Scott.A.Milkey

From: John Ketzenberger <jketzenberger@indianafiscal.org>
Sent: Thursday, December 15, 2016 4:10 PM
To: John Grew;Vincent, Micah;David Reynolds;Rivera, Krista;Ben Tooley;Nafziger, Alecia;Susan Preble;Erik Gonzalez;Bailey, Brian (OMB);DeVeau_Bachle, Vanessa;Hinshaw, Seth (SBA);Jackson, Zachary;Megan McDermott;Oware, Deanna;Thapliyal, Payodhi;Weinmann, Bill;Atterholt, Jim;Brookes, Brady;Keefer, Sean (GOV);McGrath, Danielle;Josh Schlake
Subject: IFPI Revenue Report REVISED
Attachments: IFPI Revenue Forecast December 2016 .pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Please use this version of the revenue report I sent earlier. I made some revisions to the original.
I'm sorry for the inconvenience.
John.

John Ketzenberger
President
Indiana Fiscal Policy Institute
OneAmerican Square, Suite 150
Indianapolis, IN 46282
317-366-2431



Indiana Revenue Forecast, December 2016

Information Brief
By John Ketzenberger
Dec. 15, 2016

Summary

Indiana's tax revenue is expected to be significantly less ($300 million) than what was forecast a year ago, dampening the outlook for new spending in the next two-year budget lawmakers will begin formulating in January.

The culprits: lower-than-expected gasoline prices and corporate income tax collections.

The revenue forecast committee made changes to the formulas for the sales tax on gasoline, which they expect will yield more reliable predictions. A revised forecast is due in April that lawmakers will use as they complete their budget deliberations.

One caveat: the forecasting process was complicated by the presidential election this year since it is unclear how the incoming Trump administration will affect federal policies or how quickly it will act.

Introduction

Indiana uses a two-pronged approach to estimating how much tax revenue will be available for lawmakers to appropriate in the coming legislative session. It's a rare and particularly effective bi-partisan exercise that eliminates arguments over available revenue, instead focusing discussions on appropriations.

The first step is an economic outlook for Indiana, which is delivered by a non-partisan third-party, IHS Markit. The second step is the actual revenue forecast, conducted by a bi-partisan committee of experts who use the economic forecast as the basis for determining how much tax revenue the state should expect over the next two years.

Economic Outlook

Indiana's economy, as measured by real gross state product, is expected to grow 1.9 percent in 2017 and 2.3 percent in 2018, according to IHS Markit's forecast. The economy expanded 1.7 percent in the current year and just 1.4 percent in 2015.

The modest increases forecast for the next two years could be seen as an extension of the extremely slow growth out of the last recession in 2008-09, and they are scaled back from previous years' estimates. The forecast detects a shift in the employment data, however, that should benefit the state.

The employment market should begin to favor employees. Payroll employment growth is expected to decrease to less than 1 percent in each of the next two years, but wage income is expected to jump 4.4 percent next year and 5.1 percent in 2018. It's a sign that employees will start to benefit from productivity gains with employers willing to pay more for their work.

One worry: an extension of the reduction in net manufacturing jobs in Indiana that started in 2015. The economic forecast predicts the decline will moderate, but it will still mean the loss of

higher-wage jobs. Most of the job growth since October 2015 was in health care and in several service-related industries. The three-year outlook in the economic forecast expected health care to remain strong, but the business and professional services sector should provide the bulk of nearly 88,000 net new jobs expected through June 2019.

While the jobs numbers bolster recent tax collections from the state's second-largest source of revenue—individual income taxes—the economic forecast also raised hopes that the largest source by far, sales taxes, would recover. Housing starts are expected to rise 8.4 percent next year and 6.3 percent in 2018.

In addition, the forecast anticipates personal consumption to increase by 4.7 percent next year, up from 3.6 percent this year. The forecast expects a healthy 4.5 percent increase in 2018. Still, people are spending an increasing portion of their money on untaxed services instead of durable and non-durable goods subject to the sales tax.

Indiana's challenge remains to retrain portions of its workforce affected by manufacturing cutbacks while fostering continued growth and innovation in the high-tech sectors.

Tax revenue forecast

In non-budget years Indiana conducts just one economic forecast. Given the state's economic performance and the tax revenue derived from it, the forecast released today revises Indiana's revenue expectations downward by 2 percent, or $299.9 million. This essentially resets the revenue base from which the new two-year budget will formulated to slightly more than $15 billion.

It also means in the current fiscal year, which ends June 30, the budget will outspend projected revenue by $378 million. Any actual shortfall will be determined when the books are closed on Fiscal 2017 next July, but the state has adequate time to address any budget-related moves to reduce costs and there are adequate reserves if necessary.

The revenue forecast committee does expect Indiana's economy to generate slightly more than $1 billion in new revenue during the next two-year budget cycle. The forecast includes 2.9 percent growth, or $437.3 million, in FY2018 vs. the current fiscal year, 2017. It expects revenue to increase 3.9 percent, or $606.2 million, in FY2019.

The state has two major sources of tax revenue—sales and individual income. The revenue forecast revised down sales tax collections by 3.5 percent in FY2017, for a new total of $7.4 billion. It revised up the revenue from individual income tax collections by one-half point to $5.4 billion. The remaining major sources of revenue—corporate income and gambling taxes—were revised downward.

The forecast anticipates steady growth in all areas except gambling, which is expected to decline from $407.4 million in FY2017 to $391.4 million in FY2019.

Legislative outlook

Fiscal leaders in the General Assembly spent the weeks since the election diminishing expectations ahead of the revenue forecast, which proved prescient. They recognize that while revenue is expected to increase by $1 billion over the biennium, the needs and wants of Hoosiers will be hard to meet.

It's less likely there will be any new efforts to reduce taxes in Indiana. If so, it would be the first budget year since at least 2007 without some form of tax reduction. It's more likely legislators will increase the gasoline tax and index it to the consumer price index or another economic indicator to pay for an aggressive transportation enhancement program. Other means to generate revenue, such as tolling on interstates or issuing bonds for projects, are likely to get serious consideration.

The Medicaid forecast, issued at the beginning of today's State Budget Committee meeting, offered some mixed news. Costs are less than expected by about $387 million. If this trend remains it will relieve some budgetary pressures in other areas such as education spending. The costs are expected to increase about 8 percent in FY2018 and about 6 percent in FY2019.

It's less likely there will spending on new programs such as pre-kindergarten, and more emphasis placed on adjusting the existing school formula. It's not yet clear whether that will mean more money for teacher salaries or other areas of the formula.

The State Budget Committee was expected to finish its preliminary hearings this week. Gov.-Elect Eric Holcomb is expected to reveal his budget priorities on Jan. 5 and the House is expected to unveil its budget proposal about the same time. A new budget is expected before the session ends April 30.

Conclusion

The sluggish economy failed to meet economic growth projections in Indiana, in turn forcing revenue forecasters to revise down expected tax collections by $300 million. While the economy is expected to grow over the next two years producing about $1 billion more in tax revenue, it will be a challenge to meet spending expectations for transportation and education on top of inflation. Lawmakers likely will remain prudent in appropriating new general tax revenue and probably will look to alternative sources such as higher sales taxes, tolling or bonding to bolster new transportation spending.

About the author

John Ketzenberger is president of the Indiana Fiscal Policy Institute. Ketzenberger has studied and written about Indiana's budgets since 1991.

Scott.A.Milkey

From: John Ketzenberger <jketzenberger@indianafiscal.org>
Sent: Thursday, December 15, 2016 3:12 PM
To: Karl Berron;Gutman Gretchen;John Grew;Vincent, Micah;David Reynolds;Rivera, Krista;Ben Tooley;Nafziger, Alecia;Susan Preble;Erik Gonzalez;Bailey, Brian (OMB);DeVeau_Bachle, Vanessa;Hinshaw, Seth (SBA);Jackson, Zachary;Megan McDermott;Oware, Deanna;Thapliyal, Payodhi;Weinmann, Bill;Atterholt, Jim;Brookes, Brady;Keefer, Sean (GOV);McGrath, Danielle;Josh Schlake
Subject: IFPI Revenue forecast paper
Attachments: Revenue Forecast December 2016.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

All:
This is our quick analysis of the revenue forecast released this morning, FYI.
Thank you,
John.

John Ketzenberger
President
Indiana Fiscal Policy Institute
OneAmerican Square, Suite 150
Indianapolis, IN 46282
317-366-2431



Indiana Revenue Forecast, December 2016

Information Brief
By John Ketzenberger
Dec. 15, 2016

Summary

Indiana's tax revenue is expected to be significantly less ($300 million) than what was forecast a year ago, dampening the outlook for new spending in the next two-year budget lawmakers will begin formulating in January.

The culprits: lower-than-expected gasoline prices and corporate income tax collections.

The revenue forecast committee made changes to the formulas for the sales tax on gasoline, which they expect will yield more reliable predictions. A revised forecast is due in April that lawmakers will use as they complete their budget deliberations.

One caveat: the forecasting process was complicated by the presidential election this year since it is unclear how the incoming Trump administration will affect federal policies or how quickly it will act.

Introduction

Indiana uses a two-pronged approach to estimating how much tax revenue will be available for lawmakers to appropriate in the coming legislative session. It's a rare and particularly effective bi-partisan exercise that eliminates arguments over available revenue, instead focusing discussions on appropriations.

The first step is an economic outlook for Indiana, which is delivered by a non-partisan third-party, IHS Markit. The second step is the actual revenue forecast, conducted by a bi-partisan committee of experts who use the economic forecast as the basis for determining how much tax revenue the state should expect over the next two years.

Economic Outlook

Indiana's economy, as measured by real gross state product, is expected to grow 1.9 percent in 2017 and 2.3 percent in 2018, according to IHS Markit's forecast. The economy expanded 1.7 percent in the current year and just 1.4 percent in 2015.

The modest increases forecast for the next two years could be seen as an extension of the extremely slow growth out of the last recession in 2008-09, and they are scaled back from previous years' estimates. The forecast detects a shift in the employment data, however, that should benefit the state.

The employment market should begin to favor employees. Payroll employment growth is expected to decrease to less than 1 percent in each of the next two years, but wage income is expected to jump 4.4 percent next year and 5.1 percent in 2018. It's a sign that employees will start to benefit from productivity gains with employers willing to pay more for their work.

One worry: an extension of the reduction in net manufacturing jobs in Indiana that started in 2015. The economic forecast predicts the decline will moderate, but it will still mean the loss of

higher-wage jobs. Most of the job growth since October 2015 was in health care and in several service-related industries. The three-year outlook in the economic forecast expected health care to remain strong, but the business and professional services sector should provide the bulk of nearly 88,000 net new jobs expected through June 2019.

While the jobs numbers bolster recent tax collections from the state's second-largest source of revenue—individual income taxes—the economic forecast also raised hopes that the largest source by far, sales taxes, would recover. Housing starts are expected to rise 8.4 percent next year and 6.3 percent in 2018.

In addition, the forecast anticipates personal consumption to increase by 4.7 percent next year, up from 3.6 percent this year. The forecast expects a healthy 4.5 percent increase in 2018. Still, people are spending an increasing portion of their money on untaxed services instead of durable and non-durable goods subject to the sales tax.

Indiana's challenge remains to retrain portions of its workforce affected by manufacturing cutbacks while fostering continued growth and innovation in the high-tech sectors.

Tax revenue forecast

In non-budget years Indiana conducts just one economic forecast. Given the state's economic performance and the tax revenue derived from it, the forecast released today revises Indiana's revenue expectations downward by 2 percent, or $299.9 million. This essentially resets the revenue base from which the new two-year budget will formulated to slightly more than $15 billion.

It also means in the current fiscal year, which ends June 30, the budget will outspend projected revenue by $378 million. Any actual shortfall will be determined when the books are closed on Fiscal 2017 next July, but the state has adequate time to address any budget-related moves to reduce costs and there are adequate reserves if necessary.

The revenue forecast committee does expect Indiana's economy to generate slightly more than $1 billion in new revenue during the next two-year budget cycle. The forecast includes 2.9 percent growth, or $437.3 million, in FY2018 vs. the current fiscal year, 2017. It expects revenue to increase 3.9 percent, or $606.2 million, in FY2019.

The state has two major sources of tax revenue—sales and individual income. The revenue forecast revised down sales tax collections by 3.5 percent in FY2017, for a new total of $7.4 billion. It revised up the revenue from individual income tax collections by one-half point to $5.4 billion. The remaining major sources of revenue—corporate income and gambling taxes—were revised downward.

The forecast anticipates steady growth in all areas except gambling, which is expected to decline from $407.4 million in FY2017 to $391.4 million in FY2019.

Legislative outlook

Fiscal leaders in the General Assembly spent the weeks since the election diminishing expectations ahead of the revenue forecast, which proved prescient. They recognize that while revenue is expected to increase by $1 billion over the biennium, the needs and wants of Hoosiers will be hard to meet.

It's less likely there will be any new efforts to reduce taxes in Indiana. If so, it would be the first budget year since at least 2007 without some form of tax reduction. It's more likely legislators will increase the gasoline tax and index it to the consumer price index or another economic indicator to pay for an aggressive transportation enhancement program. Other means to generate revenue, such as tolling on interstates or issuing bonds for projects, are likely to get serious consideration.

The Medicaid forecast, issued at the beginning of today's State Budget Committee meeting, offered some mixed news. Costs are less than expected by about $387 million. If this trend remains it will relieve some budgetary pressures in other areas such as education spending. The costs are expected to increase about 8 percent in FY2018 and about 6 percent in FY2019.

It's less likely there will spending on new programs such as pre-kindergarten, and more emphasis placed on adjusting the existing school formula. It's not yet clear whether that will mean more money for teacher salaries or other areas of the formula.

The State Budget Committee was expected to finish its preliminary hearings this week. Gov.-Elect Eric Holcomb is expected to reveal his budget priorities on Jan. 5 and the House is expected to unveil its budget proposal about the same time. A new budget is expected before the session ends April 30.

Conclusion

The sluggish economy failed to meet economic growth projections in Indiana, in turn forcing revenue forecasters to revise down expected tax collections by $300 million. While the economy is expected to grow over the next two years producing about $1 billion more in tax revenue, it will be a challenge to meet spending expectations for transportation and education on top of inflation. Lawmakers likely will remain prudent in appropriating new general tax revenue and probably will look to alternative sources such as higher sales taxes, tolling or bonding to bolster new transportation spending.

About the author

John Ketzenberger is president of the Indiana Fiscal Policy Institute. Ketzenberger has studied and written about Indiana's budgets since 1991.

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Thursday, November 10, 2016 4:05 PM
To: Karns, Allison
Subject: FW: Justice Reinvestment Advisory Council Meeting - November 18 @ 9:00 a.m.
Attachments: October 2016 JRAC minutes.docx

I'm unable to attend this meeting – have a cybersecurity council meeting at the same time.

From: Kidwell, Jenny [mailto:jenny.kidwell@courts.IN.gov]
Sent: Thursday, November 10, 2016 3:26 PM
To: Alderete, Hilary <HAlderete@sba.IN.gov>; Banschbach, Kristen <KBanschbach1@sba.IN.gov>; Basinger, James <JBasinger@idoc.IN.gov>; Bauer, Jenny <jennifer.bauer@courts.IN.gov>; Boarman, Angela <Angela.Boarman@fssa.IN.gov>; Brady, Linda <lbrady@co.monroe.in.us>; Braun, Deborah L <DLBraun@idoc.IN.gov>; Brooks, Matthew G <mbrooks@indianacouncil.org>; Cappa, Jeff F. <jcappa@co.wayne.in.us>; Cook, Terry E <Terry.Cook@fssa.IN.gov>; Cozad, Sara <Sara.Cozad@fssa.IN.gov>; Cunningham, Chris <ccunningham@grantcounty.net>; Ferguson, Jon <JFerguson1@idoc.IN.gov>; Forkner, Justin <justin.forkner@courts.IN.gov>; Garner, Aaron <AGarner@idoc.IN.gov>; Glass, Trent <trent.glass@iga.in.gov>; Goodman, Michelle <michelle.goodman@courts.IN.gov>; Hill, John (GOV) <jhill@gov.in.gov>; Hudson, Mary Kay <mk.hudson@courts.IN.gov>; Karns, Allison <AKarns@gov.IN.gov>; Kerl, Christine <christine.kerl@indy.gov>; Kidwell, Jenny <jenny.kidwell@courts.IN.gov>; Koester, Randy <RKoester@idoc.IN.gov>; Landis, Larry (llandis@[redacted]) <llandis[redacted]; Lanham, Julie (COA) <jlanham@idoc.in.gov>; Lemmon, Bruce <BLemmon@idoc.IN.gov>; Luce, Steve <sluce@indianasheriffs.org>; McCaffrey, Steve <smccaffrey@mhai.net>; Mcdonald, Devon <DeMcdonald@cji.IN.gov>; McQueen, Adam <adammcq@co.wayne.in.us>; Moore, Kevin B <Kevin.Moore@fssa.IN.gov>; Murtaugh, David <DMurtaugh@cji.IN.gov>; Naylor, Christopher W (Chris) <CNaylor1@ipac.IN.gov>; Powell, David N <DPowell@ipac.IN.gov>; Reynolds, David <david.reynolds@iga.in.gov>; Rivera, Krista L <krista.rivera@iga.in.gov>; Ross, Joshua <joross@cji.IN.gov>; Seigel, Jane <jane.seigel@courts.IN.gov>; Sobecki, Ron <RSobecki@sba.IN.gov>; Steuerwald, Greg <gsteuerwald@shwlawyers.com>; Thompson, Lisa <lisa.thompson@courts.in.gov>; Watson, William <william.watson@vigocounty.in.gov>; Williams, Dave <dave.williams@courts.IN.gov>; Willis, Mary <mary.willis@courts.IN.gov>; Wilson, Bill <bwilson@indianasheriffs.org>
Subject: Justice Reinvestment Advisory Council Meeting - November 18 @ 9:00 a.m.

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

The next meeting of the Justice Reinvestment Advisory Council will be held from 9:00 a.m. to 10:00 a.m. on Friday, November 18, 2016. The meeting will be held at the Indiana State Bar Association Office located at One Indiana Square, Suite 530 in Indianapolis. Attached are the proposed minutes from the October 20th meeting. Please use the highlighted link below to advise us of your attendance. An agenda will be sent next week. Thank you.

Registration, November 18

Jenny Kidwell
Indiana Office of Court Services
30 S. Meridian Street, Suite 900
Indianapolis, IN 46204

Phone: 317-232-1313
Fax: 317-233-3367
jenny.kidwell@courts.in.gov

Justice Reinvestment Advisory Council
Meeting Minutes
October 20, 2016

The Justice Reinvestment Advisory Council met at the Indiana Office of Court Services at 30 South Meridian Street in Indianapolis, Indiana on October 20, 2016. The Advisory Council met 10:00a.m.-12:00 p.m.

1. **Members present.** The following members of the Justice Reinvestment Advisory Council were present: Larry Landis, Executive Director of the Indiana Public Defender Commission; David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Kevin Moore, Director of the Division of Mental Health and Addiction; Julie Lanham, proxy for the Commissioner of the Indiana Department of Correction; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Bill Watson, President of the Indiana Association of Community Corrections Act Counties; Linda Brady, President of the Probation Officer's Professional Association of Indiana; Steve Luce, proxy for the President of the Indiana Sheriffs Association; and Mary Kay Hudson, proxy for the Executive Director of the Indiana Office of Court Services and Council Chair.

2. **Guests present.** The following guests also attended the meeting: Kristin Banschbach from the State Budget Agency; Deb Braun, Aaron Garner, Jack Hendricks, Lisa Powers, and Sarah Schelle from the Indiana Department of Correction; Chris Cunningham from the Indiana Association of Community Corrections Act Counties; Adam McQueen from the Probation Officers Professional Association of Indiana; Terry Cook, Sara Cozad, and Angie Boarman from the Division of Mental Health and Addiction; Steve McCaffrey from Mental Health America of Indiana; Trent Glass from the Indiana House of Representatives; Justin Forkner from the Indiana Office of Court Services; Lisa Thompson and Dave Williams from Trial Court Technology; Josh Ross from the Indiana Criminal Justice Institute; Chris Naylor from the Indiana Prosecuting Attorneys Council; Matt Brooks from the Indiana Council of Community Mental Health Centers; Daniel Edwards, Tina Keim, and John Perry from the Elkhart County Sheriff's Office; Deb Hodson from the Hamilton Center; Cindy McCoy from Grant County Probation; and Sarah Lochner from Wabash County Probation.

3. **Staff assistance.** Jennifer Bauer, Mary Kay Hudson, and Michelle Goodman provided staff assistance to the Advisory Council.

4. **Approval of minutes.** The minutes from the September 22, 2016 meeting were unanimously approved.

DRAFT

5. **DOC Population Report.** Aaron Garner distributed the September population by email prior to the meeting. He reported that the population trends are slow-moving, with 26% of admissions having a 1006 sentence. The majority of these inmates have a Level 5 conviction. Mr. Garner also reported that the top ten offenses sent to DOC as of September 1, 2016 are burglary, dealing in methamphetamine, robbery, dealing in cocaine, battery, operating while suspended, child molesting, handgun violation, theft, and possession of methamphetamine. The Advisory Council members discussed the issue of courts not completing abstracts of judgment for Level 6 offenders. This makes it difficult for DOC to reimburse jails for housing the Level 6 offenders. David Powell made a motion to request corrective action by the Supreme Court to solve the issue of missing abstracts for felons. The motion was seconded by Larry Landis and unanimously approved by the Advisory Council.

6. **JRAC Annual Report Update.** Jenny Bauer reported that she submitted the 2016 JRAC annual report on September 30th to Governor Pence, Chief Justice Rush, and the legislative council as required by statute. She also reported that the report is posted on the JRAC website. Ms. Bauer thanked Dave Williams, Lisa Thompson, Michelle Goodman, Sara Cozad, and Trent Glass for their assistance in completing the report.

7. **Update from DOC.** Deb Braun reported that 38 counties (with 57 total agencies) submitted applications for the $2 million in left-over FY 17 grant funds. The total amount requested by the applicants was over $5million. The Advisory Council members discussed the funding for EBDM sites and agreed to delay the funding until the pretrial expectations are finalized and agreed to. Julie Lanham made a motion to table the funding recommendations for the EBDM pretrial pilot sites until November 18th. Dave Murtaugh seconded the motion, which was approved unanimously. Deb Braun reported that the non-EBDM counties requested $551,800 and covered 12 new counties. DOC is recommending funding for one-time items and short-term projects. She also reported that there is funding available for prosecutor diversion programs. The Advisory Council discussed applications that might be covered by Recovery Works and DOC agreed to work with DMHA to determine the appropriate funding source for these applications. Dave Murtaugh made a motion to approve the grants minus Adams, Allen, Monroe and Vigo Counties. Linda Brady seconded the motion, which was approved unanimously. Dave Murtaugh made a motion to approve the Vigo County request. Kevin Moore seconded the motion. The motion passed unanimously with Bill Watson abstaining from the vote. Dave Murtaugh made a motion to approve the Monroe County request. Larry Landis seconded the motion. The motion passed unanimously with Linda Brady abstaining from the vote. DOC will report back at the next meeting. Mary Kay Hudson and Julie Lanham will contact the EBDM counties.

DRAFT

8. **Update from DMHA on Recovery Works.** Angie Boarman distributed a handout and reported that the Recovery Works program has enrolled 2,538 individuals and expended $2.3 million in FY 17. The top 5 services by payment are medication, group substance use counseling, skills training, housing and transportation. The top 5 services by client are case management, group substance use, drug screens, skills, and mental health counseling. Ms. Boarman also reported that there are now 51 active providers, with more coming on board. The Advisory Council members discussed local communication strategies and adding Recovery Works as an agenda item to community corrections advisory board meetings.

9. **Discussion on Data Reporting and Performance Measures.** Mary Kay Hudson reported that Jane Seigel suggested convening the data group to look at short-term and long-term objectives. The data group will convene a meeting with the following people attending: Trent Glass, David Powell, Josh Ross, Aaron Garner, Lisa Thompson, Dave Williams, Steve Luce, Chris Cunningham, Bill Watson, Sara Cozad, Angie Boarman, Cindy McCoy, Troy Hatfield, Dave Murtaugh, Michelle Goodman, Robin Bishoff, and Greg Steuerwald.

10. **Other Business.** Angie Boarman reported that the DMHA survey is ready and requested Advisory Council members distribute to their stakeholder groups. Michelle Goodman encouraged Advisory Council members to attend the IRAS and IYAS stakeholder training sessions. The training sessions will take place in Fort Wayne, Plainfield Muncie, Clarksville, Merrillville, and French Lick.

11. **Next meetings.** Mary Kay Hudson announced that the Advisory Council will meet on November 18 at 9 a.m. at the Indiana Office of Court Services.

Respectfully submitted,

Jennifer Bauer
Staff Attorney
Indiana Office of Court Services

DRAFT

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Thursday, November 10, 2016 4:05 PM
To: Karns, Allison
Subject: FW: Justice Reinvestment Advisory Council Meeting - November 18 @ 9:00 a.m.
Attachments: October 2016 JRAC minutes.docx

I'm unable to attend this meeting – have a cybersecurity council meeting at the same time.

From: Kidwell, Jenny [mailto:jenny.kidwell@courts.IN.gov]
Sent: Thursday, November 10, 2016 3:26 PM
To: Alderete, Hilary <HAlderete@sba.IN.gov>; Banschbach, Kristen <KBanschbach1@sba.IN.gov>; Basinger, James <JBasinger@idoc.IN.gov>; Bauer, Jenny <jennifer.bauer@courts.IN.gov>; Boarman, Angela <Angela.Boarman@fssa.IN.gov>; Brady, Linda <lbrady@co.monroe.in.us>; Braun, Deborah L <DLBraun@idoc.IN.gov>; Brooks, Matthew G <mbrooks@indianacouncil.org>; Cappa, Jeff F. <jcappa@co.wayne.in.us>; Cook, Terry E <Terry.Cook@fssa.IN.gov>; Cozad, Sara <Sara.Cozad@fssa.IN.gov>; Cunningham, Chris <ccunningham@grantcounty.net>; Ferguson, Jon <JFerguson1@idoc.IN.gov>; Forkner, Justin <justin.forkner@courts.IN.gov>; Garner, Aaron <AGarner@idoc.IN.gov>; Glass, Trent <trent.glass@iga.in.gov>; Goodman, Michelle <michelle.goodman@courts.IN.gov>; Hill, John (GOV) <jhill@gov.in.gov>; Hudson, Mary Kay <mk.hudson@courts.IN.gov>; Karns, Allison <AKarns@gov.IN.gov>; Kerl, Christine <christine.kerl@indy.gov>; Kidwell, Jenny <jenny.kidwell@courts.IN.gov>; Koester, Randy <RKoester@idoc.IN.gov>; Landis, Larry (llandis@[redacted] <llandis@[redacted]>; Lanham, Julie (COA) <jlanham@idoc.in.gov>; Lemmon, Bruce <BLemmon@idoc.IN.gov>; Luce, Steve <sluce@indianasheriffs.org>; McCaffrey, Steve <smccaffrey@mhai.net>; Mcdonald, Devon <DeMcdonald@cji.IN.gov>; McQueen, Adam <adammcq@co.wayne.in.us>; Moore, Kevin B <Kevin.Moore@fssa.IN.gov>; Murtaugh, David <DMurtaugh@cji.IN.gov>; Naylor, Christopher W (Chris) <CNaylor1@ipac.IN.gov>; Powell, David N <DPowell@ipac.IN.gov>; Reynolds, David <david.reynolds@iga.in.gov>; Rivera, Krista L <krista.rivera@iga.in.gov>; Ross, Joshua <joross@cji.IN.gov>; Seigel, Jane <jane.seigel@courts.IN.gov>; Sobecki, Ron <RSobecki@sba.IN.gov>; Steuerwald, Greg <gsteuerwald@shwlawyers.com>; Thompson, Lisa <lisa.thompson@courts.in.gov>; Watson, William <william.watson@vigocounty.in.gov>; Williams, Dave <dave.williams@courts.IN.gov>; Willis, Mary <mary.willis@courts.IN.gov>; Wilson, Bill <bwilson@indianasheriffs.org>
Subject: Justice Reinvestment Advisory Council Meeting - November 18 @ 9:00 a.m.

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

The next meeting of the Justice Reinvestment Advisory Council will be held from 9:00 a.m. to 10:00 a.m. on Friday, November 18, 2016. The meeting will be held at the Indiana State Bar Association Office located at One Indiana Square, Suite 530 in Indianapolis. Attached are the proposed minutes from the October 20th meeting. Please use the highlighted link below to advise us of your attendance. An agenda will be sent next week. Thank you.

Registration, November 18

Jenny Kidwell
Indiana Office of Court Services
30 S. Meridian Street, Suite 900
Indianapolis, IN 46204

Phone: 317-232-1313
Fax: 317-233-3367
jenny.kidwell@courts.in.gov

Justice Reinvestment Advisory Council
Meeting Minutes
October 20, 2016

The Justice Reinvestment Advisory Council met at the Indiana Office of Court Services at 30 South Meridian Street in Indianapolis, Indiana on October 20, 2016. The Advisory Council met 10:00a.m.-12:00 p.m.

1. **Members present.** The following members of the Justice Reinvestment Advisory Council were present: Larry Landis, Executive Director of the Indiana Public Defender Commission; David Powell, Executive Director of the Indiana Prosecuting Attorneys Council; Kevin Moore, Director of the Division of Mental Health and Addiction; Julie Lanham, proxy for the Commissioner of the Indiana Department of Correction; David Murtaugh, Executive Director of the Indiana Criminal Justice Institute; Bill Watson, President of the Indiana Association of Community Corrections Act Counties; Linda Brady, President of the Probation Officer's Professional Association of Indiana; Steve Luce, proxy for the President of the Indiana Sheriffs Association; and Mary Kay Hudson, proxy for the Executive Director of the Indiana Office of Court Services and Council Chair.

2. **Guests present.** The following guests also attended the meeting: Kristin Banschbach from the State Budget Agency; Deb Braun, Aaron Garner, Jack Hendricks, Lisa Powers, and Sarah Schelle from the Indiana Department of Correction; Chris Cunningham from the Indiana Association of Community Corrections Act Counties; Adam McQueen from the Probation Officers Professional Association of Indiana; Terry Cook, Sara Cozad, and Angie Boarman from the Division of Mental Health and Addiction; Steve McCaffrey from Mental Health America of Indiana; Trent Glass from the Indiana House of Representatives; Justin Forkner from the Indiana Office of Court Services; Lisa Thompson and Dave Williams from Trial Court Technology; Josh Ross from the Indiana Criminal Justice Institute; Chris Naylor from the Indiana Prosecuting Attorneys Council; Matt Brooks from the Indiana Council of Community Mental Health Centers; Daniel Edwards, Tina Keim, and John Perry from the Elkhart County Sheriff's Office; Deb Hodson from the Hamilton Center; Cindy McCoy from Grant County Probation; and Sarah Lochner from Wabash County Probation.

3. **Staff assistance.** Jennifer Bauer, Mary Kay Hudson, and Michelle Goodman provided staff assistance to the Advisory Council.

4. **Approval of minutes.** The minutes from the September 22, 2016 meeting were unanimously approved.

DRAFT

5. **DOC Population Report.** Aaron Garner distributed the September population by email prior to the meeting. He reported that the population trends are slow-moving, with 26% of admissions having a 1006 sentence. The majority of these inmates have a Level 5 conviction. Mr. Garner also reported that the top ten offenses sent to DOC as of September 1, 2016 are burglary, dealing in methamphetamine, robbery, dealing in cocaine, battery, operating while suspended, child molesting, handgun violation, theft, and possession of methamphetamine. The Advisory Council members discussed the issue of courts not completing abstracts of judgment for Level 6 offenders. This makes it difficult for DOC to reimburse jails for housing the Level 6 offenders. David Powell made a motion to request corrective action by the Supreme Court to solve the issue of missing abstracts for felons. The motion was seconded by Larry Landis and unanimously approved by the Advisory Council.

6. **JRAC Annual Report Update.** Jenny Bauer reported that she submitted the 2016 JRAC annual report on September 30th to Governor Pence, Chief Justice Rush, and the legislative council as required by statute. She also reported that the report is posted on the JRAC website. Ms. Bauer thanked Dave Williams, Lisa Thompson, Michelle Goodman, Sara Cozad, and Trent Glass for their assistance in completing the report.

7. **Update from DOC.** Deb Braun reported that 38 counties (with 57 total agencies) submitted applications for the $2 million in left-over FY 17 grant funds. The total amount requested by the applicants was over $5million. The Advisory Council members discussed the funding for EBDM sites and agreed to delay the funding until the pretrial expectations are finalized and agreed to. Julie Lanham made a motion to table the funding recommendations for the EBDM pretrial pilot sites until November 18th. Dave Murtaugh seconded the motion, which was approved unanimously. Deb Braun reported that the non-EBDM counties requested $551,800 and covered 12 new counties. DOC is recommending funding for one-time items and short-term projects. She also reported that there is funding available for prosecutor diversion programs. The Advisory Council discussed applications that might be covered by Recovery Works and DOC agreed to work with DMHA to determine the appropriate funding source for these applications. Dave Murtaugh made a motion to approve the grants minus Adams, Allen, Monroe and Vigo Counties. Linda Brady seconded the motion, which was approved unanimously. Dave Murtaugh made a motion to approve the Vigo County request. Kevin Moore seconded the motion. The motion passed unanimously with Bill Watson abstaining from the vote. Dave Murtaugh made a motion to approve the Monroe County request. Larry Landis seconded the motion. The motion passed unanimously with Linda Brady abstaining from the vote. DOC will report back at the next meeting. Mary Kay Hudson and Julie Lanham will contact the EBDM counties.

DRAFT

8. **Update from DMHA on Recovery Works.** Angie Boarman distributed a handout and reported that the Recovery Works program has enrolled 2,538 individuals and expended $2.3 million in FY 17. The top 5 services by payment are medication, group substance use counseling, skills training, housing and transportation. The top 5 services by client are case management, group substance use, drug screens, skills, and mental health counseling. Ms. Boarman also reported that there are now 51 active providers, with more coming on board. The Advisory Council members discussed local communication strategies and adding Recovery Works as an agenda item to community corrections advisory board meetings.

9. **Discussion on Data Reporting and Performance Measures.** Mary Kay Hudson reported that Jane Seigel suggested convening the data group to look at short-term and long-term objectives. The data group will convene a meeting with the following people attending: Trent Glass, David Powell, Josh Ross, Aaron Garner, Lisa Thompson, Dave Williams, Steve Luce, Chris Cunningham, Bill Watson, Sara Cozad, Angie Boarman, Cindy McCoy, Troy Hatfield, Dave Murtaugh, Michelle Goodman, Robin Bishoff, and Greg Steuerwald.

10. **Other Business.** Angie Boarman reported that the DMHA survey is ready and requested Advisory Council members distribute to their stakeholder groups. Michelle Goodman encouraged Advisory Council members to attend the IRAS and IYAS stakeholder training sessions. The training sessions will take place in Fort Wayne, Plainfield Muncie, Clarksville, Merrillville, and French Lick.

11. **Next meetings.** Mary Kay Hudson announced that the Advisory Council will meet on November 18 at 9 a.m. at the Indiana Office of Court Services.

Respectfully submitted,

Jennifer Bauer
Staff Attorney
Indiana Office of Court Services

DRAFT

Scott.A.Milkey

From: Gilson, Katie
Sent: Tuesday, October 25, 2016 8:22 AM
To: Ahearn, Mark;Anderson, Christopher M;Atterholt, Jim;Bailey, Brian (OMB);Bradford, Cale A;Brookes, Brady;Brooks, Kara D;Bullock, Meredith;Craig, Lindsey M;Czarniecki, Cary (Lani);Davis, Bridget M (GOV);Espich, Jeff;Evans, Benjamin P (GOV);Fernandez, Marilyn;Ferrell, Curtis L (GOV);Fritz, Pam (GOV);Hill, John (GOV);Hodgin, Stephanie;Johnson, David;Johnson, Matt (GOV);Kane, Kristen;Karns, Allison;Lloyd, Matthew;Mantravadi, Adarsh V;McGrath, Danielle;Morales, Cesar (Diego);Neal, Michael;Pitcock, Josh;Price, Kendra;Reed, Katie;Rusthoven, Mark;Schlake, Josh;Schmidt, Daniel W;Triol, Shelley;Vincent, Micah;Wall, Kathryn E;Whitaker, Steve;Duncan, Emily (LG);Heater, Ryan;Goodwin, Nicholas R;Mcadam, Justin L;McGuffee, Tyler Ann;Tuggle, Jennifer;Parr, Riley;Kenney, Benjamin E;Badger, Benjamin J;Frain, Samuel J;Hall, Jordan D;Duncan, Emily (LG)
Subject: [Gov Clips] Howey
Attachments: 10-25-16 HPI Daily.pdf

Katie Gilson, *Staff Assistant*
Office of Governor Mike Pence
KGilson@gov.in.gov
Phone: (317) 232-1198
Fax: (317) 232-3443



Oct. 25, 2016 HPI Daily Wire sponsored by Associated Builders & Contractors

Tuesday, October 25, 2016 7:30 AM

THIRD AND FINAL GOVERNOR DEBATE TONIGHT: The third and final gubernatorial debate begins tonight at 7 p.m EDT (6 p.m. CDT) at the University of Southern Indiana (*Howey Politics Indiana*). The debate will focus on health and social issues and will be moderated by Mizell Stewart III, vice president of news operations for Gannett and USA Today Network, president of the American Society of News Editors and former editor of the Evansville Courier & Press. The debate will be made available to television stations across the state for broadcasting. The Indiana Debate Commission's broadcast partner for the debate in Evansville is WFIE, the NBC affiliate. *Howey Politics Indiana* will be on the scene and reporting from Evansville tonight.

