right, "Online Services" are listed, including "Meeting Videos", "MORE ONLINE SERVICES", and "SUBSCRIBER CENTER". The "Latest News & Headlines" section features an "Upcoming Meeting" announcement: "The State Commission on Improving the Status of Children will meet July 16, 2014 from 10:00 a.m. to 2:00 p.m. at the Indiana Government Center South. The meeting is open to the public. The meeting will be webcast live." The footer contains "LINKS" (Text Reader, Text, Mobile, Find a Person), "STATE INFO" (Help, Newsroom, Transparency, Policies), and social media icons for Facebook, Twitter, YouTube, LinkedIn, and RSS. The Indiana State Seal is also visible in the bottom right corner.

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## *Priorities*

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- Increase availability of and access to quality mental health services for children
- Address foster care system reforms
- Improve healthcare access
- Improve educational outcomes
- Expand juvenile justice reform
- Increase substance abuse treatment and prevention services
- Improve data sharing, communication, and collaboration across agencies and systems serving children and youth
- Address gaps in service array across priority issues, with particular emphasis on geographic disparities
- Increase public awareness
- Address child fatalities

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## *Mission and Vision*

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**Mission:** To improve the status of children in Indiana.

**Vision:** Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult.

## Organizational Model

The organizational model adopted by the CISC consists of a chairperson, an executive committee, commission members, and task forces. Justice Loretta Rush chaired the CISC in 2013. The legislative branch chairs the CISC in 2014, followed by the executive branch in 2015.

### Executive Committee

A five member Executive Committee consisting of the three rotating chairs and two at-large members was established to plan for continuity and to maintain the effectiveness of the CISC. Members of the Executive Committee serve as a liaison on one or more task forces. The members of the Executive Committee are:

- **Mary Beth Bonaventura**, Director, Indiana Department of Child Services
- **Sen. Travis Holdman**, State Senator, District 19
- **Rep. Rebecca Kubacki**, State Representative, District 22
- **Hon. Loretta Rush**, Indiana Supreme Court
- **Dr. Ryan Streeter**, Senior Policy Director, Office of the Governor

The Executive Committee meets monthly, except during the legislative session when it meets bi-weekly. The Executive Committee met on the following dates.

November 19, 2013
December 18, 2013
January 14, 2014
January 30, 2014
February 11, 2014
February 25, 2014
March 11, 2014
April 15, 2014
May 21, 2014
June 30, 2014

### Staff Support

Staff support for the CISC is provided by Jane Seigel, Anne Jordan and Angela Reid-Brown, Indiana Judicial Center; with assistance from Michael Commons and Ruth Reichard, Indiana Supreme Court, Division of State Court Administration.

# COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA



## CISC Meetings

All meetings are held in the Indiana Government Center South Conference Center and are webcast live on the website. The agenda is posted in advance of the meeting, and all materials from the meeting are posted to the website within days of the Commission meeting. Members of the public are always welcome to attend. Meeting minutes are attached as Appendix 1. Public meetings were held on:

2013	2014
August 21 <a href="#">Meeting Material</a>	February 19 <a href="#">Meeting Material</a>
October 16 <a href="#">Meeting Material</a>	May 21 <a href="#">Meeting Material</a>
December 11 <a href="#">Meeting Material</a>	

The CISC would like to thank Barry Salovitz, Susan Smith, Dr. Page B. Walley, and Susan Weiss, Casey Family Programs; and Bill Stanczykiewicz and Julie Whitman, Indiana Youth Institute for their assistance with the CISC.

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### Meeting Highlights

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#### August 21, 2013

- CISC inaugural meeting.
- The CISC reviewed the statutory duties, discussed the mission statement, vision statement, commissions website, and the structure of the commission.
- Meeting included presentations from each CISC member with an overview of their agency, a description of how their agency serves vulnerable youth, data their agency has on vulnerable youth, and their agency's initial topic areas for discussion.
- The priority issues identified by CISC members through their outreach to stakeholders were reviewed. The issues include 1) Improve child health policy and access for children; 2) Address gaps in service array for children; 3) Increase mental health services availability and accessibility; 4) Support juvenile justice reform; 5) Increase substance abuse treatment and prevention services; 6) Support staff recruitment/retention in agencies working with vulnerable children; 7) Improve coordination/collaboration between agencies serving crossover youth.

## October 16, 2013

- Meeting included a presentation with a summary of the priority issues identified by members at the inaugural meeting. The priority issues reviewed at the August 21, 2013 CISC meeting were expanded and categorized into program priority issues and cross-system priority issues. The program priority issues include 1) Increase availability of and access to quality mental health services for children; 2) Address foster care system reforms; 3) Improve healthcare access; 4) Improve educational outcomes; 5) Expand juvenile justice reform; 6) Increase substance abuse treatment and prevention services. The cross-system priority issues include 1) Improve data sharing, communication and collaboration across agencies and systems serving children and youth; 2) Address gaps in service array across priority issues, with particular emphasis on geographic disparities; 3) Increase public awareness; 4) Address child fatalities.
- Meeting included presentations on mapping access and availability of services for vulnerable youth, Indiana child welfare data, and on Indiana infant and child mortality.
- Recommendations were made regarding the summer study topics assigned by Legislative Council Resolution 13-01.
  - SEA 530, Addressing problems of SNAP (Supplemental Nutrition Assistance Program), as follows: 1) whether Indiana should require a photograph of a SNAP recipient on the EBT (Electronic Benefit Transfer) card; 2) whether Indiana should require a SNAP recipient to show a photo identification issued by a federal, state, or local unit when the EBT card is used electronically; and 3) whether Indiana should seek approval to allow the distribution of SNAP benefits on a bimonthly basis. The CISC voted for no action to be taken on these items.
  - SEA 305. Due process for child care providers. The CISC tabled the issue.
- Actions:
  - The Mission and Vision statements were approved.
  - The organizational structure for the CISC was adopted.
  - The Data Sharing and Mapping and the Infant Mortality and Child Health Task Forces were established.
  - CISC voted that no action be taken on summer study topics assigned by Legislative Council Resolution 13-01.

## December 11, 2013

- Meeting included presentations on Cross-System youth, Indiana children's mental health issues, substance abuse/methamphetamine and child neglect, and an overview from each member on their agency's organizational structure.
- Meeting included presentations to update the CISC on the Data Sharing and Mapping Task Force and on the CISC website.
- Actions:
  - The Cross-System Youth and the Substance Abuse and Child Safety Task Forces were established.
  - The Child Services Oversight Committee Report and Recommendations were presented to the CISC.

**February 19, 2014**

- Meeting included presentations on educational outcomes of vulnerable youth.
- Meeting included presentations to update the CISC on the Data Sharing and Mapping Task Force and 2014 proposed legislation.
- Actions:
  - The Child Services Oversight Committee was established as a committee of the CISC.

**May 21, 2014**

- Meeting included presentations from each of the five Task Force chairs to update the CISC on their work.
- Meeting included presentations to update the CISC on the development of the CISC annual report and legislation enacted in 2014 impacting the CISC.
- Actions:
  - The Educational Outcomes Task Force was established.
  - The formal charge of the Child Services Oversight Committee was adopted.

## *Task Forces*

The goals of each task force are to study, deliberate, and develop recommendations involving matters assigned by the CISC. The recommendations will be used to help inform the work of the CISC.

- ✦ Child Services Oversight Committee
- ✦ Cross-System Youth Task Force
- ✦ Data Sharing and Mapping Task Force
- ✦ Educational Outcomes Task Force
- ✦ Infant Mortality and Child Health Task Force
- ✦ Substance Abuse and Child Safety Task Force

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## *Child Services Oversight Committee*

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### **Sen. Carlin Yoder, Chair**

Executive Committee Liaison – Rep. Rebecca Kubacki

[Child Services Oversight Committee Webpage](#)

#### Duties

The committee shall meet at least bi-annually to do the following:

- Review bi-annual data reports from the Department of Child Services (DCS).
- Review annual reports from the DCS ombudsman.
- Make recommendations to the Commission on Children.
- Submit an annual report before November 1st to the Commission on Children.

#### Members

**Mary Beth Bonaventura**, Executive Director, Indiana Department of Child Services; **Jolene Bracale**, Department of Education, Program Coordinator for Student Health; **Sen. John Broden**; **Hon. Christopher Burnham**, Morgan Superior Court 2; **Leslie Dunn**, GAL/CASA, Indiana Supreme Court, Division of State Court Administration; **Larry Landis**, Executive Director, Indiana Public Defender Council; **Rep. Kevin Mahan**; **Sean McCrindle**, Vice President of Program Operations, Bashor Children's Home; **Suzanne O'Malley**, Prosecuting Attorneys Council; **Rep. Gail Riecken**.

Meetings. The Child Services Oversight Committee was established at the February 19, 2014 CISC meeting. The Committee met on May 8, 2014.

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## Cross-System Youth Task Force

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**Hon. Charles Pratt, Co-chair**, Allen Superior Court  
**Don Travis, Co-chair**, Deputy Director Juvenile Justice Initiatives and Support,  
Indiana Department of Child Services  
Executive Committee Liaison – Hon. Loretta Rush  
[Cross-System Youth Task Force Webpage](#)

### Priorities

- To identify and address *Dual Jurisdiction* children who are involved in child protection services (Department of Child Services) and the Juvenile Justice System on a formal or informal basis.
- To identify and address communication barriers between systems as to *Dual Jurisdiction* children.
- To establish pilot projects in several Indiana counties to address *Dual Jurisdiction* processes.
- To identify issues related to service delivery and communication between system sectors involving *Cross-Systems* children. *Cross-Systems* children present with a co-occurrence of problem behaviors in many areas of their lives that involve multiple systems other than the Department of Child Services and the Juvenile Justice System. *Cross-Systems* children require assistance outside of, or prior to, involvement with the dependency or delinquency processes.
- To improve coordination between probation, mental health, DCS, and DOC on dually adjudicated youth and cross-system youth.
- To increase coordination regarding education among DOE, DCS, probation, and school districts for dually adjudicated youth and cross-system youth.
- To develop and recommend policies, procedures, and legislative action to address the needs of dually adjudicated youth and cross-system youth.

### Members

**Mary Allen**, Executive Director, Criminal Justice Institute; **Jeffrey Bercovitz**, Director, Juvenile and Family Law, Indiana Judicial Center; **Christine Blessinger**, Assistant Executive Director, Indiana Department of Correction, Division of Youth Services; **Rebecca Buhner**, Assistant Deputy Director, Office of Youth Services, Critical Populations and Cultural Competence, FSSA/Indiana Division of Mental Health and Addiction; **Bruce Carter**, Coordinator of Staff and Student Wellness, MSD of Wayne Township; **Mary L. DePrez**, Director and Counsel for Trial Court Technology, Indiana Supreme Court Division of State Court Administration, Judicial Technology and Automation Committee; **Suzanne Draper**, Vanderburgh County CASA; **Hon. Steve Galvin**, Monroe Circuit Court, Div. 7; **Cathleen Graham**, Executive Director, IARCCA, an Association of Children & Family Services; **Nichole Hall**, Juvenile Probation Supervisor, Bartholomew County Court Services; **JauNae M. Hanger**, Waples & Hanger; **Hon. Heather Mollo, Ex Officio**, Bartholomew Circuit Court; **Kathleen Rusher**, Assistant Chief Juvenile Probation Officer; **Daniel C. Schroeder, Esq.**, Marion County Public Defender Agency, Juvenile Division; **Tiffany Stewart**, DCS Supervisor, Montgomery County; **Commander Randal Taylor**, Indianapolis Metropolitan Police Department; **Michelle Woodward**, Lawrence County Prosecutor.

Meetings. The Cross-System Youth Task Force was established at the December 11, 2013 CISC meeting. The Task Force met on February 27, April 24, and June 26, 2014.

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## *Data Sharing and Mapping Task Force*

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**Lilia Judson, Co-chair**, Executive Director, Division of State Court Administration

**Julie Whitman, Co-chair**, Vice President, Programs, Indiana Youth Institute

Executive Committee Liaison – Hon. Loretta Rush

[Data Sharing & Mapping Task Force Webpage](#)

### Priorities

- Identify gaps in the array of mental health services, especially in rural areas.
- Identify gaps in the array of substance abuse services, especially in rural areas.
- Address geographic disparities for treatment resources.
- Implement technology initiatives to improve data collection and create capacity for sharing data for all systems serving children.
- Develop a repository linking all relevant data relating to children in multiple systems—for transparency and accountability.
- Identify barriers associated with confidentiality requirements.

### Members

**Mary Allen**, Executive Director, Criminal Justice Institute; **Paul Baltzell**, Chief Information Officer, Office of Technology; **Thomas Bodin**, Chief Financial Officer, Office of the Attorney General; **Mary DePrez**, Director of Trial Court Technology, Division of State Court Administration; **Ann Hartman**, Interim Executive Director, Connect2Help; **Kevin Moore**, Director, Division of Mental Health and Addictions; **Sarah Schelle**, Research & Data, Indiana Department of Correction, Division of Youth Services; **Dr. Cynthia Smith**, Operations Analyst, Department of Child Services; **Doris Tolliver**, Chief of Staff, Department of Child Services; **Joshua Towns**, Director of Information Technology, Department of Education; **Christopher Waldron**, Director, Public Health Geographics, State Department of Health.

Meetings. The Data Sharing and Mapping Task Force was established at the October 16, 2013 CISC meeting. The Task Force met on November 22, 2013, January 24, March 18, May 7, 2014, and June 9, 2014.

Report. The Data Sharing and Mapping Task Force submitted a Report and Recommendations, which is attached as Appendix 2.

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## *Educational Outcomes Task Force*

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**Dr. Susan Lockwood, Chair**, Director of Juvenile Education, Indiana Department of Correction  
Executive Committee Liaison-Rep. Rebecca Kubacki

[Educational Outcomes Task Force Webpage](#)

### Priorities

- Assuring all youth have access to and are provided with relevant and meaningful educational programming regardless of their location/placement (detention centers, correctional facilities, residential placements, etc.).
- Assuring that school funding “follows the child” when he/she becomes court-involved.
- Improving access to technology, including on-line education and credit recovery programs.
- Improving processes for sharing school records and transferring credits among schools.
- Establishing relevant and reasonable accountability protocols for those involved with providing education services to detained/incarcerated/alternatively placed youth.

### Members

**Melissa Ambre**, Director of School Finance, Indiana Department of Education; **Kate Coffman**, Indiana Youth Institute; **Dr. J.T. Coopman**, Executive Director, Indiana Association of Public School Superintendent; **Catherine Danyluk**, Director, Office of Student Services, Indiana Department of Education; **Laurie Elliott**, Youth Law T.E.A.M. of Indiana; **Hon. Nancy Gettinger**, LaPorte Circuit Court; **Representative Gail Riecken**; **Reba James**, Deputy Director, Permanency and Practice Support, Department of Child Services; **Representative Rebecca Kubacki**, **Renee Leedus**, Grants Management, Monitoring and Reporting, Indiana Department of Correction; **Susan Lightfoot**, Chief Probation Officer, Henry County Probation; **Dr. Robert Marra**, Executive Director of the Office of Charter Schools, Ball State University; **Dr. Marg Mast**, Campus College Chair, College of Education, University of Phoenix; **Hon. Marilyn Moores**, Marion Superior Court, Juvenile Division; **Dr. Anita Silverman**, Education Services Director, Department of Child Services; **Kaarin Lueck**, Wayne County Public Defender’s Office.

Meetings. The Educational Outcomes Task Force was established at the May 21, 2014 CISC meeting. The Task Force is scheduled to hold its first meeting on July 8, 2014.

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## *Infant Mortality and Child Health Task Force*

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**Jane A. Bisbee, Co-Chair**, Deputy Director for Field Operations, Department of Child Services

**Art Logsdon, Co-Chair**, Deputy Director, Indiana Department of Health

Executive Committee Liaison – Mary Beth Bonaventura

[Infant Mortality and Child Health Webpage](#)

### Priorities

- Improve Medicaid access and coordination for children and youth (state and federal funding).
- Address Medicaid barriers for youth released from detention.
- Increase well-child visits for preventive care/monitoring child development.
- Create policies to improve child health indicators such as infant mortality, obesity, underage smoking/drinking.
- Enforce lead-based paint prevention standards.
- Address Neonatal Abstinence Syndrome (NAS).
- Identify gaps in the array of infant and child health services, especially in rural areas.
- Address geographic disparities in resources.
- Increase public education on child health policy, especially Medicaid issues.
- Improve public education around Internet safety for children.
- Develop a plan to decrease the high incidence of child fatalities.
- Improve public education/awareness of NAS.

### Members

**Bob Bowman**, Maternal and Child Health Director, Indiana State Department of Health; **Jolene Bracale**, Program Coordinator for Student Health, Indiana Department of Education; **Dr. Ted Danielson**, Medical Director, Indiana State Department of Health; **Morella Dominguez**, Director of Multicultural Affairs, Indiana Minority Health Coalition; **Charles Ford**, Indianapolis EMS; **Spencer Grover**, Indiana Hospital Association; **Andrea Hern**, DMHA Assistant Director; **Kristen Kelley**, Director of the Indiana Prescription Drug Abuse Task Force, Attorney General's Office; **Kelly Moore**, Fatality Team, Department of Child Services; **Jeena Siela**, Maternal and Child Health, Deputy Director, Indiana State Department of Health; **Gilbert Smith**, Assistant Deputy Director of Field Operations, Department of Child Services; **Greg Wilson, M.D.**, Associate Dean, Global and Community Health Professor and Interim Chair, Health Policy and Management, IUPUI.

Meetings. The Infant Mortality and Child Health Task Force was established at the October 16, 2013 CISC meeting. The Task Force met on February 3, March 17, April 14, and May 19, 2014.

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## *Substance Abuse and Child Safety Task Force*

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### **Senator Randall Head, Chair**

Executive Committee Liaison – Sen. Travis Holdman

[Substance Abuse and Child Safety Webpage](#)

#### Priorities

- Identify gaps in the array of substance abuse services, especially in rural areas.
- Increase the number of mental health and substance abuse service providers trained in evidence-based practices, trauma-informed care, addiction issues, and suicide prevention.
- Increase access to mental health and substance abuse services, regardless of income and/or ability to pay, and identify barriers to receipt of Medicaid.
- Increase access to mental health services for youth in the juvenile justice system.
- Increase access to substance abuse services for youth in the juvenile justice system.
- Address geographic disparities in treatment resources.
- Address teen prescription drug abuse.
- Assess and address gaps in service array and access, with particular emphasis on remedying geographic disparities.

#### Members

**Sirrilla Blackmon**, Deputy Director of Children's Services, Division of Mental Health and Addiction; **Cathy J. Boggs**, Executive Director Government and Affiliate Relations, Behavioral Health, Community Health Network; **Suzanne F. Clifford**, Executive Vice President, Behavioral Health, CEO, Gallahue Community Mental Health Center, Community Health Network; **C.J. Davis**, Executive Director, Four County Counseling Center; **Benjamin Evans**, Legislative Director, Professional Licensing Agency; **Mindi Kensinger Goodpaster**, Marion County Commission on Youth (MCCOY), Director, Public Policy & Advocacy; **Cathleen Graham**, Executive Director, IARCCA, an Association of Children & Family Services; **Carey Haley Wong**, Chief Counsel Child Advocates; **Lt. Kevin Hobson**, Indiana State Police Commander, Drug Enforcement Section; **Stan Holt**, Batesville Chief of Police; **Marc D. Kniola** DYS Program Director, Indiana Department of Correction, Division of Youth Services; **Kaarin Lueck**, Wayne County Public Defenders' Office; **Suzanne O'Malley**, Deputy Director Indiana Prosecuting Attorneys Council; **Lisa Rich**, Deputy Director of Services and Outcomes, Indiana Department of Child Services; **Jessica Skiba**, Injury Prevention Epidemiologist, Division of Trauma and Injury Prevention, Indiana State Department of Health; **Letecia Timmel**, Behavioral Health Services Provider, Otis R. Bowen Center for Human Services; **William G. Wooten**, MD, Evansville, IN.

Meetings. The Substance Abuse and Child Safety Task Force was established at the December 11, 2013 CISC meeting. The Task Force met on May 13, and June 25, 2014.

# APPENDIX 1

## CISC Meeting Minutes

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# Commission on Improving the Status of Children in Indiana

*Wednesday, August 21, 2013, 10:00 A.M. to 2:00 P.M.*

*Indiana Government Center South, Conference Room C*

## Minutes

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

**Staff present.** Amber Holland and Anne Jordan.

**Guests present:** Bill Stanczykiewicz, Indiana Youth Institute; Dr. Page B. Walley, Casey Family Programs; Susan A. Weiss, Casey Family Programs; and Christine Calpin, Casey Family Programs.

**1. Welcome and Introductions.** Justice Loretta Rush welcomed the Commission on Improving the Status of Children in Indiana to their inaugural meeting, briefly outlining the history in establishing the Commission. She noted that Indiana's Commission is unique in the country because it involves leadership from all three branches of state government.

**2. Reports from invited guests.** **Bill Stanczykiewicz**, President and CEO of the Indiana Youth Institute, was invited to share information and offered the following about IYI.

The **Indiana Youth Institute** (IYI) is a statewide nonprofit organization originally funded by the Lilly Endowment. He stressed that IYI does not lobby. It provides training and professional development programs for agencies and for youth development staff. He reported that IYI tracked a mentoring program through which children were matched with mentors and found that those children had a 2/3 lower rate of re-offending. IYI is also focused on preparing vulnerable children for college. This initiative includes websites ("The Drive of Your Life" and "Trip to College") which enable youth to develop educational plans and parents to prepare for the youth's college. IYI's Indiana Mentoring Partnership works with the 21<sup>st</sup> Century Scholars program to improve the number of students who obtain Associate degrees within two years and Bachelor's degrees in four years. IYI is the Annie E.

Casey Foundation KidsCount data provider for the state of Indiana and, as such, provides over 100 indicators that can be sorted into various reports by county, zip code and even by school district. The IYI issue briefs and data sheets are available on-line on its website.

Justice Rush also asked **Dr. Page B. Walley, Managing Director of Casey Family Programs' Strategic Consulting**, to provide an overview of Casey Family Programs' work and goals, particularly as they relate to work with Indiana's Department of Child Services (DCS). Dr. Walley reported that the organization's long-term goal is to reduce the number of children in out-of-home care nationally by 50% by the year 2020. Over 500,000 children were in out-of-home care in 2005; that number now is 383,000.

He reported further that, since 2007, Casey has focused its work in Indiana on strengthening families and keeping children safely at home or returning children safely to their homes. For children who are unable to be reunited with their families, the focus is on movement of the children to permanent families. Overall, the focus is on safety, permanency and well-being of children. Indiana's rate of children in out-of-home care has remained relatively flat. Casey is preparing to "double down" on its efforts to assist Indiana. One method that may assist Indiana is data-mapping technology that can identify where the services are, where the referrals are coming from and what goes on within the service delivery network. This information can be used to develop a more specific plan for Indiana to meet its goals.

Casey Family Programs is offering technical assistance, consultation and other resources to support the Commission's goals and enhance its activities.

**3. Review Statutory Requirements of Commission on Improving the Status of Children in Indiana.**

Justice Rush reviewed the statutory charge of the Commission and the requirements related to its work. The Commission must prepare and submit a report by July 1<sup>st</sup> of each year to the Legislative Council, the Governor, and the Chief Justice. Justice Rush is hoping to establish an Executive Committee of the Chairs of the Commission for the purpose of continuity, as she will rotate off as Chair at the end of this year. A legislator will follow as the Chair for 2014, and the Governor's representative will be the Chair in 2015.

**4. Presentations by Commission Members.** Each Commission member was given the opportunity to present the following information: agency overview; description of how the agency serves vulnerable youth; available data on vulnerable youth; and initial priorities for Commission. An initial summary of the data available from each agency was collected and will continue to be updated.

❖ **Debra Minott, Secretary, Family and Social Services Administration (FSSA).** Four of the five FSSA divisions impact children. Secretary Minott focused on three of those divisions, as the Director of the Division of Mental Health and Addiction is also a Commission member and will cover

information and data related to that division. The Office of Medicaid Policy & Planning (OMPP) provides Medicaid, M-CHIP and SCHIP services to over 600,000 children. The Division of Rehabilitative Services (DRS), through the First Steps program, provides services to about 20,000 children in any given year. An additional 1,812 children were served through the Medicaid waiver and 91 children were served in group homes. The Division of Family Resources (DFR) served about 21,000 children in one-parent families on the Temporary Assistance to Needy Families (TANF) program and about 2,000 children in two-parent families. Almost 40,000 children are receiving child care assistance, with about 77% of that care being provided in licensed day care.

Priorities of FSSA for the Commission include the following:

- Promote the self-sufficiency of low-income working families.
- Increase the use of Well Child Visits to ensure preventative care, immunizations and Early Periodic Screening Diagnosis and Treatment (EPSDT) to monitor a child's development.
- Improve access to health services for children throughout Indiana, including dental care.
- Promote children's learning and increase school readiness and academic success by improving the quality of early care and school age out-of-school time programs.
- Provide more effective crisis support to families of children with Intellectual Disabilities/Developmental Disabilities (ID/DD) to prevent out-of-home placement or incarceration.

- ❖ **Mary Beth Bonaventura, Director, Department of Child Services (DCS).** DCS's core mission is to protect children from abuse and neglect by partnering with families and communities. An additional mission is getting money to kids through establishment, enforcement, payment processing and disbursement of child support orders. The following are core functions of DCS: receive reports of child abuse and neglect; complete assessments on reports of child abuse and neglect; conduct ongoing case management to guide a family through services, placement, permanency and case closure; administer the Title IV-D child support program in Indiana. The program for enforcing child support is state administered and county operated. It involves the establishment of paternity and child support as well as its enforcement and disbursement. DCS processed over \$1 billion in child support payments in the past year. DCS serves vulnerable children through prevention, preservation of families, placements and reunification services, and permanency and support services provided after the child's case is closed. Director Bonaventura expressed a particular concern about the lack of services in rural areas, as opposed to the array of services that are available in Marion and Lake Counties.

Priorities of DCS for the Commission include the following:

- Early identification of at-risk youth.
- Establish clear roles and responsibilities for agencies serving vulnerable youth.
- Address service availability and access challenges.

One of the Commissioners asked about the availability of predictive modeling regarding the occurrence/reoccurrence of child abuse and neglect. Dr. Walley responded that there are many

safety and risk assessment tools, and he will forward information to Director Bonaventura to be shared with Commission members.

- ❖ **Representative Gail Riecken.** Representative Riecken provided information and statistics specific to Evansville and Vanderburgh County, which she represents. She serves on the Child Services Oversight Committee and served on last year's DCS Interim Study Committee.

Representative Riecken's priorities for this Commission include the following:

- Promote transparency and accountability in services and programs for Hoosier children.
- Encourage collaboration and communication.
- Address other trends and issues affecting the status of children.
- Recommend policies to Oversight Committee for DCS and local services to protect babies born to drug addicted mothers.

- ❖ **Kevin Moore, Director, FSSA's Division of Mental Health and Addiction (DMHA).** Director Moore announced that DMHA is elevating the focus of its work with children to a Deputy Director level. The Deputy Director is Sirilla Blackmon. DMHA served over 50,000 children, who had a diagnosis of serious emotional disturbance last year, through its contracts with providers in mental health clinics, schools and other community based settings. DMHA services are provided by organizations under contract with DMHA. Children and adolescents eligible for services are those who meet the definition of Serious Emotional Disturbance based on diagnosis, functional impairment and duration; those that reside in one of Indiana's counties and currently receive public assistance through Medicaid, TANF (Temporary Assistance to Needy Families) or SNAP (Supplemental Nutrition Assistance Program) or the family income is at or below 200% of the HHS Poverty Guideline.

Priorities of DMHA for the Commission include the following:

- Access to effective treatment for youth with Substance Use Disorders.
- Access to interventions or treatment for youth who have experienced trauma.
- Access to mental health and addiction services for youth involved with the juvenile justice system.
- Access to assessment for early identification and intervention. □ Access to the appropriate level of service regardless of funding.

- ❖ **Ryan Streeter, Senior Policy Director for Governor Mike Pence.** Dr. Streeter stated that the Governor wants to thank everyone for the seriousness in taking on their responsibilities as Commission members.

Priorities of the Governor's Office for the Commission include the following:

- Pathways for every child to achieve the child's dreams.
- Provide services that wrap around the child.

- Find the cracks in the service delivery system and seal those up, reduce duplication where it exists and do what needs to be done.
- Develop the workforce through innovation, career and college readiness.
- All children, including vulnerable children, can have career and college goals.

Justice Rush echoed his comments about the need to improve high school graduation rates and college readiness for children in the systems so that they do not end up in the state's prisons.

❖ **Lilia Judson, Executive Director, Division of State Court Administration.** Director Judson provided an overview of the judicial system. The Indiana judiciary serves a crucial role in the lives of vulnerable youth, and judges and juvenile probation officers act as gate-keepers. The Indiana Supreme Court rules govern court procedure but less so in juvenile cases because the legislature has set juvenile procedures. The Judicial Conference of Indiana and Indiana Supreme Court Division of State Court Administration work in the juvenile arena.

- In 2012, there were 43,000 new referrals to juvenile probation of juvenile delinquency.
- 70,000 new juvenile CHINS (child in need of service), juvenile delinquency and termination of parental rights cases were filed in the courts.
- 18,400 juveniles were under probation supervision by the courts.
- The Judicial Conference of Indiana, chaired by the Chief Justice, works through the Juvenile Justice Improvements Committee, Juvenile Benchbook Committee, and Child Support Guidelines Committee, among others.
- The Court Improvement Program tracks the timeliness of permanency data; an administrative rule requires all courts to track the timelines to permanency for CHINS cases.
- Courts use Indiana Youth Assessment System (IYAS), an evidence-based risk and needs assessment tool used in critical stages of juvenile justice proceedings.
- State Court Administration manages the Indiana Guardian ad litem/Court Appointed Special Advocate (GAL/CASA) program; in 2012, 18,000 volunteers represented children.
- Pending automation projects include a focus on Disproportionate Minority Contact (DMC) and predisposition reports and other tracking and development of a juvenile database for all juveniles in the justice system, whether delinquents or CHINS.

Priorities of the judicial branch for the Commission include the following:

- Need consistent cross-agency data sharing.
- Improve State-Level Justice/Education System Collaboration.

❖ **Justice Loretta Rush, Indiana Supreme Court.** Justice Rush noted that Lilia Judson's power point document, which will be circulated with all other presentations, reports on three other important issues:

- (1) The **Juvenile Delinquency Alternative Initiative (JDAI)**, a collaborative, proven community effort that is aimed at providing appropriate responses to detention.
- (2) The work of the **Indiana Criminal Justice Institute** in the area of juvenile law, particularly on Disproportionate Minority Contact (DMC), which reviews the contact minority juveniles have with the juvenile justice system.

- (3) Initiative that provides **Mental Health Screening** to juveniles in detention, allowing for early and more accurate services to such children.

Justice Rush then reported on the top five areas of concern submitted by judicial officers in response to an email sent by the Indiana Judicial Center. Priorities of Indiana’s juvenile judges for the Commission include the following:

- Develop policies and procedures to improve communication, cooperation, and long-range coordination with the Department of Education/local school districts, DCS, probation, DOC and the Juvenile Courts.
- Develop policies and procedures to meet the needs of “dual jurisdiction” children.
- Conduct an assessment of the availability of services in each of Indiana’s 92 counties to determine if there are gaps in available programs or services and then devise a plan to correct the disparate distribution of services.
- Evaluate the availability of mental health services for severely mentally ill children and trauma based care for abused, neglected and at risk children.
- Further encourage Juvenile Detention Alternatives Initiative as well as Disproportionate Minority Contact efforts on a statewide basis.

- ❖ **Susan Lightfoot, Chief Probation Officer, Henry County Probation Department.** Ms. Lightfoot noted that she is honored to serve and to represent probation officers. Probation officers are involved with the child from the point of entry and referral through the life of the case. Caseloads vary from county to county and are often high, which affects the amount of time that a probation officer can spend getting to know each child and the family.

Priorities of probation officers for the Commission include the following:

- Mental illness and lack of service.
- Concerns about implementation of recent legislative changes.
- Substance abuse issues and lack of resources.
- Medicaid issues.
- Boundary/relationship issues between probation and DCS.

- ❖ **Mike Dempsey, Director, Indiana Department of Correction, Division of Youth Services (DOC/DYS).** Director Dempsey noted that his organization has responsibility for juvenile justice system children who are committed to DOC. DOC also oversees the 22 juvenile detention centers and the community corrections programs.

Priorities of DOC for the Commission include the following:

- Providing alternatives to DOC commitment for youth with serious mental health diagnoses and educating the courts on what services could be offered for youth with serious mental health disabilities in place of committing them to the juvenile justice system. Ensuring that there are an adequate number of adolescent mental health beds within the state of Indiana.
- Ensure collaboration of services for “crossover” youth, particularly those with prior DCS or mental health history. Provide a seamless transition for youth involved in the child welfare or

mental health system who crossover into the juvenile justice system to cross back over and receive services upon release from DYS.

- Youth being released from the DOC/DYS are not eligible for Medicaid benefits while they are on parole status and assigned to a re-entry/residential group home program. We need to find a process that would allow Medicaid eligible youth to access these benefits during the re-entry process. Currently, youth must be fully discharged from the DOC in order to receive Medicaid benefits.
- Continue with the JDAI Statewide expansion and ensure youth are placed and receive services in the least restrictive setting based upon their needs and risk. Ensure youth are in the right place, with access to the right services, for the right reasons and for the right length of time.
- Increase the number of service providers, especially in rural parts of the state, who can provide treatment in alcohol and substance abuse treatment, trauma-based treatment and functional family therapy.
- Increase training in the area of juvenile justice for Law Enforcement Agencies, such as crisis intervention training for juveniles and adolescent development/trauma informed care.
- Improve access to treatment.
- Increase alternative education programs for youth.
- Provide Medicaid eligibility to youth in detention centers, to increase services, such as physical examination for all youth in detention and testing and treatment for STDs and TB.
- Mental health evaluation and treatment for youth screened and in-need of further services.
- Increase community-based alternative programs, such as day and evening reporting centers, increased probation, and home-based family therapy.