LAWSON, ISP PROBING 'TECHNICALITY': Earlier this month, just ahead of Indiana's voter registration deadline, state police executed a search warrant at the office of an organization that had set out to register black voters in a state with the worst voter turnout in the country (*Huffington Post).* Officers conducted their search on the Indiana Voter Registration Project's headquarters just a few weeks after Republican Secretary of State Connie Lawson sent a letter to state election officials warning that "nefarious actors are operating" in the Hoosier state and asking them to inform authorities if they received any voter registration forms from the group. The letter from Lawson ? who, when she was a state legislator, co-sponsored Indiana's controversial voter ID law ? amounted to "the voter suppression equivalent of an Amber alert," said Craig Varoga, the president of Patriot Majority USA, a liberal nonprofit group that ran the Indiana Voter Registration Project. The publicity surrounding the actions taken by Lawson and Indiana's state police have cast a shadow over the nonprofits, with many stories accusing them of voter fraud. Varoga said the Oct. 4 police action prevented the group from registering 5,000 to 10,000 additional voters ahead of Indiana's Oct. 11 voter registration deadline. He's worried that clerks won't count some of the 45,000 applications the group had already collected. So why did state officials take such a dramatic step in interrupting the IVRP's work just days ahead of the voter registration deadline? From what we've gathered, it's not because there's any mass "voter fraud" scheme to steal an election. Instead, it seems the extraordinary investigation is likely to find no more than potential technical violations of obscure regulations for third-party voter registration groups.

LAWSON, ISP PROBES SEPARATE: Lawson's office and the Indiana State Police insist that their investigations are separate. Valerie Warycha, deputy chief of staff and communications director for Lawson, said the office had no prior knowledge of the police action on Oct. 4 (*Huffington Post*). "At the onset of the state police investigation they told her they were going to conduct an investigation. They will not brief us on the details of their investigation until the end," Warycha said. She also said that despite Lawson's talk of "nefarious" actors, she never directly accused the group of voter fraud. "She never said fraud or accused anyone of fraud ? including the Indiana Voter Registration Project," Warycha said. "I am not sure why they are so defensive. Have they done something wrong?" Indiana law requires that a person who receives a voter registration application they have "reason to believe" is false, fictitious or fraudulent submit the application "with a statement sworn or affirmed to under the penalties for perjury, setting forth the reasons why the person believes the application may be materially false, fictitious, or fraudulent." That requirement isn't mentioned in the voter registration drive flyer published on the Indiana secretary of state's website, but it is mentioned in a voter registration drive guide published by one Indiana county. A state police official said that part of the investigation is looking at whether IVRP

canvassers submitted affidavits when they believed an application was fraudulent. "You've got to comply with all aspects of the law ? not just the part of the law that you like," Capt. David Bursten, a spokesman for the Indiana State Police, said when he pointed The Huffington Post to that statute. Asked if IVRP had failed to submit affidavits, Bursten said that's one piece of the investigation. "We would have no reason for doing this investigation unless there were indications that there are potential violations of state law," he said. "To my knowledge, we did not submit any affidavits," says Buck, the Patriot Majority USA spokesman. "Canvassers did not know with certainty that the information on any forms was false or fraudulent."

NO LOCAL VOTER FRAUD FOUND, DECATUR COUNTY CLERK SAYS: As the Indiana State Police investigation into possible voter fraud continues, the Decatur County Clerk said she doesn't believe the issue will impact local voters and is urging anyone planning to vote on Election Day to keep tabs on their registration (Brown, *Greensburg Daily News*). Adina Roberts, Decatur County Clerk, said she doesn't believe any voter fraud has been committed locally and is confident the issue will not be a problem as Election Day approaches. She said utilizing an online statewide voter registration system is the best way to make certain one's registration is accurate and up-to-date. Decatur County was one of 56 Indiana counties mentioned earlier this month when Indiana State Police began looking into possible instances of voter fraud discovered by the office of Secretary of State Connie Lawson.

DAVIESS COUNTY VOTES EARLY; NO FRAUD EVIDENT: The November 8 general election is two weeks away but for hundreds of Daviess County residents its already over except for the counting (Grant, *Washington Times Herald*). The Daviess County Clerk's office reports that 590 people have walked in and cast early ballots. "This year sure feels a lot busier, earlier," said Daviess County Clerk Janice Williams. "We have had a steady flow of voters since early voting began and we have even had some instances of small lines, even though those went pretty quickly." Daviess County was one of more than 50 Indiana counties where the Indiana State Police are reportedly investigating reports of irregularities in voters' registrations. Local election officials say that so far they have found no problems. "We had been checking the date of birth and addresses and we've had no problems come up that I am aware of," said Williams. "We received a letter about it early on, but not much detail. Nothing has turned up so far and if something does then we are set up for them to cast a provisional ballot."

CNN, NBC POLLS HAVE CLINTON UP 5%: Hillary Clinton leads Donald Trump by 5 points as the presidential campaign heads into its final two weeks, with the Democratic nominee's support just shy of the 50% mark, according to a new CNN/ORC poll. Among likely voters, Clinton tops Trump 49% to 44%, with just 3% backing Libertarian Gary Johnson and 2% behind Green Party nominee Jill Stein (*CNN*). With all three presidential debates now in the rear view mirror, both candidates appear to have consolidated some support among their core supporters. Clinton has expanded her edge among younger voters and non-whites, while Trump has boosted his support among the whites without college degrees who make up the majority of his supporters. Clinton now stands at 53% among voters under age 45, compared with 47% in the previous CNN/ORC poll. In fact, the only age group where Clinton currently trails Trump is among those age 50-64, who back Trump by 4 points in this poll. An *NBC/Survey Monkey Poll* has Clinton leading Trump 46-41%

HARWOOD CITES GOP SOURCES SAYING INDIANA IS TIED: "Senior GOP Senate strategist: Trump now tied in Indiana. down 11 in PA and 14 in NH. Going down hard." - CNBC and *New York Times* analyst John Harwood in a tweet on Sunday. Analysts Ben Ginsburg and Michael Steele said on MSNBC's Morning Joe today that Indiana is emerging as a bellwether state. HPI's Brian Howey noted in his podcast last week that if Indiana tightens up, expect Gov. Mike Pence to start scheduling campaign appearances in his home state to avoid what would be an epic embarrassment.

PENCE URGES REPUBLICANS TO 'COME HOME TO TRUMP': Mike Pence is pushing a new message for the final two weeks of the campaign, and it's aimed squarely at Republicans wavering on support for Donald Trump: "It's time to come home" (*Politico*). Trump's running mate said it again and again at a rally in Salisbury, North Carolina on Monday, showcasing a revamped stump speech with 15 days until the election. "It's time to come home and elect Donald Trump as the next president of the United States," Pence said. "It's time to come home and re-elect Republican majorities in the United States House and the United States Senate. … It's time to come home and come together and do everything in our power to make sure that Hillary Clinton is never elected president of the United States of America." "That's the choice we have," Pence declared.

THE 281 PEOPLE, THINGS TRUMP INSULTED ON TWITTER: The *New York Times'* Upshot column has compiled a comprehensive list of insults Republican presidential nominee Donald Trump has used on Twitter. You can read it by clicking here.

RYAN WHITE'S MOM THINKS TRUMP IS A BULLY: While bullying is not new, social media has exacerbated the problem, and now Jeanne White Ginder, Ryan White's mother, worries that today's toxic political climate has further eroded the values that parents and schools try to teach children (Glimer, *IndyStar*). She tiptoes into the presidential minefield and sums up her opinion of Republican candidate Donald Trump, whom she has met on several occasions. In fact, the businessman was at her home briefly when Ryan died. He was working with Jackson on a business deal and flew the singer on his corporate jet to Indiana for the funeral. "Donald was here maybe five minutes and then left," Ginder said. Despite some stories floating around that suggest otherwise, Ginder said Trump did not pay for Ryan's treatment or fly him to doctors. "I like a lot of things Donald wants to do, but I don't like how he conducts himself. Not respecting women, making fun of the handicapped - that really concerns me," Ginder said. "How can we expect our kids not to bully when a person who is running for president bullies?" With that, she stopped and said, "Am I going to get myself in trouble?" But then she continued: "Kids are going to grow up and think it's OK to say the things he does. It's wrong, it's bullying, and it's what we're trying so hard to stop. We need to teach our kids to be respectful to everybody."

REP. SMALTZ SAYS METH LAB BUSTS DOWN 36% IN 3RD QUARTER: Indiana State Police (ISP) statistics indicate statewide meth lab seizures have declined 36 percent during the third quarter of 2016, according to State Rep. Ben Smaltz (R-Auburn) (*Howey Politics Indiana*). From July through September, ISP reports 209 meth lab busts occurred in Indiana, representing a 36.3 percent drop from the 328 incidents during the same period in 2015. In addition, the number of children removed from meth lab environments decreased 55.3 percent between those two periods. Year-to-date, child removals from Indiana meth labs are down 43.7 percent compared to 2015. "These statistics signify the hard work of law enforcement and the effectiveness of recent reforms passed by the General Assembly to curb meth

production," Smaltz said. "As a lawmaker whose community has felt the devastating effects of meth, one of my top priorities is to eliminate meth labs and reduce the number of children affected by them to zero. Seeing these numbers continue to decline in Indiana confirms we are on our way to achieving that goal." Over the past three years, Indiana has led the nation in meth lab incidents. During the 2016 session, Smaltz championed a new law to combat Indiana's growing number of meth labs. Smaltz said the law makes purchasing large amounts of pseudoephedrine, the key ingredient used to manufacture meth, more difficult for meth cooks or those selling to them. Under the law, Hoosiers who have a patient relationship with a pharmacy can continue purchasing medicine that contains PSE without a prescription. If they do not have a patient relationship, a pharmacist would be able to sell them an extraction-resistant formulation of PSE or a package of 24-count 30mg regular PSE.

2 HISTORIC BASEBALL DROUGHTS CLASH TONIGHT: It might as well be a matchup from a movie: the two teams with the longest title droughts in baseball paired in the same World Series. No wonder, then, that Joe Maddon has watched "Field of Dreams" since his Chicago Cubs clinched the National League pennant (*New York Times)*. "I cry easily," said Maddon, the Cubs' manager. "So the connection to the past is very important." To loosely quote the script, the memories could be so thick at this World Series, the fans will have to swat them away from their faces. The Cubs have gone 108 years without a championship. The Cleveland Indians have gone 68. No other team in baseball has come close to so many consecutive unfulfilled seasons. "The baseball gods are really happy right now," the Indians' Mike Napoli said. "I wanted the Cubs to win, just because I knew how cool it would be to be a part of it. I think it's going to be a special World Series. There's two droughts, and there's going to be a winner." Until Saturday, the Cubs had not won a pennant since 1945, meaning they have never played a World Series game on television or at night — or, for that matter, with an African-American player on their roster. The Indians have been to the Series just three times since their last title: in 1954, 1995 and 1997. Kyle Schwarber, the former Indiana University hitter, is expected to be added to the World Series roster today after playing just two minor-league games since a knee injury allegedly ended his season in April (*Chicago Sun-Times*).

HPI DAILY ANALYSIS: Here is what faces Hoosier voters today. They've watched their Governor, and the Republican presidential nominee, spend the last month talking about a "rigged" election system, citing corruption and widespread voter fraud. We now have two "voter fraud" investigations in our state, where the Republican Party maintains most of the levers of power, both at the state and county levels. There is a bipartisan quilt of earnest Republican and Democratic officials who act as stewards of a check and balance system that, while not perfect, has served us well for decades. We have no reason to doubt the integrity of either Secretary Lawson or Supt. Carter. The fact is, however, that in this environment, Hoosier voters need transparency and answers. At this point, there is neither. We don't know how "thousands" of first names and birth dates have been changed, as Secretary Lawson informed us last week. We don't know if the Patriot Majorities group has conducted widespread voter fraud, or, perhaps technical violations. To continue the integrity of this system, we need answers and we need them prior to Election Day. To conduct this particular election under these political and legal circumstances under current mist of doubt would be poor stewardship. - *Brian A. Howey*



Campaigns

BAYH LUNCHED WITH BANK LOBBYISTS DURING 2008 BAILOUT: Former Indiana senator and longtime Banking Committee member Evan Bayh held a series of private meetings with financial service industry executives and lobbyists throughout 2008 — just as Wall Street was collapsing and big banks were seeking a bailout from Washington, according to a newly obtained schedule for the ex-lawmaker now running to reclaim his seat (*Politico*). One of the engagements — which included lunches, dinners and golf outings — happened the day of the Wall Street bailout vote. On Oct. 1, 2008, when the Senate voted to approve the $700 billion rescue package, Bayh held a "Lunch with Supporters" that included lobbyists for the financial services industry, his schedule shows. Other meetings with industry lobbyists and officials took place in the weeks and months up to and following the bailout vote. During his tenure in the Senate, Bayh raised hundreds of thousands of dollars in campaign contributions from the financial services industry and Wall Street firms while supporting many of the legislative measures they pushed, including the bailout bill. The investment firm Goldman Sachs and its employees were Bayh's top donors during his Senate career, according to the Center for Responsive Politics, a campaign finance watchdog group. CNO Financial Group and Morgan Stanley also ranked in the top five of Bayh's career donors, according to CRP.

POLITICO ANALYSIS ON INSEN RACE: After all the head fakes, the millions of dollars in ad reservations made and canceled and the pleas for help from underdogs to D.C. bosses, the battle for the Senate has winnowed to six races. The Senate will be won, insiders say, in a half-dozen states that could go either way on Election Day: The traditional swing states of Nevada, Pennsylvania and New Hampshire, and the newly competitive states of North Carolina, Missouri and Indiana, which historically lean Republican. Here's the Indiana race analysis: Republican Todd Young's campaign is laser-focused on a glaring vulnerability that's dogged Democrat Evan Bayh since he entered the race in July: The charge that he abandoned Indiana until he wanted to run for office again. In Indianapolis last week, Young spoke of a manufacturing business owner in Evansville and the problems he was having complying with Obamacare — and added a not-too-subtle dig at Bayh. "These are the kinds of things that you learn by actually spending time with the people you want to represent," the GOP congressman told an assembled crew of small business owners. Democrat Evan Bayh's lead over Republican Todd Young, right, has dwindled to single digits after a barrage of attack ad. Democrat Evan Bayh's lead over Republican Todd Young, right, has dwindled to single digits after a barrage of attack ad. Thought by Democrats to be a lock when the former senator and governor enjoyed a double-digit advantage three months ago, Bayh has seen his lead dwindle to single digits after a barrage of attack ads. Democrats are betting that Indiana voters' long history with the Bayh family will be enough. Despite public disillusionment with political insiders, "folks still know and trust the Bayh name," said Rep. Andre Carson (D-Ind.).

BAYH VITIS LUGAR RURAL HEALTH CENTER: Evan Bayh visited the Richard Lugar Center for Rural Health at Union Hospital in Terre Haute, Indiana (*Howey Politics Indiana*). The Democratic Senate nominee met with medical students, physicians, and hospital leaders during his visit to discuss ways to improve rural healthcare in southern Indiana and across the state. The group discussed practical solutions to improving rural health, including the importance of education and programs like the 21st Century Scholars, signed into law by Bayh as Governor, which has helped to produce a strong healthcare workforce in rural Indiana communities. "Today I was pleased to meet with medical students, physicians and leaders here at Union Hospital— the same hospital where I was born— to talk about practical solutions to the problems facing Hoosier families in rural communities across the state," said Bayh. "The Richard Lugar Center for Rural Health is doing great work, and if I'm honored to be elected on November 8, I will be a strong partner in their efforts to improve the lives of Hoosier families in rural communities."

HILL ENDORSED BY JOURNAL GAZETTE, NWI TIMES: Fort Wayne's Journal Gazette and The Times of Northwest Indiana (*NWI Times*) have both endorsed Curtis Hill for Attorney General of Indiana. Hill is the Republican nominee and an experienced prosecuting attorney (Howey Politics Indiana). In its endorsement, the Journal Gazette compared the qualifications of the two candidates for Attorney General and concluded, "For this job, leadership skills may outweigh either judicial or prosecutorial experience. On that basis, we endorse Curtis Hill." The NWI Times explained, "We believe Hill is best suited to continue the strong watchdog role established by his Republican predecessors. For that reason, Hill gets our endorsement." The newspaper acknowledged both candidates' extensive legal experience, but added that Hill "impressed us as having a deeper desire to root out public corruption...In fact, Hill wants to 'ramp up' the office's efforts in this regard." Hill graciously accepted the endorsements, saying, "I'm honored to receive the endorsements of these two well-regarded newspapers. As Indiana's next Attorney General, I will always be fully committed to living up to the faith and trust they have placed in me and my capabilities."

GOP JUMPS ON OBAMACARE DOUBLE-DIGIT INCREASES: Premiums will go up sharply next year under President Barack Obama's health care law, and many consumers will be down to just one insurer, the administration confirmed Monday (*Associated Press*). That's sure to stoke another Obamacare controversy days before a presidential election. Before taxpayer-provided subsidies, premiums for a midlevel benchmark plan will increase an average of 25 percent across the 39 states served by the federally run online market, according to a report from the Department of Health and Human Services. Some states will see much bigger jumps, others less. Moreover, about 1 in 5 consumers will only have plans from a single insurer to pick from, after major national carriers such as UnitedHealth Group, Humana and Aetna scaled back their roles. Republicans pounced on the numbers as a warning that insurance markets created by the 2010 health overhaul are teetering toward a "death spiral." Sign-up season starts Nov. 1, about a week before national elections in which the GOP remains committed to a full repeal. "It's over for Obamacare," Republican presidential candidate Donald Trump said at a campaign rally Monday evening in Tampa, Florida.

HOOSIERS CAN FIND ACA PLANS FOR LESS THAN $75 A MONTH: Approximately 48 percent of Indiana Marketplace consumers will be able to find a plan with a premium of less than $75 per month, according to a U.S. Department of Health and Human Services report released Monday (Bremer, *Anderson Herald Bulletin*). Also, 56 percent will be able to find plans with premiums below $100. The report also shows that Indiana consumers who come back to shop will have options, with an average of 44 plans to choose from. With the Nov. 1 start of Open Enrollment just days away, Indiana

consumers can now visit HealthCare.gov to check out their options for 2017 coverage. "Thanks to financial assistance, most current Marketplace consumers in Indiana will be able to find plans with premiums between $50 and $100 per month," said HHS Secretary Sylvia M. Burwell. HHS said that 81 percent of current Indiana Marketplace consumers are eligible for tax credits that bring down the cost of coverage. In addition, an estimated 45,000 Hoosiers currently paying full price for health insurance in the off-Marketplace individual market could be eligible for tax credits if they purchase 2017 coverage through the Marketplace.

GREGG CAMPAIGN TO LAUNCH WEEK-LONG BUS TOUR SATURDAY: A media advisory from the John Gregg for Governor campaign announced a "Moving Indiana Forward" bus tour, which will take John Gregg and Christina Hale to more than 50 communities across the state over seven days (*Howey Politics Indiana*). The tour kicks-off in Gregg's hometown of Sandborn and will include rallies, visits to schools, local businesses, factory gates, shops and town squares. Superintendent Glenda Ritz, attorney general candidate Lorenzo Arredondo, Evan Bayh and Senator Joe Donnelly are expected to join for portions the tour, the release stated. Congressional, Statehouse and local candidates will also participate in the various events.

GREGG IN RICHMOND ON THURSDAY: Democratic candidate for governor John Gregg will speak at the Wayne County New Deal Dinner on Thursday evening in Richmond (Sheeley, *Richmond Palladium-Item*). His appearance was announced Monday by his campaign. Sen. Joe Donnnelly and State Superintendent of Public Instruction Glenda Ritz already were scheduled to appear at the event. The evening begins with social time at 5:30 p.m. and dinner at 6 p.m. Thursday at the Richmond Holiday Inn.

BELL WANTS SMALLER GOVT. ROLE: Rex Bell hasn't gotten much attention as a third-party candidate in the high-profile race for the governor's seat also sought by Republican Eric Holcomb and Democrat John Gregg (Hayden, *CNHI).* But it's not for lack of effort. The Libertarian Bell has appeared on stages with both candidates in a variety of forums, including the series of televised gubernatorial debates. In those venues, in interviews and on his campaign's website, Bell has laid out a free-market, minimalist-government philosophy that he believes would resonate with more Hoosiers if they only knew more about it. "Everybody has a little bit of Libertarian in them," Bell said in an interview earlier this year. "Most of us just want to live our lives without other people telling us what to do."

CARDWELL CALLS ON DEMOCRATS TO DENOUNCE ATTACKS ON ISP: Indiana Republican Chairman Jeff Cardwell made the following statement, according to a news release distributed by the state GOP yesterday afternoon (*Howey Politics Indiana*): "Last week the State Democrat Party accused Secretary of State Connie Lawson of partisanship and inflammatory election rhetoric. Today, I call on State Democrat Chairman John Zody to denounce the advertisements by Patriot Majority USA that shamelessly attack the integrity of the Indiana State Police. Otherwise, the Democrat Party is completely complicit in these unfounded and absurd attacks on the honor and virtue of our state troopers."

INDEMS CRITICAL OF YOUNG STANCE ON ABORTION: A news release from the Indiana Democratic Party stated that Republican candidate for U.S. Senate Todd Young as recently as May

indicated "that under no circumstances, including rape, incest, and if the mother's life is endangered, should an abortion be legal" (*Howey Politics Indiana*). "Congressman Todd Young has outdone even Richard Mourdock with his harmful positions on women's health," said Brooke Bainum, press secretary for state Democrats. "Young's belief that the government should get between a woman and her doctor even when her own life is in danger demonstrates a stunning commitment to an agenda that is dangerous to Hoosier women and families."

YOUNG AD - 'BAYH LEFT US TO WORK FOR THEM': "Once a trusted senator, Evan Bayh changed and went to work for Barack Obama and Hillary Clinton," according to a 60-second digital ad released yesterday by the Todd Young for Senate campaign. The ad claims Democrat Bayh pushed for higher social security taxes, cutting billions from Medicare, and casting the deciding vote on Obamacare. "Then, Evan Bayh traded politics for profit, the worst form of pay-to-play: Wall Street's private equity; big oil; a bailed-out bank; a real estate conglomerate; a Washington lobbying firm on the payroll of insurance giants, drug makers, and utility monopolies," the ad stated. "Bayh is even working for a Wall Street hedge fund that was fined for misleading and defrauding retirees. Fact is, Evan Bayh left us to work for them."

NATIONAL GOP OPTIMISTIC ABOUT SENATE RACE: At a time when many Republicans find little to be optimistic about, some hope that the Indiana Senate race will be a bright spot (Levinson, *National Review*). Republican representative Todd Young has made significant progress closing a more than 20-point deficit in the polls behind former senator and governor Evan Bayh in the race to replace retiring Republican senator Dan Coats. Bayh's eleventh hour entry into the race made him the instant front-runner, but the two most recent public surveys put him ahead by just six points. Though that's still quite a gap, Republicans here profess confidence that the race is trending their way. While the national environment threatens to drag down GOP Senate candidates elsewhere, this race has been relatively insulated from the turmoil at the top of the ticket, fueling Republican hopes that Young can pull off an unexpected victory.

BAYH SLAMS YOUNG FOR 'PUTTING CORPORATE INTERESTS' FIRST: During an interview on Sunday with WTHR-TV's Ken Rader, Democratic candidate for U.S. Senate Evan Bayh criticized his Republican opponent, Toddy Young, for the latter's "record of putting corporate interests before Hoosier voters," stated a news release from the Indiana Democratic Party (*Howey Politics Indiana*). The release noted that "Bayh criticized Congressman Todd Young for voting repeatedly to protect tax breaks for corporations like Carrier that ship jobs overseas. Congressman Young has even accepted campaign cash from Carrier after the company announced layoffs for 1,400 Hoosiers due to outsourcing."

150 MONTGOMERY COUNTY VOTERS ATTEND BAYH EVENT: More than 150 West Central Indiana voters gathered at the Stone Creek Lodge south of Crawfordsville Sunday evening to honor and support former Governor and U.S. Senator Evan Bayh in his campaign to retake the Senate seat he occupied from 1999 to 2010 (*Crawfordsville Journal Review*). Addressing the crowd, Bayh pledged to work as he always has to bring people together to find common ground for solving the problems Indiana and the nation face. He pledged to work to fix elements of the Affordable Health Care program while preserving access to health insurance for all Hoosiers. He would support changes to allow across-state competition among insurers, while assuring that individuals with pre-existing conditions have insurance coverage, and

prohibiting insurers from dumping policy holders because they have experienced catastrophic health care expenses. Bayh said he will continue to "champion Social Security and Medicare, fulfilling the pledge that we've made to take care of our senior citizens."

YODER 'CONFIDENT': After raising $439,000 in the last quarter and an October Garin-Hart-Young poll showing her race to be a toss up, Democrat Shelli Yoder is confident with lass than 20 days left in her 9th CD campaign (Thomas Curry, *Howey Politics Indiana*). The Monroe County Council woman's race vs. Republican Trey Hollingsworth has attracted national attention from the Democratic Congressional Campaign Committee in the form of a recently released ad partially funded by the DCCC. The 9th CD, which had been considered safe Republican since 2010, has come into play due to claims that Hollingsworth moved to Indiana from Tennessee for the purpose of buying the Congressional seat and was therefore labeled a carpetbagger by his Republican primary opponents. Hollingsworth's campaign has been heavily financed by a Super Pac created by his father and saw nearly $2 million dollars spent in the primary alone.

HOLLINGSWORTH CLINGS TO TRUMP COATTAILS: Mitt Romney won the Ninth District by 17 points in 2012, but the race to replace Representative Todd Young (R-IN), who is now running for Senate, is a surprisingly close one between Trey Hollingsworth and his Democratic opponent, Shelli Yoder, who is making her second bid for the seat after losing in 2012 (Levinson*, National Review*). Yoder's campaign released an internal poll last week with the two candidates tied at 43 percent. Republicans do not dispute that the race is a close one. The Democratic group House Majority PAC made a weeklong ad buy in the district, and the National Republican Congressional Committee, on Monday, responded in kind with an ad attacking Yoder. "I think [Trump's] got enough coattails to get a close race for Trey over the line," says Justin Groenert, director of public policy and government relations for the Southwest Indiana Chamber of Commerce. Hollingsworth clearly sees a benefit to staying with Trump. "I strongly support my Republican nominee for president," he says. "I don't endorse every word that he's ever said, I don't endorse every tweet that he's ever made, but I firmly believe that he is a better choice than Hillary Clinton." While door-knocking, he stops at houses with Trump-Pence signs, even if they're not on the list of homes of targeted voters.

NRCC AD SAYS YODER WILL MAKE IT EASIER FOR ISIS: The National Republican Congressional Committee released a new ad attacking Democrat Shelli Yoder on support for defense cuts in Indiana's 9th District, an area that's seen little outside spending until now, with the NRCC and House Majority PAC on the airwaves at this point (Meyer*, Politico*). "ISIS barbarians want to destroy us and Shelli Yoder would make it easier for them," a narrator says in the NRCC ad. "Shelli Yoder's defense cuts are irresponsible and wrong."

ALL CHARGES DROPPED AGAINST BROOKSBANK: All charges have been dropped against Indiana congressional candidate Russell Brooksbank, who was accused of assaulting a police officer in September (Winer*, Louisville Courier-Journal).* Misdemeanor charges of improper signaling and interfering with an officer have been dropped against Brooksbank, a Libertarian running for Indiana's 9th Congressional District seat, court records show. That came after a judge cleared Brooksbank of charges of assaulting a police officer, which is a felony, earlier this month. The judge found no probable cause to believe that Brooksbank intended to injure the officer during a traffic stop, court records showed.

EARLY VOTING UP 26% IN MARION COUNTY: Many people have turned out early to the Marion County Clerk's Office in downtown Indianapolis (*WTHR-TV*). As soon as the doors opened at 8 a.m. Monday, a rush of early voters ran through the process of early voting. According to the Marion County Election Board, more than 1,200 people came into the Clerk's Office Monday to cast their ballots. The office said early voting is up by 26 percent, compared to this same time in 2012, and up 30 percent from this same time in 2008. The Marion County clerk said they're seeing voters by the busload on the weekend, with various groups bringing people by who may have trouble getting to the polls.



Presidential 2016

CBS TRACKER TIE IN NC: Hillary Clinton and Donald Trump are virtually tied in the key battleground state of North Carolina -- Hillary Clinton has an edge of just one percentage point, according to a Monmouth University survey released Monday (*CBS News).* Released only 15 days before Election Day on Nov. 8, the poll found 47 percent of likely voters support Clinton and 46 percent back Trump. Four percent said they plan to vote for Libertarian Gary Johnson.

FLORIDA SPIRALS AWAY FROM TRUMP: From polling to early voting trends to TV ad spending to ground game, Donald Trump's Florida fortunes are beginning to look so bleak that some Republicans are steeling themselves for what could be the equivalent of a "landslide" loss in the nation's biggest battleground state. Trump has trailed Hillary Clinton in 10 of the 11 public polls conducted in October — according to POLITICO's Battleground States polling average, Clinton has a 3.4 point lead. Even private surveys conducted by Republican-leaning groups show Trump's in trouble in Florida, where a loss would end his White House hopes.

PENCE HEADS TO UTAH: With less than two weeks until the election, Mike Pence will be campaigning Wednesday in Utah, a state that last voted for a Democrat for president in 1964 (*Politico*). The Salt Lake City rally was announced Monday evening. The move, so late in the campaign, underscores the danger of a landslide now facing Donald Trump. Recent Utah polls show Trump in a dead heat in the state not just with Hillary Clinton but with independent conservative candidate Evan McMullin.

TRUMP, CONWAY CONTRADICT EACH OTHER: It's almost as if Donald Trump's campaign manager isn't even talking to her candidate these days. Almost (Washington Post). On Sunday, Kellyanne Conway took to NBC's *"Meet the Press*" and gamely and forthrightly acknowledged reality. "We are behind," she said, adding that they were down one to four points in key states. (Which is actually a little rosy.) On Monday morning, Trump appeared to agree with her, telling a local news reporter that he was "somewhat behind in the polls." Conway was apparently happy with this comment. She tweeted the following at about 3:30 p.m. The problem? Her own candidate completely disagrees with her assessment that he's actually behind, and he had already said so multiple times on Monday. In a fiery and angry speech Monday afternoon in which he ripped into the media, the pollsters and all manner of alleged rigging of the election against him, Trump confidently declared, "We're winning" multiple times. Remarkably, he said this just minutes before Conway's tweet. He added later: "Folks, we're winning. We're winning. We're winning."

TRUMP GRAPPLES WITH REALITY: Fifteen days out from Election Day, a tone of resignation has crept into Donald Trump's talk about his presidential ambitions, even as he still barks loudly about winning in November (*Politico*). The Republican presidential nominee expressed both sentiments Monday morning, acknowledging during a radio interview that he's losing, while also boasting "we are winning" to his millions of supporters on Twitter, an incorrect claim that he accused the media of concealing. "I guess I'm somewhat behind in the polls but not by much," Trump told Bo Thompson of WBT's "Charlotte's Morning News" on Monday. "I mean, in your state, I'm 1 point, 2 points and even in three polls. One point, 2 points and even."

TRUMP SAYS TOO MUCH MADE OVER ACCEPTING VOTER DECISION: President Barack Obama said it's not a joke, Hillary Clinton said it's a threat to democracy, and first lady Michelle Obama said you don't keep American democracy in suspense. But Donald Trump on Monday said it's being overblown *(Politico*). Indeed, the Republican presidential nominee on Monday morning said too much is being made about his refusal to say during the final presidential debate that he would accept the outcome of the election. "Yes, I think too much is being made," Trump told Bo Thompson on WBT-AM's "Charlotte's Morning News." "But, you know, everybody had me winning the third debate and the second debate handily, easily. And when I made that statement, I made it knowingly, because what's happening is absolutely ridiculous."

TOOMEY WON'T ANSWER TRUMP QUESTIONS: Sen. Pat Toomey again refused to say whether he would vote for Donald Trump, making him the only vulnerable Republican senator to keep his constituents in the dark on where he stands on the issue *(NBC News).* "I don't think my constituents care that much how one person is going to vote," Toomey said in response to the third ask by the moderator at Monday night's Pennsylvania Senate debate. "They're gonna make their own decision, all across the commonwealth, about who they're going to support and who they're not going to support," Toomey added. "I think they care much more about whether I've got policies that are gonna help grow this economy, whether I've got policies that are gonna help keep us safe, and that's the contrast on which they'll make their decision."

DEMS STOKE UP EARLY NEVADA VOTE: Katy Perry's glamor, Tom Steyer's money, Univision's megaphone and organized labor's muscle, along with a late assist from Barack Obama, each helped

lubricate Harry Reid's well-oiled political machine over the past 48 hours (*Washington Post*). The media tends to focus on the lack of enthusiasm for Hillary Clinton relative to President Obama, which is real, but a few thousand more ballots were cast in Nevada on Saturday -- during the first day of early voting -- than during the kickoff day four years ago, when there was a similar flurry of activity to propel Democrats to the polls. And that was before Air Force One touched down yesterday afternoon. It is a testament to the power of the organization that Reid, the retiring Senate Minority Leader, has built over three decades, which he is now using to get Clinton and his hand-picked successor, Catherine Cortez Masto, across the finish line. As much as 60 percent of the vote will be cast before Nov. 8 in the Silver State.

TRUMP SAYS WOMAN 'GRABBED BEFORE': Donald Trump on Monday verbally attacked a woman who accused him of kissing and hugging her without consent, saying sarcastically, "I'm sure she has never been grabbed before" (*Politico*). "I don't grab them, you know as they say on the arm," Trump said Monday on New Hampshire Today with Jack Heath on WGIR, as first reported by CNN. "One said, 'he grabbed me on the arm' and she is a porn star, this one who came out recently. He grabbed me and he grabbed me on the arm — oh I'm sure she has never been grabbed before." On Saturday, Jessica Drake, an adult film director and actress, accused Trump of unwanted contact during a charity golf tournament in Lake Tahoe, Nevada in 2006.

REPUBLICANS THREATEN TO SUE TV STATIONS OVER TRUMP LINK ADS: Some Republicans are running so far away from their party's nominee that they are threatening to sue TV stations for running ads that suggest they support Donald Trump *(Huffington Post*). Just two weeks before Election Day, five Republicans ? Reps. Bob Dold (R-Ill.), Mike Coffman (R-Colo.), David Jolly (R-Fla.), John Katko (R-N.Y.) and Brian Fitzpatrick, a Pennsylvania Republican running for an open seat that's currently occupied by his brother ? contend that certain commercials paid for by the Democratic Congressional Campaign Committee provide false or misleading information by connecting them to the GOP nominee. Trump is so terrible, these Republicans are essentially arguing, that tying them to him amounts to defamation. All five Republicans have, at some point, said they don't support Trump. And all five have a bit of a case: The DCCC ads do use some creativity to tie them to Trump.

TRUMP LAUNCHES NIGHTLY BROADCAST VIA FACEBOOK LIVE: Donald Trump launched a nightly Facebook Live program on Monday, amidst speculation that the Republican presidential nominee is plotting some sort of media channel should he lose the election Nov. 8 (Cirilli, *Bloomberg News*). Trump's campaign blasted out an e-mail to supporters shortly before 6:30 p.m. ET, alerting them about "Trump Tower Live," which the e-mail described as "nightly campaign coverage from Trump Tower." The program featured Trump campaign advisers Boris Epshteyn and Cliff Sims, as well as prominent conservative commentator Tomi Lahren, and Republican National Committee communications director Sean Spicer. There's been mounting speculation that Trump is considering launching his own media channel after the election should he lose to Democratic presidential nominee Hillary Clinton. The Financial Times reported last week that Trump's son-in-law Jared Kushner contacted LionTree's Aryeh Bourkoff some time in the past few months to discuss launching "Trump TV."