Senator Lanane asked how Medicaid could be accessed for these youth if federal policy is the barrier. Mr. Dempsey responded that it depends on the treatment setting that the youth is admitted to; in some settings children are eligible if placed there. Children have also been transferred to DCS supervision for Medicaid services.

- ❖ **Greg Zoeller, Indiana Attorney General.** Attorney General Zoeller reported that in an effort to combat the prescription drug abuse epidemic in Indiana, he launched the statewide Rx Drug Abuse Task Force to help fight the growing drug problem in the state. As Chair, AG Zoeller works with state legislators, law enforcement, health officials, pharmacy representatives, state and local agencies and education providers toward the goal of significantly reducing the abuse of controlled prescription drugs and to decrease the number of deaths associated with these drugs in Indiana. The Task Force also works with problems related to neonatal abstinence syndrome which is a syndrome that occurs when a pregnant woman takes addictive, illicit or prescription drugs and as a result, the baby is born dependent on the drug(s). Additionally, AG Zoeller reported that his office also works with issues surrounding domestic violence, victims' assistance, internet crimes against children and human trafficking. He co-chairs the Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force with U.S. Attorney Joe Hogsett and was renamed as the co-chair of the National Association of Attorneys General's (NAAG) standing committee on human trafficking. IPATH, which includes medical professionals, members of law enforcement and victim service providers, is partnering with DCS for training to identify victims of human trafficking and

the provision of legal counsel and representation. In addition to a detailed handout of the AG's report, he also provided a NAAG State-by State Resource Guide for states other than Indiana RE: Vulnerable Children.

Priorities of the Attorney General's Office for the Commission include the following:

- Teen Rx abuse.
- Neonatal abstinence syndrome – increased awareness for women and physicians.
- Providing services for children with adverse childhood experiences.
- Protecting children on the internet.
- Keeping children out of the court system.

- ❖ **Dr. William VanNess, State Health Commissioner, Indiana State Department of Health (ISDH).** Dr. VanNess reported that his agency promotes and provides essential health services, with the vision of a healthier and safer Indiana. SDH collaborates with the 92 independent health departments to reduce infant mortality rates, reduce adult obesity, reduce adult smoking and increase child immunization rates. SDH offers an array of programs, including immunizations, tobacco prevention and cessation, suicide prevention, prescription drug abuse prevention, rape prevention and education, lead poisoning prevention, chronic disease prevention and control and oral health programs. He also mentioned the child home visiting program, which received \$11 million through the Affordable Care Act, and the Nurse-Family partnership, along with Healthy Families Indiana.

Priorities of ISDH for the Commission include the following:

- Lack of medical providers, particularly in rural areas of the state.
- Lack of mental health providers, particularly in rural areas of the state.
- Lack of mental health providers trained in addiction.
- Lack of mental health providers trained to work with children.
- Lack of school personnel trained to recognize signs and symptoms of children who are suicidal.
- Difficult to ensure medical and mental health providers are trained to provide evidence-based care or best practice.
- Schools without full-time school nurses.
- Schools without adequate numbers of counselors/social workers.
- Limited funding for interpretation services for clients not proficient in English.
- Lack of Medicaid reimbursement for interpretation services.
- Lack of funding for injury prevention.
- Decreased funding for lead poisoning prevention

- ❖ **Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education (DOE).** Superintendent Ritz reported for the DOE, which serves over 1 million children. She stated that she sees her service on this Commission as the one of the best uses of her time and is very interested in how to use data to channel supports to children. DOE collects over seven billion data points. DOE's goal is to build an education system of high quality, that is student centered and that meets children's individual needs. Teachers always need community supports and

services; without those supports and services, vulnerable children become more vulnerable. She is revisiting the current DOE goals. She wants to build successful community school, address school culture and meet the technology needs of all students.

Priorities of DOE for the Commission include the following:

- Re-entry from incarceration to school has been identified by JDAI (Juvenile Detention Alternatives Initiative) as a continued problem.
- The quality and consistency of educational services for youth in detention centers – there are not any standards that all Centers must follow, including amount of instructional time.
- Disproportionality.
- Absenteeism.
- Mental health.
- Literacy.
- Student mobility.
- Engaging adults in the education of their children.

- ❖ **Senator Tim Lanane.** Senator Lanane noted that he served on last year’s Interim Study Committee.

Senator Lanane’s priorities for the Commission include the following:

- Indiana children rank below average on many health indicators. There is a need to create policies to improve our standing.
- Nearly 1 in 4 children live in a family below the federal poverty level. There is a need to better assist working families through the Earned Income Tax Credit and increasing the income threshold by which families qualify for federal child care subsidies and co-payments.
- Indiana is the only Midwestern state without a funded pre-kindergarten educational system. Policies and resources need to be dedicated to institute a quality pre-kindergarten educational system.
- There is lax enforcement of lead-based paint regulations. DCS should provide an update on the improvements to the child protection system.

- ❖ **Larry Landis, Director, Public Defender Council (IPDC).** Director Landis reported two major concerns. The first is to provide each child with a trained, competent advocate. Currently, 24% of children are incarcerated in DOC without having had legal representation, and funding provided by counties for legal representation is inconsistent. The Indiana Supreme Court is reviewing a proposal for a rule amendment requiring an attorney for every child before the child can waive the right to counsel. The second concern is to address the need for mental health and substance abuse treatment. The state would rather spend \$50,000 to imprison a child than to pay for treatment that the child needs.

- ❖ **David Powell, Director, Prosecuting Attorneys Council (IPAC).** Director Powell noted that he represents the 91 elected prosecutors. Prosecutors work closely with DCS, schools and juvenile probation officers. Prosecutors see children who are victims, witnesses, and offenders in some

of the worst days of the children's lives. The goal is not to see these same children as adult offenders. There are breaks among the child-serving systems and differences in rules that point to a need to develop continuity as victims and offenders move between systems. Prosecutors also partner with DCS in the collection of child support payments for two-thirds of Indiana's children.

Priorities of IPAC for the Commission include the following:

- Mental health issues need to be addressed – parents are afraid of their children and afraid for the children's siblings.
- Address issues of violence so that there are fewer adult problems.
- Data collection and lack of compatibility is a problem. Deciding how data is collected and shared will be helpful.
- 17 ½ year-old youth who commit a felony offense have very few options available to meet their needs.

❖ **Representative Rebecca Kubacki.** Representative Kubacki stated that she is pleased to be a part of this Commission. She wants the Commission to focus on issues such as mental health, education and court related issues. She stated that because the SNAP program (Supplemental Nutrition Assistance Program) is governed under federal rules, there is little we can do to change it. Representative Kubacki will provide more information on this topic at the next meeting.

❖ **Senator Travis Holdman.** Senator Holdman shared priorities for the Commission that his colleagues in the Senate individually communicated to him. They include:

- Strengthening criminal penalties against child abusers.
- Childhood poverty.
- The impact on children's health care without the Medicaid expansion.
- Funding for youth programs, early childhood programs, safe places and the need for more parks and recreation programs.
- Parental responsibility.
- Bullying.
- The plight of black males.
- Retention of DCS staff.
- Child support automation.

5. **Initial Review of Submitted Topics for Commission.** Susan Weiss of Casey Family Programs presented the top seven priority issues identified by the Commissioners through their outreach to stakeholders:

- Improve child health policy and access for children (21%).
- Address gaps in service array for children (19%).
- Increase mental health services availability and accessibility (17%).
- Support juvenile justice reform (15%).
- Increase substance abuse treatment and prevention services (12%).
- Support staff recruitment/retention in agencies working with vulnerable children (8%).
- Improve coordination/collaboration between agencies serving crossover youth (8%).

Ms. Weiss noted that several other issues were a theme at the meeting (education, data sharing, use of prescription drugs and psychotropic medication) and may need to be added to the list.

**6. Indiana infant and child mortality: Dr. William VanNess. Tabled until October.**

**7. Children's Commission Assignments (Legislative Council Resolution 13-01).**

- SEA 305-2013, Section 18 Due Process for Child Care Providers: Senator Travis Holdman. Tabled until October.
- SEA 530-2013, Section 2 Supplemental Nutrition Assistance Program: Representative Rebecca Kubacki and Representative Gail Riecken. Tabled until October.

**8. Discussion.**

- Mission and vision statement: Tabled until October.
- Commission website and webcasting future meetings: Kathryn Dolan, Public Information Officer for the Indiana courts. Ms. Dolan presented ideas for the Commission website. The members voted to approve the following:
  - Create a Commission home website and locate it at [in.gov/children](http://in.gov/children). ○ Design includes an orange banner and photo of children of all different ages. ○ Include a link to SEA 125, links to the power point presentations and other report materials the members circulated, a list of members and the mission statement (when finalized).
  - Documents submitted for the website must be in Word or PDF format. ○ After some discussion, the members agreed that future meetings will be live streamed. Also, press releases will be sent in advance of meetings for comment.
- Child Services Oversight Committee update: Representative Gail Riecken asked members of the commission to review the report of the DCS Ombudsman Report for 2012.  
[http://www.in.gov/idoa/files/DCS\\_Ombudsman\\_2012\\_Annual\\_Report.pdf](http://www.in.gov/idoa/files/DCS_Ombudsman_2012_Annual_Report.pdf)

**9. Other Matters. Justice Rush ended the meeting by noting that the Commission is committed to finding ways to get public and stakeholder input, including input from the private sector. Senator Holdman and other legislators stated their interest in the live streaming of meetings and that interested parties have a method to provide comments that can be shared with the Commissioners.**

**10. Future Meeting Dates.**

- October 16, 2013
- December 11, 2013

**The Meeting Adjourned at 2:00 p.m.**

Respectfully submitted,

Justice Loretta Rush,

## Commission on Improving the Status of Children in Indiana

*Wednesday, October 16, 2013, 10:00 A.M. to 2:00 P.M.*

*Indiana Government Center South, Conference Room C*

### Minutes

**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, Markle; Lilia Judson, Executive Director, Division of State Court Administration; Representative Rebecca Kubacki, Syracuse; Senator Tim Lanane, Anderson; 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; David Powell, Director, Prosecuting Attorneys Council; Representative Gail Riecken, Evansville; Dr. Ryan Streeter, Senior Policy Director for Governor Mike Pence; Dr. William VanNess, State Department of Health; Greg Zoeller, Attorney General.

**Guests:** Susan Weiss, Casey Family Programs; Dr. Susan Smith, Casey Family Programs; Barry Salovitz, Casey Family Programs.

**Commission Staff present:** Amber Holland, Indiana Supreme Court; Jane Seigel, Anne Jordan, Jeff Bercovitz, Indiana Judicial Center; Ruth Reichard, Kathryn Dolan, Mike Commons, Elana Salzman, Indiana Supreme Court, Division of State Court Administration.

**Media present:** Marisa Kwiatkowski, Indianapolis Star.

- 1. Welcome:** Justice Rush welcomed the Commission and thanked the Department of Education for providing webcasting services. She introduced the guests from the Casey Family Programs and thanked both them and the Indiana Youth Institute for their work. Justice Rush also thanked Cathy Graham from IAARCA for her contributions to the August meeting minutes.
- 2. Approval of Minutes:** The minutes from the August 21, 2013 meeting were approved by consensus of the commission.
- 3. Review of Submitted Topics:** *Susan Weiss, Casey Family Programs.*

Susan Weiss from Casey Family Programs gave the background on Casey's role. After the August 21, 2013 meeting, Casey was asked to take the comments and issues submitted by commission members and distill them into priority areas. From the responses, it became clear that mental health services

are a program priority area, along with mental health and substance abuse services. Data sharing and addressing the service array gaps are cross-system priority areas.

Sen. Holdman stated the foster care system reform is mislabeled and belongs in the child welfare system. He also asked for an organizational chart for each agency and asked that we avoid using acronyms. Justice Rush asked that the organizational charts be sent to her or Amber via email. A page with each agency's organizational chart may be included in the annual report.

**4. Mission and Vision Statements:** *Justice Loretta Rush, Indiana Supreme Court, and Dr. William VanNess, Indiana State Department of Health.*

The draft Mission and Vision statement developed at the informal meeting in May, 2013 was provided as an example. Discussion was focused on use of the term "vulnerable" and whether that precludes improving the status of all children. Justice Rush thought the mission statement should stay consistent with the statutory requirement. The goal of the Commission is to drive our stakes deep and get a good foundation in order to get our work done. This vision/mission will help us develop focus. The purpose of our existence is answered by the legislation itself. A motion was made to amend the mission statement to strike the word "vulnerable." The motion passed .

The Mission and Vision statements are attached to these minutes.

**5. Commission Structure:** We need to plan for some continuity with the Commission since there are rotating chairs. To accomplish this, Justice Rush proposed that the Commission adopt an organizational model that is comprised of an Executive Committee. Justice Rush presented four organizational models for consideration:

**Indiana Model 1.** This model is custom to Indiana. The model consists of the chair of the Commission, an executive committee, commission members, and task forces. The task forces are being proposed so that a smaller group will have more time to study, deliberate and develop thorough recommendations on the topics that would then be submitted to the full Commission for consideration.

**Indiana Model 2.** This model is custom to Indiana and consists of the chair of the Commission, an executive committee, commission members, proposed task forces, and an hoc committees. In this model, the identified task forces are a mission, vision and strategic planning task force, organizational structure task force, and a communications task force

**Indiana Model 3–California.** This model is based off of the California Blue Ribbon Commission on Children. This model consists of the chair of the Commission, an executive committee, commission members, task forces and local/regional committees. The California Commission established pre-defined permanent committees soon after the Commission was established. The local /regional

commissions were an outgrowth of one of the final recommendations of the commission and were meant to carry on the work of the Commission at the local level once the term of the statewide Commission ended.

**Indiana Model 4-Pennsylvania Model adapted for Indiana.** This model is based off of the Pennsylvania Children’s Roundtable Initiative. The model consists of the chair of the Commission, an executive committee, commission members, regional commissions and local commissions. In Pennsylvania, the courts and the child welfare agency are county operated. The Pennsylvania Children’s Roundtable Initiative was developed to encourage and facilitate collaboration between the courts and child welfare agencies. Participation in roundtables is voluntary.

Rep. Kubacki asked if there is any information on how these models have worked in other jurisdictions. Susan Weiss reported that California was successful in getting policy changes, but their challenge now is to operationalize at a local level. Pennsylvania was very effective at elevating issues from the local level to the state level and developing policies.

Justice Rush said Indiana’s Children’s Commission is unique because it consists of representatives from all three (3) branches of government. She recommends establishing an executive committee. The purpose of the executive committee is to plan for continuity, staff support and to keep the effectiveness of the Commission ongoing.

Lilia Judson moved to create an executive committee of five people: the three rotating chairs and two at-large members, with the sitting chair responsible for appointing the two at large members. Dr. VanNess seconded.

Dr. Streeter moved to adopt Model 1, and Rep. Riecken seconded the motion. Both motions passed unanimously. An organizational chart as to the organizational structure of the Indiana Commission is attached to these minutes.

**6. Access and Availability of Services for Vulnerable Youth—“Mapping”: Susan Smith, Casey Family Programs, and Ruth Reichard, Indiana Supreme Court, Division of State Court Administration.**

Ruth Reichard and Dr. Susan Smith explained the value of using maps to study access to and availability of services for vulnerable youth. It was noted that the priority areas and the statutory charge are surprisingly congruent, and that mapping can help address these concerns. Dr. VanNess asked how vulnerable youth can be distinguished. Ruth said the statutory definition of vulnerable youth was reviewed. Justice Rush added that all children, not just those involved with the courts, will be included. A letter has been sent to mental health and substance abuse providers to see what services they provide, where, and to whom, and a database is being created. This data can be used to identify hot spots in order to target resources. Attorney General Zoeller asked if staff has talked with the 211 service centers that connect individuals with social services. Ruth responded that 211

are only available in central Indiana. Attorney General Zoeller acknowledged the scope of the 211 service area and commented that obtaining the 211 data remains a valuable resource even if it is only available in central Indiana given its large population. Bill Stanczkiewicz echoed the comments of Ruth and Susan, saying mapping helps identify redundancies and gaps. The Indiana Youth Institute is happy to assist the Commission in any way they can.