BOTH SIDES CLAIM EARLY VOTE ADVANTAGE: Hillary Clinton's campaign is touting some "eye-popping" advantages in early voting, in an apparent effort to energize Democratic voters, but preliminary figures suggest the race remains tighter than her aides acknowledge (*Fox News*). The preliminary

numbers appear to show Clinton, the Democratic presidential nominee, with an edge in several of the roughly 10 battleground states that will decide the 2016 White House race. "We're seeing eye-popping vote-by-mail application numbers," Clinton campaign manager Robby Mook said on "Fox News Sunday." In Arizona and North Carolina, for example, more registered Democrats than Republicans have indeed cast early ballots. But such numbers are open to interpretation, including how many Democrats in those two states voted for Clinton. Meanwhile, early data shows Republican presidential nominee Donald Trump with potential advantages of his own in battleground states Florida, Ohio and elsewhere.

Congress

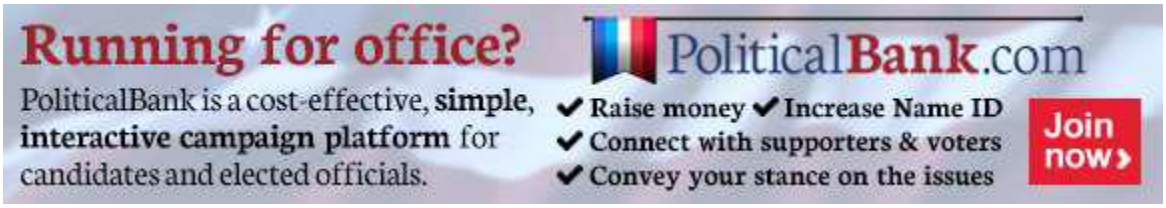
BROOKS, MESSER HOST SCHOOL SAFETY ROUNDTABLE TODAY: U.S Reps. Susan W. Brooks (R-IN) and Luke Messer (R-IN) will host a roundtable discussion this afternoon with school administrators and superintendents, law enforcement officers, Indiana Department of Homeland Security personnel and school security providers to talk about how to improve safety and security for Hoosier students (*Howey Politics Indiana)*. The venue is Hamilton Southeastern High School in Fishers. A news release from the congresswoman's office stated Brooks and Messer are members of the bipartisan Congressional School Safety Caucus and hope to use this discussion as a way to raise awareness and improve understanding of the challenges faced by schools, law enforcement and communities when it comes to school safety.

General Assembly

LONG SAYS ASSEMBLY WILL FOCUS ON BUDGET, NOT RFRA: The president pro tempore of the Indiana Senate faces a passionate newcomer to politics in the race for the 16th Senate District (Caylor, *Fort Wayne News-Sentinel*). Republican David Long was first elected to the state Senate in 1996; before that, he had been a Fort Wayne City Council member for two terms. His challenger, Democrat Juli Dominguez, has been a teacher for more than 20 years. If he wins re-election this year, Long said, he expects the Legislature to dwell on budget issues rather than taking another run at revising the Religious Freedom Restoration Act. He said that arriving at a statewide anti-discrimination standard would be better for the state, but for now, legislators prefer to let local communities pass their own anti-discrimination ordinances to protect the rights of LGBTQ (lesbian, bisexual, gay, transgender, queer/questioning) Hoosiers. "That's where the comfort level seems to be," Long said. "We're fast approaching the point where half our people live (in jurisdictions with those protections)," he said.

BANKS ASKS IF INDIANA GUARD MUST REPAY BONUSES, TOO: State Sen. Jim Banks (R-Columbia City) sent a letter to Gov. Mike Pence and Maj. Gen. Courtney Carr, Adjutant General of the Indiana National Guard, concerning a recent *Los Angeles Times* article about California National Guard members having to repay enlistment bonuses to the federal government (Howey Politics Indiana). "This article highlighted a concerning problem impacting members of the California National Guard," Banks said in a news release. "I sent this letter asking if this situation is occurring in Indiana. I'm hopeful it's not, but it's important to take the necessary steps to protect our servicemen and women from this issue." Banks added that as a veteran himself, it's troubling to read about how these servicemembers were enticed by reenlistment bonuses, but are now asked to repay them. The Los Angeles Times article titled, "Thousands

of California soldiers forced to repay enlistment bonuses a decade after going to war," was published Oct. 22, 2016.



State

GOVERNOR: WÜRTH TO CREATE UP TO 60 JOBS IN GREENWOOD - Würth Service Supply Inc., a distributor of assembly and fastening materials for manufacturers, announced plans today to expand its headquarters in Greenwood, creating up to 60 new jobs by 2020, according to a news release from the governor's office (*Howey Politics Indiana*). The company, which is part of Würth Industry North America (WINA) and owned by Germany-based Würth Group, will invest $11.5 million to construct and equip a 230,000-square-foot facility in Greenwood's Southpoint Business Park near I-65. The new facility will add 82,000 square feet of space to the company's headquarters, which is currently housed on the northwest side of Indianapolis. The Indiana Economic Development Corporation offered Würth Service Supply up to $400,000 in conditional tax credits based on the company's job creation plans. The city of Greenwood has approved additional incentives.

ECONOMY: SITE PURCHASED FOR PORT ON OHIO RIVER - The Ports of Indiana is moving forward with a plan to build a fourth port, but it won't be on Lake Michigan as Gary and East Chicago officials once hoped (Pete, *NWI Times*). Commercial Development Company Inc. has announced it bought a 725-acre former coal-fired power plant on the Ohio River, and is working with the Indianapolis-based Ports of Indiana to build a fourth port there. The retired Tanners Creek power plant in Lawrenceburg had belonged to Indiana Michigan Power and was decommissioned last year. It is in the Cincinnati area, about 90 miles from the Port of Indiana-Jeffersonville across from Louisville, Kentucky. The developer plans to do environmental remediation and tear down all the buildings, which would take an estimated 3 to 5 years. "We have identified the retired Lawrenceburg plant as a potential site for future port development," Ports of Indiana CEO Rich Cooper said. "It's too early to say what could be constructed here, but we're excited to have the exclusive right to further investigate this site."

JUSTICE: PUBLIC DEFENDER SYSTEM FLAWED, STUDY SAYS - The state's public defender system is not only woefully underfunded, legal experts say, the Sixth Amendment right to a fair and speedy trial is routinely violated in Indiana (Hussein, *IndyStar*). Lack of oversight of the public defense system, inconsistent funding and subpar representation contribute to the problems, the experts said. "We need to make significant reforms to our system," said Norman Lefstein, dean emeritus at Indiana University Robert H. McKinney School of Law. "However, it's been an uphill battle for decades." Lefstein's comments

come in response to a study released Monday by the Sixth Amendment Center, a public defense advocacy firm in Boston. The 212-page study argues that some of the state's biggest problems stem from how the defense system is funded.

EDUCATION: INITIATIVE TO HELP STUDENTS GET SCHOLARSHIPS - A new initiative plans to enroll 500 new high school students in a state-sponsored college scholarship program for low-income students (Balonon-Rosen*, Indiana Public Media*). The partnership announced Monday between Indiana Black Expo, Indiana University and the Indiana Commission for Higher Education will identify, enroll and help students complete requirements for the 21st Century Scholarship program. The program provides low-income students up to four years of undergraduate tuition at participating public colleges or universities. "Indiana's 21st Century Scholarship program has helped more than 30,000 low-income and first-generation Hoosier students gain the life-changing benefits of a college degree," said Indiana Commissioner for Higher Education Teresa Lubbers, in a statement. "Indiana needs more partnerships like this one in every corner of the state." The organizations will select students who qualify for the 21st Century Scholars program from Indianapolis Public Schools, Warren Township, Wayne Township and Archdiocese of Indianapolis Catholic schools.

LWG | London Witte Group

You'll like the way we think.

Exclusive sponsor of the HPI Breaking News App.

Nation

WHITE HOUSE: OBAMA LAUGHS AT TRUMP - He's castigated Donald Trump as a dangerous demagogue whose claims of a rigged election are eroding US democracy. But President Barack Obama said Monday his most common reaction to the GOP nominee is just to laugh (*CNN*). During a taping of ABC's "*Jimmy Kimmel Live!"* television program, the late-night host asked the President if his response to the Republican during the presidential debates was to let out a chuckle. "Most of the time," Obama responded to cheers. Later, detailing the responsibilities of his job, Obama declared: "I don't tweet at 3 a.m. about people who insult me."

PENTAGON: NATIONAL GUARDSMAN ORDERED TO REPAY FEDS - The Pentagon is reviewing how to resolve the cases of thousands of Army National Guard members who collectively received at least $30 million, only to be told later that the money wasn't really theirs and must be repaid *(Washington Post*). About 10,000 members of the California Army National Guard could be affected, said Navy Capt. Jeff Davis, a Pentagon spokesman. The military offered similar bonuses to Guard members in other parts of the country but hasn't disclosed how many. Davis said Monday that senior Pentagon leaders are

"looking very closely at this matter." Officials deemed the bonuses in California improper and have established a process for service members to argue that they should not repay the money.

MARIJUANA: NOV. 8 COULD BE TIPPING POINT - To the red-and-blue map of American politics, it may be time to add green. The movement to legalize marijuana, the country's most popular illicit drug, will take a giant leap on Election Day if California and four other states vote to allow recreational cannabis, as polls suggest they may (*New York Times*). The map of where pot is legal could include the entire West Coast of the United States and a string of states reaching from the Pacific Ocean to Colorado, raising a stronger challenge to the federal government's ban on the drug. In addition to California, Massachusetts and Maine both have legalization initiatives on the ballot next month that seem likely to pass. Arizona and Nevada are also voting on recreational marijuana, with polls showing Nevada voters evenly split. The passage of recreational marijuana laws in Alaska, Colorado, Oregon and Washington over the last four years partly unlocked the door toward eventual federal legalization. But a yes vote in California, which has an economy the size of a large industrial country's, could blow the door open, experts say. "If we're successful, it's the beginning of the end of the war on marijuana," said Gavin Newsom, the lieutenant governor of California and a former mayor of San Francisco. "If California moves, it will put more pressure on Mexico and Latin America writ large to reignite a debate on legalization there." The market for both recreational and medicinal marijuana is projected to grow to $22 billion in four years from $7 billion this year if California says yes, according to projections by the ArcView Group, a company that links investors with cannabis companies.

OBAMACARE: RATES TO SKYROCKET: Obamacare premiums are set to skyrocket an average of 22% for the benchmark silver plan in 2017, according to a government report released Monday (*CNN*). The price hike is the latest blow to Obamacare. Insurers are raising prices and downsizing their presence on the exchanges as they try to stem losses from sicker-than-anticipated customers. Enrollment for 2017 will be closely watched since insurers want to see younger and healthier consumers enroll. The benchmark silver plan -- upon which federal subsidies are based -- will cost an average of $296 a month next year. That figure is based on prices for a 27-year-old enrollee in the 39 states that use the federal healthcare.gov exchange, plus the four states and Washington D.C. that have their own exchanges.

DEA: AGENCY STOPPED PURSUING OPIOID CASES - A decade ago, the Drug Enforcement Administration launched an aggressive campaign to curb a rising opioid epidemic that was claiming thousands of American lives each year. The DEA began to target wholesale companies that distributed hundreds of millions of highly addictive pills to the corrupt pharmacies and pill mills that illegally sold the drugs for street use (*Washington Post*). Leading the campaign was the agency's Office of Diversion Control, whose investigators around the country began filing civil cases against the distributors, issuing orders to immediately suspend the flow of drugs and generating large fines. But the industry fought back. Former DEA and Justice Department officials hired by drug companies began pressing for a softer approach. In early 2012, the deputy attorney general summoned the DEA's diversion chief to an unusual meeting over a case against two major drug companies. "That meeting was to chastise me for going after industry, and that's all that meeting was about," recalled Joseph T. Rannazzisi, who ran the diversion office for a decade before he was removed from his position and retired in 2015. Rannazzisi vowed after that meeting to continue the campaign. But soon officials at DEA headquarters began delaying and blocking enforcement actions, and the number of cases plummeted, according to on-the-record interviews with five former agency supervisors and internal records obtained by The Washington Post.From 2000 to 2014, 165,000 people died of overdoses of prescription painkillers nationwide. The

crisis has also fostered follow-on epidemics of heroin, which caused nearly 55,000 overdose deaths in the same period, and fentanyl, which has killed thousands more. The number of U.S. opioid prescriptions has risen from 112 million in 1992 to 249 million in 2015.



Local

CITIES: EVANSVILLE OKS SEWER RATE HIKES - Evansville Water and Sewer customers will see a larger utility bill in the new year (Evans, *Evansville Courier & Press).* City Council on Monday unanimously approved sewer rate hikes the city will implement every year for the next four years - with monthly rates beginning at about $61 for the average customer in 2017 and rising to about $85 for the same customer in 2020. Despite the hikes, public opposition was scarce at Monday's meeting. Evansville resident Elijah Keller called the rate increases an "undue burden" on rate-payers. The new rates will also impact out-of-city customers, who already pay 35 percent more than in-city customers. The city entered into a a $729 million, 24-year agreement with the Environmental Protection Agency earlier this year. The city has to make significant upgrades to its sewer system, and control the amount of untreated sewer water gets pumped into the Ohio River, or face fines and other punishment.

CITIES: RAISES APPROVED IN SOUTH BEND BUDGET - The Common Council voted in favor of raises for the city clerk and various department heads Monday, as well as the 2017 city budget, despite some objections (Blasko, *South Bend Tribune*). Excluding police, fire and Teamsters, the council approved 73 raises above the normal 2 percent, ranging from 3 percent to more than 30 percent. Notably, members approved a 14 percent raise for the clerk, a 17 percent raise for the controller, a 22 percent raise for the lead city attorney and a 23 percent raise for the parks director. City clerk Kareemah Fowler's request for a $10,000 raise, from $59,466 to $69,500, passed by a vote of 6-3, with members Oliver Davis, D-District 6, Dave Varner, D-District 5, and John Voorde, D-at large, opposed. Mayor Pete Buttigieg's request for the other raises passed by a vote of 6-3, with Regina Williams-Preston, D-District 2, Varner and Davis opposed.

CITIES: JEFFERSONVILLE SEEKS EXTENSION OF SEWER MANDATE - Despite having one of the highest sewer rates in the state, Jeffersonville is requesting an extension to fund an EPA mandate on controlling sewer overflows because of financial shortfalls (Beilman, *News & Tribune*). The city's sewer department is waiting to hear back from the Indiana Department of Environmental Management on a letter it sent asking for a 10-year extension to comply with the mandate. Jeffersonville, like many other U.S. cities, must reduce its number of untreated sewer overflows into streams and rivers. The mandate

states Jeffersonville can't have more than one overflow into the Ohio River and three into Can Run Creek each year. The city is also hoping to negotiate that limit to a lower standard. Over the last eight years, Jeffersonville experienced on average 72 overflows each year. In 2015, about 3.5 million gallons of raw sewage dumped into local waterways each overflow.

CITIES: FORMER GARY EMPLOYEE INDICTED - A federal grand jury indicted a Merrillville woman Monday over allegations she stole more than 1,000 iPads and other computer equipment while employed in the City of Gary's Information Technology Department (Masters, *Post-Tribune*). Monique Bowling-Boyd, 44, is charged with one count of theft from local government receiving federal funds stemming from the alleged theft of the computer equipment. She is also charged one count of aggravated identity theft and four counts of mail fraud over an alleged scheme to cash pension checks of a deceased person. Federal authorities arrested Bowling-Boyd on Monday, according to court documents. In 2016, a State Board of Accounts special audit uncovered the alleged scheme to purchase computers, tablets, printers and wireless cellphones with city accounts payable vouchers. The equipment was later uncovered during a police traffic stop in Chicago.

CITIES: $3.4M IN BUDGET CUTS PROPOSED IN FORT WAYNE - In preparation for what is likely to be a marathon meeting today, several Fort Wayne City Council members have submitted about $3.4 million in cuts to the city's 2017 budget (Gong, *Fort Wayne Journal Gazette*). The cuts, totaling $3,427,290, were submitted to City Clerk Lana Keesling on Friday afternoon, the majority of which were submitted by Council President Russ Jehl, R-2nd, and Councilman John Crawford, R-at large. Most of Crawford's cuts are deductions in salary line items for various departments, including Animal Care & Control, Community Development, the Fire Department, Parks, Public Works and Streets. The salary cuts range from $20,000 to $80,000. The city's total property tax-supported budget is about $158 million. Jehl's cuts largely mirror a presentation he gave at the council's Oct. 18 meeting. During that meeting, Jehl said he would like to restructure county economic development income tax funds and make cuts to certain departmental budgets in order to move toward a pay-as-you-go system for improvements to city parks. Jehl said if approved, his cuts would help keep the city's Parks and Recreation Department from having to pay debt service on a 12-year $10 million bond.

CITIES: SOUTH BEND TO PURCHASE BUILDING FOR HOMELESS - The city plans to spend as much as $125,000 to shelter the homeless, including the 30 to 40 people living under the railroad viaduct on south Main Street, near Four Winds Field (Blasko, *South Bend Tribune*). Pamela Meyer, with the Department of Community Investment, presented the plan to the Common Council on Monday. According to Meyer, the city will pay as much as $125,000 for the old Kraz Construction Building across the alley from Hope Ministries. The city will transfer the building to Hope, which will use it for Project Warm, a weather amnesty program that provides overnight shelter to homeless individuals living on the street during the winter. Project Warm will contribute $45,000 to the project for staffing and general maintenance, Meyer said. Hope Ministries will contribute as much as $30,000 for long-term maintenance and rehab.

COUNTIES: ALLEN PROPOSES DRUG DETOX FOR INMATES - Allen County officials have proposed a new approach to help inmates detox from drug addiction (Duffy, *Fort Wayne Journal Gazette*). For years, opioid abusers have been arrested, gone through a painful detox in the Allen County Jail and been

released on probation, only to wind up back in jail for another detox bout. Some offenders are channeled by the prosecutor's office into the Allen County Drug Court overseen by Allen Superior Court Judge Fran Gull. The rest wind up in Criminal Court overseen by Allen Superior Court Judge Wendy Davis. The decision about which court the offenders end up in is up to the prosecutor's office. This perpetual cycle of capture, detox, release and re-arrest has led some health professionals, probate officers, criminal judges and law enforcement officials to propose a new approach that reduces recidivism, saves taxpayer money and helps the addicted get back on their feet. Called Medication-Assisted Treatment, or MAT, it usually starts 10 to 14 days from the first day of detox. Fort Wayne proponents such as Davis and Dr. Deborah McMahan, Allen County health commissioner, want to see MAT start in the jail, which would require an assessment and most likely an injection of the drug Vivitrol before the addict leaves jail. Vivitrol, usually given monthly, reduces the desperate craving for drugs.

Scott.A.Milkey

From: Brian Carrico <Brian@i-h-s.com>
Sent: Wednesday, October 05, 2016 7:57 AM
To: Brookes, Brady
Subject: Thank You

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hi Brady

I want to personally thank you for attending yesterday's meeting. I can't imagine how busy you are so I know there are many other things you needed to be doing. I am 100% confident that sooner than later Indiana will lead the nation with programs to fight this epidemic. I view myself as a team player and will do whatever is necessary to see to it that we are successful.

Have a great day and I look forward to working with you.

Thank You

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Scott.A.Milkey

From: Brian Carrico <Brian@i-h-s.com>
Sent: Wednesday, October 05, 2016 7:55 AM
To: bbrookes@gov.in.gog;Atterholt, Jim
Subject: Thank You

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Jim and Brady

I want to personally thank both of you for attending yesterday's meeting. I can't imagine how busy you so I know there are many other things you needed to be doing. I am 100% confident that sooner than later Indiana will lead the nation with programs to fight this epidemic. I view myself as a team player and will do whatever is necessary to see to it that we are successful.

Have a great day and I look forward to working with each of you.

Thank You

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Scott.A.Milkey

From: Jim Merritt <jwmerritt49@[redacted]
Sent: Wednesday, September 28, 2016 2:42 PM
To: Davis, Bridget M (GOV);Brookes, Brady;Karns, Allison;Atterholt, Jim
Cc: Jordan Rose;Bonaventura, Mary Beth
Subject: IHS/The Bridge
Attachments: Bridge IFU.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Jim, Brady and Allison

One of the results of our conversation yesterday was for me to clear up some of the confusion surrounding the BRIDGE device. I looked in my notes when I got back to my office and found the following information:

-The BRIDGE has an IFU (instructions for use) in every package and it reads “The BRIDGE device is an electro acupuncture device for use in the practice of acupuncture by qualified practitioners of acupuncture as determined by the states”. An IFU is attached for your perusal. Indiana is one of 44 states that makes all MD’s, DO’s, NP’s, and PA’s exempt from this rule due to their already extensive training. This means any of these providers can place the device in Indiana along with 43 other states.

-The BRIDGE has a FDA clearance for acute and chronic pain which it clearly states on the IFU. The company is staying on label by "treating the acute pain associated with opiate withdrawal".

-The BRIDGE also states on the IFU that it is an “Auricular Peripheral Nerve Field Stimulator"

-The company has sold over 3,000 BRIDGE devices since January 1st and not one was placed by an acupuncturist, further proving this is a moot point.

-Due to the strength of recent double blind data, the company is in the process with the FDA of having the device reclassified to a Peripheral/Cranial Nerve Stimulator Category. This will not change the acute and chronic pain clearance which is most important.

I am very passionate about this tool because I see how the device works and can be part of a Detox,Treatment, Recovery program for people who HAVE NOT been arrested. Instituting a Continuum of Care system either county by county or by region is a necessity in this state. Using The Bridge device in this type of system will calm the fears of addicts about the excruciating pain of withdrawal or detoxification and will motivate addicted Hoosiers to come forward to voluntarily get help.

Thank You

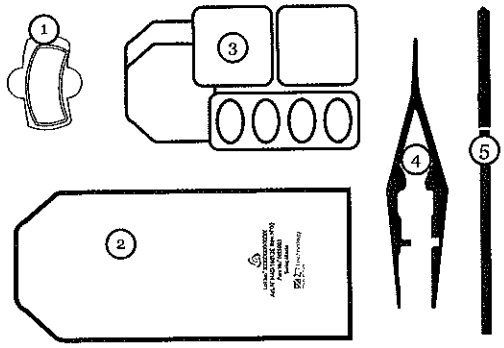
--
Jim Merritt
State Senator

Instructions For Use
Part No.: 01-1013-NSS/BRIDGE
Rev. No.: 001

BRIDGE
Auricular Stimulator

Federal law restricts this device to sale by or on the order of a qualified practitioner of acupuncture as determined by the states.

Items supplied:
1.Bridge Device with inserted but not activated batteries
2.Sterile pack of needles and wiring harness for use with the Bridge Device only
3.Fixation plasters to fasten the appliance leads
Fixation plasters for the Bridge Device
An alcohol swab
4. Tweezers
5. Surgical Marker (optional for use)
• This instruction manual



Please check the contents when you open the package. The Bridge Device and its accessories are for single-use only, single patient only. Each device must be properly disposed of according to local health regulations.

Important: Before starting the application of the Bridge Device, make sure that you read, understand and observe the warnings and safety instructions that follow.

Intended Use

The Bridge device is an electro acupuncture device for use in the practice of acupuncture by qualified practitioners of acupuncture as determined by the states.

Target Population: Acute and Chronic Pain.

About The Bridge Device

The Bridge device is a Battery-operated micro-stimulation appliance weighting 4 grams designed as a disposable product for a single use. The Bridge device is placed behind the patient's ear and connected to stimulation needles on the auricle. The Bridge device offers regular therapy over several days. The appliance transmits low-frequency electric pluses to exposed nerve endings.

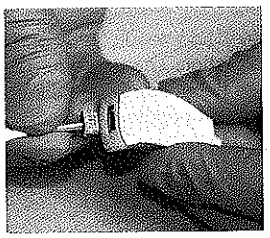
Contraindications
·Use of cardiac pacemakers because no clinical data are available
·Hemophilia
·Psoriasis vulgaris
An intact skin surface is essential for the use of The Bridge device

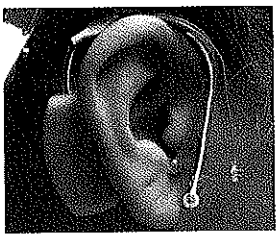
Remarks & Warnings
The built-in microchip creates periods of stimulation and rest, lasting approximately 2 hours. Limit therapy to 120 hours.
After a time it could feel as if the intensity of the stimulation is decreasing. A decrease in the perceived intensity of stimulation may be subjective and have no bearing on the effectiveness of the therapy.
The appliance is splash-proof but not watertight. If desired, hair should be washed before therapy. When showering the appliance must not be allowed to come into direct contact with water.


Fig. 1


Fig. 2

Clean off the anterior (ventral) and posterior (dorsal) of the outer ear with an alcohol pad to remove all surface oils, make up, and disinfect the skin. (Fig. 1, 2)


Fig. 3.1

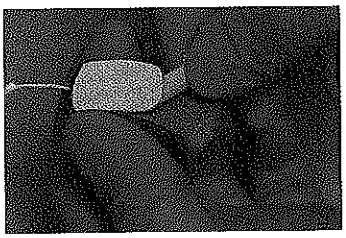

Fig. 3.2

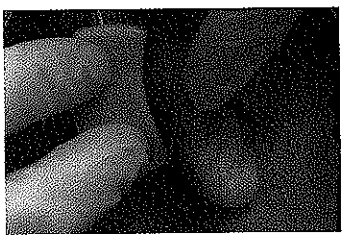
To activate the Bridge device, the array harness is inserted into the generator until firmly seated.(Fig. 3.1) Temporarily place the generator behind the patient's ear. Carefully observe that the generator is properly positioned extending the harness wires over the ear allowing enough length so the electrode needle arrays can be place at the desired location. (Fig. 3.2)


Fig. 4


Fig. 5

After the proper position of the device is confirmed apply the supplied adhesive to the skin surface where the Bridge generator is to be applied and where the electrode needle arrays are to be placed. This helps reduce the chances of component migration. (Fig. 4, 5)


Fig. 6


Fig. 7

Remove the protective coating on the adhesive strip on the back of the Bridge device. (Fig.6) Gently press the generator onto the skin posterior to the external ear allowing the harness and the attached electrode needle arrays to fold over the top of the ear. (Fig. 7)

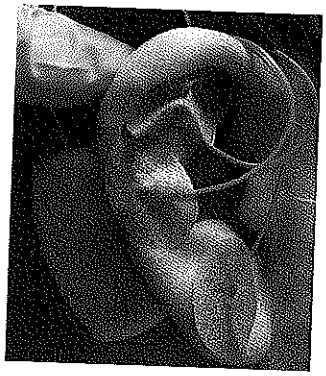


Fig. 8

A provided oval bandage is then placed over the electrode needle array and gently secured to prevent electrode needle array migration. The procedure is then repeated for placement of the second electrode needle array, the third electrode needle array, and the fourth and final electrode needle. (Fig.8)

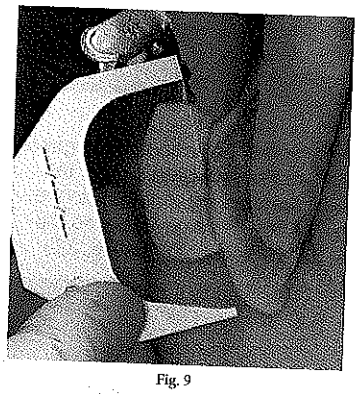


Fig. 9



Fig. 10

The supplied tagaderm strip is then placed over the generator to help avoid component migration. (Fig. 9) The application of the Bridge device is now complete. (Fig. 10)



Fig. 11



Fig. 12

Please note the location of the electrode needle arrays may be limited to one blue electrode array (the white lead must always be used to ensure proper neurovascular stimulation) (Fig. 11) or up to four depending upon the specific locations which are to be targeted and the patient's symptoms. (Fig. 12)

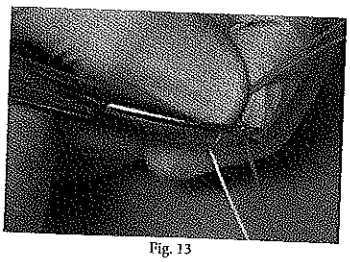


Fig. 13

If less than 3 electrode needle arrays are required than cutting the unused wire leads from the harness can help the clinician customize treatment and allow for more effective targeting. (Fig. 13)

MANUFACTURER LIABILITY

The manufacturer and supplier of the device will not accept any liability in the following cases: If the device is not used in accordance with the instructions for use. If the operator is inadequately qualified or is not sufficiently informed about the functioning of the device on the bases of the instructions for use and the safety instructions. If any defects are discovered when the contents of the package are examined, the complete unit including all components must be returned as described in section "Returned Devices" to the manufacturer or the manufacturer's local representatives.

WARRANTY CONDITIONS

The manufacturer guarantees the product for the period up to the expiration date printed on the protective film of the device, or 12 months from date of purchase, whichever comes first. This guarantee applies to flaws of material and workmanship. Claims are only accepted under the following terms: The manufacturer and/or supplier is informed immediately of the fault for which the warranty claim is being made. The instructions of the manufacturer and/or supplier on storage or return of the device are within compliance. Presentation of a legible copy of the invoice for that particular device, showing the date of purchase. An exact description by the customer of the defect or fault identified. IMPORTANT: The manufacturer's warranty will be void if it is found that the device was damaged by force, operator error, or that it was used in any way contrary to the instructions for use and the safety instructions. If the manufacturer is required to meet a warranty claim in accordance with these terms, the customer shall bear the cost and risk of transporting the device to and from the place of use. The manufacturer and/or supplier under no circumstances assumes liability for ordinary negligence. Claims for compensation for loss of earnings and profits will likewise not be accepted.

RETURNED DEVICES

Returned devices must be carefully cleaned and then returned in the original packaging. If the original packaging is no longer available the device must be suitably packaged for the method of shipping chosen.

OPERATION - TRANSPORT - STORAGE

Recommended conditions for operation, transport and storage: Temperature: 5-30 °C / Relative humidity: 40-60 % The product has a limited shelf life. Details are printed on the protective film of the device. Values higher or lower than the ranges specified above will shorten the useful life of the device or may cause certain components to be destroyed.

MANUFACTURER

Key Electronics
Address: 2533 Centennial Blvd, Jeffersonville, IN 47130
Phone:(812) 206-2500

SYMBOLS AND LABELS

Comply with recommended ambient conditions

LOT Batch designation

IEC 60601 Compliant

STERILE R Sterilization by irradiation (Needle packaging)

01.XXXX 01 Year of manufacture
XXXX Serial Number

For single use only

Use before ..,..,20..

Caution: Comply with accompanying documents

The appliance and accessories must be disposed of in accordance with local regulations

TECHNICAL DATA

Appliance: Auricular Peripheral Nerve Field Stimulator
Type description: Bridge
Power supply: 1 x 3V battery (Type CR1220 Lithium)
Output: (Load impedance range 1k-10kΩ) max. 3.2V, Impulse interval 1000ms, impulse width 1ms, 1ms / bipolar), max possible total duration of treatment 5x 24 hours
Protection level: IP20 **Type:** B
Classification (in accordance with Directive 93/42 EEC)
Duty type: approx. 2h duty (periodic duty)
Weight incl. battery: 4g **Dimensions:** 36 x 16 x 7 mm
Needle Dimensions: 0.5 mm width x 2 mm length

Scott.A.Milkey

From: Allison Murphy <allison_a_murphy@[redacted]>
Sent: Tuesday, September 27, 2016 4:52 PM
To: Brookes, Brady
Subject: Fwd: Double Standard

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Sent from my iPhone

Begin forwarded message:

> **From:** Brian Carrico <brian@i-h-s.com>
> **Date:** September 27, 2016 at 4:41:14 PM EDT
> **To:** Allison Murphy <Allison_A_Murphy@[redacted]>
> **Subject: Fwd: Double Standard**
>
> He will address all of this for me. Sorry to bombard you. I just don't want you blind sided.
>
> Brian Carrico
> VP of Sales
> Innovative Health Solutions
> 317-[redacted]
> Brian@i-h-s.com
> www.i-h-s.com
>
> Begin forwarded message:
>
> > **From:** Brian Carrico <brian@i-h-s.com>
> > **Date:** September 27, 2016 at 3:29:53 PM EDT
> > **To:** Senator Jim Merritt <jwmerritt49@[redacted]>
> > **Subject: Double Standard**
> >
> > Senator
> >
> > I might also add that the state was paying for Vivitrol for over a year before it was cleared for opiates and it was being used for opiates every day.
> >
> > This cancels out anyone's argument against the BRIDGE.
> >
> > Brian Carrico
> > VP of Sales
> > Innovative Health Solutions
> > 317-[redacted]
> > Brian@i-h-s.com

www.i-h-s.com

Scott.A.Milkey

From: Allison Murphy <allison_a_murphy@[redacted]>
Sent: Tuesday, September 27, 2016 3:32 PM
To: Brookes, Brady
Subject: Fwd: Double Standard

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Sent from my iPhone

Begin forwarded message:

> **From:** Brian Carrico <brian@i-h-s.com>
> **Date:** September 27, 2016 at 3:30:49 PM EDT
> **To:** Allison Murphy <Allison_A_Murphy@[redacted]>
> **Subject: Fwd: Double Standard**
>
> Brian Carrico
> VP of Sales
> Innovative Health Solutions
> 317-[redacted]
> Brian@i-h-s.com
> www.i-h-s.com
>
> Begin forwarded message:
>
> > **From:** Brian Carrico <brian@i-h-s.com>
> > **Date:** September 27, 2016 at 3:29:53 PM EDT
> > **To:** Senator Jim Merritt <jwmerritt49@[redacted]
> > **Subject: Double Standard**
> >
> > Senator
> >
> > I might also add that the state was paying for Vivitrol for over a year before it was cleared for opiates and it was being used for opiates every day.
> >
> > This cancels out anyone's argument against the BRIDGE.
> >
> > Brian Carrico
> > VP of Sales
> > Innovative Health Solutions
> > 317-[redacted]
> > Brian@i-h-s.com

www.i-h-s.com

Scott.A.Milkey

From: Allison Murphy <allison_a_murphy@[redacted]
Sent: Tuesday, September 27, 2016 3:32 PM
To: Brookes, Brady
Subject: Fwd: BRIDGE FDA Paperwork

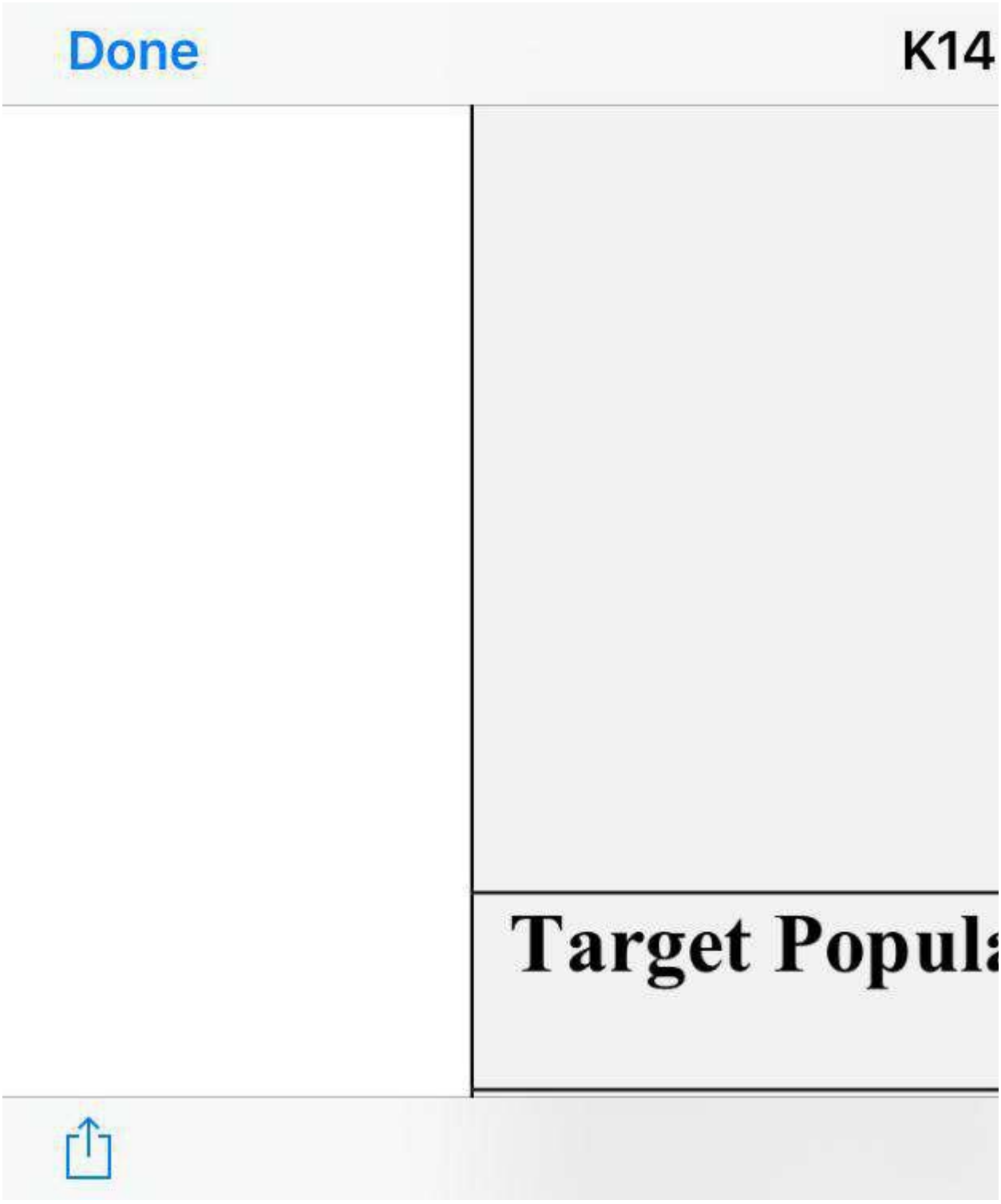
**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

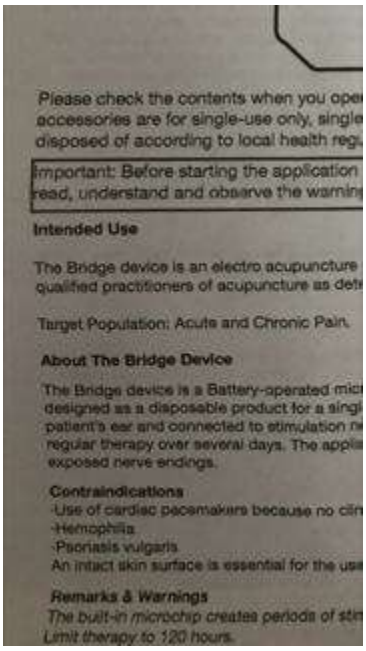
Sent from my iPhone

Begin forwarded message:

> **From:** Brian Carrico <brian@i-h-s.com>
> **Date:** September 27, 2016 at 3:24:19 PM EDT
> **To:** Allison Murphy <Allison_A_Murphy@[redacted]
> **Subject: Fwd: BRIDGE FDA Paperwork**
>
> Brian Carrico
> VP of Sales
> Innovative Health Solutions
> 317-[redacted]
> Brian@i-h-s.com
> www.i-h-s.com
>
> Begin forwarded message:
>
> > **From:** Brian Carrico <brian@i-h-s.com>
> > **Date:** September 27, 2016 at 3:20:45 PM EDT
> > **To:** Senator Jim Merritt <jwmerritt49@[redacted]>
> > **Subject: BRIDGE FDA Paperwork**
> >
> > Senator Merritt
> >
> > I have attached 3 pieces directly from the FDA website showing acute pain as one of the intended uses. This has not been a question anywhere in the private sector, only at the government level. I can clear these questions up with one meeting or one phone call. Let me know what else I can get you.
> >
> > Not that it needs to be but the category will actually be changed by the end of the year by the FDA to a peripheral new e stimulator.
> >
> > If the question of an acupuncturist comes up it should be noted that all providers are exempt from this rule because of their training already in place.

Thank You





Please check the contents when you ope
accessories are for single-use only, single
disposed of according to local health reg

Important: Before starting the application
read, understand and observe the warnin

Intended Use

The Bridge device is an electro acupuncture
qualified practitioners of acupuncture as def

Target Population: Acute and Chronic Pain.

About The Bridge Device

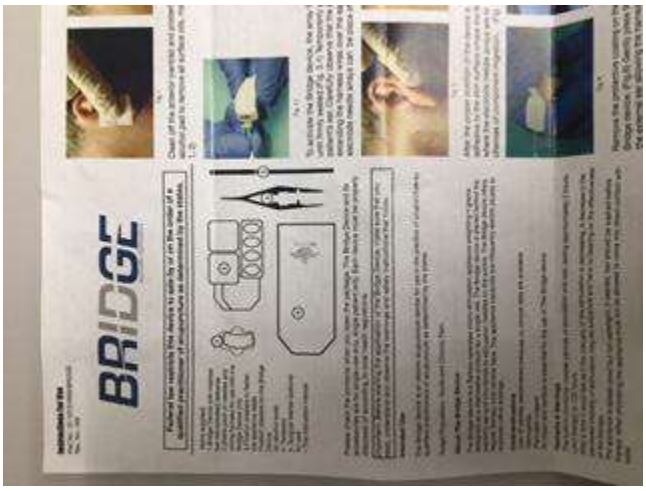
The Bridge device is a Battery-operated mic
designed as a disposable product for a singl
patient's ear and connected to stimulation n
regular therapy over several days. The appli
exposed nerve endings.

Contraindications

-Use of cardiac pacemakers because no clin
-Hemophilia
-Psoriasis vulgaris
An intact skin surface is essential for the us

Remarks & Warnings

The built-in microchip creates periods of stin
Limit therapy to 120 hours.



Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@i-h-s.com
www.i-h-s.com

Scott.A.Milkey

From: Gilson, Katie
Sent: Friday, September 16, 2016 9:54 AM
To: Vincent, Micah;Espich, Jeff;Atterholt, Jim;Pitcock, Josh;McGrath, Danielle;Brookes, Brady;Davis, Bridget M (GOV);Triol, Shelley;Lloyd, Matthew
Subject: [GovClips] Legislative Insight
Attachments: 9-19-16 Legislative Insight.pdf

Katie Gilson, *Staff Assistant*
Office of Governor Mike Pence
KGilson@gov.in.gov
Phone: (317) 232-1198
Fax: (317) 232-3443



INDIANA LEGISLATIVE INSIGHT

09/19/16
Volume 28, No. 38

Box 383 Noblesville, IN 46061-0383
317/817-9997 FAX 317/817-9998
IN GROUP

Agile networks for future

And what you didn't know about the towering new state big deal

You may have forgotten about the provision in HEA 1001-2015, the biennial budget bill, that provided $50 million in funding for the state's bicentennial celebration, including a new State Archives building and a new inn at Potato Creek State Park in North Liberty, to be offset by funding from a lease of underutilized state cell tower capacity.

Well, the Indiana Finance Authority didn't forget, and IFA has agreed to terms to lease the state's communications infrastructure, including its existing cell towers (we believe there are 341 of them – labeled in the deal as "traditional and non-traditional vertical assets" – up by more than five percent from when the budget bill passed), fiber optic cables, and streamlined right-of-way access to Ohio-based Agile Networks in return for more than $260 million in anticipated revenue (only $50 million is guaranteed upfront) to Indiana, pending review by the State's Budget Committee.

And if you were stunned by the numbers, you weren't alone, as we understand that even those involved in the deal on behalf of the State were surprised by the amount of cash being dangled – particularly upfront – on a playing field that has been so rapidly evolving in recent years that the technology could well be obsolete in just a few years given industry advances.

BudCom is likely to review the deal in late October, and while approval may have been viewed as a slam dunk when the deal was unveiled, there has been some stiff telecommunications industry pushback on the proposal, and even though key legislators appear to be on board, approval is not fully assured.

This agreement will not only fund the bicentennial programs, but will also result in expanded rural and agricultural broadband solutions and wireless services throughout Indiana . . . and with the growing importance of technology in agriculture at all levels, for both crops and livestock (look at the growth of precision ag programs in state higher ed, including Ivy Tech Community College as evidence), promises of a better quality and more reliable network with greater bandwidth allowing more activity to be conducted in real time portends what one ag community official describes as "a major step-change forward." Just as the state has focused on advanced manufacturing jobs, "advanced agriculture" jobs have become more important in that sector, and they are broadband-dependent.

Broadband expansion had been one of three top issues state and ag industry officials had been hammered over by the ag community in recent years.

Although this program is being sold to key sectors as a big rural broadband build-out, some who are familiar with the still largely sketchy details suggest privately that the rural broadband will take a backseat to government broadband solutions in urban areas involving the state fiber network. Bear in mind, however, two things: (1) this was an open procurement process, and all providers had an opportunity to submit proposals; and, (2) the technology will go where the towers are, and the towers are spread out throughout the areas of need (and we hear that folks in Southern Indiana should be very, very happy).

This will not be a panacea that solves all of the problems for those off the traditional grid in the Hoosier State, but it will represent another major move . . . and not just for the folks who can benefit from broadband build-out.

For more, please see the following page . . .

Taking a veeper look at office

Pence future; VP education facts and fun

Should the Trump/Pence ticket lose in November, Governor Mike Pence (R) – who has earned widely positive reviews for his own campaign activity – doesn't face a particularly encouraging political future when you consider the fate of vice presidential nominees who have lost an election and later returned to seek the presidency.

In the past 60 years, since 1956, among the 14 losing major party vice presidential candidates, just six have come back to stage serious bids for the presidential nomination, only two have won their party's presidential nomination, and neither of those won election (one of the two was a former sitting vice president, and one came back 20 years later to win nomination; if Gov. Pence followed that career path, he would be 77 years old).

Year	Losing VP nominee	Ran for President?	Nominated for Pres.?
1956	Kefauver (D)	No	No
1960	Lodge (R)	No	No
1964	Miller (R)	No	No
1968	Muskie (D)	Yes	No
1972	Shriver (D)	No	No
1976	Dole (R)	Yes	Yes (1996)
1980	Mondale (D)	Yes	Yes (1984)
1984	Ferraro (D)	No	No
1988	Bentsen (D)	No	No
1992	Quayle (R)	Yes	No
1996	Kemp (R)	Yes	No
2000	Lieberman (D)	No	No
2004	Edwards (D)	Yes	No
2008	Palin (R)	No	No
2012	Ryan (R)	No	No

No person whose last name beings with "P" has been among the 47 second-in-commands, and Dr. Eric Ostermeier of the University of Minnesota's Humphrey School of Public Affairs finds that if Gov. Pence loses his vice presidential bid, "he will become just the seventh elected official since 1828 to give up his or her seat only to be defeated as the party's vice-presidential nominee that cycle – and just the third in the last 140+ years."

The third Hanover College alumnus to serve as Indiana's governor, Gov. Pence also is the third Hanover grad to run for vice president on a major party ticket (and could be the second to win and serve).

Cont. under "IN Presidential Race," p. 4 . . .

As we understand it, the cash influx will immediately cover the cost of a new State Archives building, the state government campus bicentennial plaza, and a new education/visitor center for students in the Indiana State Library . . . while the new $25 million inn at Potato Creek will be more dependent upon the revenue stream.

The new Archives building is viewed as direly needed and a site has been obtained; the Department of Natural Resources had never worked up solid numbers for the new state inn, and that will likely take more of a back seat for now until it moves out of the conceptual phase – and that is likely to incite some lawmakers north of U.S. 30 who thought this project was further along.

According to the agreement, Agile Networks will pay Indiana an initial upfront payment of $50 million to manage, operate, and market the state's communications infrastructure, and pay the state an additionally anticipated $35.8 million in revenue sharing (6.2% of revenue, or about $1.5 million annually) over the initial, 25-year term of the deal.

If Agile Networks opts to exercise the company option to renew the agreement for an additional 25-year term, it will pay Indiana an additional up-front payment of $10 million, plus an additionally anticipated $164 million over the renewal term as the revenue share percentage is scheduled to increase in the second 25 years of the lease.

Agile claims a history of success in working with the public and private sectors to significantly increase broadband availability.

The Agile Network is a hybrid wireline and wireless network that will be developed in partnership with asset owners to bring together "wireless and fiber technologies to enhance asset value through investment and innovation," and provide what it calls an integrated "Pipe Power Tower" solution. Agile's wireless system takes advantage of microwave, fiber, and satellite communications.

The network agnostic approach will allow telecommunications and infrastructure providers to take advantage of Agile's open access model, with the "last mile" agility making it easy for wireless and other providers to enter new urban and rural markets in Indiana by allowing a provider to use whatever is the best network technology to fit needs of a particular market.

If wireless is deemed to be most appropriate, Agile will install panel or dish to the user's facility, and extend an Ethernet cable from that unit to an agreed upon demarcation point, while installations that may be a better fit for fiber-based technology will see their own custom-engineered solution.

Indiana Office of Management and Budget Director Micah Vincent explains that "This expansion will enhance broadband service as Agile Networks' open access model will give wireless carriers and providers the ability to easily enter new urban and rural markets."

This will be a multiple-phase effort, with the initial phase – likely to take a year – focused upon tying together the network before broadband service is extended into new areas, although some timelines under consideration call for the broadband expansion to unserved and under-served (read: rural areas, but also some urban) markets to occur within the first year of the lease term, but what areas will be covered by the new service is still unclear.

"The impact of significantly increasing broadband availability in underserved areas will facilitate economic development, increase educational learning and telemedicine opportunities, increase growth for rural businesses, advance agricultural technologies, and provide reliable broadband for residents," says OMB's Vincent.

Expect Agile Networks to add a significant employment presence in the state, with satellite offices expected in the Evansville, Fort Wayne, and Indianapolis areas.

IN Politics

Federal Office Races . . .

● A post-Labor Day TV spot for former U.S. Sen. **Evan Bayh** (D) tags U.S. Rep. Rep. **Todd Young** (R) again for choosing "the Tea Party over Indiana jobs," and noting that "Republican Sen. **Dick Lugar** and Evan Bayh worked together to save our auto jobs, but Todd Young joined the Tea Party, attacking the plan and he called saving 100,000 Hoosier jobs 'a waste,' " suggesting that the anti-Lugar rhetoric on the GM and Chrysler bankruptcies that was used against Lugar in 2012 might ring differently in a different context in 2016 (and continuing to show how the tea party brand has become more of a negative than a positive) . . . Americans for Prosperity adds another $228,974 to its spending in opposition to Bayh in the form of staff salaries and postage and printing for mailers . . . independent expenditures by the National Rifle Association Institute for Legislative Action early this month on behalf of Rep. Young total $137,035 for assorted expenses surrounding a direct mail piece . . . the National Republican Senatorial Committee pumps in just shy of $50,000 more to its spend against Bayh, split almost evenly between media production and digital media placement . . . the Senate Leadership Fund opened a $4 million Fall advertising campaign with a new ad reminding Hoosiers of how Bayh cast a deciding vote for Obamacare, an ad that began Tuesday on all broadcast and cable TV markets in Indiana, as well as on digital mediums (the same day that Rep. Young announced he was authoring a new measure to offer relief from Obamacare individual mandates). The first IE for the digital component was $252,430, which we believe to be a record in digital spend for any Indiana race. Also last week, the New Prosperity Foundation adds another $35,000 in anti-Bayh web ad independent expenditures . . . *Roll Call* reports Tuesday that "In the last five weeks, one source tracking ad buys in Indiana found that Republicans outspent Democrats by a nearly 2-to-1 margin, $4.9 million to $2.7 million, thanks in large part to sizable investments from GOP-aligned outside groups like the Chamber of Commerce and the Senate

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

Leadership Fund." That has led the pro-Democrat Senate Majority PAC to decide to pour what it promises will be a ton of money into the race on behalf of Bayh, but no one seems to know quite yet quite how much or for quite how long, even as the first spot (attacking Rep. Young on Social Security) debuted Thursday as part of a $700,000 initial buy . . . POLITICO added up the numbers and wrote Wednesday that "The DSCC also has $1.3 million reserved in television spending. But right now, Republicans have $7 million reserved in television airtime, less than Bayh and Democrats have reserved. And more pro-Young funds are likely to come from groups like the Chamber of Commerce, which hasn't reserved television airtime in advance" . . . Senate Democratic Campaign Committee Chair **Chuck Schumer** (D-NY) reportedly postponed a fundraiser for his own campaign to attend and highlight the importance of a Wednesday D.C. fundraiser for Bayh that featured U.S. Sens. **Joe Donnelly** (D), **Heidi Heitkamp** (D-ND), and **Tom Carper** (D-DE), and former U.S. Sen. **Kay Hagan** (D-NC) and a bevy of lobbyists. Bayh will be back in D.C. September 26 for another big Inside the Beltway fundraiser for his campaign at the home of former Clinton presidential aide **Mack McClarty** . . . the first spot of the 2030 Senate cycle aired Tuesday, as **Beau Bayh** was set to stuff a no-look "Hudnut hook" pass (that turned into a basket) from his father (Orvis) in a decidedly Hoosier spot that featured Harvard undergrads **Nick Bayh** (adidas/Pacers) and Beau Bayh (Nike/ISU) on the driveway basketball court (Republicans wonder whose home it was) with dad, softening their father's denouncement of "lie[s]" from the Young campaign (and Senate Majority Caucus Leader **Jim Merritt** (R) can't be happy that he shows up in the background of a Bayh spot for the second time this Summer!) . . . just a few days after the Bush 43 appearances in Elkhart and Indianapolis for Rep. Young, U.S. Speaker of the House **Paul Ryan** (R-WI) traveled to Fort Wayne Friday to hold a fundraiser for Rep. Young . . . Bayh trades on the public discontent with Congress by proposing low-hanging fruit-type congressional "reforms" that include suspension of pay for lawmakers absent budget passage, or in the event of government shutdowns or debt defaults (which would hit less wealthy solons more than those who might enter their service with substantial resources, like a Bayh or a Hollingsworth). He also seeks an end to unsolicited franked mailings (but makes no mention of spending similar office funds on radio or television spots or online ads). At the same time, Democrats press Rep. Young to back up his claim that he did not accept his pay during the government shutdown in 2013 (which should give you a clue about what to expect from a new line of anti-Young advertising) . . .

● The latest independent polling in the U.S. Senate race, by Public Opinion Strategies for WTHR-TV/Howey Politics Indiana (09/06 - 08; 600 LVs; margin of error ± 4.0%), finds **Evan Bayh** (D) leading, but with the smallest margin of any poll in the race to date. While the campaign of U.S. Rep. **Todd Young** (R) boasts that "Bayh's lead in the ... race has evaporated. He's lost 17 points in 58 days and we still have 59 left to go," take that with a grain of salt. In the only other independent polling we've seen, Bayh was up 48% to 41%, and the change is well within the margin of error. Any movement, if you can discern it, is all inside the margin of error, and it hasn't been to Young, but rather to the undecided or won't vote category. This poll simply confirms what the cognoscenti have suspected all along: all of the other public polling, conducted on behalf of Democratic interests, carried too much of a Bayh bias to be believable. Has Bayh been hurt by all the negative advertising and news stories about his residency (and to a lesser extent, his policy positions)? Undoubtedly, but it hasn't been the equivalent of a crippling blow, and anti-Young advertising seems to have also paid off by a lack of migration of voters to the Young camp. Whether the negatives deployed against Bayh will prove to have an accretive effect (and whether Young – the guy in the Nike Marine t-short – can offer positive reasons for voters to favor him as well) will become clearer in the next round of polling . . . but now, we'd have to say that with early voting just around the corner and diving into the demographics of the POS and Monmouth polls, Bayh is likely up just at the margin of error, but probably not quite at the majority threshold. After all, he has a reservoir of goodwill upon which to draw (Bayh's 48% view him favorably to 28% unfavorably, vs. 30% favorability for Young vs. 22% unfavorable). Bayh's pollster and campaign manager hosted an invite-only briefing on the state of the race Monday for top DC insiders – and insiders were speculating that since there were no deliberate leaks from the Bayh camp, the meeting was convened more out of urgency than to calm nerves or assuage fears with new inflated numbers.

	Bayh (D)	Young (R)	Merton (L)	Other/ Undec.
(I) WTHR/HPI 09/06 -08	44%	40%	5%	11%
(D) GHY 08/15 - 18	55%	39%	??	6%
(I) Monmouth 08/13 - 16	48%	41%	4%	4%
(D) GSG 08/10-14	54%	36%	??	10%
(D) Expedition 08/01 - 03	58%	32%	??	9%
(D) GHY 07/12 - 14	54%	33%	??	13%

□ As the perception continues that Bayh has been losing ground, more questions arise about why he chose to delay his personal financial disclosure reporting (now due October 9) instead of getting it out early and not letting it become a distraction from his own message as early voting opens.

● Both major party candidates in CD 02 hit local TV after Labor Day with positive spots, waiting longer than usual to engage in broadcast advertising . . . challenger **Lynn Coleman** (D) was the beneficiary of a September 15 fundraiser in Washington, D.C. hosted by U.S. Sen. **Joe Donnelly** (D) (the last Democrat to hold the seat), House Democratic Whip **Steny Hoyer** (D-MD), the two Demo Hoosier members of Congress, and the Congressional Black Caucus PAC . . . POLITICO reports Republicans are concerned that "a lack of enthusiasm among their voters could prove costly, and GOP polling in CD 02 finds the race to be "surprisingly close," and that the GOP base is "far less passionate about Trump than it was about **Mitt Romney** in 2012." Republicans have traditionally fared better in this district in presidential election years than in the off years, in the last 60+ years only winning that seat back from Republicans in 1958 (Brademas), 1990 (Roemer), and 2006 (Donnelly) . . . Coleman and the Libertarian nominee accepted an IU South Bend debate invite, but Rep. Walorski declined.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● As the open seat CD 09 candidates prep for their September 19 Greenwood debate, **Trey Hollingsworth** (R) hit Indianapolis TV Monday amidst concern that the top of the ticket could be problematic for his bid. POLITICO reports "the National Republican Congressional Committee has ordered up fresh polling in [the] district that **Mitt Romney** carried comfortably four years ago, but where Trump could be a liability." The first round of polling found Hollingsworth and 2012 nominee **Shelli Yoder** (D) to be "surprisingly close," and Republicans are concerned that their national campaign calls for greater transparency from Team Clinton could resonate against them in a district in which their congressional nominee is refusing to release his recent tax returns, or even confirm what state is the beneficiary of his individual income taxes . . . Indiana Jobs Now, the political action committee that had been fully funded by Hollingsworth's father, airs a brutal 30-second radio spot contrasting "Socialist Shelli" with "Trey the Job Creator." "Socialist Shelli" believes in "bigger government and more spending in Congress and she loves Obamacare." She's never created a job, nor signed the front of a paycheck, and "while she claims to be a lifelong Hoosier, she spent a decade of her life in Tennessee." "Trey has created hundreds of jobs here in Indiana. And Trey's not a politician; he's an outsider." The buy was about $15,600 followed by another $105,388 investment reported by the PAC Thursday.

State Office Races . . .

● The Republican Governors Association hosted a Washington, D.C. fundraiser for Lieutenant Governor **Eric Holcomb** (R) September 15 at the offices of BGR Group, a lobbying firm led by former Mississippi Gov. **Haley Barbour** (R-MS), a long-time friend and associate of Holcomb's My Man Mitch mentor . . . the Committee to Elect **Brian Bosma** makes a $15,000 contribution to the Holcomb campaign September 1 . . . Illinois Gov. **Bruce Rauner** (R)-IL) makes a personal contribution of $100,000 to the Holcomb campaign; the same day, Sunrise Coal LLC of Terre Haute added $50,000 . . . the Northeast Indiana PAC for Better Government LLC in Fort Wayne sends $20,000 to Holcomb and car dealer **Tom Kelley** of Fort Wayne adds $25,000 to the Holcomb kitty . . . the newly organized Fishers-based Sikhs Political Action Committee contributed $25,000 to Holcomb coffers . . . the Democratic Governors Association plunks another $300,000 into the gubernatorial campaign of **John Gregg** (D) . . . **Leland Boren** of Upland contributed $25,000 to the Gregg effort.

□ The first post-bio TV spot from Team Holcomb hit the airwaves Thursday, showing and associating the LG with former Gov. **Mitch Daniels** (R) and praising the Daniels-engineered comeback after "We tried it my opponent John Gregg's way and it didn't work. It didn't have a happy ending. We were delaying payments to local schools and local governments" and running up a "massive deficit." There's no mention of the guy who named Holcomb as his LG.

● The latest independent polling in the Governor's race, by Public Opinion Strategies for WTHR-TV/Howey Politics Indiana (09/06 - 08; 600 LVs; MOE ± 4.0%), finds that **John Gregg** (D) maintains a slight edge over Lieutenant Governor **Eric Holcomb** (R), 40% to 35%, and **Rex Bell** (L) at six percent.

□ Those numbers should indicate to you the generic strength of the Republican brand in Indiana, because some 44% of those surveyed have "never heard" of Holcomb, vs. just 31% who have never heard of Gregg. Holcomb's favorables are 17% to 14% unfavorable, compared to 33% favorables and 19% unfavorable for Gregg. The POS survey finds that Holcomb is finding it difficult to gain traction in the donut counties, polling only 51% to almost 60% that Governor **Mike Pence** (R) had earned in April polling (and he was considered to have problems in the heavily GOP areas that need to give Republicans well over 60% of the vote to counter Indianapolis and urban Lake County support for Democrats).

● The *Indianapolis Recorder* and Radio One host a September 25 Indianapolis forum with the three gubernatorial candidates.

● The Republican State Leadership Committee (RSLC) releases the first round of its "16 in '16: Races to Watch" list, recognizing "rising stars ... ready to champion conservative governing and who represent the full diversity and depth of our electorate," and the lieutenant governor race of State Auditor **Suzanne Crouch** (R) is among those identified, one of only three statewide races among the RSLC's national Sweet 16.

● Hoosiers for Freedom PAC, the Washington, D.C. political action committee that operates as an arm of the Republican Attorney Generals Association, makes an early September contribution of $400,000 to the attorney general campaign of Elkhart County Prosecutor **Curtis Hill, Jr.** (R), as well as another $15,250 in-kind contribution.

Legislative Races . . .

● The Wal-mart Stores Inc. PAC for Responsible Government makes some adjustments to its September federal Election Commission reports to account for uncashed Memorial Day contributions to the respective campaigns of Senate President Pro Tem **David Long** (R) and Senate Majority Floor Leader **Brandt Hershman** (R).

IN Presidential Race . . .

➜ *Cont. from front page . . .*

Democrat Thomas A. Hendricks, an 1841 graduate, was elected vice president under Grover Cleveland in 1884, while William English, an 1843 Hanover grad, was the Democratic candidate for vice president in 1880 with Winfield Scott Hancock. They lost to the James A. Garfield/Chester A. Arthur Republican ticket.

Should Gov. Pence win the vice presidency this year, member institutions of the Independent Colleges of Indiana will have accounted for graduating more elected vice presidents since 1968 than Ivy League institutions (though if you add in the two unelected vice presidents from the 1970s, the Ivys would have sent three, one more than ICI's two. And, perhaps more remarkable, if Gov. Pence is elected, the Indiana Unversity School of Law - Indianapolis will have sent twice as many of its alums to the vice presidency since than Ivy League law schools since at least the 1940s; and no other law school would be responsible for educating more vice presidents since at least the 1940s.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Trending vice presidential news: A few days after a private meeting in Georgia with Governor **Mike Pence** (R), influential conservative activist **Erick Erickson** writes "If **Donald Trump** truly wants to stop **Hillary Clinton**, he needs to withdraw from the race at once. His running mate, Mike Pence, is vastly better on the campaign trail, makes for a far better candidate, and would be a vastly more competent President. Early voting starts soon. Before those first votes are cast, Donald Trump needs to exit the race and give the GOP a fighting chance, which his candidacy does not provide." That suggestion came the day after the *Washington Post* served up a glowing view of Pence performance . . . some who have followed the Pence congressional career were surprised by the Trump/Pence child care tax deduction and tax-sheltered "Dependent Care Savings Accounts," given his penchant to oppose costly new social mandates without fully compensatory spending offsets . . . the Guv took heat even from some strongly conservative elected officials (such as U.S. Sen. **Mike Lee** (R-UT)) for failing to flat-out "deplore" white supremacist **David Duke** (R-LA)) in response to a question from CNN's **Wolf Blitzer**, yet he did emphasize that, "Donald Trump has denounced David Duke repeatedly. We don't want his support, and we don't want the support of people who think like him" . . . after the Indianapolis-based NCAA yanked collegiate championship events from North Carolina over its so-called bathroom laws, the left took aim at Governor Pence over his position that "Donald Trump and I simply believe that these decisions are best made at the state level by the people and where disputes arise they should be resolved in the courts." There were rumblings that this was no different a stance than many southern governors had adopted during the states' rights disputes over segregation in the early 1960s . . . U.S. Sen. **Tim Kaine** (D-VA), the Democratic presidential nominee, made a quick informal Gary campaign stop Wednesday that violated some local political protocols and left key local pols steaming.

● Purdue University President **Mitch Daniels**, a member of the Commission on Presidential Debates, told **Peter Alexander** in a live MSNBC interview on September 8 that the criteria for inclusion in this year's debate "ought to be re-examined," to consider allowing the Libertarian Party nominee to participate. He noted the unique circumstances, noting the two major party nominees are "disfavored by Americans more than any other candidates in American history," and many are "thinking about not voting because they are so discouraged about their choices" – and are "on solid ground" for thinking that way.

● A trio of polls with sharply different methodologies over a lengthy survey period offer good news for the Hoosier GOP. A Reuters/Ipsos Indiana poll (08/19 - 09/01; 303 LVs; MOE ??) shows a 56% - 32% lead for **Donald Trump** (R) over **Hillary Clinton** (D), but **Gary Johnson** (L) was not on this ballot test . . . a *Washington Post*-SurveyMonkey online 50-state poll (08/09 - 09/01; 2,294 RVs, "No margins of sampling error are calculated, as this statistic is only applicable to randomly sampled surveys") shows Trump at 52% - 37% over Clinton in a two-person match, with 11% undecided; in a four-candidate contest (despite **Jill Stein** (G) not on our ballot) Trump is up 46%-30% over Clinton with 13% for Johnson, five percent for Stein, and six percent unsure. The President earns 41% approval.

□ A WTHR-TV/Howey Politics Indiana poll by Public Opinion Strategies (09/06 - 08; 600 LVs; MOE ± 4.0%) finds Trump leading Clinton 43% to 36% with 11% for Johnson and only six percent undecided, down from a pre-primary April match-up which found Trump leading Clinton by a 47% to 39% margin. Both candidates are upside down in favorability, with Trump's favorability/unfavorability at 42%:54% while the Clinton numbers are 34%:62% among Hoosiers.

IN Political News . . .

● Delaware County's Democratic Party chair, Muncie Police Chief **Steve Stewart**, resigns his party post, citing family reasons . . . and St. Joseph County Republicans will elect a new chair on Wednesday, September 21 . . . after Gary Democrats called for a new election for party chair, **Willie Stewart**, who assumed the reins last year, was cast aside in favor of Lake County Assessor **Jerome Prince** (D).

● We recently told you about some of the campaign finance complications involved in having a governor run on a presidential ticket given assorted interpretations of federal pay-for-play rules, and now Goldman Sachs Group Inc. has opted to bar all of its partners from not only making campaign contributions to state and local officials running for federal office, but also state and local candidates running for any office.

● The 2016 WISH TV/Ball State University Hoosier Survey will be in the field during the week of October 10. This year's survey will poll 800 registered Hoosier voters and include questions on voter choice for president and the key statewide races as well as questions regarding Hoosiers' top priorities for the 2017 General Assembly. Results will first be aired on WISH-TV on October 18.

● U.S. Sen. **Tom Cotton** (R-AR) will be the keynote speaker at the Allen County Republican Party Reagan Bean Dinner on October 27 in Fort Wayne.

IN Brief

IN Federal Circles . . .

● U.S. Sen. **Dan Coats** (R), a member of the Senate Select Committee on Intelligence, appears on WGN 720-AM radio in Chicago and cites "pretty strong evidence to date" that the Russians are trying to breach our election security and "manipulate" results, and calls for an "all hands on deck" review and then there needs to be a response – a strong response ... and hit back and hit back hard." "When it's state-sponsored and state-engaged, that takes it to another level," he adds. "I think he's messing with us," Sen. Coats says of the Russian president, calling for better protection of election systems across the United States . . . Sen. Coats, chair of the Joint Economic Committee, introduces the "Mandatory Bureaucratic Re-Alignment and Consolidation Commission (BRACC) Act" to address national debt and deficit problems. The Coats legislation would use the Defense Department Base

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

Realignment and Closure (BRAC) independent commission process as a model to address growing mandatory spending, creating an independent panel of private sector experts which would develop a proposal to balance the federal budget and streamline mandatory spending programs to ensure they do not encompass more than one-half of non-interest spending. The commission's plan would then be put before Congress for an up-or-down vote through an expedited process. If Congress fails to adopt the suggestions of the Mandatory BRACC or to develop its own plan to achieve specified goals, the Coats legislation would allow federal spending to increase by only three percent annually. The panel commission would be asked to consider: (1) Reforming the operation of mandatory programs; (2) Consolidating mandatory programs with similar goals; (3) Classifying specific mandatory programs and discretionary spending; (4) Eliminating any mandatory program that does not have proven beneficial outcomes or usefulness; and, (5) Identifying opportunities to reduce the cost or increase the efficiency of mandatory programs by shifting authorities to the states or by contracting with private entities . . . Sen. Coats delivered his 49th Waste of the Week speech on the Senate floor, highlighting how the Obama Administration turned the Nonrecurring Expenses Fund (NEF) into what Sen. Coats labels as "a slush fund to pay for Obamacare." NEF is a U.S. Department of Health and Human Services (HHS) fund created in 2008 as a way for HHS to use money that has expired for small, one-time construction and technology costs. Typically, HHS funds are available for five years and if they are not used within five years, they are considered "expired." Before NEF's creation, these expired funds would typically revert to the Treasury Department to help reduce the federal deficit. Sen. Coats reveals that from fiscal years 2013 to 2016, the Obama Administration diverted more than $1.3 billion from the NEF to "prop-up failed Obamacare exchanges." "Congress decided to create this NEF fund for health care facility construction and health technology purposes," said Coats. "Unfortunately, it did not take long for the Obama Administration to essentially turn this into a slush fund. The administration used the NEF as an Obamacare penny bank." A large portion of the funds that go into the NEF are unused funds from the National Institutes of Health (NIH) and the Centers for Disease Control. "We are now debating how to best address the Zika virus, and I believe we should turn our eye to the NEF – not only as a way to help American families, but also as a way to prevent the Obama Administration from continuing to abuse money within the NEF," added Sen. Coats. "I would rather see money that Congress intended for NIH be used for medical research, not used as a slush fund that the administration uses as it sees fit, especially to prop up a flawed law" . . . Sen. Coats, a member of the Senate Select Committee on Intelligence, joined a group of 33 GOP senators in warning the President against bypassing the Senate and seeking United Nations Security Council endorsement of the Comprehensive Nuclear Test Ban Treaty (CTBT). If he pursue a Security Council resolution that accepts "the imposition of international obligations that the Senate has explicitly rejected," the senators threaten to prevent the authorization or appropriation of approximately $32 million annually (25% of the Comprehensive Nuclear Test Ban Treaty Organization Preparatory Commission budget). The Constitution "limits the President's power to make treaties subject to the advice and consent of the Senate," the letter states. "It is thus disturbing that your Administration appears to be trying to circumvent the Senate's constitutional treaty role, this time by seeking to use the United Nations Security Council to endorse the Comprehensive Nuclear Test Ban Treaty, which the Senate rejected in 1999." The letter makes it clear the senators believe that "seeking a U.N. Security Council Resolution to limit or prohibit nuclear weapons testing would be an unconstitutional assertion of Executive authority and an abuse of the separation of powers," and seeks answers to seven questions (and sub-questions) regarding the administration's ongoing negotiation . . . in opening a hearing on the federal debt that he chaired, Sen. Coats told colleagues that he was "cleaning out some old documents, and I came across a press release from 1982, when I was a Member of the House [and] wrote about how we need to balance the federal budget, and how that cannot be done without slowing the growth of mandatory spending. I was alarmed at the rate of growth in mandatory programs and how Washington's autopilot-spending had allowed Medicare to grow to the point where it reached $46 billion. Yes, $46 billion. Sadly, that seems like pennies on the dollar today when we are projected to spend more than $588 billion this year on Medicare alone .... the latest numbers from the Congressional Budget Office indicate that our gross federal debt is once again larger than the size of our economy. It is no longer a question of IF we will ever have to finally address our gargantuan debt, but when. In only 10 years, the cost of mandatory programs and interest on the debt will consume over 96% of all federal revenues. This is expected even though, on average, the federal government is expected to take a larger share of revenues each year for the next decade than it has over the past 50 years. This means that if we are going to be able to pay for other priorities, like national security and medical research, almost every bit of it will be on borrowed dollars. Without a strong economy or government finances, the nation and the American public's security is in danger." He closed the hearing by lamenting that "I can't think of a more challenging issue for the next president, and it's not even being discussed."