**7. Indiana Child Welfare Data:** *Barry Salovitz, Casey Family Programs, and Mary Beth Bonaventura, Indiana Department of Child Services.*

Barry Salovitz provided additional information on what Casey does around the country with public child welfare agencies. He emphasized the importance of partnering with the judiciary and other agencies. Casey's goals include safe reduction in out-of-home care, finding a legal and permanent family for every child and improving child well-being. His PowerPoint presentation indicated that Indiana's rate of removal of children is higher than the national average. The 2011 national rate of removal is 5/1,000 children; Indiana's rate is 6.8/1,000. The 2011 national rate of children entering care is 3.2/1,000; Indiana's was 4.6/1,000. An increase in preventive services would help keep the numbers lower. Indiana is poised with IV-E waivers to help address this.

Director Bonaventura added that mapping opportunities will show that the lack of services in some areas causes higher rates of removal. The statistics indicate neglect is the most common reason children enter care in Indiana until ages 15-17, when child behavior problems increase. Barry stated that the charts underestimate substance abuse and mental health factors; they get buried under the term neglect. The Commission discussed how the Department of Child Services defines "neglect." Justice Rush noted that these statistics do not include children in detention.

**8. Children's Commission Assignments (Legislative Council Resolution 13-01):** *Representative Rebecca Kubacki, Senator Travis Holdman and Representative Gail Riecken.*

**SEA 530.** The Commission is charged with addressing problems of SNAP (Supplemental Nutrition Assistance Program), as follows: 1) whether Indiana should require a photograph of a SNAP recipient on the EBT (Electronic Benefit Transfer) card; 2) whether Indiana should require a SNAP recipient to show a photo identification issued by a federal, state or local unit when the EBT card is used electronically; and 3) whether Indiana should seek approval to allow the distribution of SNAP benefits on a bimonthly basis.

Rep. Kubacki explained that a SNAP card is issued to a household, not an individual, so everyone in the home would need photo identification. Rep. Kubacki further explained that the SNAP program is funded one hundred percent (100%) by the federal government. Other states have attempted to require photo identifications and it has been challenged in the courts. If Indiana were to require photo identification, state funds would have to be used to pay for the identification. Rep. Kubacki does not think it is fiscally responsible to use taxpayer funds for this purpose given the relatively low

number of SNAP fraud cases. Distribution of benefits on a bi-monthly basis, which would give stores the opportunity to adequately stock their stores, is prohibited by federal law. Rep. Kubacki recommends that since the funds are limited, the State should focus on assuring that those who really need SNAP will get it. Rep. Riecken added that requiring identification cards perpetuates a stigma. She also stated two states requested the use of identifications and both requests were specifically denied by the federal government. Rep. Riecken recommended we take no action. Debra Minott noted the federal government has the authority to grant a waiver to use photo identifications, but the government is not currently allowing the use of identifications, to undertake this now would be futile. In addition, payment of benefits on a bi-monthly basis is absolutely prohibited by federal law and cannot be waived so this is an absolute “cannot do.” Sen. Lanane moved and Dr. VanNess seconded that no action be taken on these items. The motion passed unanimously. Three members of the public submitted written statements of support for the committee’s action.

**SEA 305.** Due process for child care providers. Sen. Holdman discussed the three classes of child care providers: licensed day care centers, licensed day care homes and registered day care ministries. This past legislative session there was a lot done to regulate all three classes of child care providers who accept Child Care Development Fund (CCDF) voucher payments. One issue that come up during the legislative session was due process rights for registered day care ministries. There are currently no appeal rights for registered day care ministries. If a registered day care ministry is found to be out of compliance by the Bureau of Child Care, the Bureau sends the registered day care ministry a notice, pulls their registration, and the registered day care ministry is out of business. The only thing that the ministry can do is to re-apply under a different application. In an attempt to try to provide some fairness, an attempt was made during the last legislative session to put some appeal rights in place for registered day care ministries, but an agreement could not be reached as to what the appeal rights would be. Sen. Holdman recommends no action be taken until advocates for registered day care ministries come forward with a proposal. He then moved to table this issue. Judge Bonaventura seconded the motion. The motion passed unanimously.

**9. Child Services Oversight Committee:** *Representative Gail Riecken.*

Rep. Riecken gave a report on the Child Services Oversight Committee. This committee met July 31, and the next meeting is scheduled for October 23. They are required to report to the Commission by November 1, 2013. At the July meeting, the Oversight Committee heard status reports, a report on the DCS hotline and a report from the DCS Ombudsman. Notes concerning the Oversight Committee have been shared with Justice Rush, who will attach them to the Commission minutes. Some of the issues the Oversight Committee will review include children born with drugs in their systems and a child fatality reporting system. Rep. Riecken has met with Brady Brookes about proposed DCS legislation.

Sen. Lanane requested an update on CPS (Child Protective Services) hotline. Brady Brookes from the Department of Child Services was asked to address the commission. She reported that four (4) locations for the hotline have been established: Lawrence and Blackford counties; St. Joseph County, partially staffed; and Vanderburgh County, which currently is being worked on.

Sen. Holdman requested information on hold time and turnover rate in the CPS hotline. Brady Brookes reported they are measuring hold time and will present it to the DCS Oversight Committee next week. The turnover has decreased from 50% to 25-30% in 2012. Overall, the agency turnover rate for DCS is now 17%, according to Director Bonaventura.

Sen. Lanane asked for an update on the new hybrid system for the DCS call center. Brady reported that DCS has changed their procedure. Now, all reports go to the county for determination. Judges also have direct access, and reports from judges and prosecutors get referred. Justice Rush advised we will link to the Oversight Committee minutes on our website. The commission applauded Brady's work.

**10. Indiana Infant and Child Mortality: *Dr. William VanNess and Mary Beth Bonaventura.***

Dr. VanNess stated that the Indiana State Department of Health has four public health priorities: reduce infant mortality/death before the first birthday; reduce adult obesity; reduce adult smoking; and, increase infant and toddler immunization rates (only 48% are scheduled). He said they are working with other state agencies in making this a priority. He reported that black infant mortality rates are down while white infant mortality rates are up. Dr. Streeter asked if other states that made this issue a priority have seen improvement. Dr. VanNess said yes. More social workers/community health workers are needed to help high risk mothers. Like politics, health care is local. Dr. VanNess noted that 30% of Indiana Medicaid mothers smoke; the national rate is 9%. One-third of mothers in our state have no prenatal care. Indiana is 47% rural, and there is inadequate prenatal care in those areas.

Director Bonaventura then reported on DCS fatalities (handout provided). She noted that 292 child deaths were reported in SFY 2011, with 82 of those deaths associated with unsafe sleep conditions. She also said the DCS counts fatalities differently than the Board of Health. New mothers need education on whom they associate with and whom to leave children with because a number of those child deaths were at the hands of the mother's intimate partner.

**11. Working Draft of Organizational Structure: Justice Rush stated that Indiana does not have a good system of data sharing and mapping, and suggested we set up a working group to address this issue. The barriers to communication need to be broken down. Attorney General Zoeller wants to be better able to share information across agencies. The Attorney General's office is immune from HIPPA because of the Medicaid Fraud Unit, thus can speak to everybody. Lilia Judson stated that courts struggle with confidentiality barriers. Maybe there is a way to keep names of children anonymous,**

such as using a number identifier. We need to make sure children's due process rights are protected, and suggested we include public defenders. Larry Landis offered that we need to be selective on what data we collect to reach our goals. Dr. VanNess concurred, stating we need to look at the at-risk kids. What information is needed? Justice Rush stated we need some basic information to identify gaps in services. We need to clearly communicate the problem we are trying to solve to this data committee.

Dr. VanNess recommends Paul Baltzell of IOT (Indiana Office of Technology) for this committee. He would also like Casey Family Programs to be involved. Attorney General Zoeller volunteered his office. He wants to focus on where there is an inability of government agencies to communicate as part of this committee.

Justice Rush asked the Indiana Youth Institute to lead this work group. We also need someone from DCS, FSSA and the Department of Health. If others want to volunteer on this, they would be welcomed. Partners in the private sector may be able to help with funding. Dave Powell suggested we need to look at child support information. The Department of Child Services and the Department of Education are redoing their case management systems. Now is the time to ask them for information.

Justice Rush stated we will start out collecting data on mental health providers to see the availability of services. Next month we will have a substantive presentation on mental health and teen suicide.

Justice Rush asked whether a working group is needed for infant mortality. Dr. VanNess volunteered to lead this work group. Cross-system representation is needed from the Department of Health, Department of Child Services, Family and Social Services Administration, the Department of Education, Probation and the Attorney General. We also need hospitals and community mental health centers.

Dave Powell asked if commission members can submit names of persons interested in these groups from their constituencies. Justice Rush said yes. She also indicated the commission will look for funding and staffing. The key action item is where each agency would fit in to those groups. The charts will be an action item at the next meeting and attached to the minutes.

**12. Commission Website and Webcasting Commission Meeting:** *Kathryn Dolan, Public Information Officer, Indiana Supreme Court.*

Kathryn reported that the temporary website is up while the permanent website is being developed. She asked Commission members to submit all documents in PDF format. Kathryn thanked the Department of Education for webcasting this meeting, stating that the December meeting will be live-streamed. She reported the Commission needs webcasting assistance for the meetings in 2014. Mike Dempsey of the Department of Correction volunteered.

**13. Other Matters:** Between now and the next meeting, the two working groups will be set up. See *proposed organizational chart, attached.*

Sen. Holdman asked the Commission to consider creating a special task force for Indiana's addiction to methamphetamine for the next meeting. There are legislative fixes that could be recommended. Justice Rush said we hope to offer a substantive presentation on methamphetamine for the next meeting.

Rep. Kubacki asked if we are going to prioritize issues. Justice Rush said this will be addressed at the next meeting.

**14. Next Meeting:** December 11, 2013, 10:00 a.m.–2:00 p.m.

The temporary website to view all documents handed out at Commission meetings and the webcast of today's meeting is at <http://in.gov/judiciary/center/2714.htm>

## 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 Duwve, 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 ReidBrown, 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 Duwve, Chief Medical Officer, Indiana State Department of Health (ISDH).** Dr. Duwve 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. Duwve to explain the relationship between ISDH and local county health departments. Dr. Duwve 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 12<sup>th</sup> 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](http://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.

## MINUTES

Commission on Improving the Status of Children in Indiana  
Wednesday, February 19, 2014, 10:00 A.M. to 2:00 P.M.  
Indiana Government Center South, Conference Room C

**Members present:** Justice Loretta Rush, Indiana Supreme Court; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Mike Dempsey, Director, Division of Youth Services, Indiana Department of Correction; Senator Travis Holdman; Lilia Judson, Executive Director, Division of State Court Administration; Representative Rebecca Kubacki; Larry Landis, Director, Indiana 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; David Powell, Executive Director, Indiana Prosecuting Attorneys Council; Representative Gail Riecken; Glenda Ritz, Superintendent of Public Instruction, Indiana Department of Education; Greg Zoeller, Indiana Attorney General.

**Guest Presenters:** Senator Carlin Yoder, Chair, Child Services Oversight Committee; Michael Williams, Program Coordinator for School Social Workers, Indiana Department of Education; Reba James, Deputy Director, Permanency and Practice Support, Indiana Department of Child Services; Steve Baker, Principal, Bluffton High School; Susan Lockwood, Director, Juvenile Education, Indiana Department of Correction; Kellie Whitcomb, Director of Reentry & External Relations, Indiana Department of Correction; Laurie Elliott, Executive Director, Youth Law Team of Indiana; Claire Fiddian-Green, Special Assistant to the Governor for Education Innovation, Center for Education and Career Innovation; Julie Whitman, Vice President of Programs, Indiana Youth Institute; Brady Brookes, Legislative Director, Indiana Department of Child Services; Jeff Bercovitz, Director, Juvenile & Family Law, Indiana Judicial Center.

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

1. Welcome. Justice Rush thanked everyone for attending the meeting.
2. Approval of Minutes. The minutes from the December 11, 2013 meeting were approved by consensus of the Commission.
3. Discussion: Child Services Oversight Committee. Senator Yoder reported the Child Services Oversight Committee (Committee) was established during the 2013 legislative session in

response to issues involving the Department of Child Services (DCS). The Committee held two meetings in 2013 and submitted an annual report and recommendations to the Commission as required by the statute. Senator Yoder reported legislation introduced during the 2014 legislative session would eliminate most legislative committees formed over the past 30-40 years, including the Child Services Oversight Committee. In talking with Justice Rush, Senator Holdman, Representative Kubacki and others, Senator Yoder came up with the idea to put the Committee under the purview of the Commission.

Under this proposal, the Committee structure will be very similar to what was established by the legislature. The membership will stay the same; the Committee will continue to make recommendations to the Commission; review bi-annual data reports from DCS; review reports from the DCS Ombudsman; and submit an annual report before November 1 of each year to the Commission. The Commission Executive Committee will now appoint the chair of the Committee who will serve a two-year term and will be responsible for keeping records and minutes. The Committee will meet bi-annually instead of four times per year.

Dave Powell moved to accept the proposal to make the Committee a part of the Commission. Larry Landis seconded the motion. Justice Rush said the Committee would be the fifth task force of the Commission. She explained the Committee would operate differently from other Task Forces in that the Committee would have a designated membership and charge. Representative Riecken said this proposal gives the Committee an opportunity to address an issue raised by the United Way and facilities regarding criminal history checks. Director Bonaventura said the Committee is important because it educates the public about the work that DCS does. Representative Kubacki asked the Commission to consider appointing a vice-chairperson for the Committee. Justice Rush said the Executive Committee would consider the request. The motion passed unanimously.

4. Educational Outcomes Presentations.

a. Justice Rush reviewed a table prepared by Mike Commons listing the data each Commission member's agency currently collects on educational outcomes.

b. **Michael Williams, Program Coordinator for School Social Workers, Indiana Department of Education (DOE).** Mr. Williams provided an overview of services for vulnerable youth, alternative education opportunities and court involved youth.

- Services to Vulnerable Youth. DOE serves 1,933 public schools and over one million students. Those students include vulnerable populations such as McKinney-Vento or homeless students (13,418), incarcerated students (731), truant students (56,581),

suspended students (117,585), expelled students (3,755) and students with chronic health conditions (425,000). Mr. Williams provided enrollment statistics for both public and non-public schools by grade level.

Mr. Williams defined student services and described the types of services available to vulnerable youth. Such services include student assistance services, related services, educational and career services, school social work services, special education services, health services, medication services and services provided to eligible students under the McKinney-Vento Act.

Student assistance services are provided to prevent or alleviate problems that interfere with student learning and are provided at the elementary and secondary school levels. Student assistance services may be provided by a certified school counselor, certified school psychologist or certified school social worker. Assistance must include prevention, assessment, intervention and referral. Assistance may also include suicide prevention and intervention, bullying prevention and intervention, crisis prevention, intervention and response, school safety, homeless youth and counseling. David Powell asked if substance abuse and mental health services are provided because they were not included on Mr. Williams' list of services. Mr. Williams said mental health and substance abuse services are provided and could be added to his list.

Related services may include counseling regarding career planning, planning for a student's course of study and assisting the student to understand and cope with a disability, cope with personal problem or crisis and develop and implement a behavior intervention plan.

Educational and career services include study skills and tutoring, achievement testing, advising, scheduling and career services. Services are provided by certified school counselors and are provided at the secondary level, but should be provided at the elementary level as well. Indiana's school counselor ratio for the 2011 to 2012 school year was 620:1; however, the American School Counselor Association recommends a ratio of 250:1.

Special education services include comprehensive and coordinated early intervening services and providing educational and behavior evaluations, services and support throughout the child's educational experiences.

Health services include but are not limited to, prevention, assessment, intervention and referral services. According to a 2013 survey of school nurses, approximately 71,926 students take medications throughout the day, another 69,233 students have emergency medications at school and 402,333 students (nearly half of all public school students) have chronic health conditions including diabetes, asthma and allergic reactions. Justice Rush and Director Bonaventura wondered how Indiana compared with other states in terms of the numbers of children with chronic health conditions.

Services to homeless students are provided under the McKinney-Vento Act. The focus of the McKinney-Vento Act is to provide school access, school stability and support for academic success. Each school system has a local homeless education liaison. Students who qualify for services include children awaiting foster care placement, students living in a public or private place not designated for humans to live, such as parks, abandoned buildings, substandard housing, or similar settings, migratory children and unaccompanied youth living in these circumstances. Mr. Williams reviewed data on the number of homeless students enrolled in local schools since the 2008-2009 school year. While the number of enrolled homeless students has steadily increased, the funding from the federal government to assist this population has remained flat.

Mr. Williams reviewed the definition of habitual truancy and chronic school absenteeism. Habitual truancy includes students who are absent 10 days or more without being excused. Chronic absenteeism includes students who are absent from school for 10% or more of a school year for any reasons. Chronic absence is an early warning sign for academic trouble and may be used to predict dropout rates. School corporations must report the number of students chronically absent and habitually truant in its annual performance report. Mr. Williams reviewed truancy, suspension and expulsion data. Director Bonaventura asked if there was a state standard for truancy policies; Mr. Williams said yes. The Department of Education only began tracking truancy data within the last few years. Mr. Williams also noted the numbers of females expelled or suspended has been growing over time.

Mr. Williams provided recommendations for serving vulnerable youth. These recommendations include increasing the number of school counselors, increasing pathways to higher education, increasing funding for homeless student education efforts and ensuring students have access to a registered school nurse during the school day.