- Testifying before Congress' Joint Economic Committee on the federal debt (his testimony was adapted later in the week for a *Wall Street Journal* op-ed), Purdue University President **Mitch Daniels** closed with these words:

If national leadership continues to allow our drift toward a Niagara of debt, until solemn promises are broken as they would then inevitably be, today's sense of betrayal will seem tame. When today's young Americans learn the extent of the debt burden we have left them, they may question the premises of our self-government, with good reason. When tomorrow's older Americans finally understand how they have been actively misled about the nature and the reliability of our fundamental social welfare programs, it may be the last straw breaking the public confidence on which democracy itself depends. In fairness, a few members in each political party, some in this meeting room, have tried to address the coming crisis. To them, all thanks and credit. To those still in denial, or even advocating steps that would make our debts even higher, please reconsider. Your careers may end happily before the reckoning. Your reelections may not be threatened by your inaction. But your consciences should be. You know this, or you should.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● U.S. Reps. **Luke Messer** (R), **Todd Young** (R), **Jackie Walorski** (R), **Susan Brooks** (R), **Larry Bucshon** (R), and **Todd Rokita** (R) filed legislation Tuesday aimed at assisting veterans harmed by closure of Carmel-based ITT Technical Institute. While current federal law allows students to have their federal student loans discharged if they are unable to complete a degree program due to the closure of an institution, there is no similar provision for veterans who used GI Bill educational benefits to pursue a degree. H.R. 6003 would allow veterans to recover those if they were using them at an institution that closes, preventing them from completing their degree. The bill would apply to all vets enrolled at ITT Tech when it closed.

□ Before the legislation was filed, Rep. Messer, who serves on the House Committee on Education and the Workforce, sent a letter to U.S. Department of Education Secretary **John King** demanding details about the circumstances behind ITT Tech's shutdown (as well as USDOE's involvement and knowledge) and what the Department and ITT Technical Institute plan to do about an estimated $500 million in unpaid federal loans taken out by ITT students. He doesn't want students and taxpayers to be "completely on the hook" for outstanding loans. Current law allows students who can prove they have been defrauded by an educational institution or are unable to complete a degree program due to closure to apply to have their federal student loans discharged. "My first priority is making sure we offer help to the students who borrowed thousands of dollars to invest in their futures, thinking they would walk away with a valuable education and degree," Rep. Messer said. "But this will come at a high cost, and American taxpayers should not be stuck with the entire bill." In his letter, Rep. Messer asks USDOE for info about the potential sale of ITT Tech's campuses, other proposals offered by ITT Tech to reimburse students, and what actions are being taken by federal regulators to protect taxpayers.

□ Rep. Rokita, chair of the House Committee on Education's K-12 subcommittee, sent a letter to Office of Federal Student Aid Chief Operating Officer **James Runcie** seeking more information and data related to the government rules that ultimately forced ITT Educational Services, Inc. to close. Rep. **Virginia Foxx** (R-NC), widely viewed as the next chair of the full committee, also signed the letter. "The Obama administration's targeting of for-profit colleges has led to a decrease in education options at a time when the workforce is demanding more training and skills from its workers," said Rep. Rokita. "The Department's unwillingness to reassess the situation as the results became clear, and lack of corrective actions, would have put any institution in a tough spot, and appear to contradict established precedents in some cases. Furthermore, the Obama administration never focuses such scrutiny on government-funded schools. I will continue to provide oversight and fight to get Hoosiers and ITT Tech students across the nation the answers they deserve."

● U.S. Rep. **Susan Brooks** (R) sees the House Committee on Homeland Security Committee approve H.R. 5859, the "Community Counterterrorism Preparedness Act," of which she is a co-sponsor. The measure would create a major metro area counterterrorism training and exercise grant program.

● U.S. Rep. **Todd Rokita** (R) helped lead a House Budget Committee oversight hearing September 7 which highlighted Congressional Budget Office (CBO) estimates of the fiscal impact of proposed changes to the Centers for Medicare and Medicaid Innovation (CMMI), and how CBO's analysis may be hampering congressional oversight of CMMI. Concerns among Republicans have been raised about whether the nature of CMMI's new Medicare payment models exceeds legal authority. CMMI, a group within the Centers for Medicare and Medicaid Services, is tasked with developing and testing new payment models for Medicare and Medicaid. Repubs have also raised questions about CMMI's decision to require mandatory – rather than the usual voluntary – participation of health care providers in the models, and the impact such a pilot could have on the practice of medicine and patient access to critical health care treatment . . . Rep. Rokita joined eight House Republicans September 9-10 for a survey of flood damage in Baton Rouge, visiting damage sites and reviewing response from the Federal Emergency Management Agency . . . Rep. Rokita commended **Donald Trump** (R) Monday for his school choice plan, adding "I am glad to see this issue being brought into the presidential election, letting millions of people know about the benefits of school choice and the work of my subcommittee on the topic" . . . Rep. Rokita used a floor speech to urge colleagues to pass H.R. 5587, the "Strengthening Career and Technical Education for the 21st Century Act," explaining it would provide much-needed flexibility to state and local leaders, help build stronger engagement between schools and employers, and ensure that CTE programs are delivering results. The House voted 405-5 to approve the measure, with U.S. Rep. **Marlin Stutzman** (R) one of only five members (all Republicans) to vote against it . . . Rep. Rokita, vice chair of the House Committee on the Budget, introduced H.R. 6040, the "Zero Impacted Kids in America (ZIKA) Act," legislation to provide a fully paid-for approach to funding Zika virus research. By reducing social entitlement spending – specifically, Social Services Block Grants to states by 12.5% for nine years – his ZIKA Act would send $1.48 billion to the U.S. Department of Health and Human Services, $335 million to USAID, and $41 million to the State Department to combat the virus. The Social Services Block Grants program offers funds for a variety of social services, including what Rep. Rokita considers to be "redundant services that are covered by other existing federal programs." "Americans want a cure and prevention for Zika, and funding such research is a huge priority. Americans and their representatives should now decide what is a lesser priority so that Zika research is fully funded. Without paying for new priorities, we add to the debt and put our children's quality of life in jeopardy. This would only solve a problem by enlarging another. That is why my bill provides the Zika research funding sought by both sides of the aisle in a way that is entirely paid-for," Rep. Rokita explains.

● U.S. Rep. **André Carson** (D) authored an amendment in the House Committee on Transportation and Infrastructure to H.R. 5147, the "Bathrooms Accessible in Every Situation (BABIES) Act," and then moved the full measure out of committee on a voice vote. His amendment would require that public restrooms in public buildings be equipped with baby-changing facilities, but clarifies that public buildings need not be retrofitted "if the cost of such construction is unfeasible."

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● U.S. Rep. **Pete Visclosky** (D), as vice chair of the Congressional Steel Caucus, joined with the GOP chair of the caucus in a letter to the President in advance of the G20 Summit in China, asking him to address China's illegal trading practices and the global steel overcapacity crisis. The duo asserted that China's illegal trade practices have forced mill closures and idling, and layoffs of thousands of Americans. The letter highlighted their desire to address issues related to currency manipulation, illegal government subsidies, state-owned enterprises, China's non-market economy status, and cyber warfare. The letter also requested that China's broken promises and continued strategy of undercutting American workers be met with a multi-pronged strategy to ensure the future prosperity of the domestic steel sector.

● U.S. Rep. **Todd Young** (R) teams up with U.S. Sen. **Tom Cotton** (R-AR) to introduce bicameral legislation to offer additional relief from the Affordable Care Act individual mandate. "Obamacare mandates are squeezing middle-class Hoosiers, forcing them to absorb double-digit premium increases and penalizing those who cannot afford the high cost of health coverage," said Rep. Young. "In Indiana, plan options are increasingly limited, and the high deductibles that accompany them are sobering. The most popular plans in the marketplace now require Hoosier families to pay, on average, between $6,400 and $11,600 in out of pocket deductibles before their coverage kicks in. Despite its many promises, Obamacare isn't affordable nor is it working for the average American family. Our legislation provides greater financial relief from Obamacare's individual mandate because the hardworking people we represent don't deserve to be penalized under a partisan law that's failed them." The bicameral "Relief From Obamacare Mandate Act" would provide an exemption from the individual mandate if deductibles are "unaffordable," incorporating the maximum annual deductible into the percentage of household income affordability determination; or if the state's average premium increase is more than 10 percent. The bill is different from the Messer-Stefanik Obamacare mandate relief measure we told you that U.S. Rep. **Luke Messer** (R) introduced in July).

● U.S. Rep. **Jackie Walorski** (R), a member of the House Committee on Veterans' Affairs, applauded House passage (by voice vote) of H.R. 3471, the "Veterans Mobility Safety Act," her bill that would improve the quality and safety of mobility equipment used by disabled veterans and require the U.S. Department of Veterans Affairs to set comprehensive standards for providers of automobile adaptive equipment . . . Rep. Walorski was able to have the full House vote Thursday to approve her measure to temporarily block the transfer of detainees from Guantanamo Bay. H.R.5351, which has been threatened with a presidential veto, passed 244-174, largely along party lines, even as Democrats questioned its constitutionality. The Walorski measure would prohibit funds from being used until the earlier of the enactment date of the FY 2017 Defense Appropriations measure or January 1, 2017, for the transfer or release of anyone detained at Gitmo (61 remain). The next president would also be required to provide Congress with a plan outlining how release of such detainees fits a broader strategy for handling those detained in wartime.

● U.S. Rep. **Larry Bucshon** (R) teams with U.S. Rep. **Katherine Clark** (D-MA) to introduce the bipartisan "Youth Opioid Use Treatment Help (YOUTH) Act" to help adolescents and young adults suffering from opioid use disorders access the treatment they need by expanding and strengthening access to medication-assisted treatment programs. In addition to reauthorizing and broadening eligibility for substance use treatment services for adolescents and young adults under the Public Health Service Act, HR. 5956 would authorize creation of programs to expand access to medication-assisted treatment for children, adolescents, and young adults with opioid use disorders, and appropriates $5 million for those programs.

IN State Circles . . .

● At the request of the Secretary of State's Office, since late August six Indiana State Police detectives have been investigating "several instances" of allegedly fraudulent voter registration applications – focusing upon Hendricks and Marion counties.

□ According to the state's election office, "A group by the name of the Indiana Voter Registration Project has turned in forged voter registration applications. The group was altering already registered voter's information. The group changed the voters address to an address not associated with the voter without the voter's knowledge .... The Secretary of State's office has reason to believe this group will continue operating until the close of registration." The Office urges Hoosiers to review their voter registration info online to ensure that it is accurate.

● We were first to tell you about panicked pleas from some prominent parties to the Indiana Utility Regulatory Commission to delay implementation of mandatory 10-digit dialing in the 317 area code by one month from the scheduled September 17 effective date, and those efforts were successful. The Commission opts to delay the mandatory 10-digit switch to October 15.

● Look for the Indiana Bond Bank community funding initiative, authorized under SEA 306-2016, legislation authored by Sen. **Randy Head** (R), to take root soon. The key element of the measure allows local units of government to pool funding needs into a broader-based bond deal overseen by the Bond Bank, allowing them to go to the markets to raise money for smaller initiatives (generally not more than the low seven figures, but likely to be in the six figures for smaller communities and governmental entities) while sharing costs for bond counsel and advisory services that would be higher if doing debt deals individually. The Bond Bank and Treasurer's Office have been traveling the state this Summer explaining the program (which also allows longer maturity dates on municipal securities purchased by the Treasurer of State, which will lower regular payments by the locals) to local officials and inviting participation.

□ Expect a discrete number of projects to be funded via the first bond to be issued under this initiative (although more will be expected going forward as the benefits are fully comprehended), with towns and even school districts using the option for projects that will range from parks to fueling stations.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● The Governor's recent attempt to prevent Syrian immigrant resettlement in Indiana was the subject of oral argument before the U.S. Court of Appeals for the Seventh Circuit Wednesday. The high-powered panel comprised of judges **Richard Posner**, **Frank Easterbrook**, and **Diane Sykes** was about as skeptical of the State's claims as we've heard an appellate panel be of any arguments, and their dismissive rhetoric was matched only by their tone as the recording of the oral argument reveals. Look for the appellate panel to uphold the trial court's nix of the ban before October.

● We've been warning you about the financial community's concerns over I-69 bonds as I-69 Development Partners LLC continues to experience problems with its subcontractors over late payments, and the last straw seemed to have come when Crider & Crider, Inc., the earth-movers for the $325 million extension work on S.R. 37 on Section 5 – a 21-mile stretch between Bloomington and Martinsville – stopped work over some $2.3 million in payment issues. As a result, the Indiana Finance Authority issued a notice of non-performance to I-69 Development Partners, threatening to find it in default, and sparking a war of (legal) words between the State and the private developer, and allowing Democrats to jump on the Pence/Holcomb Administration over the lack of work, safety concerns caused by the dropped work, loss of productivity due to traffic backups (not to mention Indiana Unversity football game-day traffic) and extended delays on the project, which was supposed to have been completed by year's end, but which had already been pushed back to June, and now late next Summer. Democrats contend the P3 deal lacks transparency, and want the State to take over the contract.

□ Isolux Corsan, the Section 5 design/build contractor, has been engaged in a public sparring match with IFA, issuing a press release with a series of allegations seeking to place blame for increased costs and delays on geological issues as well as stalled permits that it contends are the fault of IFA. IFA responded with a statement raising several factual errors with the Isolux Corsan statement, including the lack of a contractual agreement with the group (the IFA deal is with I-69 Development Partners). ISA denies it was the reason for any permit delays, and slams "Isolux's lack of understanding of legal requirements, contractual obligations and relationships and proper permitting processes." As for the geological concerns, "The subcontractor failed to understand this, did not do appropriate soil assessment prior to design work, and is now seeking additional funding from the state to cover this cost – which, per contract with the developer, is not the state's nor taxpayers' obligation to fund," according to IFA, which typically does not find itself the object of this kind of attention.

● The Indiana State Department of Health is in the field seeking a contractor to conduct data survey collection services for the Pregnancy Risk Assessment Monitoring System (PRAMS). ISDH's ongoing, population-based surveillance system. PRAMS is designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and during the child's early infancy among a stratified sample of women in Indiana delivering a live birth.

● Even after the U.S. Environmental Protection Agency, the Indiana Department of Environmental Management, and state environmental agencies in Ohio and Utah filed objections to the proposed acquisition in bankruptcy of Vertellus Specialties in Indianapolis, questioning whether the sale deal would provide adequate resources for assorted environmental contamination at Vertellus sites in Indianapolis (a 120-acre site at 1500 S. Tibbs Avenue and a 5-acre site at 737 Miley Avenue adjacent to the White River) and other states, a judge of the U.S. Bankruptcy Court for the District of Delaware approved the sale, and the regulators hastily worked out an agreement with the lenders who will be taking control of the specialty chemical company.

□ The state and federal environmental agencies had objected to the sale plan, labeling it simply "a scheme to use bankruptcy law and credit bidding to evade compliance with environmental law, posing serious threats to public health and safety at several facilities being left behind across the country." EPA had estimated as much as $137 million in ongoing remdiation costs going forward, while only $450,000 in contingent funds appeared to be set aside for environmental compliance. The regional EPA official who has worked on assorted Indiana Superfund sites over the past decade had estimated Indiana-related future clean-up costs at some $36 million. Vertellus disputed the assertions, contending that the entities overlooked assorted key funding guarantees, and also raised procedural objections to what it labeled as an "inappropriate" plan protest.

□ In approving the sale on September 8, the Delaware-based judge observes that the objection of the federal government and the states "is resolved and withdrawn based upon the resolutions and representations made on the record at the Sale Hearing." Specifically referring to the Gibbs Avenue superfund site, the judge notes that the "Purchaser will not sign the existing consent decree," but will comply with the existing consent decrees, "including maintaining financial assurance," provided that EPA continues in good faith to consider approving air sparging as an alternative remedy, and work toward a new consent decree "on terms and conditions consistent with the proposed Sale." Air sparging is an in situ remediation technique used to treat saturated soils and groundwater contaminated by volatile organic compounds (VOCs). Failure to reach a new deal will allow the government agencies to return for a second bite at the apple before the judge.

● The East Chicago lead contamination case could cost the State another $3 million in cold cash. The School City of East Chicago will be the beneficiary of a $3 million state disaster relief loan (at 1.0% interest, payable over 20 years) to help renovate and reopen an abandoned middle school to accommodate elementary school students displaced by the closure of Carrie Gosch Elementary School, which is the site of high levels of lead and arsenic. **Eddie Melton** of Merrillville, a gubernatorial appointee to the State Board of Education, played a key role in the East Chicago district obtaining the loan . . . and Melton, a Democrat who is a shoo-in to win the open SD 03 seat, already is quietly suggesting that the General Assembly should affirmatively act to forgive the $3 million obligation.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Further confirmation of what we've been telling you about environmental issues becoming more prominent in Hoosier neighborhoods after remaining underground (so to speak) for years. The U.S. Environmental Protection Agency added the problematic 18-acre "West Vermont Drinking Water Contamination Site," on the west side of Indianapolis to the National Priorities List, so this contaminated groundwater area now becomes a Superfund site. Testing indicates continued high levels of vinyl chloride – a volatile organic compound – in wells at local residences with the groundwater plume having potential to migrate closer to residential wells and two well fields that serve more than 18,000 Indianapolis residents. EPA has hooked up a number of residents to city water, and is monitoring to ensure that vapor from the organic solvents does not seep into homes and other properties.

□ As we told you a year or so ago, this area of contamination has no identified source, but there are more than 89 suspect sources, and the Indiana Department of Environmental Management has also identified 167 former/current dry cleaners that may also be potentially responsible parties.

● The Indiana Hospital Association and Indiana Chamber of Commerce make it clear that they intend to wage a new war on smoking in Indiana, seeking to raise taxes on cigarettes (for what would be the first time in a decade), as well as the legal age for purchase of tobacco products. The Indiana Chamber will be back with a new push to repeal the so-called "smoker's bill of rights," while IHA's newly formed Alliance for a Healthier Indiana will seek to repeal a 25-year-old law which bars insurers from charging smokers higher insurance premiums.

□ The Chamber notes that Indiana is now spending more on smokers with health issues who are on Medicaid than it is taking in via cigarette tax revenues. For every pack sold and taxed at 99.5¢, the Chamber estimates that State spends $15.90 in related health care costs.

● Shortly after a wave of Carfentanil-laced heroin (Carfentanil is the most potent commercial opioid) killed dozens in western Ohio and Kentucky and caused a score of overdoses and deaths in Southeastern Indiana, the Fairbanks Foundation released a study disclosing that opioid overdose deaths cost Indiana $1.4 billion in 2014 related to medical costs and lost lifetime earnings. This study validate (and attaches cost figures to) a survey we told you about at year's end by the National Safety Council and the Indiana Attorney General's Prescription Drug Abuse Prevention Task Force in which almost two-thirds of Hoosier employers reported that prescription medication abuse – particularly opioids – posed bigger workplace problems than illegal drugs.

□ The studies conducted by IUPUI's Richard M. Fairbanks School of Public Health for the Fairbanks Foundation also revealed that the annual tab from tobacco alone in Indiana is some $6.8 billion accounting for health-care costs, secondhand smoke problems, and lost productivity from smoking on the job.

● Expect lots of media attention for a September 28 Alcohol and Tobacco Commission public hearing on proposed rules for e-liquid manufacturers (the day after the Interim Study Committee on Public Policy convenes for a tutorial on the "History of Indiana alcohol law," "Conflicts in Indiana alcohol law," and "The fiscal impact of the alcohol industry in Indiana"). In addition to the statutory requirements, the proposed rule would force e-liquid manufacturers to report a list of their products and maintain a list of ingredients for each batch of those products. ATC says a product listing will assist it in selecting random samples for audit as required by law, and also help identify which products are produced by a permitted manufacturer. The ingredient list will then allow ATC to review ingredients in a specific batch to ensure the product conforms to the appropriate standards of identity, strength, and purity.

● The Indiana Department of Transportation could find itself as defendants in a lawsuit being contemplated by flood victims in the South Bend area who raise questions about potential negligence in failure to control increased water runoff from U.S. 31 upgrades.

● Some of the bicentennial torchbearer uniform components were manufactured in China, Nicaragua, and Honduras, the *Angola Herald-Republican* discovers, the biggest such gaffe since **Jon Schwantes** noted in the *Indianapolis News* some 25 years ago that the special Indiana pins that the Department of Commerce had ordered for distribution to VIPs and economic development prospects were also manufactured overseas.

IN the Economy

● General Fund revenue collected in August was only $1.087 billion, barely improving over prior-year levels by $7.5 million (0.7%) and missing the monthly target, last revised on December 17, by $25.7 million (- 2.3%). General Fund revenue collections during July and August have accumulated to $2.15 billion, a year-to-date shortfall of $33.0 million (- 1.5%) compared to the December 2015 forecast, with both months of FY 2017 so far failing to meet projections. GF revenue for Fiscal Year 2017 has grown by $31.3 million (1.5%) on a year-to-date basis compared to the same initial two months in FY 2016.

□ Indiana collected $620.2 million in sales taxes during August, beating the same month last year by $9.1 million (1.5%) but falling short of the monthly estimate by $20.6 million (- 3.2%). Sales tax revenue has now under-performed expectations for six months in a row (and for 18 of the last 20 months, dating back to the beginning of 2015), even as this category has grown on a year-over-year basis for eight straight months. Perhaps July and August sales tax underperformance may be a factor of schools shifting to a more balanced calendar – although we told you Indiana officials were keeping an eye on Ohio's recent back-to-school sales tax holiday debut. Year-to-date sales tax collections are off from the December forecast by $38.6 million (- 3.0%), and are thus largely responsible for the FYTD overall shortfall from projections.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

☐ Individual income tax revenue of $415.4 million missed the target by a scant $600,000 (- 0.1%) following a strong July, but grew over the year by $6.0 million (1.5%). Through the first two months of the new fiscal year, this category exceeds the year-to-date target by $19 million (2.5%). The individual income tax rate dropped to 3.3% (from 3.4%) in early 2015, and will fall again, down to 3.23%, in early 2017, further reducing potential revenue unless it grows the economy. Revenue of $1.8 million from corporate taxes busted the August estimate by $500,000 (41.3%) yet declined from August 2015 by $3.9 million (- 68.1%). Corporate tax revenue for July and August trails the fiscal year-to-date forecast by $10.4 million (- 40.9%) . . . and this rate will continue to progressively decline from 6.5% in 2015 to 4.9% in 2021. Gaming tax collections of $15 million for August lagged the estimates by $5 million (- 25%), and are down by $3.7 million (- 11.6%) from the December projections for the fiscal year.

● Indiana Tax Court Judge **Martha Blood Wentworth** stands by earlier rulings affirming the Indiana Board of Tax Review's lower assessment basis for big-box/dark box stores. In *Howard Co. Assessor v. Kohl's Indiana LP*, No. 49T10-1502-TA-4, Judge Wentworth firmly rejected the Howard County assessor's appeal of IBTR's ruling in favor of a lower assessment for a Kohl's store in Kokomo, making it even more clear going forward that retail establishments operating in large buildings may have their assessments based on sale prices of similar vacant ("dark") retail store properties, unless the legislature changes the standards. Local units of government have been apoplectic about this policy, and in this particular case, the Kohl's store will see its assessed value drop by more than $2 million from original assessments close to $6 million.

☐ Citing a litany of Tax Court rulings from 2010 and 2012, Judge Wentworth wrote that "the Assessor has not argued that the Indiana Board erred when it determined that 1) properties like the subject property frequently trade in the market for a general retail use, 2) the subject property's current use was its highest and best use, or 3) she had not demonstrated that the subject property was a special purpose property. Rather, the Assessor argues that the Indiana Board's final determination must be reversed because the Meijer, Trimas Fasteners, and Millenium cases upon which it relied were wrongly decided. "On appeal, the Assessor has done nothing more than express her disagreement with the Court's decisions in the Meijer, Trimas Fasteners, and Millennium (sic) cases. The Court, however, does not believe it 'got it wrong' and therefore continues to stand by those decisions," she wrote in affirming the reduction of some 40% in AV for Kohl's. "(T)he Assessor believes that, contrary to the Tax Court's holdings in those cases, the sales of properties to secondary users can not be the type of comparables contemplated under Indiana's market value-in-use standard because they simply do not provide evidence of utility, and thus value, for the 'first generation' user [and] invites the Court to reconsider – and abandon – its holdings in Meijer, Trimas Fasteners, and Millennium (sic) [citations omitted]. The Court, however, finds no infirmities in its decisions and therefore declines the Assessor's invitation on the basis of stare decisis."

☐ In a footnote, Judge Wentworth also notes that counsel for the assessor here and attorneys for local units of government in other related cases have offered similar arguments claiming that the Tax Court was "impermissibly attempting to convert Indiana's market value-in-use system into a fair market value system" in valuation of two struggling malls in Indianapolis, and a CVS pharmacy in Shelbyville. "The Court rejected those arguments then as it does again today."

☐ While this would seem on its face to shut off additional county-level dark box assessment challenges, that won't be the case. County assessors are simply adjusting their respective appeal grounds and language and believe that their respective arguments to overturn such valuations remains strong going forward.

● Don't look for a change in the economic forecasting team that the State Budget Committee uses to inform the Revenue Forecast Technical Committee as it assembles its projection of state revenues. The proposal evaluation team is recommending that the incumbent vendor, IHS Global, Inc., be deemed eligible to begin contract negotiations to provide economic forecasting services for the State Budget Agency. The evaluation team received proposals from long-time provider IHS Global as well as Ellison Laboratories and Moody's Analytics, and backs IHS Global for the two-year, $89,592 project.

● A new report from the Census Bureau shows that median household income in Indiana rose by 2.1% to $50,532 between 2014 and 2015, well below the 3.8% growth in the national average (and below Illinois' 3.7% gain to $59,588). Michigan and Ohio also saw greater growth rates than Indiana, and larger median household incomes. Kentucky was one of 10 states with a growth rate topping five percent.

☐ Another Census report finds the number of Hoosiers living in poverty fell by 0.7% in 2015 vs. 2014, but this rate was lower than the 0.8% national average.

● More than one of every three Hoosier households continue to struggle to afford the basics, with almost 908,000 households unable to afford the minimals of housing, food, health care, child care and transportation despite working hard, according to the *United Way ALICE® Report Update* released by Indiana Association of United Ways, covering 2007 through 2014. In Indiana more than 550,600 households live above poverty but below the ALICE – Asset Limited, Income Constrained, Employed – threshold, or the basic cost of living. Combined, ALICE and poverty households account for 36% percent of households (22% are above poverty and below the basic cost of living, while 14% subsist below the federal poverty level). In each of our 92 counties, more than 17% of households live below the ALICE threshold, which means even our most affluent communities have families working hard, but falling short financially and often being forced to make choices that compromise health and safety in order to make ends meet. Delaware County's 45,207 ALICE and poverty households account for 47% of DelCo households, the largest percentage statewide, while Hamilton County's 17% of such households is the lowest 2014 percentage, but that still is 110,844 households.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

□ The *ALICE® Report Update* provides county-by-county, city-level or township-level data and analysis of how many households are struggling, including the obstacles ALICE households face on the road to financial independence. and how economic conditions have changed for ALICE families over time, including the job market and the recession's impact.

● The Indiana Finance Authority closes on refinancing of $464,975,000 in transportation bonds issued in 2007 at a lower interest rate, saving taxpayers more than $147 million in debt service (about 25% of the financing costs) on the bonds that will come due at the same time as initially issued. While the Governor's transportation infrastructure financing proposal anticipated $6.5 million worth of savings per year over the next four fiscal years, or $26 million in total, the actual savings from this refinancing should mean some $30.8 million in aggregate for those four fiscal years.

● Indiana's tech industry is adding jobs three times faster than the national average, according to the Indiana Economic Development Corporation, and the Governor's Office reveals that Central Indiana's high-tech software and services industry specifically added jobs at a rate of 18% from 2012 to 2014, more than three times faster than the 5.7% national average.

● Site selection consultants surveyed by the publication *Area Development* rank Indiana among "Top States for Doing Business," placing seventh nationally, just after Alabama, and down from sixth place one year ago. Indiana is the only state north of the Mason-Dixon Line among the Top 10.

● We told you that new federal restrictions were the equivalent of the death penalty for ITT Educational Services, and the Carmel-based operator of for-profit technical schools shut down operations at all of its ITT Technical Institutes the day after Labor Day, and laid off its more than 660 Indiana employees last week . . . Packers Sanitation Services, Inc. of Wisconsin plans to end its janitorial services work in Orland on behalf of the Miller Amish Country Poultry Plant after September 23, ending almost 30 jobs . . . CPX Incorporated in Kentland, a parts supplier to GE Appliances, closes its doors September 8, leaving an undisclosed number of workers without jobs.

● Pretzels Inc., a Bluffton-based private label pretzel and snack producer, plans to invest approximately $15 million to purchase and equip a 45,000 square-foot facility to expand its Plymouth operations, replacing the company's Pennsylvania-based peanut butter and bulk pretzel products manufacturing facility. Pretzels Inc. expects to create up to 65 new jobs by 2020. The Indiana Economic Development Corporation offered Pretzels Inc. up to $350,000 in performance-based tax credits, and the Plymouth City Council unanimously approved a resolution declaring the property to be part of an Economic Revitalization Area . . . Monogram Foods, a manufacturer and marketer of food products, plans to invest $5.3 million to renovate and equip its Bristol facility, adding a new mini-corn dog production line and installing new equipment for batter and breading, frying, freezing, and packaging, a renovation expected to create almost 75 new jobs by 2017. IEDC offers Monogram Frozen Foods up to $200,000 in performance-based tax credits, and the Town of Bristol is reviewing additional incentives . . . MOBI, a global provider of Managed Mobility Services (MMS), plans to invest more than $11.51 million in office space and hardware to grow its Zionsville headquarters operations, potentially increasing its footprint by 60,000 square feet over five years, and expecting to create more than 520 new jobs by 2020.IEDC offers MOBI up to $2,995,000 in performance-based tax credits, and up to $200,000 in training grants, and Boone County and the Town of Zionsville approved additional incentives . . . Kohl's purchases a massive (937,000 square-foot) facility in Plainfield for use as an e-commerce distribution center, planning to open it next Summer, and hiring some 300 full-time and 600 part-time employees to staff the facility over the next three years. IEDC offers Kohl's Department Stores up to $1.2 million in performance-based tax credits, and the Town of Plainfield approved additional incentives . . . FedEx is seeking a property tax abatement from the City of Indianapolis for a proposed $170 million investment in upgraded package-sorting equipment for its Indianapolis International Airport hub that it claims would mean more than 25 new full-time jobs and almost 180 new part-time jobs while retaining almost 730 full-time and some 3,200 part-time jobs . . . Nebraska-based VMInnovations, a company that sells a wide range of consumer goods through its e-commerce website and different marketplaces, plans to invest $4.75 million to lease, renovate, and equip a 160,000 square-foot fulfillment center in Plainfield, expecting to create 75 new jobs by 2021 with salaries above the Hendricks County average. IEDC offers VMInnovations Inc. up to $400,000 in performance-based tax credits, and the Town of Plainfield approved additional incentives and will consider incentives for future expansions . . . Knowledge Services, a woman-owned information technology and professional services company that designs, develops, and markets cloud Software as a Service (SaaS) and mobile applications for workforce management solutions to large, complex organizations, plans to invest $2.1 million to expand its Indianapolis north side headquarters office space to 40,000 square feet over the next four years, with plans to employ 1,200 Hoosiers by 2019. IEDC offers GuideSoft Inc. (dba Knowledge Services) up to $2.1 million in performance-based tax credits.

IN Transition

● As we told you to expect, the Governor appointed **Sarah Freeman** as a commissioner of the Indiana Utility Regulatory Commission to fill a vacancy that expires December 31, 2017. **Freeman** is a well-respected senior staff attorney who has worked for the Legislative Services Agency for 15 years, and becomes the second former LSA staffer on the Commission.

● The commissioner of the Indiana Department of Revenue, **Andrew Kossack** (also a former state publica access counselor), will be stepping down to head back into the private sector, and the Governor persuades former Indiana Office of Management and Budget chief **Chris Atkins** to leave Mainstreet for another stint in state government (he had been general counsel to OMB in the Daniels Administration), this time leading IDOR.

● Our sister newsletter, **INDIANA EDUCATION INSIGHT**, first tipped readers that **Denny Darrow**, director of the Indiana State Personnel Department, was one of two finalists to be the next vice president for human resources at Purdue University. Now we've learned that he's been tapped for that post, so **Stefanie Krevda**, deputy director of the State Personnel Department, will become interim director. Before spending time at the Lumina Foundation, she was the deputy legislative director and a policy director in the Governor's Office during the Daniels Administration.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Julie Johns-Cole leaves her post as executive director of the Zionsville Chamber of Commerce at month's end to become state director of IN211, the Indiana 211 Partnership, Inc.

● The Governor makes several new appointments and reappointments to assorted boards, commissions, and agencies, including: new to the Insurance Producer Education & Continuing Education Advisory Council is Kevin L. Bell of Hamilton County, named to serve a three-year term through August 31, 2019 . . . remaining on the Indiana Land Resources Council is Elizabeth M. Tharp of Putnam County, reappointed to serve a four-year term through August 31, 2020 . . . staying on the Indiana Pesticide Review Board is Dr. Raymond S. Brinkmeyer of Marion County, reappointed to serve a four-year term through August 31, 2020 . . . Jason B. Baird of Putnam County is appointed to the West Central Economic Development District to serve at the pleasure of the governor . . . the Indiana Secondary Market for Education Loans Board of Directors sees a trio reappointed to serve respective three-year terms through September 30, 2019, former state public finance director Diana H. Hamilton of Marion County, former Indiana State Teachers' Retirement Fund board president Matthew B. Murphy III of Marion County, and former state budget director Charles E. Schalliol of Hamilton County . . . reupping at the State Board of Pharmacy is Donna S. Wall of Marion County, reappointed to serve a four-year term through August 31, 2020 . . . remaining on the Indiana Finance Authority Board of Directors is Kerry M. Stemler of Clark County, reappointed to serve a four-year term through August 31, 2020 . . . added to the Governor's Planning Council for People with Disabilities is James R. McCormick of Wayne County, appointed to finish an unexpired three-year term through September 1, 2017 . . . the Legacy Fund's Terry W. Anker of Hamilton County is appointed to the Ivy Tech College Board of Trustees for a three-year term through August 31, 2019 . . . joining the Natural Resources Foundation Board for a four-year term through August 31, 2020 is Karen L. Valiquett of Marion County . . . staying put on the Indiana Pesticide Review Board is Kevin L. Underwood of Tippecanoe County, reappointed to a four-year term through August 31, 2020.

● Richmond Mayor Dave Snow (D) terminates Sue Roberson as human resources director for the city after more than five years while she was on paid administrative leave pending an Indiana State Police investigation "that she said related to her being a victim of a scam," reports the *Richmond Palladium-Item*. "The termination of Sue Roberson is in no way related to the ongoing investigation," Mayor Snow said of the former state personnel director.

● Chris Lowery will serve as vice president of workforce for Ivy Tech Community College. He is currently chancellor of the combined Columbus and Southeast regions, and before joining Ivy Tech, he served as director of public policy and engagement for Hillenbrand, Inc, a company he had been a part of for almost 20 years after service as executive director of the Association of Indiana Counties, and on the staff of former Gov. Bob Orr (R) and then U.S. Sen. Dan Quayle (R).

IN the Lobby

● Hoosier Rashid Hallaway and former U.S. Rep. Ben Quayle (R-AZ) of Hobart Hallaway & Quayle Ventures, LLC register to lobby Congress on behalf of Privoro LLC, a Tempe, Arizona privacy technology firm, on "Privacy issues and data protection."

● Mary Jane Michalak will join Ivy Tech Community College on September 23 as the new vice president of government relations. She is currently a vice president for Thomas P. Miller & Associates, and has served as an associate commissioner for the Indiana Commission for Higher Education, executive director of the State Student Assistance Commission of Indiana, commissioner of the Commission on Proprietary Education, and (most importantly!) editor of **INDIANA EDUCATION INSIGHT**.