- Alternative Education Opportunities. Mr. Williams explained alternative education is designed to meet the needs of at-risk students who are not succeeding in the traditional school setting. These programs help students master the Indiana Academic Standards and the programs must comply with educational laws and rules or seek appropriate waivers. The Alternative Education Grant provides funding for alternative education programs for grades 6-12. There are 206 alternative education programs throughout the state. Some programs offer after school or evening sessions to students in lieu of suspension or expulsion, some programs are specifically for middle school students, other programs are designed for young pregnant girls or those who already have children and want to finish high school in an alternative setting and other programs offer drug and alcohol treatment programs and counseling. Credit recovery is another type of alternative education program. Credit recovery is an educational service that most schools offer to students who have failed a course or who are in danger of not having enough credits to graduation on time. Most credit recovery programs are on-line and allow students to work at their own pace. Mr. Williams provided recommendations for alternative education, including increasing funding for alternative education programs at all grade levels, and providing funding for alternative education programs for grades 4-6.
- Court Involved Youth. There are 23 Juvenile Detention Facilities and 4 juvenile correctional facilities in Indiana. All incarcerated students between the age of 7 and 18 are required to receive educational services. The average length of stay for a student in a detention center is 16 days and the average length of stay for a student in a juvenile correctional facility is six months. During the 2012-2013 school year, 731 students were mobilized from detention to incarceration with the Department of Correction (DOC). On any given day, DOC has about 500 youth incarcerated in long-term juvenile correctional facilities.

DOE works with the Juvenile Detention Alternatives Initiative (JDAI) program. The goal of JDAI is to reduce the average daily population in detention centers. The focus of JDAI is on placing the right youth, in the right place, for the right reason, for the right amount of time. JDAI reduced youth detention from 9,266 in their baseline year to 5,123 youth detained in 2012, a 45% reduction. Fewer youth detained should reduce the high school dropout rate. The dropout rate has seen a steady decline over the past four years. During the 2008-2009 school year, the dropout rate was 7.7%, and in the 2011-12, school year the rate was 5.8%. During the same period, the

graduation rate has increased from 82.7% to 88.4%. The dropout rate is based on entry in the 9<sup>th</sup> grade and is a four-year cohort.

Superintendent Ritz noted in the 2008-2009 school year there was a change in the dropout rate calculation and the graduation rate includes graduation waivers. Superintendent Ritz also stated school accountability also affects the dropout rate. In addition, some kids are counseled to be home schooled rather than dropping out, but there are no requirements to notify DOE when a student is being homeschooled. She therefore believes the true graduation rate is about 80% when graduation waivers are deducted.

Mr. Williams provided recommendations for court-involved youth, including standardization of intake information across all detention centers, creating education portfolios, which follow youth to detention centers, and standardizing education activities during detention and follow-up regarding educational progress after the child returns from detention and/or DOC.

Mr. Williams concluded his presentation by providing an overview of the DOE Outreach Division. He encouraged those in attendance to visit the Department's "Compass" site for more data on graduation and dropout rates (<http://compass.doe.in.gov/dashboard/overview.aspx>). David Powell said that, by the time a child reaches DOC, it is probably too late in terms of educational assessment. Instead, children should be assessed for educational needs/level at their first contact with the juvenile justice system.

- c. **Reba James, Deputy Director, Permanency and Practice Support, Department of Child Services.** Ms. James presented education facts regarding children in foster care. She reported foster children have significantly higher rates of school disciplinary referrals than their peers do, are more likely to be retained a grade than their peers, graduate at a lower rate than the general population, often suffer delayed enrollment when they enter care or transfer schools, are less likely to enter or complete a postsecondary educational program, and on average, perform well below grade level.

Ms. James provided information on the FosterED pilot program. The pilot program was part of the National Center for Youth Law's FosterED project. The pilot started in the 2011-2012 academic year in Marion County. The pilot lasted 9 months and handled over 75 cases. DOE and the Indiana Youth Institute collaborated with DCS on the program. The program expanded statewide on August 1, 2012, and created 16 Education Liaison

positions within DCS. As of November 2012, over 500 cases have been handled. DCS, DOE, local school districts and CASA's support the program. As of Monday, 2,470 youth have been served by the Education Liaisons. All education liaisons have education degrees and are former educators; most have Master's degrees. Education Liaisons collaborate with DCS Family Case Managers (FCMs), families, students and schools to ensure that the educational needs of children in DCS care are met which will lead to more positive outcomes in their lives. Some of the services provided by the Education Liaison include participating in child and family team meetings, case staffing, planning sessions and school meetings to help create an education plan to assist the child; connecting FCM's and families to community agencies committed to providing educational assistance; and, identify education services and resources.

Some of the most common referral reasons include 1) overall special education issues; 2) requests for education evaluations; 3) transportation when child has to change schools; 4) change of school placement and transfer of records, especially credits; 5) post high school planning. Education Liaisons help develop and provide training to DCS, foster parents, students and schools on various educational topics. Education Liaison services are available to all children who are involved in Children in Need of Services (CHINS) cases; however, services are only available to youth with a probation case on a case-by-case basis. Probation officers can contact Anita Silverman at DCS to request assistance. Justice Rush asked Director Bonaventura if DCS would consider making education liaison services available to all vulnerable youth who are court involved. Director Bonaventura commented that DCS does provide and pay for services for delinquent children by way of residential treatment and treatment provided in the home to the child and parents when appropriate. She said DCS is looking at all of its services and how those services can be expanded to include delinquent children.

Representative Kubacki asked, since the program was based on a California program, if Ms. James had outcome information from California to which we could compare our state's progress.

- d. **Steve Baker, Principal, Bluffton High.** Mr. Baker provided an overview of programs and services available at Bluffton High School to address the needs of at-risk students. A student is considered an at-risk student if he or she is at-risk of dropping out of school or are at-risk of not reaching their academic potential without additional resources. Bluffton High School has only had one student drop out in the past ten years. Mr. Baker, who previously received the Principal of the Year award, said that they have four battles: getting kids to school (a big part of his day); poverty (he opined that this was a reason for

difficulties, but not an acceptable excuse); dropouts (he said this occurs when a student loses hope; the student cannot see past the present day); and being proactive in a reactive system. Bluffton High School is proactive in addressing the needs of at-risk students. All new teachers are required to receive training on *A Framework for Understanding Poverty* by Ruby Payne. In addition, the school has an At-Risk Liaison, offers a basic skills class taught by a teaching assistant with a Psychology degree, implemented study tables after school and conducts regular parent meetings. Parental involvement is mandatory; the school's role is sometimes to help teach parents how to raise their children. Schools need relationships with both the students and their parents. Mr. Baker has a homeroom of freshmen for which he is responsible; his homeroom is made up of the top 10-15 at-risk children from the middle schools in his district. He also hired an at-risk liaison who is a former teacher, who goes into the students' homes daily. The liaison is very busy in a school of 1,400 students. His school also employs a licensed psychologist who runs a basic skills class to teach students how to study. Mr. Baker also has a credit recovery program, a weekly meeting about each at-risk student and after-school study tables. His school also offers an alternative school attended by teenaged parents who need to work.

Mr. Baker shared anecdotes with the Commission, and stated that there are many organizations in the community that care about education, but they are not always on the same page. That is why the school has had the most success by hiring its own liaisons for at-risk students. He believes that if the families can receive help, then the students will improve. David Powell asked Mr. Baker for his definition of "at-risk." Mr. Baker replied that he defined the term very broadly, to include any student at risk of dropping out or not fulfilling his or her potential and who was without the resources to do so. He specified that "resources" did not necessarily refer to money. He tries to identify the at-risk students in middle school. He offered reasons for why the number of at-risk students is so high: the economic downturn, a lack of jobs, and a lack of meaningful educational training for jobs.

- e. **Susan Lockwood, Director, Juvenile Education; Kellie Whitcomb, Director of Reentry & External Relations, Department of Correction, Division of Youth Services; and Laurie Elliott, Executive Director, Youth Law T.E.A.M of Indiana.** Ms. Lockwood provided an overview of the education services available in secure settings. The Indiana Department of Correction (DOC) has juvenile facilities in LaPorte, Logansport, Pendleton, and Madison. On average, 45-60% of DOC students qualify for special education services and on average, 60% test below 6<sup>th</sup> grade on math and/or reading. Facility schools are accredited by AdvancEd as comprehensive special purpose schools. DOC is not a legal school corporation. Educational services are paid out of the DOC budget. Juvenile

facilities offer high school curriculum aligned to the Indiana Core 40, career technical programs and high school equivalency programs. Each facility employs a transition coordinator that helps facilitate transfer of school records and updated transcripts.

In 2012-2013, there were 1,393 students receiving educational services in a DOC facility. Nine hundred twenty four students (924) were enrolled for at least 90 days, and 60% of the 924 students qualified for special education services. The average length of school enrollment was 122 days (approximately one semester). In addition, 970 students earned high school credit, 26 students re-enrolled in public school upon release, 253 eligible students received a GED, 94 students enrolled in post-secondary education, 63% of those with at least 90 days of instruction gained at least one grade level in reading, and 47% of those with at least 90 days of instruction gained at least one grade level in math. In response to a question from Justice Rush, Ms. Lockwood explained that the students' ages ranged from 12-22, but the normal age range for residents of juvenile facilities was 12-18. Their teachers are licensed and highly qualified; some are licensed for special education, and some are licensed as superintendents and principals. These facilities provide educational services even though they are not funded as schools by the state. Many of the children they see are behind because they have not been at school for some time; once they spend time in the DOC facility, they improve and show measurable gains in reading levels.

Ms. Whitcomb reported that DOC is responsible for establishing detention standards and for inspecting detention centers. The inspection reports are on the DOC website. There are 1,113 secure detention beds in Indiana and there were 14,955 admissions in 2013 (the latter figure includes repeat admissions).

Ms. Elliott reported that there were 4,500 youth sent to a juvenile detention facility in 2013. Thirty-nine percent (39%) of those youth entered and left detention in 2 days or less, and thirty-one percent (31%) were detained longer than 14 days. Educational programs are provided in local juvenile detention facilities in a number of ways. Some teachers may be employed by the county with minimal involvement from the local school corporations; local school corporations may provide teachers under the public school calendar and private facilities may employ their own teachers with minimal involvement from the local school corporations. Ms. Elliott explained there is a legal duty to provide educational programming, but there are no clear requirements and no standardized curriculum requirement. As a result, youth are not receiving the state mandated number of hours of instructional time applicable to public schools, are not receiving academic credit or able to progress toward a high school diploma and education gains made while

a youth is in detention are frequently not communicated to public school. She reported that there is often difficulty in getting records from schools and in reporting to the schools on the progress that the child has made while in detention.

Ms. Whitcomb and Ms. Elliott discussed new recommended education standards for detention centers. The recommended standards require a Memorandum of Understanding (MOU) between the court where the detention center is located and the local school corporation. The MOU should cover funding allocations, transfer of education records, special education service delivery, grade and credit transfers, access to on-line education programs, evaluation of the detention education program and a plan for suspended/expelled and out-of-county youth. The recommended standards also require detention centers to provide a comprehensive education program that operates a minimum of 210 instructional days per year. At least 6 hours of educational programming should be available for youth in grades 7-12 and at least 5 hours of educational programming for youth in grades 6 and lower. Enrollment, screening and participation in educational programming should occur no later than 3 days following admission. All teachers shall possess appropriate certification or licensure. Other recommendations include providing remedial reading services to identified youth, a curriculum that allows a youth to progress toward a high school diploma, IEP goals or High School Equivalency Exam; special education programs that align to student's IEP; and detention staff to provide academic progress information to the juvenile's home school district within 7 days of discharge to allow for evaluation towards high school credit. Justice Rush asked to whom these recommendations are made, and Ms. Whitcomb answered that they go to Commissioner Lemon. Currently, the DOC is trying to determine the fiscal impact of the recommendations. Justice Rush asked if the recommendations would be binding on counties operating detention centers, and Superintendent Ritz queried Ms. Whitcomb on the mechanics of how these recommendations would be implemented.

- f. **Claire Fiddian-Green, Special Assistant to the Governor for Education Innovation, Center for Education and Career Innovation (CECI).** Ms. Fiddian-Green reported in Indiana today, one in six Hoosiers lacks a high school diploma or equivalency, only 33% of Hoosiers have a college degree, last year more than 10,000 high school graduates needed remediation in college, only 4% of Indiana's two-year college students completed on time and only 12% graduated within three years and good paying jobs are going unfilled due to the skills gap between employer expectations and workforce qualifications. She said there is a link between educational outcomes and the state's future economic well-being.

In August 2013, Governor Pence issued an Executive Order establishing the CECI to address the economic future and well-being of students. The CECI brought together the staff and budgets of the Career Council, Works Councils, Education Roundtable and State Board of Education. The Indiana Career Council maps and analyzes skills and assets. The Works Councils are regional bodies located throughout the state. The CECI is a unique agency among states.

The CECI's mission is to improve learning outcomes for Hoosier students and adult workers by aligning statewide efforts to connect the education and workforce-training pipeline with the needs of Indiana's employers, and supporting the expansion of innovative and highly effective education and career development initiatives. The CECI addresses the entire spectrum of education and career preparation, from pre-kindergarten through higher education and beyond.

Ms. Fiddian-Green stated fifty-nine percent (59%) of the state budget is dedicated to education and workforce development and that CECI collaborates with the Department of Education, Commission for Higher Education, the Department of Workforce Development and other state and external partners. She also reported that CECI is part of a national focus by governors and legislative leaders to integrate state efforts in education and workforce to deliver significantly improved outcomes.

- g. **Commission Discussion: Next Steps.** Commission members discussed possible next steps regarding educational outcomes. Justice Rush commented that education data is not currently available on kids in care in Indiana. She said the Commission might want to consider assigning the task of collecting educational outcome data on children in care to the Data Sharing and Mapping Task Force.

Lilia Judson stated that she was part of an Indiana team that participated in a School to Justice Summit sponsored by Casey Family Programs in 2012. The Indiana team was made up of representatives from the judicial system and the education system. One of the focal points at the summit was the glaring lack of educational data between the justice and educational systems. The Indiana team came up with a number of recommendations. If an educational task force is established, the task force could consider working on the recommendations from the summit. Ms. Judson also stated there is a need for a systemic way to integrate juvenile justice, child welfare and education data. There is currently no integration of data. The systems may each have aggregate numbers, but they do not track the child.

Susan Lightfoot remarked that probation does not have consistent data. Probation could do a better job of keeping statistics if there was a statewide database and funding to hire additional staff to collect the data.

Representative Riecken inquired how data could be obtained on children who are outside of the public education system. She said there are an increasing number of children enrolled in private, parochial, charter and home schools. She is also interested in obtaining more information on homelessness and children with chronic illnesses.

David Powell remarked that there is a need to obtain data on all children, even those that do not enter the child welfare or juvenile justice systems. He also said an agreement is needed on what information will be collected and how.

Glenda Ritz stated DOE is in desperate need of reading data. The only reading data available is IREAD data, which is a pass-fail assessment. She also remarked that we need to have a dialogue on assessments that will generate data points that follow each child throughout the years. Justice Rush agreed, and said that from a juvenile justice standpoint, the data would be helpful for drafting case plans.

Justice Rush said she would like more information on children with chronic health needs in schools and that she would like the Infant Mortality and Child Health task force to study this issue. Director Bonaventura would also like to know the causes of the chronic health needs.

Mike Dempsey stated it is critically important to connect the dots with kids who get involved with the juvenile justice system. There is a serious lack of education services available to a child in detention and we must find a way to fix it. The detention standards are a start, but support is needed to get the standards passed and funded. DOC, DOE, DCS and detention facilities all need to collaborate to make sure services are in place for these kids.

He believes most of the kids who do not graduate are bright students who are just behind in school. He believes they end up dropping out because they are so far behind and cannot figure out how to catch up, so they just do not go to school, which puts them in the juvenile justice system. He said it is very frustrating from DOC's perspective with the lack of resources available to make sure these kids have the educational services available to them.

5. Update from the Data Sharing and Mapping Task Force. *Lilia Judson, Executive Director, Division of State Court Administration, Indiana Supreme Court; Julie Whitman, Vice President of Programs, Indiana Youth Institute.*

Ms. Whitman reviewed the *Educational Outcomes for System-Involved Youth* and *FosterYouth* handouts. She said the handouts are not based on Indiana data because Indiana data is either not available or is not readily available. Ms. Whitman highlighted a couple of key points from the handouts: one arrest doubles a youth's chances of dropping out of school; one court appearance makes it four times more likely the child will drop out of school. The average child in foster care attends five different schools. Ms. Judson and Ms. Whitman asked if the Task Force should start looking at data sharing as it relates to education. Commission members replied yes.

Ms. Judson and Ms. Whitman reported that work on the mapping project continues. The database will be housed with the Indiana Office of Technology, and when the project is complete, there will be an interface for public access and an interface for court users. The Task Force has consulted with Attorney General Zoeller on liability issues that may be associated with the database. The Task Force recommends that the Commission make the database accessible to researchers and universities to study the data and draw possible conclusions. Ms. Judson also reported that she has invited Casey Family Programs to sit in on Task Force meetings to provide technical support, along with the Indiana Criminal Justice Institute.

6. Legislative Update. *Brady Brookes, DCS Legislative Director; Jeff Bercovitz, Director, Juvenile & Family Law, Indiana Judicial Center.*

Brady Brooks and Jeff Bercovitz reviewed the following bills impacting vulnerable youth: SB 80-Interim Study Committee Structure; SB 227-Alcohol and Medical Emergencies: Crime Studies; SB 408-Neonatal Abstinence Syndrome (NAS); HB 1006-Reconciles Conflicts Between HEA 1006-2013 and other bills; HB 1014-Dissolution in Cases of Domestic Violence; HB 1110-Department of Child Services; HB 1222-Adoption Committee and Tax Credit; HB 1279-Various Motor Vehicle Issues; SB 19-Access to Juvenile Court Records; and SB 27-Petitions for Adoption.

7. Future Topics. Representative Kubacki would like to address the dynamics of family violence, particularly sex crimes against children. She said this recommendation comes from Representative Christina Hale. Representative Hale has done a lot of research on the topic of sexual abuse against children and she would like to invite Representative Hale to present

some of her research findings. Justice Rush suggested inviting Abby Kuzma with the Attorney General's Office to give a presentation on sex trafficking, crimes of violence and sexual violence against children. Justice Rush noted many of the CHINS cases are due to violence in the home. Director Bonaventura said research shows that being a witness to domestic violence is abuse. DCS is working to address that issue by providing services to children who have been affected by violence. Larry Landis said the subject is part of the trauma informed care movement that recognizes that children's exposure to trauma can affect their future development. If there is a presentation on violence, trauma informed care should also be included in the presentation.

Susan Lightfoot would like the Commission to consider studying caseload standards for probation officers. She said probation is trying to do a better job of addressing any educational, social, family, mental health and substance abuse issues that a child may have. However, the number of cases probation officers are dealing with is overwhelming. In a sample of juvenile probation officers from 12 counties across the state, caseloads ranged from 68 to 162 children per probation officer. In addition to their traditional duties, probation officers are taking on extra work, such as administering the MAYSI-2 and conducting risk assessments on the juveniles they supervise. Justice Rush stated there has not been a push to get probation caseloads down like there was for DCS Family Case Managers several years ago. She said now may be a good time address the issue since the Commission is trying to get a better picture of the children who come into probation.

Mike Dempsey said he likes the concept of education liaisons and thinks the juvenile justice system could benefit by having education liaisons as well. He said that kids are generally left behind educationally once they enter the juvenile justice system. Many of the kids who go to DOC are some of the most educationally challenged of any system, but DOC does not have sufficient resources to address those issues. DOC may not be the right entity to address the educational challenges.

Representative Riecken expressed concern that mental health priorities are not being addressed. Kevin Moore stated mental health issues certainly need more attention. He said addressing the needs of vulnerable children and their families is cross-system work because families are often involved in multiple systems with multiple issues. He stated there are models from across the state of mental health services being embedded in local school systems. He thinks it would be important to learn how those models work from both the school and provider perspective. Director Bonaventura suggested having a presentation about the Children's Mental Health Initiative.

8. Other Matters. Ruth Reichard reviewed priorities identified by the Commission that have not been assigned to a task force. The unassigned priorities fall into four main categories: juvenile justice, education, youth in foster care and mental health.

Justice Rush reported that a protocol has been set up for each of the task forces. She also stated that an executive committee member would serve as a liaison on each task force.

9. Future Meeting Dates: Indiana Government Center South.

- 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.

**APPENDIX 2**

**Data Sharing and Mapping**

**Task Force**

**Report and Recommendations**

## **Report of the Data Sharing & Mapping Task Force of the Commission on Improving the Status of Children in Indiana**

The Data Sharing & Mapping Task Force (“Task Force”) of the Commission on Improving the Status of Children in Indiana (“Commission”) assists the Commission with its statutory duties to study and evaluate services for vulnerable youth and to promote information-sharing concerning vulnerable youth. The Commission’s enabling statute, Ind. Code 2-5-36-1 et seq., defines “vulnerable youth” as a child who is served by the Department of Child Services (DCS), the office of the Secretary of Family and Social Services (FSSA), the Department of Correction (DOC), or a juvenile probation department.

### **DATA SHARING**

#### ***Data Collection and Data Sharing***

The Commission’s enabling statute charges the Commission with studying and evaluating the communication and cooperation by agencies concerning vulnerable youth, and the data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes. The Task Force identified seven agencies that collect data pertaining to vulnerable youth.

#### ***Types of Data Collected—At a Glance***

In August 2013, seven (7) state agencies (including the judicial branch) submitted reports to the Commission concerning the data each entity collects on vulnerable youth. Those agencies, and their divisions, when applicable, are:

- the Indiana Department of Education (DOE);
- the Indiana State Department of Health (ISDH);
- the Department of Correction (DOC);

- Division of Youth Services;
- the Department of Child Services (DCS);
- the Attorney General (AG);
- the Indiana Supreme Court (SC):
  - Division of State Court Administration (STAD);
  - Probation;
- the Family and Social Services Administration (FSSA);
  - Division of Mental Health & Addiction (DMHA).

A narrative and table describing the data these agencies collect concerning vulnerable youth and their families are located in Appendix A.

At the February 2014 Children’s Commission meeting, the Task Force was asked to examine the feasibility of data-sharing that would allow the state to report on the educational outcomes of system-involved youth. The Task Force has begun to learn about existing and new data-sharing efforts being undertaken by the state and will continue looking into the possibilities for including the Commission’s research questions in those data-sharing efforts. For example, IDOE’s Statewide Longitudinal Data System (SLDS) is a system that might potentially offer the possibility of tracking the Commission’s desired data. The Task Force will pursue further discussion with the IDOE and other state agencies that house the relevant data.

## **MAPPING**

### ***Mapping of Services for Vulnerable Youth***

The Commission’s enabling statute charges it with studying and evaluating: access to services for vulnerable youth; the availability, duplication, and funding of those services; and, barriers to those services. In order to begin this work, in the Fall of 2013 the Task Force sent

nearly 2,100 surveys to service providers who contract with state agencies to provide substance abuse and mental health services to children in Indiana. The Task Force identified those two service areas—mental health and substance abuse—based on the Commission members’ identification of those problems as easily the most urgent they faced. The Task Force also sent surveys to detention centers and Department of Correction facilities, and to school social workers and guidance counselors. Appendix B contains sample letters and survey questions. Nearly 600, or approximately 27%, of the recipients responded to the survey, and the Task Force began building a database of service providers using the information in the survey responses as well as other resources. Mapping the services allows the Commission to more easily identify those areas of the state which are underserved.

Mapping will only be a first step toward identifying the availability of and access to services. Many factors beyond geography affect the availability of mental health and substance abuse services to vulnerable youth, including forms of payment accepted, the child’s own particular needs and diagnosis, whether the need for services is critical or emergent, and a family’s access to transportation. The meaning of “accessibility” varies greatly when one is in a rural area and does not have reliable transportation to attend appointments during regular office hours, for example. However, even if a child resides in a location with quality public transportation or near facilities that offer flexible hours, if the child’s parents are themselves impaired due to substance abuse, for example, there is little chance the child will be able to access services.

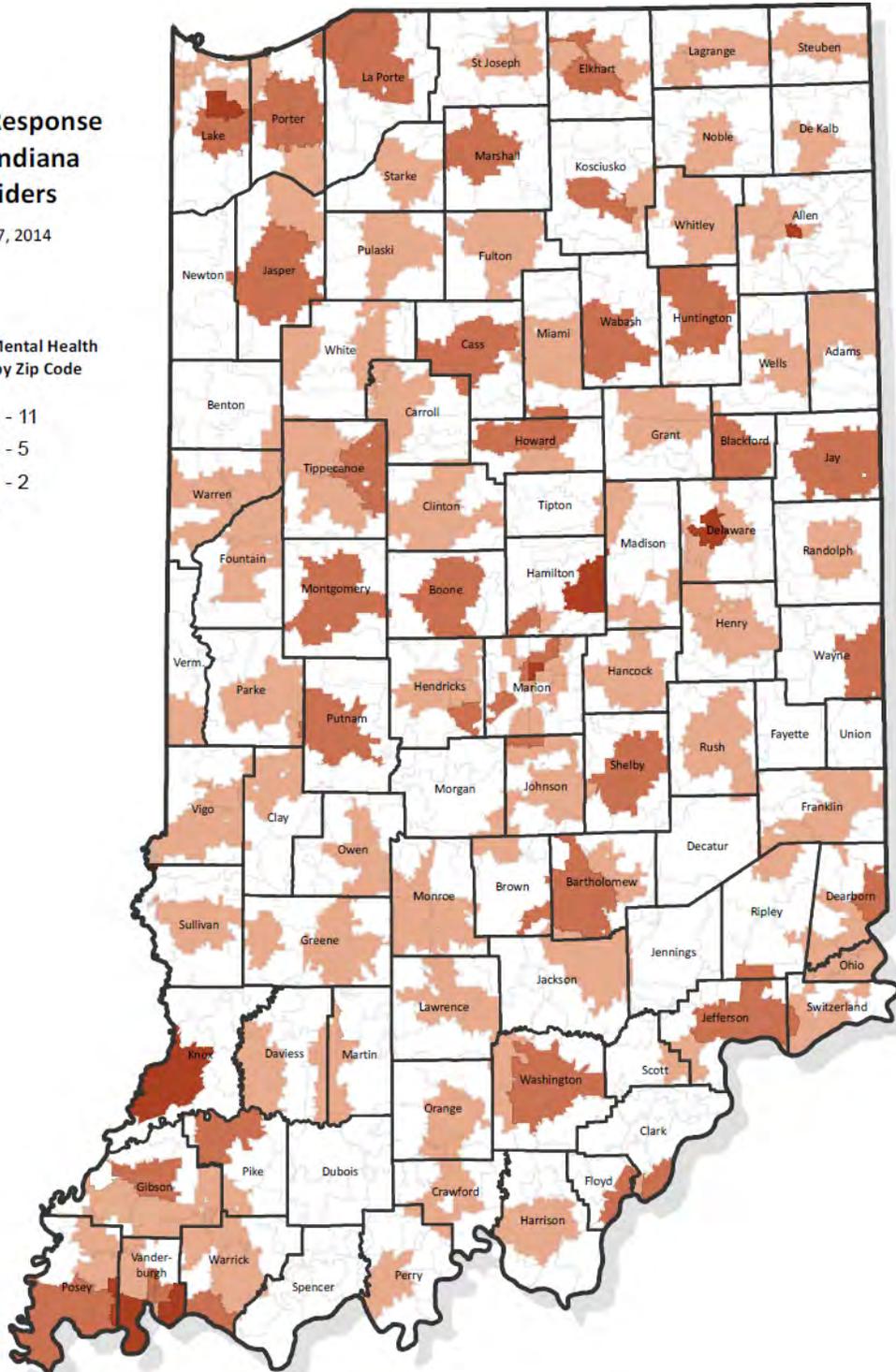
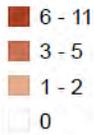
The following two maps illustrate the mental health and substance abuse services available to children in Indiana by ZIP Code, based on information provided by the respondents to the surveys. The Task Force has used a broad definition of “mental health,” to include

intellectual and developmental disabilities as well as mental illnesses. Please note that both the database and the maps are works in progress; to date, the Task Force cannot provide a complete picture of the available mental health and substance abuse services in Indiana.

### Survey Response From Indiana Providers

April 17, 2014

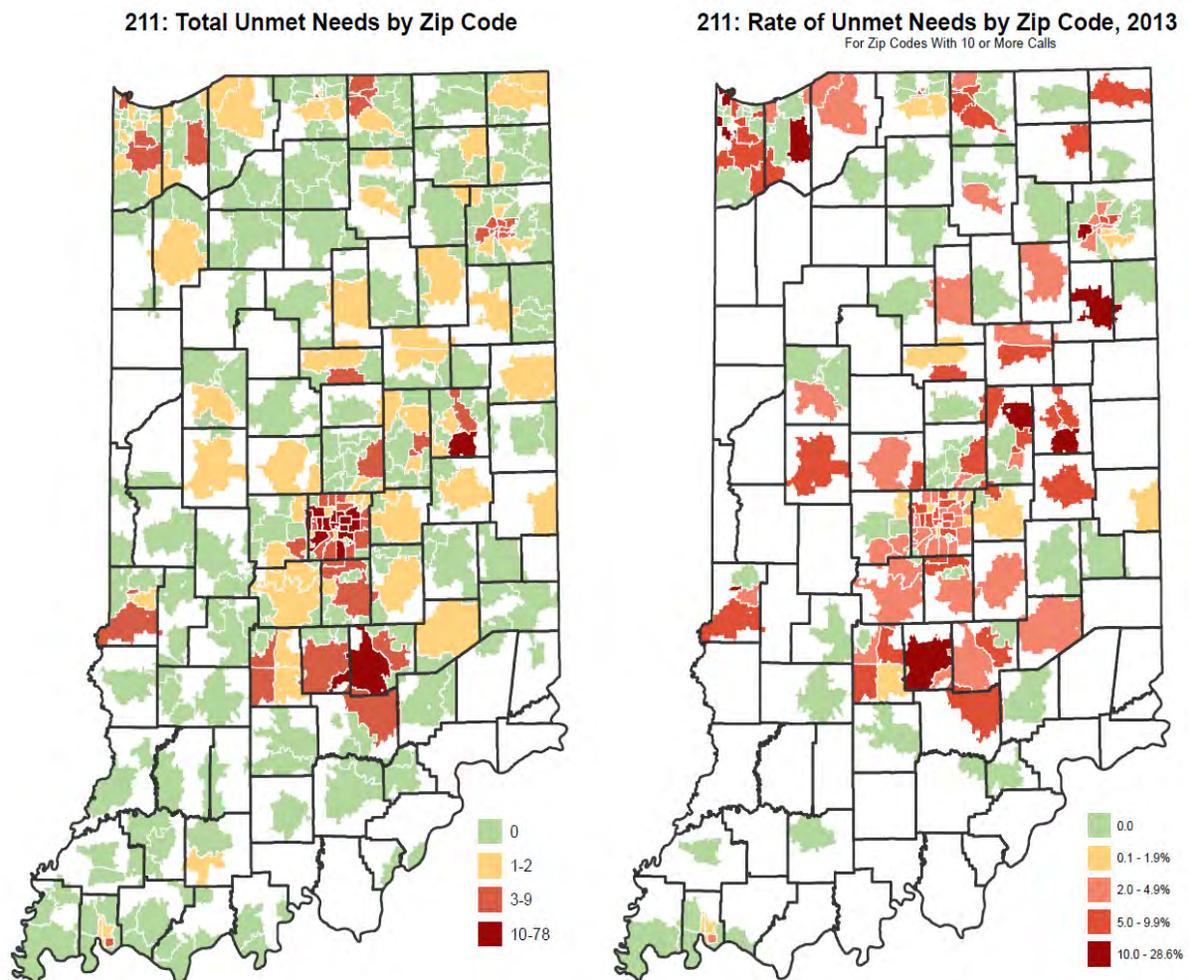
Number of Mental Health  
Providers by Zip Code





### *Unmet Needs in Indiana: Substance Abuse & Mental Health for Children & Youth*

The maps below depict unfilled requests for substance abuse and mental health services for children and youth (age 18 years and younger) from 211 callers around the state during 2013. Connect2Help211 codes a need as “unmet” if there was no service to which a caller could be referred; a single call could therefore contain both a met need and an unmet need. The map on the left depicts raw numbers of unmet needs by ZIP Code for all of 2013. The map on the right shows the percentage of needs that were unmet by ZIP Code for 2013.



The information above, which was provided by Connect2Help211, shows clusters of areas in which there are not enough services to meet callers' needs.