IN Court

● The Indiana Supreme Court continues its Evidence-Based Decision Making (EBDM) push, building on the criminal justice improvement initiative that seeks to ensure criminal justice decisions are informed by data, this time focusing on reform of Indiana's bail system. The Court is encouraging the use of evidence-based risk assessment tools to inform pretrial release decisions. If an arrestee does not pose a substantial flight risk or danger to the community, the Court believes that the arrestee should be released without bail. There are exceptions, such as murder charges or if the arrestee is on probation. The reforms are based on recommendations from defense counsel, probation officers, lawmakers, and trial court judges. Indiana Public Defender Council Executive Director Larry Landis labels the rule a significant improvement to the bail system, saying that it will reduce "unnecessary, unjust, and expensive pretrial confinement without jeopardizing public safety."

□ The rule is effective immediately for Allen, Bartholomew, Hamilton, Hendricks, Jefferson, Monroe, St. Joseph, Starke, and Tipton counties, and will be expanded to all courts in 2018, but Elkhart County Prosecutor Curtis Hill, Jr. (R), a candidate for attorney general, labels the new "bad for victims and dangerous for the community," and will result in an increase in crime.

INDIANA LEGISLATIVE INSIGHT © 2016 by INGroup. ISSN 1076-8661. All rights reserved. Photocopying, FAXing, e-mailing, or reproducing in any form, in whole or in part, is a violation of federal law, and is **strictly prohibited** without publisher's written consent.

Published weekly (44 issues/ year). Printed on recyclable paper; advertising rates available upon request. Base subscription rate for January-December 2016: $395. Additional copy rates and past issues available.

For info, please call **317/817-9997**; FAX **317/817-9998**
E-mail: < info@ingrouponline.com >
Internet: www.ingrouponline.com

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

Scott.A.Milkey

From: Lanham, Julie (COA)
Sent: Wednesday, September 14, 2016 5:19 PM
To: Lemmon, Bruce;Karns, Allison;Hill, John (GOV)
Subject: Fwd: JRAC Legislative Sub-committee meeting

FYI

Sent from my iPhone

Begin forwarded message:

> **From:** "Goodman, Michelle" <michelle.goodman@courts.IN.gov>
> **Date:** September 14, 2016 at 4:56:55 PM EDT
> **To:** "Brady, Linda" <lbrady@co.monroe.in.us>, "Lemmon, Bruce" <blemmon@idoc.in.gov>, "Cunningham, Chris" <ccunningham@grantcounty.net>, "Heath, Dave" <dheath@tippecanoe.in.gov>, "Murtaugh, David" <dmurtaugh@cji.in.gov>, "Powell, David" <dpowell@ipac.in.gov>, "Hudson, MK" <mk.hudson@courts.IN.gov>, "Cappa, Jeff" <jcappa@co.wayne.in.us>, "Moore, Kevin" <kevin.moore@fssa.in.gov>, "Lanham, Julie" <Jlanham@IDOC.in.gov>, "Landis, Larry" <llandis@[redacted]>, "Seigel, Jane" <jane.seigel@courts.IN.gov>, "Luce, Steve" <sluce@indianasheriffs.org>, "McCaffrey, Steve" <smccaffrey@mhai.net>
> **Subject: JRAC Legislative Sub-committee meeting**
>
> **** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****
>
> ---
>
> Hello:
>
> As you might recall from the last JRAC meeting, we were asked to meet to discuss possible proposals around misdemeanor funding for treatment and services. In consultation with our committee chair, we would like to meet at 9 a.m. on Sept. 22 (just prior to the JRAC meeting) to discuss these options.
>
> Please look for more information early next week and I hope you can join us on the 22nd.
>
> Thank you,
>
> Michelle Goodman
>
> Staff Attorney

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Tuesday, September 13, 2016 10:29 AM
To: Goodwin, Nicholas R
Subject: National Safety Council Report
Attachments: National Safety Council 2016 Report.pdf

John H. Hill
Office of Governor Mike Pence
Deputy Chief of Staff for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-4743 (O)
317-[redacted] (M)



PRESCRIPTION NATION 2016

ADDRESSING AMERICA'S DRUG EPIDEMIC



making our world safer®

TABLE OF CONTENTS

Executive Summary . . . 3

The Deadliest Drug Epidemic on Record in Our Nation's History . . . 7

Americans are at Greater Risk for Addiction than They Realize . . . 8

The Transition to Heroin . . . 9

Deadly Emergence of Fentanyl . . . 11

State Progress . . . 13

INDICATOR 1: Mandatory Prescriber Education . . . 16

INDICATOR 2: Opioid Prescribing Guidelines . . . 17

INDICATOR 3: Eliminating Pill Mills . . . 19

INDICATOR 4: Prescription Drug Monitoring Programs (PDMPs) . . . 21

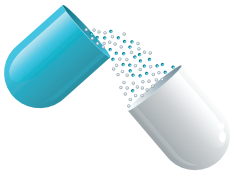
INDICATOR 5: Increased Access to Naloxone . . . 23

INDICATOR 6: Availability of Opioid Use Disorder (OUD) Treatment . . . 25

Recommendations . . . 28

About the **National Safety Council** . . . 29





EXECUTIVE SUMMARY

This is the most fatal drug crisis on record in United States history, and too many families and communities are left to suffer in its path. These highly addictive medicines have been incorrectly marketed as the most effective method for treating pain and, subsequently, liberally prescribed. Prescription opioids also serve as gateway drugs to heroin, which has a nearly identical chemical makeup and is cheaper and sometimes easier to obtain.

The facts are clear:

- ✓ More than 259 million opioid prescriptions were written in 2012
- ✓ 1.9 million Americans are addicted to opioid painkillers
- ✓ The U.S. makes up 4.6 percent of the world's populations but consumes 81 percent of the world supply of oxycodone
- ✓ 4.3 million adolescents and adults reported non-medical use of prescription opioids in 2014
- ✓ 4 out of 5 heroin users started on prescription opioids

The National Safety Council is committed to ending unintentional injuries and death in our lifetime and has been fighting this drug epidemic for years. State governments also play a significant role in this fight, with state legislators, Governors, and public health officials dictating the strategy.

This report identifies four key actions states can take that could have immediate and sustained impact:

- ✓ Require and expand prescriber education
- ✓ Develop and implement prescriber guidelines
- ✓ Increase access to naloxone, an overdose antidote
- ✓ Expand access to treatment

Prescription opioid overdoses kill 52 people every day.

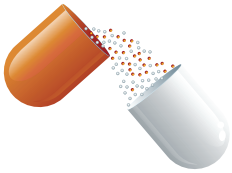
In 2014, the most recent annual statistics available, 18,893 people died as a result of a prescription opioid overdose.

4 Key Actions:

- ➤ Require and expand prescriber education
- ➤ Develop and implement prescriber guidelines
- ➤ Increase access to naloxone, an overdose antidote
- ➤ Expand access to treatment

Some states have made significant progress. Others have much more to do while each day people suffer from addiction and die from this epidemic. States were given a rating of "Making Progress", "Lagging Behind" or "Failing" based on careful evaluation of efforts in six key indicators:

6 KEY INDICATORS









1. Mandatory Prescriber Education

Mandatory prescriber education helps providers make well-informed decisions on medical treatment based on best practice and the latest research, carefully weighing the benefits and risks of opioids and their alternatives. The Centers for Disease Control and Prevention (CDC) has shown that the increase in opioid prescribing has resulted in increased admissions for treatment of opioid use disorder and overdose deaths, despite a lack of a corresponding decrease in reported pain. Additionally, physicians report receiving limited education on pain treatment.

2. Opioid Prescribing Guidelines

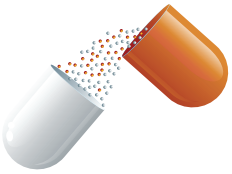
Sound, evidence-based prescribing guidelines encourage physicians to incorporate alternative, non-opioid treatments for pain and provide the lowest effective doses and the fewest number of pills when prescribing dangerous opioid medications. The recently released CDC guideline on opioid treatment for chronic pain should be adopted as the state prescribing guideline, but states should also consider the risks for acute pain patients. If followed, NSC believes guidelines that address acute and chronic pain could reduce the number of opioid overdose deaths in the United States.

3. Eliminating Pill Mills

"Pill mills" are a doctor's office, clinic or health care facility that routinely prescribes controlled substances outside the scope of standard medical practice and often in violation of state laws and greatly increases the risk of abuse and overdose. States should pass legislation that regulates pain clinics and pain management services, requiring such actions as following prescribing guidelines, defining ownership, restricting dispensing of controlled substances and requiring use of state prescription drug monitoring programs.



6 KEY INDICATORS









4. Prescription Drug Monitoring Programs (PDMPs)

PDMPs play an important role in any effective approach to the prescription opioid epidemic. Doctor shopping, or going to multiple providers for prescriptions, and providers who prescribe controlled substances outside the scope of standard medical practice will continue to fuel the opioid epidemic. PDMPs directly address these issues. Nearly every state has an operating PDMP, and states should take steps to simplify registration and utilization, improve reporting response times and upgrade technology to allow data integration into clinical workflows.

5. Increased Access to Naloxone

Naloxone is an opioid antagonist that saves lives by reversing an opioid overdose, with no negative side effects. Naloxone is not a controlled substance and has no abuse potential. States should ensure that naloxone is widely available without a prescription under standing orders and covered by insurance plans, both public and private.

6. Availability of Opioid Use Disorder (OUD) Treatment

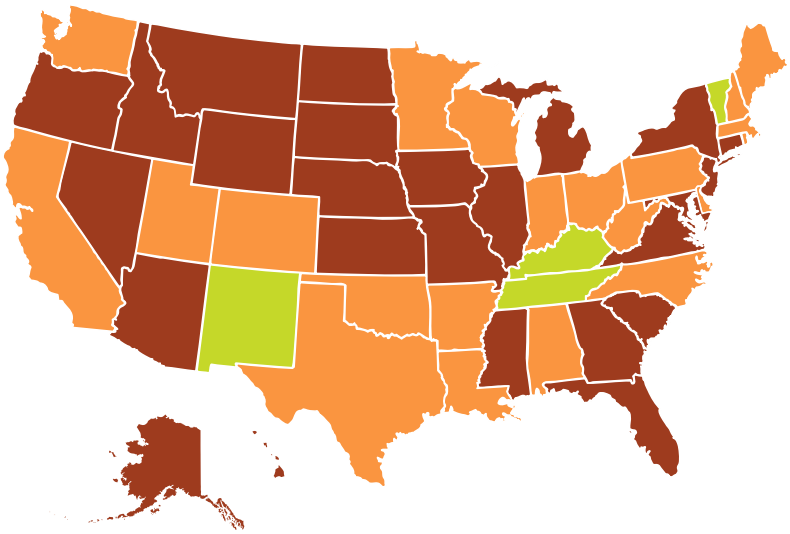
Access to treatment is key to helping those with a substance use disorder. In order to increase this access, states must expand capacity for treatment, including medication-assisted treatments and require both public and private health insurers to cover medication-assisted treatment and remove caps on duration of treatment.



States were evaluated on each of these indicators which are critical to effectively and comprehensively fighting this growing epidemic.

This report provides a roadmap for strengthening laws and regulations. NSC is prepared to assist states with implementation of these evidence-based strategies which can save thousands of lives every year.

A ROADMAP FOR **STRENGTHENING LAWS & REGULATIONS**



47 STATES NEED TO IMPROVE!

26 STATES are "FAILING"

4 STATES are "MAKING PROGRESS"

FAILING

MEET ZERO INDICATORS

THREE HAVE MET ZERO INDICATORS.

Michigan
Missouri
Nebraska

3 STATES

MEETS 1 INDICATOR

Alaska
District of Columbia
Hawaii
Idaho
Kansas
Montana
Wyoming

MEETS 2 INDICATORS

Arizona
Connecticut
Florida
Georgia
Illinois
Iowa
Maryland
Mississippi
Nevada
New Jersey
New York
North Dakota
Oregon
South Carolina
South Dakota
Virginia

LAGGING BEHIND

MEETS 3 INDICATORS

Arkansas
Colorado
Delaware
Louisiana
Maine
Massachusetts
Minnesota
Oklahoma
Pennsylvania
Texas
Utah
Washington

MEETS 4 INDICATORS

Alabama
California
Indiana
New Hampshire
North Carolina
Ohio
Rhode Island
West Virginia
Wisconsin

MAKING PROGRESS

MEETS 5 INDICATORS

Kentucky
New Mexico
Tennessee
Vermont

MEETS 6 INDICATORS

ZERO HAVE MET ALL 6 INDICATORS.

NO STATES

DEADLIEST DRUG EPIDEMIC ON RECORD IN OUR NATION'S HISTORY



The United States is confronting the deadliest drug crisis on record. *(CENTERS FOR DISEASE CONTROL & PREVENTION, 2016)* Drug overdoses, mostly caused by opioids, end far too many lives too soon. More than 47,055 families lost loved ones in 2014 to a drug overdose. Opioid pain medications like Vicodin (hydrocodone), OxyContin (oxycodone) or Fentanyl accounted for 18,893 deaths. *(CDC NATIONAL CENTER FOR HEALTH STATISTICS, 2015)*

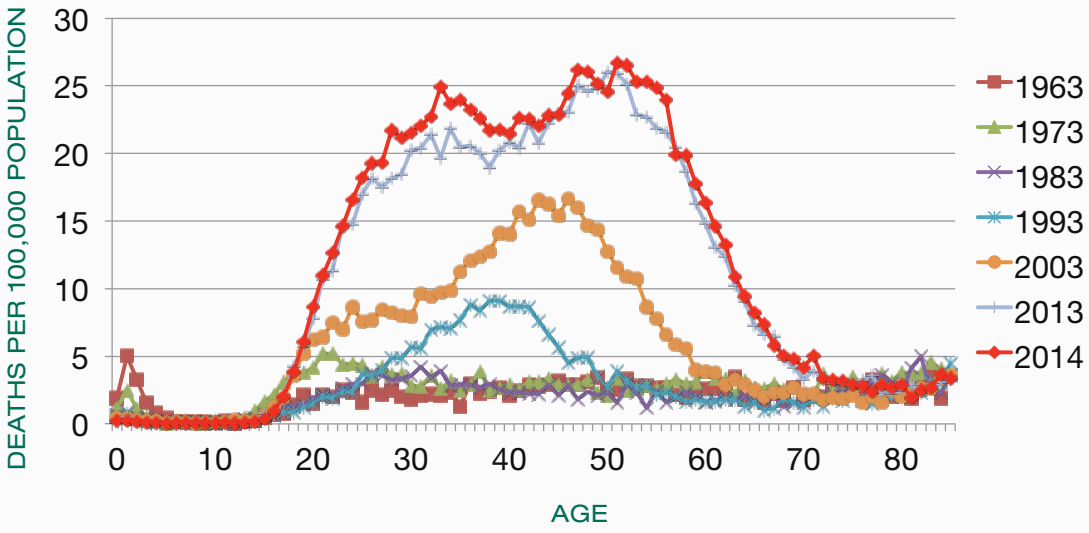
According to the CDC, the increase in opioid-related fatalities and treatment admissions parallels the increase in sales of opioid pain relievers. *(PAULOZZI, JONES, MACK, & RUDD, 2011)* Opioid prescribing remains high, with more than 259 million prescriptions written in 2012. *(PAULOZZI, MACK, & HOCKENBERRY,* VITAL SIGNS: VARIATION AMONG STATES IN PRESCRIBING OF OPIOID PAIN RELIEVERS AND BENZODIAZEPINES—*UNITED STATES, 2012, 2014)*

Opioid pain medications, if taken too long or at a high daily dose, can have deadly and life-changing consequences even when used under the care of a medical professional.

The drug problems of past decades pale when compared to the current opioid epidemic which has killed 165,000 Americans from 2000 to 2014.

Poisoning Death Rates by Age

This graphic shows the rate of poisoning deaths has changed in the past fifty years. In 1963, poisoning deaths peaked in early childhood causing 5 deaths per every 100,000 people.



Today, there has been a **550 percent increase** in the age-adjusted death rate of Americans killed by poisoning. These deaths, primarily from an overdose of an opioid pain medication or heroin, peak around age 50 with a secondary peak around age 30. Especially troubling is that these deaths span from ages 20-70 as it shows an increase in the rate of poisoning death for nearly all working adults.

FACT

From 1963 to 2014 the age adjusted **death rate for poisoning increased 550%** from 2.0 to 13.0.



AMERICANS ARE AT GREATER RISK FOR ADDICTION THAN THEY REALIZE

Opioid pain medications have a number of side effects and the risk of addiction may be the most serious. However, it is clear most people do not understand this risk. A 2015 National Safety Council public opinion poll found nearly 90 percent of opioid users were not worried about addiction, even though 60 percent of respondents reported having an addiction risk factor such as personal or family history of alcoholism, depression, use of psychiatric medications, or a history of physical, mental or sexual abuse. More education is needed about who is at risk for addiction from opioid pain medication use.

More than 1.9 million Americans are addicted to opioid painkillers. *(SAMHSA, 2015)* For some people, their first prescription of an opioid pain medication began an addiction that was never intended or expected. More than 4.3 million people have misused [1] an opioid painkiller in the past month. *(SAMHSA, 2015)* Seventy percent of people gain access to opioids from people they know. *(SAMHSA, 2015)* Tragically, about four percent of those who misuse opioid painkillers will transition to heroin. *(JONES, 2013)*



STARTED MISUSING
an opioid pain medication for the first time
TODAY!

Risk Factors for Opioid Addiction

- Having depression, anxiety or other mental health illness
- A personal and/or family history of alcohol or substance abuse
- A history of physical, mental or sexual abuse
- Long term use of opioid pain medications

[1] *"Misuse" includes use without a prescription or taking the drug for the feeling or "high" it causes. Examples of misuse include using another person's prescription or using "saved" medications from a previous medical condition or surgery.*

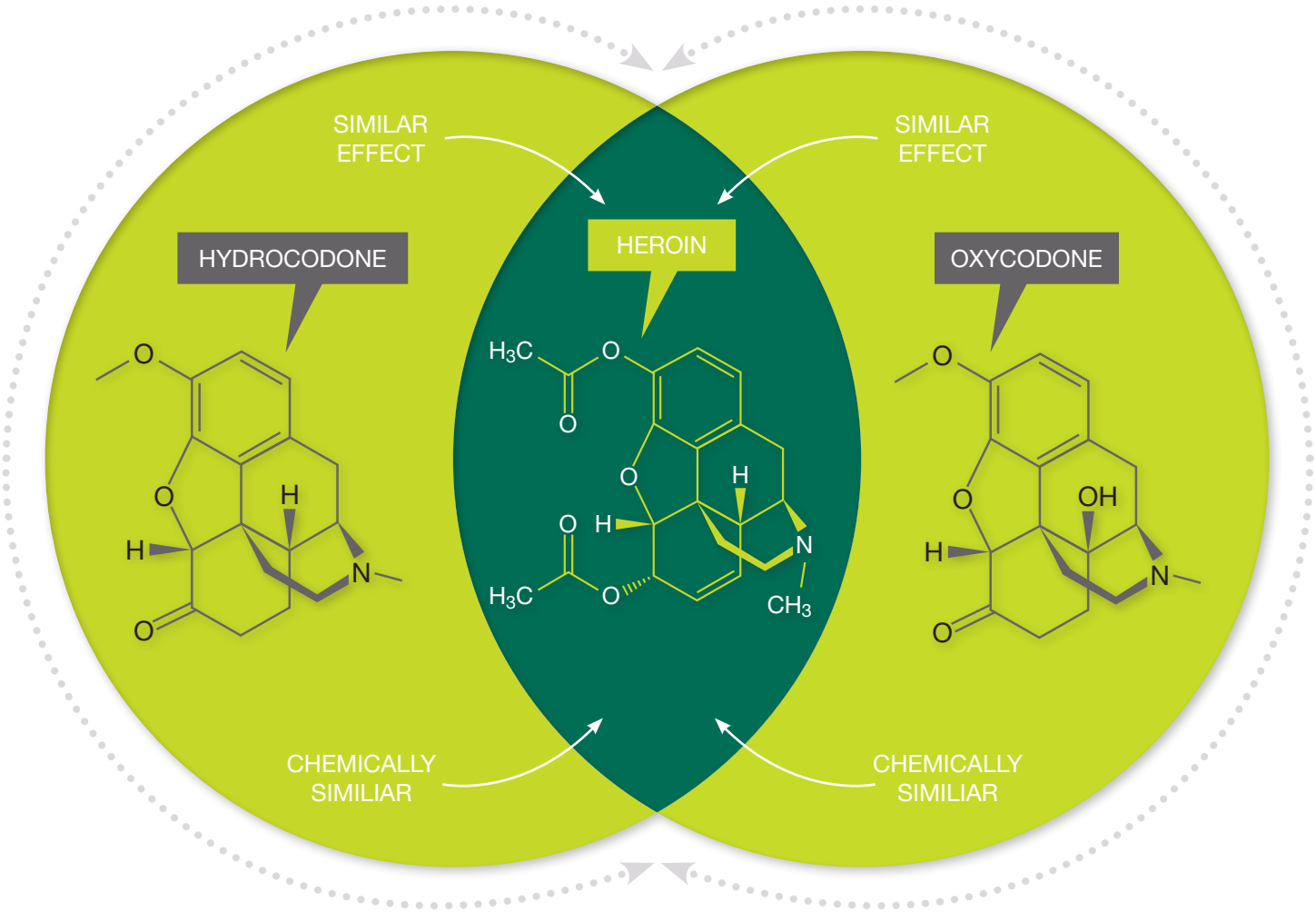
THE TRANSITION TO HEROIN

Opioid pain medications, like hydrocodone and oxycodone, are chemically similar to heroin and have a similar effect on our minds and bodies.

As opioid pain medication use dramatically increased, the United States also experienced an increase in heroin use and deaths. More than 900,000 people reported heroin use in 2014, a 153 percent increase since 2007. *(COMPTON, JONES, & BALDWIN, 2016)* Tragically, heroin deaths tripled in the 5 year period from 2010 to 2014, increasing from 3,300 to more than 10,000 deaths. *(CENTERS FOR DISEASE CONTROL & PREVENTION, 2016)*

These facts clearly show heroin use patterns have changed. In the 1960's, 80 percent of heroin users reported heroin was the first opioid they used. Today, of the 600 people who begin using heroin, *(SAMHSA, 2015)* four out of five report that they started with opioid pain relievers. *(JONES,* HEROIN USE AND HEROIN USE RISK BEHAVIORS AMONG NONMEDICAL USERS OF PRESCRIPTION OPIOID PAIN RELIEVERS – *UNITED STATES, 2002–2004 AND 2008–2010, 2013)*

Opioid Pain Medications and Heroin
are Chemically Similar and just as Addictive



In fact, nonmedical users of opioid pain medications were 19 times more likely to use heroin than people reporting no misuse of opioids. *(MUHURI, GFROERER, & DAVIES, 2013)*

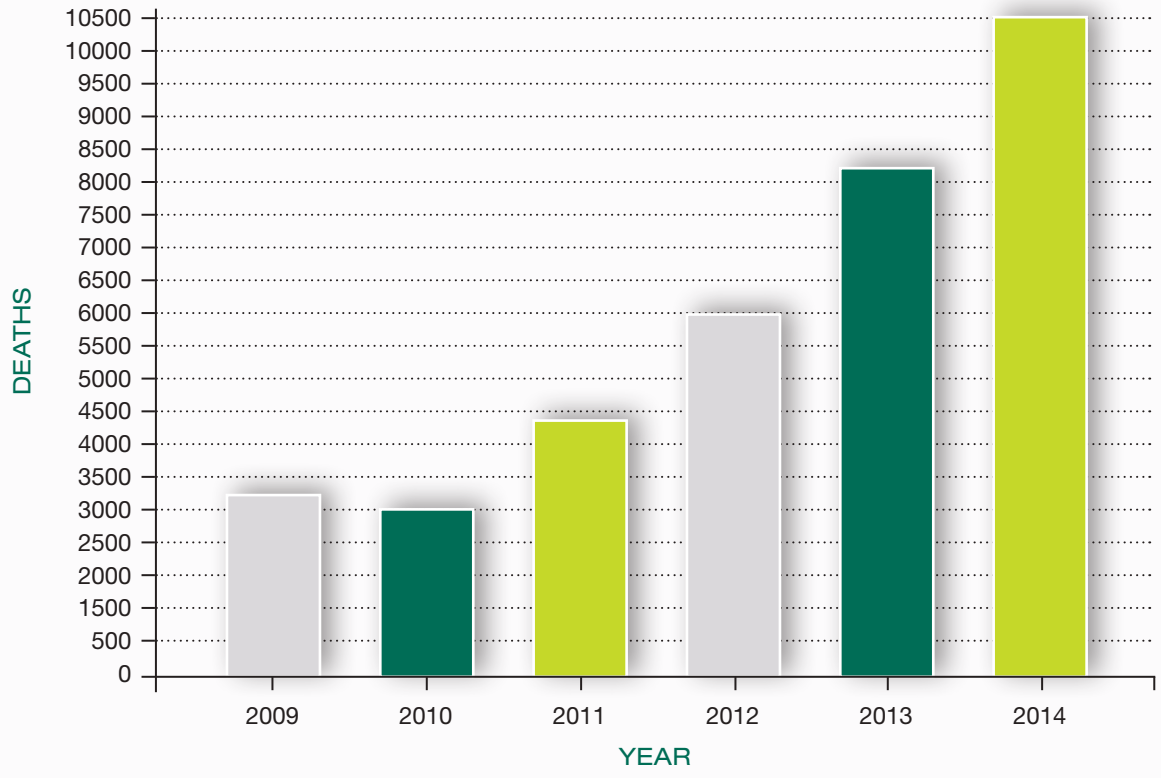
More research is needed to fully understand what prompts a person misusing opioid pain medications to transition to heroin. However, it is widely believed the transition to heroin happens as users turn to dealers for their daily supply of opioids, heroin is offered as a cost saving measure.

Nonmedical users of opioid pain medications were **19 times more likely** to use heroin

States with the **highest heroin fatality rates**.

OVERALL RANK	STATE	AGE-ADJUSTED HEROIN DEATH RATE PER 100,000
1	Ohio	11.1
2	West Virginia	9.8
3	Connecticut	8.9
4	New Hampshire	8.1
5	Massachusetts	7.2
6	New Mexico	7.2
7	Rhode Island	6.8
8	Delaware	6.3
9	Vermont	5.8
10	Missouri	5.8

FIGURE 1: **Heroin Deaths by Year**, United States, 2009-2014



DEADLY EMERGENCE OF FENTANYL

Fentanyl, a synthetic opioid, is 50 times more potent than heroin and 100 times more potent than morphine. *(CDC, 2016)* It is commonly prescribed to manage pain for advanced stage cancer patients.

However, fentanyl, when added to heroin, can create a lethal combination and is often added by drug dealers without the end user's knowledge. The Drug Enforcement Administration (DEA) has documented the import of illegally manufactured fentanyl into parts of the U.S. *(U.S. DEPARTMENT OF JUSTICE, DRUG ENFORCEMENT ADMINISTRATION, 2015)* DEA National Forensic Laboratory Information System (NFLIS) found fentanyl reports increased 300 percent from the second half of 2013 to the first half of 2014. The DEA issued a health advisory in March 2015 after documenting a surge of fentanyl drug seizures and deaths. *(U.S. DRUG ENFORCEMENT ADMINISTRATION, 2015)*

The maps below show the extent to which fentanyl reports have grown since 2009, when 35 states reported analyzing fentanyl. That same year, no state had more than 49 fentanyl reports. By 2014, 46 states reported fentanyl, with six states having 100 or more reports. *(U.S. DEPARTMENT OF JUSTICE, DRUG ENFORCEMENT ADMINISTRATION, 2015)*

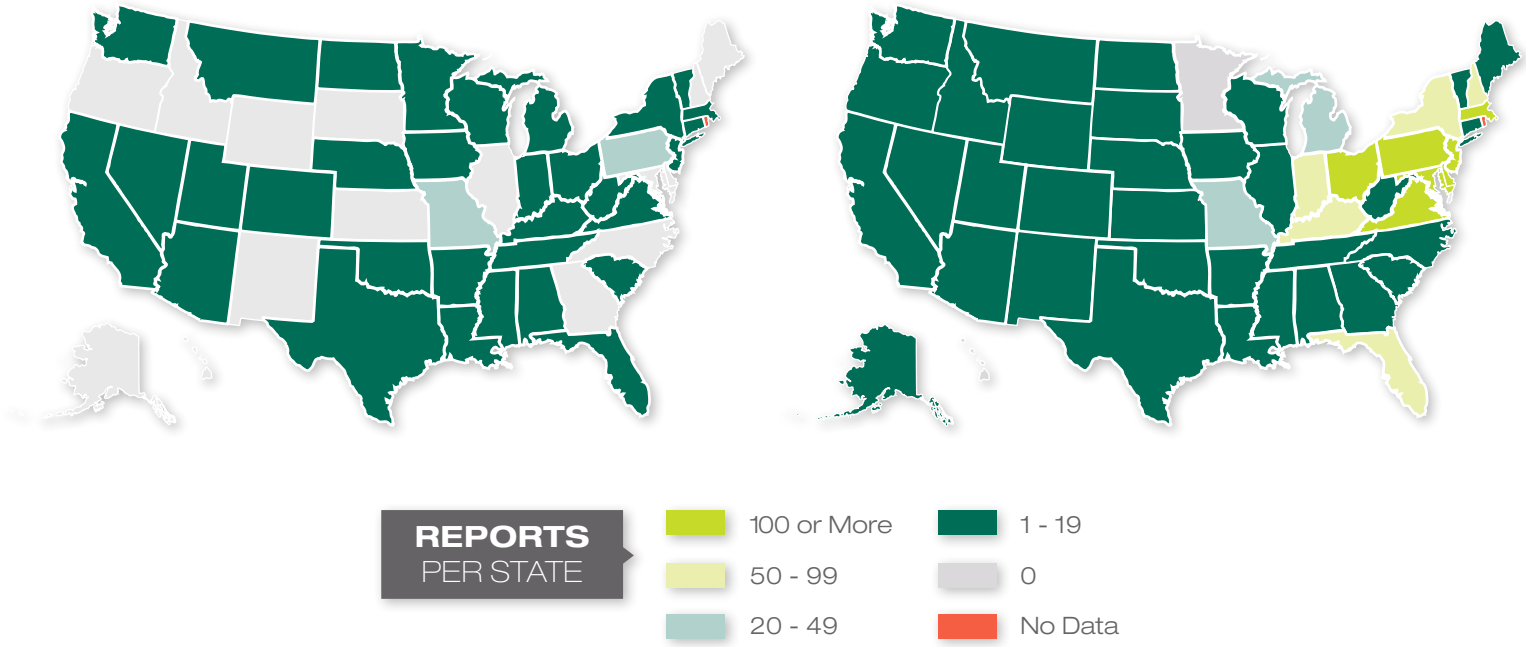


In only a 72-hour period in Chicago, 74 people died from an overdose of fentanyl laced heroin in October 2015.

(GORNER, NICKEAS, & SOBOL, 2015)

FIGURE 2:
2009 Fentanyl Reports in NFLIS by State,
January - June 2009

FIGURE 3:
2014 Fentanyl Reports in NFLIS by State,
January - June 2014





In 21 states, more than

25 percent

of overdose death certificates did not specify the drugs involved in the death.

Critical Collection

Improved data collection is vital to fully understand the scope of the epidemic.

A March 2015 DEA National Threat Assessment Summary noted the true number of fentanyl-related deaths is most likely higher because "many coroners' offices and state crime laboratories do not test for fentanyl or its analogs unless given a specific reason to do so." *(U. S. DRUG ENFORCEMENT ADMINISTRATION, 2015)* Better mortality data is needed to accurately track the involvement of fentanyl and other drugs in opioid-related deaths. A 2013 study documented variation in how states certify manner of death, including toxicology, and found that death certificates often do not specify the drugs involved in overdose deaths. For example, in 21 states, more than 25 percent of overdose death certificates did not specify the drugs involved in the death. *(WARNER, PAULOZZI, NOLTE, DAVIS, & NELSON, 2013)*

A CDC Health Advisory Network (HAN) alert recommends that medical examiners and coroners screen for fentanyl in suspected opioid overdose cases, especially in areas reporting increases in fentanyl seizures or unusually high spikes in heroin or unspecified drug overdose fatalities. *(CENTERS FOR DISEASE CONTROL AND PREVENTION, 2015)* The HAN alert further recommends that coroners and medical examiners use Substance Abuse Mental Health Safety Administration *(SAMHSA)* consensus recommendations to report opioid-related deaths. *(GOLDBERGER, MAXWELL, CAMPBELL, & WILDFORD, 2013)*

The National Safety Council urges states to adopt these recommendations. Improved data collection is vital to fully understand the scope of the epidemic.



STATE PROGRESS



Multiple actions will be needed to end this drug epidemic and reduce the loss of life. It is only with concentrated state focus and efforts to reduce opioid overprescribing and to improve the ability to identify and offer help to those at risk. By ensuring that effective and coordinated substance abuse treatment is readily available to those with opioid use disorder, we can end the loss of life in the current drug crisis.



The National Safety Council examined state progress on six key indicators:

1. Mandatory Prescriber Education
2. Opioid Prescribing Guidelines
3. Eliminating Pill Mills
4. Prescription Drug Monitoring Programs (PDMPs)
5. Increased Access to Naloxone
6. Availability of Opioid Use Disorder (OUD) Treatment

1.	Requires Mandatory Prescriber Education	**17 states** meet this indicator: CA, CT, DE, IA, KY, MA, NV, NH, NM, NC, OR, RI, SC, TN, VT, WI, WV
2.	Adopted Opioid Prescribing Guidelines	**22 states** meet this indicator: AL, AZ, AR, CA, CO, HI, IN, KY, MA, MN, NH, NM, NC, OH, OK, PA, RI, TN, UT, VT, WA, WV
3.	Eliminating Pill Mills	**12 states** meet this indicator: AL, FL, GA, IN, KY, LA, MS, OH, TN, TX, WI, WV
4.	Allows Physician and Pharmacy delegates to PDMPs	**42 states** meet this indicator: AL, AR, AZ, CA, CO, CT, DE, DC, ID, IL, IN, IA, KS, KY, LA, MD, MA, ME, MN, MT, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
5.	Allows Naloxone to be prescribed with a standing order	**35 states** meet this indicator: AK, AL, AR, CA, CO, DE, FL, GA, IL, IN, KY, LA, MD, ME, MN, MS, NC, ND, NV, NH, NJ, NM, NY, OH, OK, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI
6.	Availability of Opioid Use Disorder (OUD)Treatment	**3 states** meet this indicator: ME, NM, VT

STATE PROGRESS

STATE	REQUIRES MANDATORY PRESCRIBER EDUCATION	ADOPTS OPIOID PRESCRIBING GUIDELINES	ELIMINATES PILL MILLS	ALLOWS PHYSICIAN DELEGATES TO ACCESS PDMPs	ALLOWS NALOXONE STANDING ORDER	MEETS NEED FOR OUD TREATMENT
Alabama		✔	✔	✔	✔	
Alaska					✔	
Arizona		✔		✔		
Arkansas		✔		✔	✔	
California	✔	✔		✔	✔	
Colorado		✔		✔	✔	
Connecticut	✔			✔		
Delaware	✔			✔	✔	
District of Columbia				✔		
Florida			✔		✔	
Georgia			✔		✔	
Hawaii		✔				
Idaho				✔		
Illinois				✔	✔	
Indiana		✔	✔	✔	✔	
Iowa	✔			✔		
Kansas				✔		
Kentucky	✔	✔	✔	✔	✔	
Louisiana			✔	✔	✔	
Maine				✔	✔	✔
Maryland				✔	✔	
Massachusetts	✔	✔		✔		
Michigan						
Minnesota		✔		✔	✔	
Mississippi			✔		✔	
Missouri						

State ranking were based on best available data at time of publication.

STATE PROGRESS



STATE	REQUIRES MANDATORY PRESCRIBER EDUCATION	ADOPTS OPIOID PRESCRIBING GUIDELINES	ELIMINATES PILL MILLS	ALLOWS PHYSICIAN DELEGATES TO ACCESS PDMPs	ALLOWS NALOXONE STANDING ORDER	MEETS NEED FOR OUD TREATMENT
Montana				✔		
Nebraska						
Nevada	✔				✔	
New Hampshire	✔	✔		✔	✔	
New Jersey				✔	✔	
New Mexico	✔	✔		✔	✔	✔
New York				✔	✔	
North Carolina	✔	✔		✔	✔	
North Dakota				✔	✔	
Ohio		✔	✔	✔	✔	
Oklahoma		✔		✔	✔	
Oregon	✔			✔		
Pennsylvania		✔		✔	✔	
Rhode Island	✔	✔		✔	✔	
South Carolina	✔			✔		
South Dakota				✔	✔	
Tennessee	✔	✔	✔	✔	✔	
Texas			✔	✔	✔	
Utah		✔		✔	✔	
Vermont	✔	✔		✔	✔	✔
Virginia				✔	✔	
Washington		✔		✔	✔	
West Virginia	✔	✔	✔	✔		
Wisconsin	✔		✔	✔	✔	
Wyoming				✔		

State ranking were based on best available data at time of publication.

MANDATORY PRESCRIBER EDUCATION

The medical community is an important and vital partner in addressing the opioid epidemic. An Institute of Medicine report recommends that all healthcare providers keep their knowledge of pain management current through continuing medical education (CME). *(NATIONAL RESEARCH COUNCIL, 2011)* Licensure, certification and recertification examinations should include assessments of providers' pain education. Unfortunately, research has shown that practicing physicians received fewer than 12 hours of pain management education in medical school. *(MEZEI & MURINSON, 2011)* Another study found that 60 percent of physicians surveyed did not "receive training on identifying prescription drug abuse and addiction" in medical school. *(THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE, 2005)*

Addressing this knowledge gap is necessary to reduce dangerous prescribing practices and improve treatment of pain. **NSC recommends that states require CMEs on pain management for prescribers of controlled substances.** Seventeen states currently require education for physicians and other professionals who prescribe controlled substances to treat pain. *(FEDERATION OF STATE MEDICAL BOARDS, 2015)* For example, Kentucky doctors are required to take 4.5 hours of activity related to KASPER (Kentucky All Schedule Prescription Electronic Reporting), pain management or addiction disorders. In New Mexico, prescribers who are registered with the DEA must complete a 5 hour CME class about pain and addiction. Following implementation of New Mexico's CME requirement, the amount of opioids per prescription declined and prescribers issued fewer high-dose prescriptions. *(KATZMAN, ET AL., 2014)*

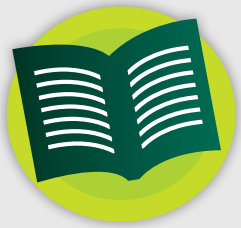
NSC Calls for Federal Educational Standards on Pain Management

Based on the successes seen by states like New Mexico in changing prescribing patterns as a result of the requirement for CME classes, **the National Safety Council recommends that the DEA require CME for all prescribers who apply for a new or renewed registration under the Controlled Substances Act of 1970.**[2]

The proposed CME should include the following topics:

- ✓ Relative efficacy and risks of medications used to treat acute and chronic pain
- ✓ Responsible prescribing, including the use of tools such as state Prescription Drug Monitoring Programs
- ✓ Linkage to treatment for those with addiction

Not all prescribers are required to register with the DEA—only those who will prescribe controlled substances such as opioid pain medications. Therefore, DEA controlled substance registration and renewal provides a targeted opportunity to address this knowledge gap.



State requires medical education for prescribers on pain management

17 states meet this indicator:

California, Connecticut, Delaware, Iowa, Kentucky, Massachusetts, Nevada, New Hampshire, New Mexico, North Carolina, Oregon, Rhode Island, South Carolina, Tennessee, Vermont, West Virginia and Wisconsin

(FEDERATION OF STATE MEDICAL BOARDS, 2015)

[2] *The Controlled Substances Act of 1970 established that some medications require additional screening and oversight by the Drug Enforcement Agency (DEA) when prescribed, including most opioid pain medications.*

OPIOID PRESCRIBING GUIDELINES

Opioid prescribing guidelines helps medical providers make informed choices about pain treatment. Guidelines consist of recommendations for pain treatment based on the current knowledge of the risks and benefits of opioid use, as well as the risks and benefits of alternative non-opioid treatments. A number of medical professional organizations, state licensing agencies, state medical boards and, most recently, the CDC have published opioid prescribing guidelines. When states have developed guidelines, both regulatory and voluntary approaches have been used to develop and implement a guideline. States have developed opioid prescribing guidelines for a variety of clinical settings, including chronic pain, emergency medicine and workers compensation.

Washington, Kentucky, Ohio, Vermont and Indiana are among the states that have taken a regulatory approach by changing controlled substance regulations and establishing interagency and prescriber workgroups to develop a prescribing guideline.

Utah, in 2009, convened a steering committee and workgroups to develop their guideline, *Utah Clinical Guidelines on Prescribing Opioids for Treatment of Pain*. Arizona and North Carolina used a similar process, convening workgroups comprised of prescribers and medical associations to develop a guideline for hospital emergency departments regarding the prescribing of opioid pain relievers for patients with non-cancer pain.

Types of Opioid Guidelines

Chronic Pain

Chronic pain guidelines comprise recommendations on the use of opioids in treating pain lasting longer than three months or past the time of normal tissue healing. Twenty-two states have developed prescribing guidelines for chronic pain.

In March 2016, CDC issued an *Opioid Prescribing Guideline for Chronic Pain*. This guideline is intended to inform pain treatment decisions of primary care providers treating chronic, non-cancer pain.

The CDC guideline includes:

- ✓ Lower dosage recommendations. Higher opioid doses are associated with higher risk of overdose and death—even relatively low doses (20-50 morphine milligram equivalents (MME) per day) increase risk
- ✓ Risk assessment criteria for all patients. Previous guidelines focused safety precautions on "high risk patients," however, opioids pose risk to all patients, and currently available tools cannot rule out risk for abuse or other serious harm
- ✓ More specific recommendations compared to previous guidelines on monitoring and discontinuing opioids when risks and harms outweigh benefits



State or state medical board has issued an opioid prescribing guideline

22 states meet this indicator:

Alabama, Arizona, Arkansas, California, Colorado, Hawaii, Indiana, Kentucky, Massachusetts, Minnesota, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Washington and West Virginia

(NATIONAL SAFETY COUNCIL, 2016)

OPIOID PRESCRIBING GUIDELINES (CONTINUED)

Emergency Medicine

Nine states have adopted guidelines developed by the American College of Emergency Physicians (ACEP) to inform the use of opioids in hospital emergency departments. **Key elements of the ACEP guideline include:**

- ✓ Use of short-acting, instead of long-acting, opioids
- ✓ Prescriptions for no more than a seven-day supply. States like Ohio have specified that no more than a three-day supply of opioid pain medications should be prescribed for acute pain in emergency room settings

Workers' Compensation

Three states have developed a guideline for the use of opioid pain medications in the treatment of occupational injuries covered by state workers' compensation programs. Following the 2007 implementation of the opioid dosing guideline, Washington workers' compensation system examined detailed billing data to learn about changes in opioid prescribing to workers receiving disability compensation. The introduction in Washington of an opioid dosing guideline appears to be associated with a decline in the mean dose for long-acting opioids, percent of claimants receiving opioid doses ≥120 mg morphine equivalent dose per day, and number of opioid-related deaths among injured workers. *(FRANKLIN, MAI, TURNER, SULLIVAN, WICKIZER, & FULTON-KEHOE, 2012)*

Guideline development is critical as opioids, even when prescribed at low doses, carry significant risks. States like Washington which have implemented a prescribing guideline, reduced opioid prescribing and reduced opioid overdose fatalities. As a result, **the National Safety Council recommends that all states adopt an opioid prescribing guideline.** At a minimum, the guideline should address:

- ✓ When initiation of opioid treatment is appropriate
- ✓ Guidance on maximum dose and duration of opioid treatment
- ✓ Information on how to monitor treatment to ensure patient safety





Washington State Case Study

Washington has seen success in reducing overdose deaths and opioid prescribing rates through the implementation of a prescribing guideline. In 2007, voluntary guidelines were introduced in Washington to guide physicians on responsible opioid prescribing for non-cancer pain. Following introduction of the guideline, prescribers reported increases in awareness of safer opioid prescribing practices, and the State realized subsequent decreases in overdose deaths. In 2010, Washington required all licensing boards to establish rules and adopt one evidence-based prescribing guideline. The State developed a number of tools and resources to support responsible opioid prescribing practices. In addition, it increased training and support for prescribers to recognize substance abuse and make referrals to treatment. These efforts have resulted in a 29 percent reduction in drug overdose death rate since 2008.

ELIMINATING PILL MILLS

"Pill mills" are a doctor's office, clinic or health care facility that routinely prescribes controlled substances outside the scope of standard medical practice and often in violation of state laws. Frequently advertised as "pain management" clinics, pill mills can operate within medical practices that treat a variety of legitimate medical issues. Typical characteristics of pill mills include non-individualized care, lack of referrals to specialists or use of diagnostic tests and repetitive combinations of medications that do not vary from patient to patient.

NSC recommends continued state policy development that stops the establishment and/or operation of pill mills that function outside guidelines for licensed, qualified physicians and whose primary treatment is prescribing opioids. State policy should include requirements for acceptable standards of medical care including:

- ✓ Following prescribing guidelines in accordance with standards established by state licensing authorities and prevailing best practice standards
- ✓ Defining ownership requirements to ensure that clinic owners can be held accountable by state licensing authorities
- ✓ Restricting the dispensing of controlled substances
- ✓ Requiring use of state prescription drug monitoring programs by pain clinics
- ✓ Requiring an appropriate medical evaluation including adequate patient history and physical examination
- ✓ Conducting an appropriate risk assessment at each visit

Ten states have adopted pain clinic requirements to target activities consistent with these practices. Two additional states–Alabama and Indiana–have enacted regulations for prescribers related to specific prescribing activities rather than regulations limited to pain clinics. This trend may allow for a greater variety of enforcement options and address pill mills operating within other medical specialties or practice settings. *(NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 2014)*

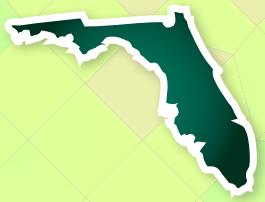


The State has a law or laws that regulate pain clinics or pain management services

12 states meet this indicator:

Alabama, Florida, Georgia, Indiana, Kentucky, Louisiana, Mississippi, Ohio, Tennessee, Texas, West Virginia and Wisconsin

(NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 2014)



Florida State Case Study

By 2009, Florida was known as the epicenter of the nation's pill mill activity. DEA's Automation of Reports and Consolidated Orders System (ARCOS) reported that 98 of the top 100 oxycodone dispensing physicians in the nation were located in Florida. (*FLORIDA OFFICE OF THE ATTORNEY GENERAL*) Starting in 2010, in an effort to address this growing public health threat, Florida began requiring pain clinic registrations and inspections and enacted a number of laws to curb high-volume prescribing. **These included:**

- Bans on physician dispensing
- Establishment of a PDMP
- Tougher penalties for illegal prescribing

As a result of these new requirements, opioid prescribing rates decreased and overdose deaths declined by 23 percent between 2010 and 2012. (*JOHNSON, PAULOZZI, PORUCZNIK, MACK, & HERTER, 2014*) After the 2010 law, Florida experienced a significant decrease in the amount of opioids prescribed - equal to 500,000 fewer 5-mg hydrocodone tablets. (*RUTKOW, CHANG, DAUBRESSE, WEBSTER, STUART, & ALEXANDER, 2015*) Another study found the death rate from prescription painkiller overdoses in Florida was 7 percent lower than expected. In 2011, the rate was 20 percent lower and in 2012, 34.5 percent lower. (*KENNEDY-HENDRICKS, RICHEY, MCGINTY, STUART, BARRY, & WEBSTER, 2016*)

Today, none of the top 100 opioid dispensing physicians reside in Florida.



PRESCRIPTION DRUG MONITORING PROGRAMS

Patients who obtain opioid painkillers from four or more doctors or pharmacies are at an increased risk of overdose. Therefore, state Prescription Drug Monitoring Programs (PDMPs) can be a valuable tool to help prescribers make informed clinical decisions and avoid costly or fatal errors. PDMPs serve as an early warning system, alerting prescribers and state officials about high-risk patients seeking prescriptions from multiple doctors and risky prescribing practices and allowing them to intervene when necessary to protect patients and the community.

Unfortunately, PDMPs are underutilized by prescribers. A 2015 study of primary care prescribers found that while a majority reported having obtained data from their PDMP at some point in time, prescribers consulted PDMP data in fewer than one-quarter of instances when they prescribed opioids to patients. *(RUTKOW, TURNER, LUCAS, HWANG, & ALEXANDER, 2015)* In states with voluntary PDMP use, prescribers verified patient history only 14 percent of the time before prescribing an opioid. *(SHATTERPROOF, 2016)*

In a Johns Hopkins survey, family practice physicians reported they did not use the PDMP because it was time-consuming process and data was not reported in an easy to use format. Other issues identified include physician perception that data was needed only for a few patients. *(RUTKOW, TURNER, LUCAS, HWANG, & ALEXANDER, 2015)*

State action remains necessary to ensure widespread adoption and utilization of PDMPs by prescribers and pharmacists. Fourteen states require prescribers to access the PDMP prior to prescribing a schedule II, III or IV controlled substances. The number is based on how it is defined. *(PDMP CENTER OF EXCELLENCE BRANDEIS UNIVERSITY, 2016)* In Kentucky, New York and Tennessee–three of the first states to mandate prescriber use of the PDMP–increased PDMP utilization has resulted in reductions in opioid prescriptions and in patients visiting multiple providers–75 and 36 percent reductions respectively in doctor shopping in New York and Tennessee.

However, the rapid implementation of these mandates has not been without challenges. A Brandeis Center of Excellence report recommends that states establish stakeholder groups to build consensus and offer feedback to better integration of PDMP data in clinical decisions. *(PDMP CENTER OF EXCELLENCE BRANDEIS UNIVERSITY, 2016)* CDC has provided funding to states to develop universal registration and use, making PDMPs easier to use and the data more timely. *(CENTERS FOR DISEASE CONTROL AND PREVENTION, 2016)*





State PDMP allows prescriber and dispenser delegates

42 states meet this indicator:

Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Wyoming

(NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS, 2014)

PRESCRIPTION DRUG MONITORING PROGRAMS

(CONTINUED)

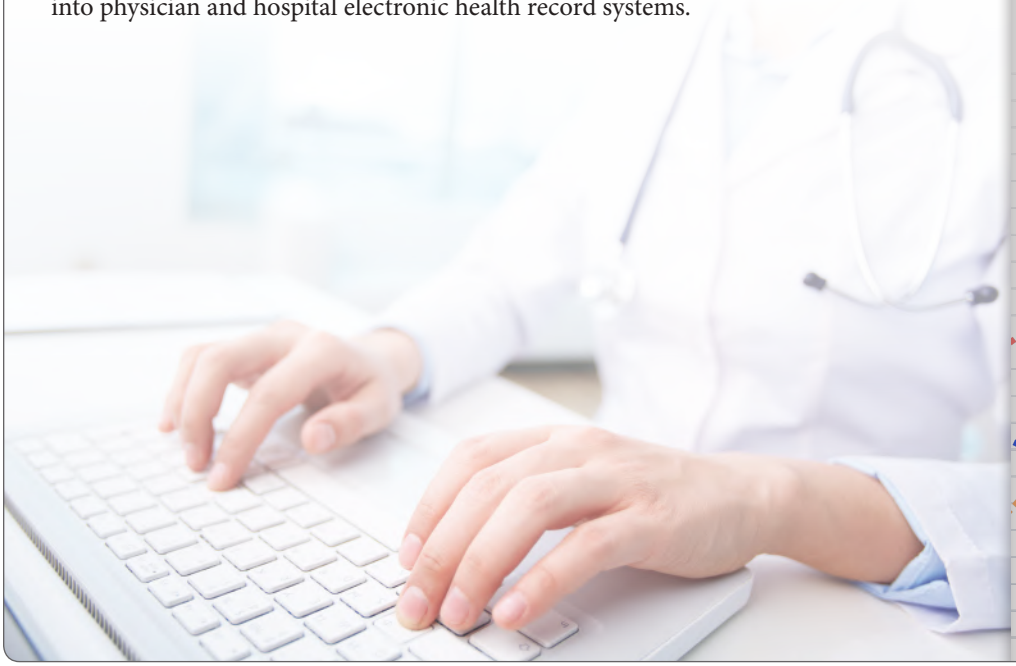
Forty-two states allow physicians and dispensers to appoint delegates or staff from their practice to access PDMP data, making it easier to integrate into clinical workflow. Institutional accounts are another PDMP innovation that makes it easier for clinicians, hospitals or universities to manage and supervise a delegate's PDMP utilization. To increase the effective use of PDMPs, **NSC recommends that State PDMPs allow prescriber and physician delegates and the creation of institutional accounts.**

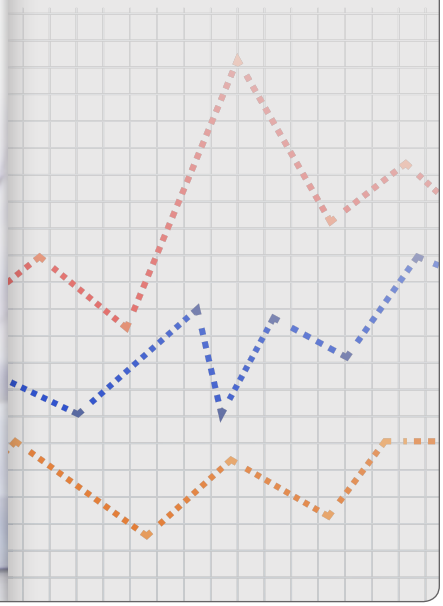
Another hurdle to PDMP utilization is complicated multi-step application and verification processes. **NSC recommends that states simplify the PDMP registration process, integrating and automating when possible with other licensing processes.** Prescribers and pharmacists need easy-to-use reports with real-time information. Oklahoma's PDMP was the first to offer real-time data reports to pharmacists and physicians to assist them in making timely clinical decisions whether to issue a prescription or dispense medication to a patient. Since then, 27 state PDMPs now collect prescription information from pharmacies within 24 hours of dispensing controlled substances. The remaining state PDMPs collect this data within 72 hours or weekly. **NSC recommends that all states collect prescription data within 24 hours.**

NSC also recommends that States improve reporting response times and upgrade PDMP technology to facilitate data transfer into clinical workflows. The Kentucky PDMP processes the majority of PDMP queries within 15 seconds or less, and a number of states are currently working on pilot programs to integrate PDMP date into physician and hospital electronic health record systems.

Making Changes

PRESCRIBERS and **PHARMACISTS NEED EASY-TO-USE REPORTS** with **REAL-TIME INFORMATION**





INCREASED ACCESS TO **NALOXONE**

Opioid overdoses are reversible with the timely administration of naloxone. Naloxone, available by prescription, can be administered as an injection or nasal spray. It is not a controlled substance and has no abuse potential.

Physicians can provide a prescription for naloxone to a person at risk of overdose, similar to prescribing an EpiPen for people with severe allergies. However, unlike some types of allergic reactions, an opioid overdose renders the victim unable to self-administer this medication. Making naloxone available to family members and friends of those suffering from addiction, as well as first responders, will save lives.

Some states have increased access to and use of naloxone by amending medical practice laws and regulations to allow a licensed healthcare professional to prescribe naloxone for use by a third-party such as a family member. For example, Massachusetts allows community programs to provide naloxone to trained individuals with a standing order from the health department.

Community overdose education and prevention programs distribute naloxone overdose prevention kits and provide training. Education includes how to recognize the signs of an overdose, when and how to administer naloxone and the importance of rescue breathing until 9-1-1 first responders arrive.

Use of naloxone has increased greatly. From 1996 through June 2014, laypersons reported using naloxone in 26,463 overdose reversals. In 2013 alone, nearly 40,000 laypersons with 93 organizations reported 8,032 overdose reversals—lives that may not have been saved without laws allowing increased naloxone access. *(WHEELER, JONES, GILBERT, & DAVIDSON, 2015)*



State allows a standing order for naloxone

35 states meet this indicator:

Alabama, Alaska, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington and Wisconsin

(NETWORK FOR PUBLIC HEALTH LAW, 2016)

INCREASED ACCESS TO NALOXONE (CONTINUED)

Thirty-five states permit naloxone to be prescribed with a standing order.[3] *(NETWORK FOR PUBLIC HEALTH LAW, 2016)* More recently, Connecticut, Idaho, North Dakota and New Mexico started allowing naloxone to be dispensed by pharmacists. About a dozen states permit pharmacists to establish collaborative practice agreements with a physician to dispense naloxone. Other states allow the pharmacy board to establish standards that permit naloxone to be dispensed.

However, while this progress is encouraging, more work is needed to ensure that naloxone remains affordable. **Therefore, NSC recommends that states, insurers, and other relevant payers work to ensure that naloxone is covered by all insurance plans, including public plans.**

Good Samaritan Provisions

Opioid overdose often happen when the victim is with friends or family members. Witnesses or bystanders to an overdose may be in the best position to save a life by administering naloxone. However, some overdose bystanders sometimes fail to summon medical assistance for fear of police involvement. *(TOBIN, DAVEY, & LATKIN, 2005)*

"Good Samaritan" laws provide protection from negative consequences associated with calling for help. Opioid overdose bystanders can become "Good Samaritans" by calling emergency responders without fear of arrest or other negative legal consequences.

Thirty-four states and the District of Columbia have enacted Good Samaritan provisions. **NSC recommends that all states enact Good Samaritan laws to remove any barriers to seeking help for a drug overdose.**





Sal's Story

Patty DiRenzo, of Blackwood, NJ lost her son Sal to a fatal overdose. His death could have been prevented if the people with whom he was using drugs had called 9-1-1 for help. They didn't, most likely afraid of legal consequences. Instead of saving a life by seeking help, Sal was left alone to die, without the medical help he needed. Patty lost her son, and her grandson lost his father, because someone was afraid to call 9-1-1.

Patty believes with proper treatment Sal could have beaten his addiction, but this opportunity was lost forever with his passing. The majority of overdose victims do not die until one to three hours after they have initially taken a drug, and most of these deaths occur in the presence of others. This leaves a significant amount of time for witnesses to intervene and call for medical help, but the fear of arrest and prosecution prevents many from making that call. Good Samaritan laws remove these legal barriers, so that calling 9-1-1 is never a crime.

Patty believes "Saving a life is far more important than punishing those who seek help."

[3] *A standing order allows a drug to be dispensed by a pharmacy or other programs to any person who meets specific criteria and without the prescriber or patient ever meeting.*

AVAILABILITY OF OPIOID USE DISORDER TREATMENT

Opioid use disorder (OUD), occurs when the recurrent use of opioid pain relievers or heroin cause significant clinical problems including health issues, disability, and the failure to meet major responsibilities at work, school or home. OUD is a brain disease and a serious chronic health condition like heart disease or diabetes. And like these conditions, medication and support to make lifestyle changes may be required to effectively treat an OUD. **As a chronic disease, if left untreated, OUD will worsen, often resulting in death.** In 2014, more than 2.4 million people had an opioid use disorder related to use of opioid pain relievers or heroin. *(SAMHSA, 2015)*

Medication assisted treatment (MAT) with buprenorphine or methadone is the most effective treatment for OUD. *(WORLD HEALTH ORGANIZATION, 2009)* A third medication, Naltrexone, can also be used to treat OUD. However, it is less effective in sustaining long-term recovery. *(COUSINS, RADFAR, CRÈVECOEUR-MACPHAIL, ANG, DARFLER, & RAWSON, 2016)*

Methadone is provided in a clinic setting at opioid treatment programs (OTP). OTPs are federally regulated clinics that dispense methadone, usually as a liquid, daily to patients. Barriers to methadone include waiting lists for treatment, relatively few locations in most states, insurance coverage limits and requirements for daily clinic visits. In 2012, nearly all state OTPs operated at greater than 80 percent capacity, and OTPs in 12 states reported 100 percent capacity. *(JONES, CAMPOPIANO, BALDWIN, & MCCANCE-KATZ, 2015)*

With most state OTPs operating at capacity, buprenorphine which can be prescribed in office-based settings, offers the most viable way to expand access for MAT. Buprenorphine is prescribed by SAMHSA certified physicians who receive specialized training. Patient caseloads for buprenorphine prescribers are capped at 30 individuals in the first year. *(SAMHSA, 2016)* After the first year, physicians can expand their caseload to 100 patients, but many physicians do not apply for this extension. If all physicians provide buprenorphine at the maximum level, 1,093,150 people can receive treatment in the US, which is less than the number needed. *(JONES, CAMPOPIANO, BALDWIN, & MCCANCE-KATZ, 2015)*





State has sufficient buprenorphine treatment
capacity to treat residents with opioid dependence

3 states meet this indicator:

Maine, New Mexico and Vermont

(JONES, CAMPOPIANO, BALDWIN & MCCANCE-KATZ, 2015)

AVAILABILITY OF OPIOID USE DISORDER TREATMENT (CONTINUED)

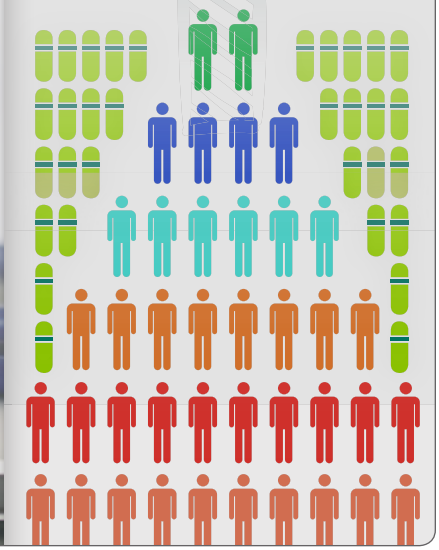
Treatment capacity in the United States lags behind the need for opioid treatment. An analysis of national and state treatment capacity found that rates of opioid abuse or dependence (891.8 per 1,000,000 people) far exceeded the maximum buprenorphine treatment capacity (420.3) and numbers of people receiving methadone (119.9) at an OTP. Most states had opioid dependence rates higher than their buprenorphine treatment capacity. Only three states—Maine, New Mexico and Vermont had maximum buprenorphine treatment capacity sufficient to meet the treatment need in their state. *(JONES, CAMPOPIANO, BALDWIN, & MCCANCE-KATZ, 2015)*

States must close the treatment gap. **NSC recommends that physician patient caseload limits be raised for buprenorphine wavered physicians and that advanced practice nurses are allowed to obtain DATA-2000 waivers to prescribe buprenorphine. NSC also recommends that federal and state-funded substance abuse services offer MAT, the most effective methods of opioid dependence treatment.** Care should be coordinated and MAT provided in conjunction with counseling and recovery support services. Vermont and Massachusetts have developed innovative care models to expand buprenorphine treatment capacity in their states, and this treatment should also be affordable. **NSC recommends that States require public and private health insurers to cover medication assisted treatment.** All three options for medication-assisted treatment should be available to all patients as unique patient characteristics may mean one form of medication assisted treatment is more effective. Also caps on the length and duration of MAT should be eliminated.



Reality Check

RATES OF OPIOID ABUSE/ DEPENDENCY FAR EXCEED the maximum buprenorphine/ methadone **TREATMENT CAPACITY** in nearly all states





Vermont: Effective and Coordinated Opioid Treatment

Through a unique partnership between the Vermont Department of Health's Division of Alcohol and Drug Abuse Programs and the Department of Vermont Health Access's Blueprint for Health, the Care Alliance was formed. The Care Alliance for Opioid Addiction is a statewide partnership of clinicians and treatment centers that provide MAT to Vermonters addicted to opioids.

How it Works

The Care Alliance uses a Hub & Spoke model to ensure that each person's care is effective, coordinated and supported. People can access care by requesting services at a regional opioid treatment center (Hub), or their primary care provider (Spoke), or by dialing 2-1-1, a statewide, free, confidential information and help service. Five regional opioid treatment centers in 8 locations in Vermont serve as treatment hubs. Regional opioid treatment centers treat patients with complex needs with medication assisted treatment, either methadone or buprenorphine. In the Spokes, community physicians lead a team of nurses and clinicians to treat patients with medication assisted therapy, using buprenorphine.

Patient care is coordinated and supported and supervised by a physician. Nurses and counselors connect patients with community-based support services. Support services may include mental health and substance abuse treatment, pain management, life skills and family support, job development and recovery support.

Highlights of Vermont's Opioid Treatment System to Date:

- In 2015, more than 4,800 people received MAT in Vermont, up from 2,867 in January 2013
- The 90-day retention rate among Vermont Medicaid-eligible individuals served by the Hub and Spoke system is 77 percent and greater than the national average of 70 percent and is increasing
- Vermonters who stay in treatment in Hubs longer than 90 days show improved overall functioning at discharge than those who left treatment earlier



RECOMMENDATIONS



NSC believes that if the following recommendations are implemented by state leaders, we can begin to reverse this epidemic and save lives.

1. Establish state requirements for medical education on effective pain management
2. Require CME for prescribers who apply for a new or renewed registration under the Controlled Substances Act of 1970. CME should be pertinent to the classes of controlled substances prescribed by the provider. The proposed CME should include the following topics:
   - ✓ Relative efficacy and risks of medications used to treat acute and chronic pain
   - ✓ Responsible prescribing, including the use of tools such as state Prescription Drug Monitoring Programs (PDMPs)
   - ✓ Linkage to treatment for those with addiction
3. Adopt state opioid prescribing guideline. At a minimum, the guideline should address:
   - ✓ When initiation of opioid treatment is appropriate, provide guidance on maximum dose and duration of opioid treatment
   - ✓ Monitor treatment to ensure patient safety
4. Develop or strengthen state policy that stops the establishment and/or operation of pill mills that function outside prescribing standards for licensed, qualified physicians and whose primary treatment is prescribing opioids. State policy should include requirements for acceptable standards of medical care including:
   - ✓ Following prescribing guideline in accordance with standards established by state licensing authorities and prevailing best practice standards
   - ✓ Defining ownership requirements to ensure that clinic owners can be held accountable by state licensing authorities
   - ✓ Restricting the distribution of controlled substances
   - ✓ Requiring use of state prescription drug monitoring programs by pain clinics
   - ✓ Requiring an appropriate medical evaluation including adequate patient history and physical examination
   - ✓ Conducting an appropriate risk assessment at each visit
5. Make PDMPs easy to use:
   - ✓ Require the collection of prescription data within 24 hours
   - ✓ Simplify the PDMP registration process, integrating and automating when possible with other medical professional licensing processes
   - ✓ Improve reporting response times and facilitate data transfer into clinical workflows
6. Improve reporting of drugs involved in drug overdose fatalities:
   - ✓ Encourage medical examiners and coroners to screen for fentanyl for suspected opioid overdose cases
   - ✓ Require coroners and medical examiners use SAMHSA consensus recommendations to report opioid-related deaths
7. Expand access to naloxone and remove barriers to its purchase and use
   - ✓ Enact laws allowing standing orders for naloxone
   - ✓ Require insurers, and other relevant payers to ensure that naloxone is covered by insurance plans, including public plans
   - ✓ Enact laws to enact "Good Samaritan" laws to remove any barriers to seeking help for a drug overdose
8. Increase patient caseload caps for buprenorphine waivered physicians
9. Allow advanced practice nurses to obtain waiver to prescribe buprenorphine. Expand use of medication-assisted treatment, ensure it is offered and available at state-funded treatment providers
10. Require public and private health insurers to cover medication-assisted treatment
11. Remove caps on the duration of medication-assisted treatment

ABOUT THE NATIONAL SAFETY COUNCIL

Founded in 1913 and chartered by Congress, the National Safety Council, **nsc.org**, is a nonprofit organization whose mission is to save lives by preventing injuries and deaths at work, in homes and communities, and on the roads through leadership, research, education and advocacy. NSC advances this mission by partnering with businesses, government agencies, elected officials and the public in areas where we can make the most impact—distracted driving, teen driving, workplace safety, prescription drug overdoses and Safe Communities.

Visit **nsc.org** to learn more.



WORKS CITED



Centers for Disease Control and Prevention. (2016, March 14). *Fentanyl Overdose Data.* Retrieved March 31, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/drugoverdose/data/fentanyl.html

Centers for Disease Control and Prevention. National Center for Health Statistics. (2015). *Multiple Cause of Death 1999-2014 on CDC WONDER Online Database, released 2015.* Retrieved December 14, 2015, from Centers for Disease Control and Prevention: http://wonder.cdc.gov/mcd-icd10.html

Centers for Disease Control & Prevention. (2016, March 14). *Data Overview.* Retrieved April 5, 2016, from Centers for Disease Control & Prevention: http://www.cdc.gov/drugoverdose/data/

Centers for Disease Control and Prevention. (2012, September). *Menu of Pain Management Clinic Regulation.* Retrieved March 1, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/phlp/docs/menu-pmcr.pdf

Centers for Disease Control and Prevention. (2015, October 26). *Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities.* Retrieved March 1, 2016, from Emergency Preparedness and Response: http://emergency.cdc.gov/han/han00384.asp

Centers for Disease Control and Prevention. (2016, March 15). *Prevention for States.* Retrieved April 5, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/drugoverdose/states/state_prevention.html

Compton, W. M., Jones, C. E., & Baldwin, G. T. (2016). Relationship between Nonmedical Prescription-Opioid Use and Heroin Use. *New England Journal of Medicine,* DOI: 10.1056/NEJMra1508490.

Cousins, S. J., Radfar, S. R., Crèvecoeur-MacPhail, D., Ang, A., Darfler, K., & Rawson, R. A. (2016). Predictors of Continued Use of Extended-Released Naltrexone (XR-NTX) for Opioid-Dependence: An Analysis of Heroin and Non-Heroin Opioid Users in Los Angeles County. *Journal of Substance Abuse Treatment,* 66–71.

Federation of State Medical Boards. (2015). *Continuing Medical Education Board by Board Overview.* Retrieved March 1, 2016, from Federation of State Medical Boards: http://www.fsmb.org/Media/Default/PDF/FSMB/Advocacy/GRPOL_CME_Overview_by_State.pdf

Florida Office of the Attorney General. (n.d.). *Pill Mill Initiative.* Retrieved March 1, 2106, from Florida Attorney General: http://myfloridalegal.com/pages.nsf/Main/AA7AAF5CAA22638D8525791B006A30C8

Goldberger, B. A., Maxwell, J. C., Campbell, A., & Wildford, B. B. (2013). Uniform Standards and Case Definitions for Classifying Opioid-Related Deaths: Recommendations by a SAMHSA Consensus Panel. *Journal of Addictive Diseases,* 32:231–243.

Gorner, J., Nickeas, P., & Sobol, R. R. (2015, October 2). *74 overdoses in 72 hours: Laced heroin may be to blame.* Retrieved March 1, 2016, from Chicago Tribune: http://www.chicagotribune.com/news/local/breaking/ct-heroin-overdoses-met-20151002-story.html

Johnson, H., Paulozzi, L., Porucznik, C., Mack, K., & Herter, B. (2014, July 4). *Decline in Drug Overdose Deaths After State Policy Changes—Florida, 2010–2012.* Retrieved March 1, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a3.htm

Jones, C. M. (2013). Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers – United States, 2002–2004 and 2008–2010. *Drug and Alcohol Dependence,* 95-100.

Jones, C. M., Campopiano, M., Baldwin, G., & McCance-Katz, E. (2015). National and State Treatment Need and Capacity for Opioid Agonist Medication-Assisted Treatment. *American Journal of Public Health,* e55-e63.

Kennedy-Hendricks, A., Richey, M., McGinty, E. E., Stuart, E. A., Barry, C. L., & Webster, D. W. (2016). Opioid Overdose Deaths and Florida's Crackdown on Pill Mills. *American Journal of Public Health,* Vol. 106, No. 2, pp. 291-297. doi: 10.2105/AJPH.2015.302953.

Mezei, L., & Murinson, B. (2011). Pain Education in North American Medical Schools. *Journal of Pain,* 1199-1208.

Muhuri, P. K., Gfroerer, J. C., & Davies, M. C. (2013, August). *Associations of nonmedical pain reliever use and initiation of heroin use in the United States.* Retrieved March 31, 2016, from CBHSQ Data Review: http://archive.samhsa.gov/data/2k13/DataReview/DR006/nonmedical-pain-reliever-use-2013.pdf

National Alliance for Model State Drug Laws. (2014, April). *Prescription Drug Abuse, Addiction and Diversion: Overview of State Legislative and Policy Initiatives Part 2: State Regulation of Pain Clinics.* Retrieved March 1, 2016, from National Alliance for Model State Drug Laws: http://namsdl.org/library/7C4C8B13-1C23-D4F9-74DC1E8E771E451A/

National Alliance for Model State Drug Laws. (2015, September). 2015 Annual Review of Prescription Monitoring Programs. Retrieved May 2016, from National Alliance of Model State Drug Laws: http://www.namsdl.org/library/E89878EA-E597-4B32-B83391F57B2275A7/

National Research Council. (2011). *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research.* Washington DC: National Academies Press.

Network for Public Health Law. (2016, April 15). *Legal Interventions to Reduce Overdose Mortality: Naloxone Access and Overdose Good Samaritan Laws.* Retrieved May 6, 2016, from Network for Public Health Law: https://www.networkforphl.org/_asset/qz5pvn/network-naloxone-10-4.pdf

Paulozzi, L. J., Jones, C. M., Mack, K. A., & Rudd, R. A. (2011, November 4). *Vital Signs: Overdoses of Prescription Opioid Pain Relievers*, United States, 1999 - 2008. *MMWR: Morbidity & Mortality Weekly Report, 60(43),* pp. 1487-1492.