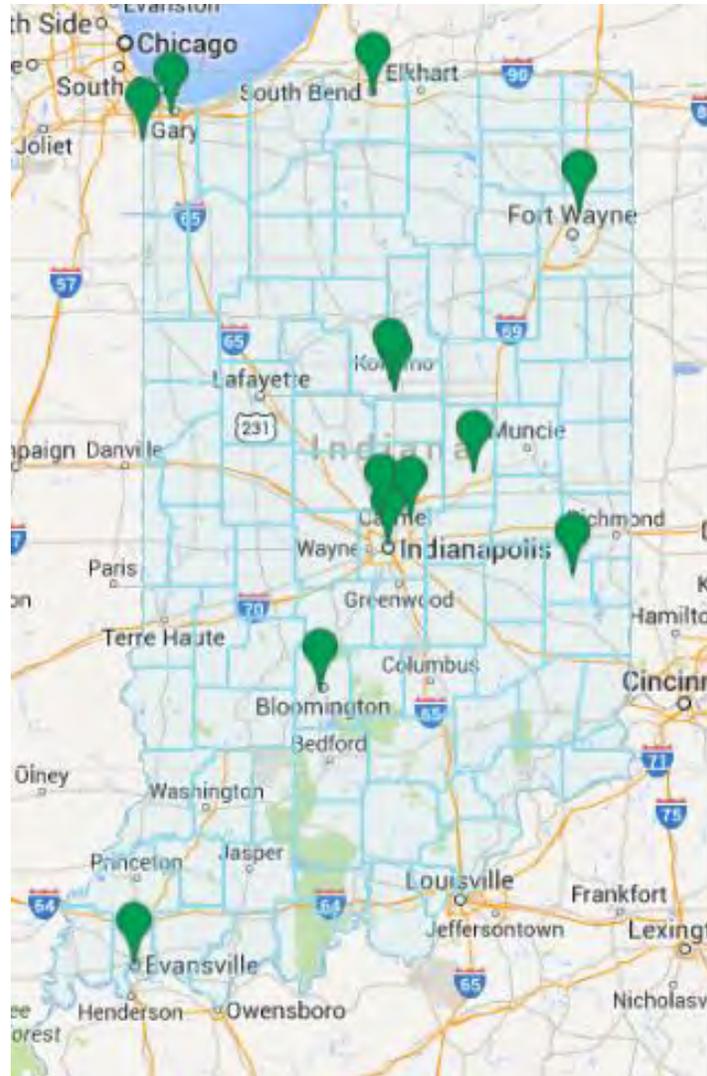
### ***Unmet Needs in Indiana: Crisis Services for Children & Youth***

According to the National Alliance on Mental Illness (NAMI)—Indiana, Indiana has a gap in services for children and youth experiencing mental health crisis. A psychiatric crisis can include, but is not limited to, thoughts of harming oneself or others; acute symptoms of psychosis, depression, or anxiety; increased substance use; or, the impairment of or inability to cope in a safe, functional way.<sup>2</sup> Many emergency rooms are not equipped to handle psychiatric crises: they may lack the psychiatric staff to make the evaluations necessary for transfer to an inpatient facility; the professionals who do staff emergency departments often lack training in handling mental health crises, especially for youth; space limitations often result in the child's stabilization and release without an appropriate assessment and follow-up; and the emergency rooms are not designed with the proper security or privacy measures. With the exceptions of Community North in Indianapolis and Parkview in Fort Wayne, there is a distinct lack of places to which parents can turn when a child is experiencing a psychiatric crisis. Even in those two cities, the facilities have limited bed space.

The green pushpins on the map below represent hospitals in the state that offer some inpatient psychiatric services to youths (but not necessarily *crisis* services):

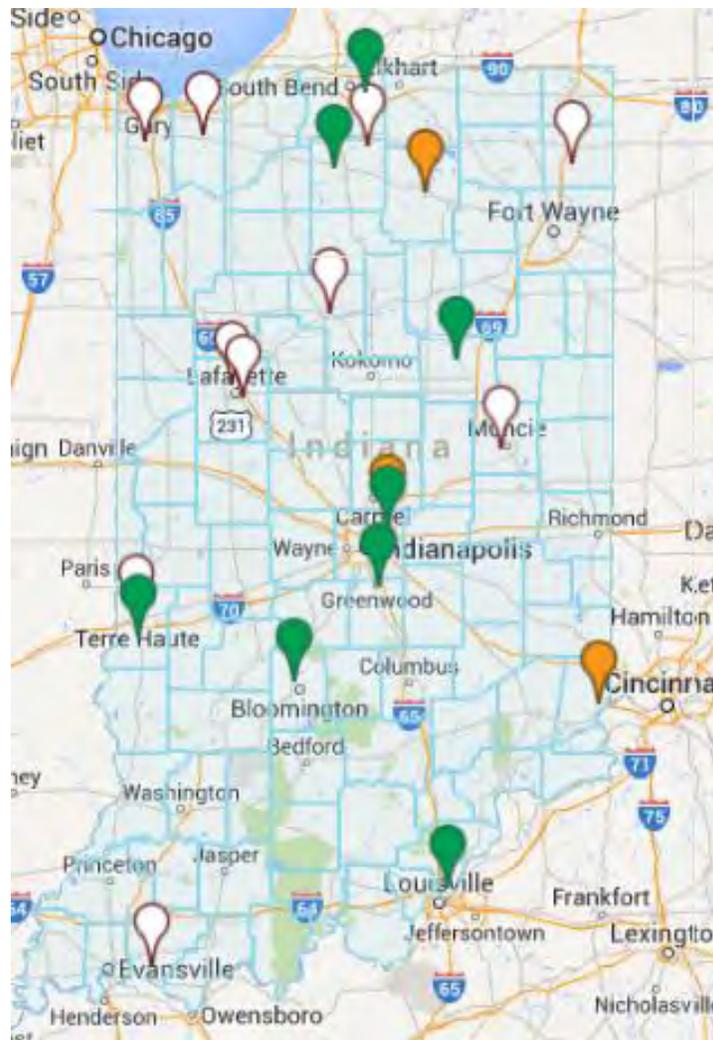
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<sup>2</sup> A psychiatric crisis is an individual experience. Circumstances or symptoms that are manageable for one individual may result in a crisis for another. State statutes, advocacy organizations, law enforcement agencies, and mental health clinicians all have different definitions of what constitutes a psychiatric crisis. SEA 248, the Psychiatric Crisis Intervention Services Study enacted by the General Assembly in the 2014 session, will provide an excellent opportunity for Indiana to reach a consensus on a definition of psychiatric crisis—one that includes all of these perspectives.



There are some facilities that operate independently of hospitals to offer inpatient mental health services for youth—but again, these are not necessarily crisis services. Many private mental health facilities do not conduct intake outside of regular business hours or are not designed to handle patients who have not been stabilized. In the next map, **white** pushpins denote those which serve adults; **green** pushpins represent those serving youth; and, **orange** pushpins mark

those private mental health facilities serving youth occasionally or offering substance abuse treatment only.<sup>3</sup>



It is apparent from these graphics that families in the majority of Indiana’s counties have absolutely no facilities close by to assist them with youth who are in crisis.

### ***Barriers to Services for Vulnerable Youth***

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<sup>3</sup> The maps relating to crisis and inpatient psychiatric services for youth were provided to the Task Force by Barbara Seely, NAMI Indiana. The Task Force thanks Ms. Seely for her hard work in this area and for generously sharing her findings with us.

In the course of undertaking the mapping project, Task Force members and staff met with representatives of member agencies and stakeholders, who in turn shared information about the barriers and frustrations they encounter as they provide services to vulnerable youth in Indiana.<sup>4</sup> Conversations with stakeholders revealed barriers to services in four main areas: transportation and accessibility; the lack of a qualified workforce; systemic obstacles and regulatory burdens; and, service gaps. The Task Force recognizes the need to obtain more information in order to quantify these barriers and plans to follow up accordingly.

Transportation and accessibility:

- The location of services may be dictated by the form of payment rather than best practice; for example some insurance plans cover only office-based services when school-based services would be more convenient and effective for the child and family; other payers may not cover home-based services for the youngest children, even though research indicates this to be a best practice.
- Transportation can also be an important barrier to children’s ability to receive services. While some Medicaid clients may be eligible for assistance in the form of rides to appointments, regulations currently stipulate that only the client may use the service—not the family. Therefore, if a parent needs to bring the entire family to an appointment, he or she may not be able to use the Medicaid-funded transportation service. Those services often require clients to be picked up hours before their appointments, resulting in much wasted time in waiting rooms.

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<sup>4</sup> Stakeholders included the Indiana Council of Community Mental Health Centers, Inc., JDAI (the Juvenile Detention Alternatives Initiative), Centerstone, NAMI Indiana (National Alliance on Mental Illness), and the Youth Law T.E.A.M. Task Force staff also met with staff from ISDH, DOC, DMHA, FSSA, DCS, the Indiana Criminal Justice Institute, and DOE.

- Services that are provided in the child’s home help ease the access burden for families, but much of the cost burden is transferred to the agency. Staff travel to clients’ homes is generally not reimbursable. In rural areas, this results in appreciable expenses to the service providers; in the worst cases (not infrequent), a professional may spend two hours’ driving time and several gallons of fuel only to find that the family is not home for the appointment—all with no billable service.

Lack of a qualified workforce:

- According to members of the Indiana Council of Community Mental Health Centers, another barrier to services involves a lack of a qualified, well-trained workforce capable of providing mental health and substance abuse services to vulnerable youth. Simply put, the universities cannot produce graduates in relevant fields quickly enough. And, the curricula in fields such as social work are often tailored toward careers in private practice—work that differs significantly from community mental health work, where much of the service provision to vulnerable youth occurs. In many cases, students are graduating from higher education programs in mental health-related fields without knowing whether or not they are license-eligible.
- The workforce shortage is intensified in rural areas. With a lack of local qualified applicants, rural providers often are forced to hire qualified staff from the nearest urban or suburban area, which leads to very long commutes for those staff members. As soon as they find an opportunity closer to home, many leave the rural job.

- In the 2014 legislative session, the Indiana General Assembly passed House Enrolled Act 1360, which will help ease the financial burdens incurred by newly educated psychiatrists, psychologists, psychiatric nurses, addiction counselors, and mental health professionals. The new law provides for student loan repayment assistance for individuals in those fields, as well as the establishment of integrated behavioral health and addiction treatment development and training programs. This legislation is an important step forward in addressing the shortage of qualified professionals in this field.

Systemic obstacles and regulatory burdens:

- Stakeholders also reported that reimbursement rates have remained flat for several years, resulting in a declining ability to provide services that grow more expensive each year. Also, current reimbursement rubrics do not cover some evidence-based practices, so families may not be able to access the services that are likely to produce the best outcomes.
- Because of their age, very young children (ages five years and younger) may not have access to mental health services; the majority of funding streams for children's mental health services are directed toward children ages six to eighteen years of age. Further, the diagnostic labels required for payment for services often do not fit younger children.
- Mental health services for children and youth are funded by many different sources—DCS, Medicaid, grants, insurance—which is a blessing, but also creates an inordinate amount of paperwork as each funder has different requirements. Each of these forms must also be integrated into the mental health provider's

electronic medical records system (also true any time a form is revised or updated), which is time-consuming and costly.

- Medicaid policy creates another systemic obstacle, because it ceases payment for services once a person is incarcerated, meaning that youth in one of the state's 22 detention centers may be left without services. Although a child's average stay in a detention center is two weeks or less, that short period without continuity of treatment can be quite disruptive on the youth's well-being and therapeutic progress, and the process of re-qualifying children for Medicaid after their release from confinement may further extend the period without services.
- A similar problem occurs when parents let their children's Medicaid eligibility lapse. These services often represent the most stable, healthy relationships the children enjoy with adults. Whenever Medicaid eligibility lapses or services are interrupted because of incarceration or a lapse on the part of a child's parents, it can take a lengthy period of time to navigate the forms and procedures necessary to re-start services.

Service gaps:

- One stakeholder shared that hospital emergency rooms and primary care physicians are probably the most frequent "service providers" of substance abuse and mental health services to vulnerable youth, while acknowledging that this is not an ideal state of affairs, as most medical doctors lack in-depth training in mental health and addictions. The Task Force has not endeavored to survey Indiana physicians to track their delivery of such services, and the maps herein do not reflect the availability of physicians. Members of the Indiana Council of

Community Mental Health Centers reported a gap in child and adolescent psychiatry, especially in rural areas.

- Stakeholders also informed the Task Force of a gap in re-entry services for youth released from detention. This lack of services in turn results in a greater risk the child will relapse, recidivate, or drop out of school.
- Finally, stakeholders identified gaps in both the necessary expertise and payment for treatment of children on the autism spectrum. There are especially large gaps in services for children with co-occurring developmental disabilities and mental illnesses, and the service providers often operate independently of each other.

## ***RECOMMENDATIONS***

### ***Data-Sharing:***

- The Task Force recommends that the Commission on Improving the Status of Children in Indiana identify concrete goals for sharing data on vulnerable youth, such as examining outcomes of services.
- The Task Force recommends that the seven agencies collecting data relevant to vulnerable youth develop a standard baseline of data to collect about each child.<sup>5</sup>
- The Task Force recommends that the judicial branch develop a database that houses information on both CHINS and delinquency cases, to coordinate service delivery and track outcomes of youth who are involved in both systems.
- The Task Force recommends coordinating with data-sharing efforts that are beginning or underway at the state level, including the INK Project (Indiana

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<sup>5</sup> The seven agencies are: the Indiana Department of Education; the Indiana State Department of Health; the Department of Correction; the Department of Child Services; the Attorney General; the Indiana Supreme Court; and, the Family and Social Services Administration.

Network of Knowledge), to seek ways to efficiently track outcomes for vulnerable youth.

**Systemic:**

- The Task Force recommends that the members of the Commission on Improving the Status of Children in Indiana convene—or direct the Task Force to convene—a meeting of agencies funding mental health and substance abuse services to vulnerable youth collaborate to develop a common set of requirements and forms for service providers, in order to streamline their reporting, financial, and accountability procedures.
- The Task Force recommends that the state agencies responsible for funding mental health and developmental disability services work collaboratively in ways that smooth the systemic obstacles encountered by vulnerable youth and their service providers: for example, agencies can coordinate and integrate services to children who have dual diagnoses, and seek ways to incentivize the integration of mental health services with primary care for children.
- The Task Force recommends that the state Medicaid office streamline the process for recertification if a child’s eligibility has lapsed, and investigate the possibility of keeping detained children on Medicaid.

Respectfully submitted,

Lilia G. Judson, Executive Director, Indiana Supreme Court Division of State Court

Administration, Co-Chair, Data Sharing & Mapping Task Force

Julie L. Whitman, Vice President, Programs, Indiana Youth Institute, Co-Chair, Data Sharing &

Mapping Task Force

## APPENDIX A

### *Types of Data Each Agency Collects—Listed by Topic*

#### **Health – Including Mental Health and Substance Abuse**

- Medications (DOE, DCS)
- Health Conditions (DOE, DCS)
- Medicaid (DOE, DCS, FSSA, DOC)
- Infectious Disease (ISDH)
- Immunizations (ISDH, DOE)
- Hospital Discharge Data (ISDH)
- Lead Poisoning (ISDH)
- Mental Health Diagnoses (DOC, DMHA, FSSA)
- Service Providers (DMHA, FSSA)
- SASSI (Substance Abuse Subtle Screening Inventory) (DOC)
- Indiana Youth Tobacco Survey (ISDH)
- Babies born with Neonatal Abstinence Syndrome (AG)

#### **Public Assistance Programs**

- WIC (Women, Infants, & Children) Database (ISDH)
- First Steps (FSSA)
- TANF (Temporary Assistance to Needy Families) (FSSA)
- Childcare Bureau (FSSA)
- McKinney-Vento/Homeless Students (DOE)

#### **Home Safety and Security**

- Unemployment Rates (DOE)

- Homeless Students (DOE)
- School Enrollment, including Grad and Dropout Rates (DOE)
- Attendance Rates (DOE)
- Examination Results (DOE)
- CHINS Placement (DCS, DOC, SC)
- CHINS Timeliness and Demographics (DCS, SC)
- Maltreatment (DCS)
- DCS Hotline Calls (DCS)
- Child Support Orders (DCS, FSSA)
- Family Case Manager Turnover (DCS)
- Address Confidentiality Program (AG)
- Internet Crimes Against Children (AG)
- IPATH (Indiana Protection for Abused & Trafficked Humans) Task Force (AG)

### **General Demographics of Youth**

- Vital Statistics (ISDH)
- Youth/Consumer Demographics (DCS, DOC, FSSA, DMHA)
- County Statistics (FSSA)

### **Criminal Activities and Recidivism**

- Incarcerated Youth (DOE, DOC)
- School Discipline (DOE, Probation)
- School Arrests (DOE, DCS, Probation)
- Suspensions/Expulsions (DOE)
- Bullying (DOE)

- Truancy (DOE, Probation)
- Sex Offender Registry (DOC, AG)
- Methamphetamine Cases (ISP, AG)
- Detention Facility Admissions (DOC)
- IYAS (Indiana Youth Assessment System) (DOC, SC, Probation)
- Substance Abuse Convictions/Adjudications (Probation)
- Methods of Dispositions (Probation, SC)
- Restitution (Probation)
- Referrals for status and non-status offenses (SC, Probation)
- Youth Risk Behavior Survey (DOC, ISDH, AG)

***Narrative Summary of Data Collection by Agency/Division***

**Indiana Department of Education (IDOE):**

IDOE provides support to Indiana’s schools, teachers, students, and parents through a community approach and is focused on student-centered accountability. Two divisions of IDOE in particular pertain to vulnerable youth. First, the Outreach Division of School Improvement aims to identify “Focus and Priority Schools”—schools that need intervention or a large amount of resources and support. The Outreach Team and Title I Specialists assist with designing a School Improvement Plan specific to each school. The Outreach Team monitors and assists the schools as needed. Second, the Student Services Division consists of Education and Career Services, Student Assistance Services, and Health Services. The Education and Career Services section staffs schools with counselors who assist with post-graduation plans, study skills, and testing. Student Assistance Services include prevention, assessment, intervention, and referrals for students who are in crisis, at risk of suicide, or involved in bullying. This section also

provides assistance to homeless students and children who are suspected victims of abuse. Schools may also employ licensed school social workers, as well, to handle the needs of students who qualify for McKinney-Vento Act support. With respect to Health Services, each school has one nurse for every 750 students. Nurses design individual health plans and train staff to handle emergency medical situations and to administer emergency medication. Schools also track students with chronic health issues. Finally, IDOE is also responsible for managing the education of incarcerated (but not detained) youth.

**Department of Child Services (DCS):**

DCS protects children who are victims of abuse or neglect by partnering with families and communities. The Department is also responsible for administering the Title IV-D child support system in partnership with County prosecutors. DCS utilizes data reports to measure its impact and progress to produce positive outcomes for families. These reports track the number of reports made to the Indiana Child Abuse and Neglect Hotline, the absence of repeat maltreatment, the number of Child In Need of Services (CHINS) and informal adjustment cases open at a point in time, children's out-of-home placements, numbers of siblings placed together out-of-home, current child support collected, and Family Case Manager turnover.

**Indiana State Department of Health (ISDH):**

The State Department of Health's core values are spread over multiple facets of health. These include, but are not limited to, health promotion and prevention, vaccines, equitable care, health protection, collaborations with local health departments, data collection, analysis and information dissemination, and evidence-based best practices for public health promotion. In order to determine whether the state is meeting these core values for the youth of Indiana, the State Department of Health measures and monitors the incidence of lead poisoning in children

(Systematic Tracking of Elevated Lead Levels and Remediation, or STELLAR), newborn screening results, the Children and Hoosiers Immunization Registry (CHIRP), the Youth Risk Behavior survey, the WIC (Women, Infants, & Children) Database, and the Indiana Youth Tobacco survey. Further, ISDH measures the programming effectiveness in other areas of demographic data, and measures and monitors environmental testing, emergency department syndromic surveillance, Infectious Diseases Reporting System (INEEDS), vital statistics (birth and death records), emergency department data, the behavior risk factor surveillance system, the trauma registry, the National Health And Nutrition Examination Survey (NHANES), and hospital discharge data.

**Office of the Indiana Attorney General:**

The Office of the Indiana Attorney General supports the Attorney General and his staff, who are dedicated to meeting the state's legal needs as well as the needs and interests of its citizens, including its children. Child safety programs include supporting the criminal justice system in its fight against Internet crimes against children, working side by side with the medical professionals of the Prescription Drug Abuse Task Force in raising awareness of babies born with Neonatal Abstinence Syndrome, and carrying out the Attorney General's responsibilities in the Prescription Drug Abuse Task Force. Along with those child-focused programs, the Attorney General also provides support and funds to deal with Medicaid fraud, to support the IPATH (Indiana Protection for Abused and Trafficked Humans) task force, and to enforce the sex offender registry.

**Department of Correction (DOC) , Division of Youth Services:**

The DOC Division of Youth Services works to positively affect the futures of delinquent youth to foster responsible citizenship. The Division of Youth Services has several intervention

programs, including substance abuse specific programs, anger management, and life skills. The Division operates four programs designed for girls. Camp Summit is a specialty unit that is a therapeutic boot camp for youth and is more intense than the intervention programs run outside of detention facilities. Each detention center offers programs that provide skills to encourage a lifestyle change once youths leave the center, including one program that assists any youth eligible for entry into the military with the process and the training/preparation necessary. The Division tracks the demographic data of the youth for whom it is responsible, as well as any prior DCS history, including placement, foster care, CHINS, and group home history. The Division also tracks mental health diagnosis and substance abuse history. The DOC conducts a substance abuse screening on youth who enter the DOC, and tracks medical data and Medicaid coverage. Finally, the Division uses data from the Indiana Youth Assessment System (IYAS).

**Family and Social Services Administration (FSSA):**

The FSSA works to develop, finance, and administer programs to provide healthcare and other services to those in need to enable them to achieve a healthy lifestyle. The FSSA has 5 main programs: Aging Services, Disability Services, Family Resources, Mental Health and Addiction, and Medicaid/Health Plans. The agency tracks the demographics of all their consumers and expenditures—both state and federal, assessment data, caseload sizes, county statistics, and Medicaid coverage. The FSSA also administers the First Steps program, TANF (Temporary Assistance to Needy Families), SNAP (Supplemental Nutrition Assistance Program), IMPACT (Indiana Manpower and Comprehensive Training), Head Start, Early Head Start, and Childcare Bureaus. The Childcare Bureaus include assistance programs for child care, which the FSSA also tracks, as well as the number of licensed child care providers and their total capacity. Finally, the agency provides a list of medical providers for program participants.

### **FSSA Division of Mental Health and Addiction (DMHA):**

The FSSA Division of Mental Health and Addiction ensures access to quality mental health and addiction services. The DMHA certifies all Community Mental Health Centers (CMHCs) and addiction treatment service providers, as well as licensed inpatient psychiatric hospitals. DMHA operates the state mental health hospitals and provides funding for target populations in need of mental health or substance abuse services. The youth services portion of the DMHA is part of the Indiana System of Care program. The program includes Psychiatric Residential Treatment Facility Waivers (PRTF), as well as the Community Alternative to Psychiatric Residential Treatment Facility Waiver (CA\_PRTF). DMHA also runs a program, STACY (State Treatment Addiction Council for Youth), for children ages 12 to 18 who need substance abuse treatment but are unable to afford it. DMHA tracks consumer demographics, treatment outcomes, federal and state funding and expenditures, provider information, the levels of care received, care given to youth in the juvenile justice system, and assessment data.

### **Division of State Court Administration (STAD):**

The judicial branch encounters vulnerable youth through the juvenile justice process, through paternity and child support cases, as well as other family court matters. There are eight Judicial Conference committees that relate to the juvenile justice process or to children/youth/families. Every Indiana trial court has juvenile jurisdiction, and there are 140 judicial officers dedicated solely to the state's juvenile caseload. The Judicial Conference of Indiana reports on the number of adjudicated juvenile delinquents placed on home detention. STAD collects data for CHINS and Timeliness Measures as well as the Indiana Youth Assessment System. STAD also administers grants to Family Courts and tracks their caseload statistics, and collects data on cases involving Guardians ad Litem/Court Appointed Special Advocates (GAL/CASAs).

**Probation:**

Probation is a hybrid of local and state agencies. The Indiana Judicial Center assumes the responsibility of certifying, training, and supporting probation officers, who then staff courts in every county. The numbers of probation officers and departments vary based on the locality. Probation departments address the needs of vulnerable youth by responding to referrals made by law enforcement, parents, schools, and other agencies' reports of delinquent behavior. Probation uses the IYAS (Indiana Youth Assessment System) and expects a Workload Measures System to become available. Probation reports on referrals, substance abuse adjudications, supervision progress reports, restitution, risk levels, and methods of disposition for each referral.

MEMBER	DATA COLLECTED ON CHILDREN/VULNERABLE YOUTH
<p><b>Department of Education</b></p>	<ul style="list-style-type: none"> <li>• School Enrollment               <ul style="list-style-type: none"> <li>- Can be tracked at school, district, county level; students have unique ID</li> </ul> </li> <li>• Unemployment Rates</li> <li>• Graduation Rates</li> <li>• Homeless Students</li> <li>• Examination results</li> <li>• Incarcerated Youth</li> <li>• School Discipline</li> <li>• Attendance Rates</li> <li>• School Arrests</li> <li>• Suspensions/Expulsions</li> <li>• Drop Outs</li> <li>• Bullying</li> <li>• Medications/Health conditions</li> <li>• Truancy</li> </ul>
<p><b>Department of Child Services</b></p>	<ul style="list-style-type: none"> <li>• DCS Hotline Calls</li> <li>• Absence of Repeat Maltreatment</li> <li>• Number of CHINS and Informal Adjustment Cases Filed</li> <li>• Family Case Manager Turnover</li> <li>• CHINS Placements and Services, and Associated Cost</li> </ul>

	<ul style="list-style-type: none"> <li>• IV-D Child Support Orders and Collections</li> </ul>
<p><b>Indiana State Department of Health</b></p> <p>(NOTE: some data do not pertain solely to vulnerable youth)</p>	<ul style="list-style-type: none"> <li>• Children and Hoosiers Immunization Registry (CHIRP)</li> <li>• National Immunization Survey</li> <li>• Environmental Testing (I-lead, water quality, mosquito pools)</li> <li>• Emergency Department Syndromic Surveillance</li> <li>• Infectious Diseases Reporting System (INEDDS)</li> <li>• Lead Poisoned Children Database (STELLAR)</li> <li>• Newborn Screening Results</li> <li>• Vital Statistics (birth and death records)</li> <li>• Emergency Department Data</li> <li>• Youth Risk Behavior Survey</li> <li>• Behavior Risk Factor Surveillance System</li> <li>• Trauma Registry</li> <li>• WIC Database</li> <li>• Indiana Youth Tobacco Survey</li> <li>• WISQARS Injury Data</li> <li>• National Health and Nutrition Examination Survey (NHANES)</li> <li>• Hospital Discharge Data</li> </ul>
<p><b>Office of the Attorney General</b></p>	<ul style="list-style-type: none"> <li>• Rx Drug Abuse</li> <li>• Youth Risk Behavior Survey</li> </ul>

	<ul style="list-style-type: none"> <li>• Babies Born with Neonatal Abstinence Syndrome</li> <li>• Address Confidentiality Program</li> <li>• Sex Offender Registry</li> <li>• Internet Crimes Against Children</li> <li>• IPATH – Human Trafficking Task Force</li> <li>• Methamphetamine Cases</li> </ul>
<p><b>Department of Correction Division of Youth Services</b></p>	<ul style="list-style-type: none"> <li>• Case/Youth Demographics</li> <li>• Prior DCS History (placement, foster care, CHINS, group home, etc.)</li> <li>• Mental Health Diagnosis</li> <li>• Substance Abuse Subtle Screening Inventory (SASSI) Scores</li> <li>• Medicaid</li> <li>• Admission to Detention from the 22 Detention facilities</li> <li>• Indiana Youth Assessment System (IYAS)</li> </ul>

<p><b>Family and Social Services</b></p>	<ul style="list-style-type: none"> <li>• Consumer Demographics</li> <li>• Outcomes</li> <li>• State and Federal Expenditures</li> <li>• Provider Information</li> <li>• Levels of Care</li> <li>• Assessment Data</li> </ul>	<ul style="list-style-type: none"> <li>• Caseload Size</li> <li>• County Statistics</li> <li>• Medicaid Enrollment</li> <li>• First Steps Services</li> <li>• Temporary Assistance to Needy Families (TANF)</li> <li>• Childcare Bureau (families, children, and licenses)</li> </ul>
<p><b>Probation Administration</b></p>	<ul style="list-style-type: none"> <li>• Referrals</li> <li>• Supervisions</li> <li>• Methods of Disposition of Each Referral</li> <li>• Supervision Risk Levels</li> <li>• Supervision Substance Abuse Convictions or Adjudications</li> </ul>	<ul style="list-style-type: none"> <li>• Supervisions Completed Pre-Dispositional</li> <li>• Supervision Progress Reports</li> <li>• Personnel and Salary Expenses</li> <li>• Restitution</li> <li>• (Some Counties Collect Additional Data)</li> </ul>

<p><b>Indiana Supreme Court Justice and Division of State Court Administration</b></p>	<ul style="list-style-type: none"> <li>• Number of Juvenile Cases Filed and Disposed (and method of disposition)</li> </ul> <p><b><u>Juvenile Probation</u></b></p> <ul style="list-style-type: none"> <li>• Referrals for Status &amp; Non-status Offenses (number received &amp; disposed, method of disposition)</li> <li>• Supervisions (number received, case types, number disposed, and method of disposition)</li> <li>• Demographic Data</li> </ul> <p><b><u>CHINS Timeliness Measures</u></b></p> <ul style="list-style-type: none"> <li>• Time to Permanent Placement</li> <li>• Time to First Permanency Hearing</li> <li>• Time to the Filing of the Termination of Parental Rights Petition</li> <li>• Time to Termination of Parental Rights</li> <li>• Time to All Subsequent Permanency Hearings.</li> </ul> <p><b><u>Risk Assessment for Juveniles – Indiana Youth Assessment System (IYAS)</u></b></p> <p><b><u>GAL/CASA</u></b></p> <p><b><u>Family Court Project</u></b></p>
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<p><b>Division of Mental Health and Addiction</b></p>	<ul style="list-style-type: none"><li>• Consumer Demographics</li><li>• Outcomes</li><li>• State and Federal Expenditures</li><li>• Provider Information</li><li>• Levels of Care</li><li>• Assessment Data</li></ul>
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## APPENDIX B

*Sample letter and survey questions: service providers*

### SUPREME COURT

Justice Loretta H. Rush  
Indiana Supreme Court  
324 State House  
200 W. Washington Street  
Indianapolis, IN 46204-2732



### OF INDIANA

(317) 232-2548  
fax (317) 233-8691  
loretta.rush@courts.IN.gov

October 4, 2013

Stacy Doane-Selmier  
Parole Supervisor  
Indiana Department of Correction  
302 W. Washington Street, Room E334  
Indianapolis, IN 46204

Dear Ms. Doane-Selmier:

As you may know, in this past legislative session the Indiana General Assembly passed a law creating the Commission on Improving the Status of Children in Indiana. I am writing to you in my capacity as Chair of the Commission, and I am seeking your help with our work. Among other things, the Commission is charged with studying and evaluating the accessibility, availability, and duplication of services for vulnerable youth in our state. The law defines "vulnerable youth" as children who receive services from the Department of Child Services, the Family and Social Services Administration, the Department of Correction, or a juvenile probation department.

The Commission understands that your program provides mental health and/or substance abuse treatment services to vulnerable youth, and as such we have a few brief questions for you to answer about your program. Please complete the enclosed questionnaire as soon as possible, scan it, and email it to Ms. Mary Kronoshek at [mary.kronoshek@courts.in.gov](mailto:mary.kronoshek@courts.in.gov). If it is more convenient, you may fax the questionnaire to (317) 234-2605, to the attention of Mary Kronoshek.

Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "Loretta H. Rush".

Loretta H. Rush  
Justice, Indiana Supreme Court  
Chair, Commission on Improving the Status  
of Children in Indiana

Enclosure

**Name of Service Provider:**

**Location(s): (please list all addresses from which you provide services to children)**

**Do you offer home-based services?**

**Do you offer school-based services?**

**What services do you provide?**

# SUPREME COURT

DIVISION OF  
STATE COURT ADMINISTRATION

BRENT E. DICKSON, CHIEF JUSTICE

LILIA G. JUDSON, EXECUTIVE DIRECTOR  
DAVID J. REMONDINI, CHIEF DEPUTY EXECUTIVE DIRECTOR



OF INDIANA

30 SOUTH MERIDIAN STREET, SUITE 500  
INDIANAPOLIS, IN 46204-3568  
317.232.2542  
317.233.6586 FAX  
courts.in.gov

November 27, 2013

«FIRST\_NAME» «LAST\_NAME»  
«NAME»  
«ADDRESS»  
«CITY», «STATE» «ZIP»

Greetings:

As you may know, in this past legislative session the Indiana General Assembly passed a law creating the Commission on Improving the Status of Children in Indiana. I am writing to you in my capacity as Chair of the Commission, and I am seeking your help with our work. Among other things, the Commission is charged with studying and evaluating the accessibility, availability, and duplication of services for vulnerable youth in our state.

The Commission believes that the guidance and/or social work staff at your school provide information and referral services to youth in need of mental health and/or substance abuse treatment services. We also believe that your staff may provide direct counseling and other services to children in these situations. As such, we have a few brief questions for you to answer about both your program and the programs to which you refer students. Please complete the enclosed questionnaire as soon as possible, scan it, and email it to Ms. Mary Kronoshek at [mary.kronoshek@courts.in.gov](mailto:mary.kronoshek@courts.in.gov). If it is more convenient, you may fax the questionnaire to (317) 234-2605, to the attention of Mary Kronoshek.

Thank you for your cooperation.

Sincerely,

A handwritten signature in blue ink that reads "Loretta H. Rush".

Loretta H. Rush  
Justice, Indiana Supreme Court  
Chair, Commission on Improving the Status  
of Children in Indiana

Enclosure: One-page questionnaire

**Name of Service Provider:**

**Location(s): (please list all addresses from which you provide services to vulnerable youth)**

**Do you offer home-based services?**

**Do you offer school-based services?**

**What services do you provide?**

**Do you refer children to other service providers for mental health and substance abuse issues?**

**If yes, please list the following:**

- **The names of the service providers to whom you refer students;**
- **Those service providers' locations; and,**
- **A brief description of the services they provide.**

**Please attach additional sheets if necessary. Thank you.**