Paulozzi, L. J., Mack, K. A., & Hockenberry, J. M. (2014, July 4). Vital Signs: *Variation Among States in Prescribing of Opioid Pain Relievers and Benzodiazepines—United States, 2012.* Retrieved January 7, 2016, from Centers for Disease Control and Prevention: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm

WORKS CITED

PDMP Center of Excellence Brandeis Univeristy. (2016, May). *PDMP Prescriber Use Mandates: Characteristics, Current Status, and Outcomes in Selected States.* Retrieved April 5, 2016, from PDMP Center of Excellence Brandeis Univeristy: http://www.pdmpexcellence.org/sites/all/pdfs/COE%20briefing%20on%20mandates%203rd%20revision.pdf

Rutkow, L., Chang, H.-Y., Daubresse, M., Webster, D. W., Stuart, E. A., & Alexander, G. C. (2015). Effect of Florida's Prescription Drug Monitoring Program and Pill Mill Laws on Opioid Prescribing and Use. *JAMA Internal Medicine,* 175(10):1642-1649. doi:10.1001/jamainternmed.2015.3931.

Rutkow, L., Turner, L., Lucas, E., Hwang, C., & Alexander, G. C. (2015). Many primary care physicians are aware of prescription drug monitoring programs, but many find the data difficult to access. *Health Affairs,* 484-492.

SAMHSA. (2015). *Results from the 2014 National Survey on Drug Use and Health: Summary of National Findings.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

SAMHSA. (2016, April 12). *Buprenorphine Waiver Management.* Retrieved April 20, 2016, from SAMHSA: http://www.samhsa.gov/medication-assisted-treatment/buprenorphine-waiver-management

Shatterproof. (2016, March). *Prescription Drug Monitoring Programs: Critical Elements of Effective State Legislation.* Retrieved April 5, 2016, from Shatterproof: https://secure.shatterproof.org/page/-/Shatterproof_WP_FINAL.pdf?_ga=1.228326110.217109100.1461943552

Syed, Y., & Keating, G. (2013). Extended-release intramuscular naltrexone (VIVITROL): A review of its use in the prevention of relapse to opioid dependence in detoxified patients. *CNS Drugs,* 27(10):851-861 doi:10.1007/s40263-013-0110-x.

The National Center on Addiction and Substance Abuse. (2005). *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the US.* New York: Columbia University.

Tobin, K. E., Davey, M. A., & Latkin, C. A. (2005). Calling emergency medical services during drug overdose: an examination of individual, social and setting correlates. *Addiction,* 100(3):397-404.

U. S. Drug Enforcement Administration. (2015, April). *National Heroin Threat Assessment.* Retrieved March 1, 2015, from Drug Enforcement Administration: http://www.dea.gov/divisions/hq/2015/hq052215_National_Heroin_Threat_Assessment_Summary.pdf

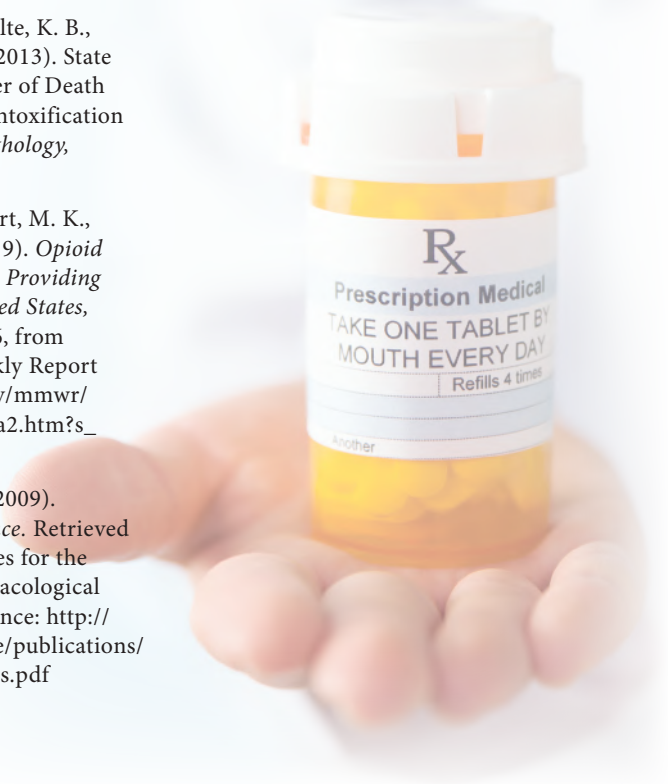
U.S. Department of Justice, Drug Enforcement Administration. (2015). *Special Report: Opiates and Related Drugs reported in NFLIS, 2009-2014.* Springfield VA: U.S. Drug Enforcement Administration.

U.S. Drug Enforcement Administration. (2015, March 18). *DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety.* Retrieved March 1, 2016, from http://www.dea.gov/divisions/hq/2015/hq031815.shtml Warner, M., Paulozzi, L. J., Nolte, K. B., Davis, G. G., & Nelson, L. S. (2013). State Variation in Certifying Manner of Death and Drugs Involved in Drug Intoxification Deaths. American Forensic Pathology, 231-236.

Warner, M., Paulozzi, L. J., Nolte, K. B., Davis, G. G., & Nelson, L. S. (2013). State Variation in Certifying Manner of Death and Drugs Involved in Drug Intoxification Deaths. *American Forensic Pathology,* 231-236.

Wheeler, E., Jones, T. S., Gilbert, M. K., & Davidson, P. J. (2015, June 19). *Opioid Overdose Prevention Programs Providing Naloxone to Laypersons—United States, 2014.* Retrieved March 1, 2016, from Morbidity and Mortality Weekly Report (MMWR): http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm?s_cid=mm6423a2_e

World Health Organization. (2009). *Treatment of Opioid Dependence.* Retrieved April 15, 2014, from Guidelines for the PsychosociallyAssisted Pharmacological Treatment of Opioid Dependence: http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf





nsc.org/rxreport

0616 900008929

©2016 National Safety Council

Scott.A.Milkey

From: Czarniecki, Cary (Lani)
Sent: Friday, September 02, 2016 11:23 AM
To: Hill, John (GOV)
Cc: Karns, Allison
Subject: FW: White House Drug Policy Office Announces Grants for Nearly 700 Communities to Prevent Youth Substance Use
Attachments: DFC National Release_final.pdf; FY 2016 DFC Grant Awards - Continuations.pdf; FY 2016 DFC Grant Awards - New.pdf; FY 2016 DFC Mentoring Grant Awards - Continuations.pdf; FY 2016 DFC Mentoring Grant Awards - New.pdf

FYI…

From: Harris, Dalen A. EOP/ONDCP [mailto:Dalen_A_Harris@ondcp.eop.gov]
Sent: Friday, September 02, 2016 11:18 AM
Cc: Saenz, Adrian EOP/WHO
Subject: White House Drug Policy Office Announces Grants for Nearly 700 Communities to Prevent Youth Substance Use

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

White House Drug Policy Office Announces Grants for Nearly 700 Communities to Prevent Youth Substance Use

Research shows significant decrease in use of prescription drugs, alcohol, tobacco, and marijuana among youth in DFC-funded communities

Today, Michael Botticelli, Director of National Drug Control Policy (ONDCP), announced $85.9 million in grants for 698 Drug-Free Communities (DFC) Support Programs across the country. The grants will provide funding to local community coalitions for preventing youth substance use including prescription drugs, marijuana, tobacco, and alcohol.

I am pleased to share the FY 2016 Drug-Free Communities (DFC) Support Program new and/or continuation awards in your State. For FY 2016, the new DFC awards represent a total Federal investment of $11.7 million in grants. Continuation grants represent a total Federal investment of $74.1 million. Included in these FY 2016 awards are 3 new DFC Mentoring grants totaling $225,000 and 18 DFC Mentoring continuation grants totaling $1.3 million. Mentoring grants are awarded to existing DFC coalitions to assist new coalitions build the capacity necessary to apply for DFC funding on their own in the future.

To help you share this good news with your constituents, I have also attached a listing of the new and/or continuing DFC-funded community coalitions in your state, as well as a news release you may customize.

We hope you will consider partnering with our existing coalitions or help start a new one in communities in your State. To learn more about the DFC Program as well as our FY 2016 grant award recipients, please visit: www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program. If you have any questions, please feel free to contact Helen Hernandez, ONDCP's DFC Administrator at HHernandez@ondcp.eop.gov.

Thank you for all that you are doing to keep our nation safe and healthy.

Sincerely.

Dalen A. Harris
Director, Office of Intergovernmental and Public Liaison
White House Office of National Drug Control Policy

Grant Award Number	Coalition State	Coalition City	Grant Award Recipient	DFC Funded Coalition
5 SP018786-05	AK	Anchorage	VOLUNTEERS OF AMERICA OF ALASKA	Communities Mobilizing For A Change On Alcohol
5 SP020550-03	AK	Ketchikan	KETCHIKAN WELLNESS COALITION	Ketchikan Wellness Coalition
5 SP015813-08	AL	Andalusia	COVINGTON CNTY CHILDREN'S POLICY COUN CO	Covington County Children's Policy Council Coalition
5 SP019736-04	AL	Birmingham	FREEDOM SOURCE, INC.	Addiction Coalition
5 SP020864-02	AL	Homewood	HOMEWOOD CITY BOARD OF EDUCATION	Safe & Healthy Homewood
5 SP020866-02	AL	Brewton	ESCAMBIA COUNTY CHILDREN'S POLICY CNCL	Escambia County Children's Policy Council
5 SP021011-07	AL	Mobile	Drug Education Council, Inc.	Mobile County Drug Free Community Coalition (Communities that Care of Greater Mobile)
5 SP017035-07	AR	EL Dorado	TOUCH COALITION	TOUCH Coalition
5 SP019726-04	AR	Springdale	COMMUNITY CLINIC	NWA Tobacco and Drug Free Coalition
5 SP019858-09	AR	Clinton	OZARK HEALTH FOUNDATION	TEA Coalition
5 SP019962-04	AR	Batesville	CITY OF BATESVILLE	Underage Drinking Prevention & Underage Tobacco Prevention
5 SP020882-02	AR	Walnut Ridge	LAWRENCE COUNTY SHERIFF'S OFFICE	Alcohol, Tobacco, and Other Drugs Coalition of Lawrence County
5 SP020963-02	AR	Harrison	NORTH ARKANSAS PRTNRSHP FOR HEALTH EDUC	Boone County Substance Abuse Prevention Coalition
5 SP020605-03	AS	Pago Pago	FOFO COUNTY COALITION	Fofo County Coalition
5 SP014489-10	AZ	Tucson	AMISTADES, INC.	Amistades Substance Abuse Coalition
5 SP014782-09	AZ	St. John	WHITE MOUNTAIN REGIONAL MEDICAL CENTER	APACHE COUNTY DRUG-FREE ALLIANCE
5 SP015690-08	AZ	Coolidge	COOLIDGE YOUTH COALITION, INC.	Coolidge Youth Coalition
5 SP015916-08	AZ	Tucson	OUR FAMILY SERVICES, INC.	4R Communities Alliance
5 SP016520-07	AZ	Phoenix	TOUCHSTONE BEHAVIORAL HEALTH	Isaac Anti-Drug Community Coalition
5 SP016560-07	AZ	Chandler	IMPROVING CHANDLER AREA NEIGHBORHOOD	Chandler Coalition on Youth Substance Abuse (CCYSA)
5 SP018005-09	AZ	TUCSON	COMPASS HEALTH CARE, INC.	COMMUNITY PREVENTION COALITION
5 SP018921-10	AZ	Phoenix	TERROS, INC.	Terros, Inc.
5 SP020276-04	AZ	Kingman	ARIZONA YOUTH PARTNERSHIP	Young Adult Development

5 SP020586-03	AZ	Parker	PARKER AREA ALLIANCE/CMTY EMPOWERMENT	Parker Area Alliance for Community Empowerment Inc.
5 SP020616-03	AZ	Safford	SOUTHEASTERN ARIZ BEHAVIORAL HLTH SRVCS	Graham County Substance Abuse Coalition
5 SP020723-04	AZ	Pinetop	FRIENDS OF NAVAJO COUNTY ANTI-DRUG COAL	Navajo County Drug Project Drug Free Community Coalition
5 SP020741-02	AZ	Nogales	CONSTRUCTING CIRCLES OF PEACE	Santa Cruz County Drug Free Community Coalition
5 SP020934-07	AZ	Fountain Hills	FOUNTAIN HILLS YOUTH SUB ABUSE PREV COAL	Fountain Hills Youth Substance Abuse Prevention Coalition, Inc.
5 SP021042-02	AZ	Marana	OPEN DOORS COMMUNITY SCHOOL, INC.	Northwest Regional Coalition
5 SP021388-03	AZ	Tucson	CODAC BEHAVIORAL HEALTH SRVS PIMA COUNTY	Liberty Partnership/Kino Neighborhoods Council
5 SP014456-10	CA	Solvang	SANTA YNEZ VALLEY PEOPLE HELPING PEOPLE	Santa Ynez Valley Youth Coalition
5 SP014793-09	CA	SANTA ANA	COMMUNITY SERVICE PROGRAMS, INC.	THE FAITH AND INSTITUTIONS TOGETHER FOR HEALTH COALITION
5 SP015731-08	CA	East Palo Alto	ONE EAST PALO ALTO NEIGHBORHOOD IMPR INI	One East Palo Alto Community Based Partnership for the Prevention of Alco, Tobac, and Other Drugs
5 SP015763-08	CA	Frazier Park	EL TEJON UNIFIED SCHOOL DISTRICT	Mountain Communities Coalition to Address Substance Abuse
5 SP015810-08	CA	Auburn	PLACER COUNTY HEALTH & HUMAN SRVS DEPT	Coalition for Placer Youth
5 SP015854-08	CA	Georgetown	BLACK OAK MINE UNIFIED SCHOOL DISTRICT	Community-Supporting Alcohol and Drug Free Environment
5 SP016468-07	CA	Redding	SHASTA COUNTY CHEMICAL PEOPLE, INC.	A Sobering Choice
5 SP017070-07	CA	Camarillo	CHABAD OF CAMARILLO	Saving Lives Camarillo
5 SP018566-07	CA	Laytonville	HARWOOD MEMORIAL PARK, INC.	Laytonville Healthy Start
5 SP018879-10	CA	Gualala	ACTION NETWORK	Across Ages and Cultures
5 SP019445-10	CA	San Diego	SAY SAN DIEGO	Cinco de Mayo con Orgullo Coalition
5 SP019840-04	CA	San Marcos	SAN DIEGUITO ALLIANCE FOR DRUG FREE YTH	San Marcos Prevention Coalition
5 SP019860-04	CA	South Lake Tahoe	TAHOE YOUTH AND FAMILY SERVICES	South Tahoe Drug Free Coalition
5 SP019870-04	CA	Hayward	EDEN YOUTH AND FAMILY CENTER	Hayward Coalition for Healthy Youth
5 SP019969-04	CA	Ranch Cucamonga	FREESTYLE FOUNDATION	Drug Free Rancho Cucamonga
5 SP020018-09	CA	El Cajon	SAN DIEGO COUNTY CM AGNST SUB ABUSE	Santee Solutions Coalition

5 SP020027-04	CA	Visalia	TULARE COUNTY OFFICE OF EDUCATION	Tulare County Prevention Coalition
5 SP020112-04	CA	Escondido	ESCONDIDO EDUCATION COMPACT	Palomar Health Community Coalition
5 SP020291-08	CA	SALINAS	SUN STREET CENTERS	PREVENTING ALCOHOL RELATED TRAUMA IN SALINAS (P.A.R.T.S.)
5 SP020295-03	CA	Ukiah	REDWOOD CHILDREN'S SERVICES, INC.	The Arbor Coalition
5 SP020356-03	CA	Barstow	INSTITUTE FOR PUBLIC STRATEGIES	Substance Abuse Free Environment (SAFE)
5 SP020687-05	CA	Whittier	LOS ANGELES CENTERS/ALCOHOL & DRUG ABUSE	CARE Council Coalition
5 SP020727-05	CA	South San Francisco	HEALTHRIGHT 360	North County Prevention Partnership
5 SP020806-02	CA	Red Bluff	TEHAMA COUNTY HEALTH SERVICES AGENCY	Tehama County Drug Free Community Coalition
5 SP020819-02	CA	El Dorado Hills	EL DORADO HILLS COMMUNITY VISION, INC.	Placerville Drug Free Coalition
5 SP020904-07	CA	San Luis Obispo	SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH	San Luis Obispo County Friday Night Live Partnership
5 SP020957-02	CA	St. Helena	NAPA COUNTY OFFICE OF EDUCATION	UpValley Partnership for Youth
5 SP020960-07	CA	Poway	SAFETY WELLNESS ADVOCACY COMMUNITY COALI	Safety Wellness Advocacy Community Coalition
5 SP020976-02	CA	San Diego	COASTAL COMMUNITIES DRUG-FREE COALITION	Coastal Communities Drug-Free Coalition
5 SP020979-02	CA	Bakersfield	KERN COUNTY MENTAL HEALTH SERVICES DEPT	Kern Stop Meth Now Coalition
5 SP021025-07	CA	Chico	BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HE	Butte Youth Now Coalition
5 SP021026-07	CA	Santa Maria	FIGHTING BACK SANTA MARIA VALLEY	Fighting Back Santa Maria Valley
5 SP021038-07	CA	Daly City	JEFFERSON UNION HIGH SCHOOL DISTRICT	Pacifica Prevention Partnership
5 SP021047-02	CA	Sacramento	SHERIFF'S COMMUNITY IMPACT PROGRAM	The Coalition for a Safe and Healthy Arden Arcade
5 SP021232-09	CA	Hayward	LA FAMILIA COUNSELING SERVICE	Ashland/Cherryland Violence Prevention Collaborative
5 SP019945-04	CA	San Rafael	ALCOHOL JUSTICE	San Rafael Alcohol and Drug Coalition
5 SP020622-03	CA	Upland	University Enterprises Corporation at CS	Healthy Jurupa Valley
5 SP015650-08	CO	Gunnison	GUNNISON COUNTY	Gunnison County Substance Abuse Prevention Project GCSAPP
5 SP015882-08	CO	Edwards	EAGLE RIVER YOUTH COALITION	Eagle River Youth Coalition
5 SP020333-03	CO	Towaoc	UTE MOUNTAIN UTE TRIBAL COUNCIL	Ute Mountain Ute Tribal Youth Task Force Coalition

5 SP020526-03	CO	Greeley	NORTH RANGE BEHAVORIAL HEALTH, INC.	Weld County Prevention Partners Community Coalition
5 SP020732-05	CO	IGNACIO	SOUTHERN UTE COMMUNITY ACTION PROGRAMS	Lasso Tobacco Celebrating Community Norms Coalition
5 SP020754-02	CO	Boulder	BOULDER COUNTY PUBLIC HEALTH DEPARTMENT	now Healthy Futures Coalition, Partnering to Reduce Substance Use
5 SP014732-09	CT	TERRYVILLE	PLYMOUTH BOARD OF EDUCATION	PLYMOUTH LOCAL PREVENTION COUNCIL
5 SP014739-09	CT	WILLIMANTIC	TOWN OF WINDHAM	WINDHAM SUBSTANCE ABUSE TASK FORCE
5 SP015686-08	CT	Southington	SOUTHINGTON BOARD EDUCATION	Southington's Town Wide Effort to Promote Success Coalition
5 SP017178-07	CT	Milford	BRIDGES, A COMMUNITY SUPPORT SYSTEM, INC	Milford Prevention Council Coalition
5 SP018707-05	CT	Moodus	EAST HADDAM YOUTH & FAMILY SERVICES	East Haddam Local Prevention Council
5 SP018716-05	CT	Middlefield	DURHAM/MIDDLEFIELD YTH AND FAM SVCS	Durham/Middlefield DFC
5 SP018811-05	CT	Enfield	TOWN OF ENFIELD	Town of Enfield
5 SP018886-05	CT	Bridgeport	GBAPP, INC.	Bridgeport United Coalition
5 SP019933-04	CT	Meriden	RUSHFORD CENTER	Meriden Healthy Youth Coalition
5 SP019995-09	CT	Putnam	TOWN OF PUTNAM	Putnam Reduction In Drugs for Everyone (PRIDE)
5 SP020352-03	CT	Hamden	CONSULTATION CENTER, INC.	Hamden Positive Choices Coalition
5 SP020412-08	CT	MADISON	TOWN OF MADISON	Madison Alcohol & Drug Education Coalition
5 SP020429-03	CT	Trumbull	TOWN OF TRUMBULL	Trumbull Partnership Against Underage Drinking (TPAUD)
5 SP020535-08	CT	Waterford	SOUTHEASTERN REGIONAL ACTION COUNCIL	Southeastern Regional Action Council on Substance Abuse, Inc.
5 SP020560-03	CT	Hebron	ANDOVER, HEBRON, MARLBOROUGH YTH/FAM SVC	AHM Substance Abuse Prevention Task Force
5 SP020570-03	CT	Stratford	TOWN OF STRATFORD	Stratford Partnership for Youth & Families
5 SP020831-02	CT	Wolcott	WOLCOTT BOARD OF EDUCATION	Wolcott Citizens Against Substance Abuse
5 SP020861-07	CT	BETHEL	HOUSATONIC/VLLY/COALIT/AGNST/SUBST/ABUSE	HOUSATONIC VALLEY COALITION AGAINST SUBSTANCE ABUSE, INC. (HVCASA)
5 SP020988-02	CT	New London	LEDGE LIGHT HEALTH DISTRICT	Ledyard Safe teens Coalition (LSTC)
5 SP014459-10	DC	Washington	FAR SE FAMILY STRENGTHENING COLLABORATIV	Far Southeast Family Strengthening Collaborative, Inc.
5 SP014723-09	DC	WASHINGTON	HOWARD UNIVERSITY	Ward 1 Drug Free Coalition
5 SP019803-04	DC	Washington	WASHINGTON EAST FOUNDATION, INC.	Ward 7 Safe And Drug Free Communities Coalition

5 SP020480-03	DC	Washington	Bridging Resources in Communities, Inc.	Ward 5 Drug-Free Coalition
5 SP020285-03	DE	Newark	OPEN DOOR, INC.	Southern New Castle County Communities Coalition (SN4C)
5 SP014775-09	FL	Orlando	ORANGE COUNTY BOARD OF CTY COMMISSIONERS	ORANGE COUNTY COALITION FOR A DRUG FREE COMMUNITY
5 SP015663-08	FL	New Port Richey	BAYCARE BEHAVIORAL HEALTH, INC.	Pasco County Alliance for Substance Abuse Prevention - ASAP
5 SP015922-08	FL	Fernandina Beach	NACDAC	Nassau Alcohol, Crime, And Drug Abatement Coalition
5 SP016561-07	FL	Wauchula	HARDEE COUNTY BOARD OF CNTY COMMISSIONER	The Alliance for Substance Abuse and Pregnancy Prevention
5 SP016585-07	FL	Sanford	SEMINOLE PREVENTION COALITION , INC.	Seminole Prevention Coalition Inc.
5 SP018078-09	FL	BRADENTON	MANATEE COUNTY SUBSTANCE ABUSE COALITION	MANATEE COUNTY SUBSTANCE ABUSE COALITION
5 SP018820-10	FL	Middleburg	CLAY ACTION COALITION, INC.	Clay Action Coalition
5 SP018865-05	FL	Key West	MONROE COUNTY COALITION, INC.	Monroe County Coalition for a Safe and Drug Free Community
5 SP019815-04	FL	JACKSONVILLE	SAFE AND HEALTHY DUVAL COALITION, INC.	Safe and Healthy Duval Coalition, Inc.
5 SP019822-04	FL	Delray Beach	CHILDREN'S VILLAGE D/B/A RESOURCE ROOM	Miami Gardens Drug Free Communities Coalition
5 SP019880-09	FL	Tampa	HILLSBOROUGH COUNTY ANTI DRUG ALLIANCE	High on Life and Drug Free
5 SP019990-04	FL	Orlando	CENTER FOR DRUG-FREE LIVING, INC.	The Zebra Coalition
5 SP020283-08	FL	Miami	MIAMI COALITION FOR SAFE DRUG-FREE CMTY	South Dade One Voice Community Coalition
5 SP020296-08	FL	Spring Hill	HERNANDO CTY COMMUNITY ANTI-DRUG COALITN	Hernando County Community
5 SP020350-08	FL	Naples	SUBSTANCE ABUSE COALITION OF COLLIER CTY	Substance Abuse Coalition of Collier Co.
5 SP020364-03	FL	DeFuniak Springs	COPE CENTER	Walton County Prevention Coalition
5 SP020366-03	FL	Vero Beach	SUBSTANCE ABUSE COUNCIL/INDIAN RIVER CTY	Substance Abuse Free Indian River - SAFIR
5 SP020450-03	FL	Cross City	DIXIE COUNTY ANTI-DRUG COALITION, INC.	Dixie County Anti-Drug Coalition, Inc.
5 SP020721-04	FL	Williston	CDS FAMILY & BEHAVIORAL HEALTH SRVS, INC	Levy County Prevention Coalition
5 SP020810-02	FL	MacClenny	BAKER PREVENTION COALITION, INC.	Baker Prevention Coalition, Inc.

5 SP020844-02	FL	Punta Gorda	CHARLOTTE BEHAVIORAL HEALTH CARE, INC.	Drug Free Punta Gorda
5 SP020900-07	FL	La Belle	HENDRY COUNTY HEALTH DEPARTMENT	Drug Free Hendry County
5 SP021046-02	FL	Miami	HOSANNA COMMUNITY FOUNDATION	Urban Partnership of Dade County
5 SP021082-07	FL	Sebring	HEARTLAND RURAL HEALTH NETWORK, INC.	Drug Free Highland
5 SP020290-07	FM	Colonia, Yap	PALAU COMMUNITY ACTION AGENCY (PCAA)	Yapese Against Drugs and Alcohol (YADA)
5 SP014421-10	GA	Lawrenceville	GWINNETT COALITION/HEALTH & HUMAN SRVS	Gwinnett Coalition for Health and Human Services
5 SP014608-09	GA	GAINESVILLE	HALL COUNTY BOARD OF EDUCATION	DRUG FREE COALITION OF HALL COUNTY
5 SP019867-04	GA	Atlanta	CENTER FOR PAN ASIAN COMMUNITY SERVICES	Gwinnett API Team Empowerment
5 SP020268-09	GA	LAGRANGE	TWIN CEDARS YOUTH AND FAMILY SRVS, INC.	TROUP COUNTY PREVENTION COALITION
5 SP020311-03	GA	Blakely	EARLY COUNTY BOARD OF EDUCATION	FACES
5 SP020448-03	GA	Conyers	ROCKDALE COALITION FOR CHILDREN/FAMILIES	Rockdale Coalition for Children and Families
5 SP020736-07	GA	Atlanta	LEARN TO GROW, INC.	H.E.A.R.T. Coalition, Inc.
5 SP020851-07	GA	RICHMOND HILL	CITY OF PEMBROKE	BRYAN COUNTY DRUG FREE COALITION
5 SP020854-02	GA	Grovetown	FAMILY CONNECTION OF COLUMBIA COUNTY	Family Connection of Columbia County, Inc.
5 SP020860-02	GA	Conyers	BEYOND THE BELL, INC.	DeKalb Community Promise Coalition
5 SP020922-02	GA	Cumming	UNITED WAY OF FORSYTH COUNTY	Forsyth Co. Drug Awareness Council
5 SP020948-02	GA	Rome	COUNCIL ON ALCOHOL AND DRUGS, INC.	Floyd Against Drugs
5 SP020956-02	GA	Holly Springs	CHEROKEE FOCUS, INC.	Cherokee FOCUS, Inc.
5 SP020967-02	GA	Statesboro	BULLOCH COUNTY ALCOHOL & DRUG ABUSE CNCL	Bulloch Co. Alcohol & Drug Council
5 SP020359-03	HI	Honolulu	COALITION FOR A DRUG-FREE HAWAII	E Ola Pono Ma Kapolei
5 SP020015-04	IA	Council Bluffs	HEARTLAND FAMILY SERVICE	Partners for Meth Prevention Coalition
5 SP014497-10	IA	Webster City	UPPER DES MOINES OPPORTUNITY, INC.	Power Up Youth
5 SP014744-09	IA	CEDAR RAPIDS	AREA SUBSTANCE ABUSE COUNCIL	JONES COUNTY SAFE AND HEALTHY YOUTH COALITION
5 SP017158-07	IA	Mt Vernon	MOUNT VERNON COMMUNITY SCHOOL DISTRICT	Rural Communities Raising Above the Influence in Linn Coalition
5 SP019958-09	IA	Spencer	POSITIVELY SPENCER YOUTH, INC.	Positively Spencer Youth, Inc.
5 SP020405-03	IA	Algona	GOVERNOR'S OFFICE OF DRUG CONTOL POLICY	Iowa Alliance of Coalitions for Change

5 SP020437-03	IA	Britt	West Hancock Community School District	Allies for Substance Abuse Prevention
5 SP020755-02	IA	Elkader	SUBSTANCE ABUSE SRVS FOR CLAYTON COUNTY	Clayton County Community Collaboration Council (5C)
5 SP020764-02	IA	Buffalo Center	NORTH IOWA HIGH SCHOOL AT BUFFALO CTR	Winnebago County Task Force
5 SP020945-02	IA	DeWitt	CLINTON SUBSTANCE ABUSE COUNCIL	Camanche-Dewitt Coalition
5 SP015670-08	IL	Princeton	BUREAU COUNTY HEALTH DEPARTMENT	Community Partners Against Substance Abuse
5 SP016499-07	IL	Wilmington	CITY OF WILMINGTON	Wilmington Coalition for a Healthy Community
5 SP016604-07	IL	Lake Forest	LINKING EFFORTS AGAINST DRUGS (LEAD)	SPEAK UP! Prevention Coalition
5 SP017038-07	IL	Round Lake	NORTHERN ILLINOIS CNCL/ALC/SUBSTNCE ABUSE	Mundelein STAND-UP Taskforce
5 SP017174-07	IL	Chicago	ASIAN HEALTH COALITION OF ILLINOIS	Coalition for Asian Substance Abuse Prevention
5 SP018724-05	IL	Tremont	COUNTY OF TAZEWELL HEALTH DEPARTMENT	Tazewell Teen Initiative
5 SP018788-05	IL	Waukegan	LAKE COUNTY HEALTH DEPARTMENT	Lake County Underage Drinking Prevention Task Force
5 SP019836-04	IL	Cook	FATHERS WHO CARE	West Garfield Park Community Stakeholders
5 SP019982-04	IL	Chicago	CHICAGO AREA PROJECT, INC.	Grand Boulevard Prevention Initiative Coalition
5 SP020049-04	IL	Woodstock	MCHENRY COUNTY REGIONAL OFFICE OF EDUC	McHenry County Substance Abuse Coalition
5 SP020082-04	IL	Chicago Heights	TASC, INC.	Chicago Heights South Suburban Family Wellness Alliance
5 SP020150-04	IL	Buffalo Grove	OMNI YOUTH SERVICES, INC.	Link Together Coalition
5 SP020400-03	IL	Wheaton	DUPAGE COUNTY HEALTH DEPARTMENT	DuPage County Prevention Leadership Team
5 SP020431-03	IL	Mount Camel	WABASH COUNTY PROJECT SUCCESS	Wabash County Project Success
5 SP020530-03	IL	Chicago	MAJOR ADAMS COMMUNITY COMMITTEE	Unity West
5 SP020631-03	IL	Mt Carroll	CARROLL COUNTY SUBSTANCE EDUC COALITION	Carroll County Substance Education Coalition
5 SP020849-02	IL	Normal	CHESTNUT HEALTH SYSTEMS, INC.	BN Parents
5 SP020879-02	IL	Glenview	GLENBROOK NORTH HIGH SCHOOL	Glenview Northbrook Coalition for Youth
5 SP020949-02	IL	Chicago	RINCON FAMILY SERVICES	The Avondale Coalition
5 SP020971-02	IL	Elgin	Renz Addiction Counseling Center	Coalition for a Safe & Healthy Elgin (CSHE)
5 SP021055-02	IL	Kankakee	IROQUOIS-KANKAKEE REG OFFICE OF EDUC 32	Pledge for Life Partnership
5 SP021074-02	IL	Chicago	MIDWEST ASIAN HEALTH ASSOCIATION	The McKinley Park Underage Drinking an Other Substance Prevention Coalition
5 SP020857-02	IL	Vernon Hills	YOUR CHOICE TO LIVE, INC.	Stand Strong Coalition

5 SP014336-10	IN	Muncie	DEL CNTY COORD CNCL/PREV ALCOH/DRG ABUSE	Delaware County Coordinating Council
5 SP014367-10	IN	Anderson	INTERSECT, INC.	Intersect Coalition
5 SP017067-07	IN	Michigan City	LAPORTE COUNTY DRUG FREE PARTNERSHIP	LaPorte County Drug Free Partnership
5 SP019865-04	IN	Evansville	YOUTH FIRST, INC.	Warwick County Communities That Care Coalition
5 SP019928-09	IN	Lafayette	TIPPECANOE COUNTY BOARD OF COMMISSIONERS	Drug Free Coalition of Tippecanoe County
5 SP019998-04	IN	Valparaiso	PORTER COUNTY SUBSTANCE ABUSE COUNCIL	Porter County Substance Abuse Council
5 SP020318-03	IN	Batesville	BATESVILLE CITY COURT	Coalition for a Drug Free Batesville
5 SP020776-02	IN	Greensburg	CITY OF GREENSBURG	Greensburg Prevention Group
5 SP020808-07	IN	SHELBYVILLE	SHELBY COUNTY DRUG FREE COALITION	SHELBY COUNTY DRUG FREE COALITION
5 SP020913-02	IN	Merrillville	GEMINUS CORPORATION	Lake County Substance Abuse Council
5 SP021044-02	IN	Gary	GARY NEIGHBORHOOD SERVICES, INC.	Community Organizations for Families and Youth (COFFY)
5 SP020909-02	KS	Iola	PREFERRED FAMILY HEALTHCARE, INC.	Allen County Multi-Agency Team
5 SP019773-04	KS	Hutchinson	COMMUNITIES THAT CARE	Reno County Communities That Care Association
5 SP020301-08	KS	Lyndon	DRUG FREE OSAGE COUNTY, INC.	Osage County Interagency Coordinating Council
5 SP014695-09	KY	BOONEVILLE	OWSLEY COUNTY ACTION TEAM	Owsley County Drug Awareness Council
5 SP014711-09	KY	TOMPKINSVILLE	MONROE COUNTY HEALTH DEPARTMENT	Monroe County CARES
5 SP014836-09	KY	GRAYSON	PATHWAYS, INC.	Carter County Drug Free Coalition
5 SP016378-08	KY	Louisville	SEVEN COUNTIES SERVICES	Louisville Metro Alliance for Youth
5 SP018822-05	KY	Somerset	PULASKI COUNTY BOARD OF EDUCATION	Pulaski County KY- ASAP Board
5 SP019920-09	KY	Glasgow	T. J. SAMSON COMMUNITY HOSPITAL	Allies for Substance Abuse Prevention
5 SP019940-04	KY	Mayfield	GRAVES COUNTY FISCAL COURT	Graves County Agency for Substance Abuse Prevention
5 SP020094-09	KY	Erlanger	ERLANGER ELSMERE INDEPENDENT SCHOOL DIST	Kenton County Alliance to Prevent Substance Abuse
5 SP020278-08	KY	Louisville	FAMILY AND CHILDREN FIRST, INC	7th Street Corridor PAL Coalition
5 SP020421-08	KY	Shelbyville	SHELBY CTY DRUG/ALCOHOL ADVISORY COUNCIL	SHELBY COUNTY DRUG/ALCOHOL ADVISORY COUNCIL, INC. dba Shelby Prevention
5 SP020423-08	KY	Barbourville	KNOX COUNTY UNITE COALITION	Knox County UNITE Coalition
5 SP020464-03	KY	Liberty	Casey County School District	Casey County KY ASAP
5 SP020554-03	KY	LaGrange	COUNTY OF OLDHAM	Coalition for a Healthy Oldham County
5 SP020583-03	KY	Ft Mitchell	NORTHERN KENTUCKY INDEPENEDENT HLTH DEPT	Boone County Alliance For Healthy Youth

5 SP020833-02	KY	Newport	NORTHERN KENTUCKY COOPERATIVE/EDUC SVCS	Campbell County Drug Free Alliance
5 SP020968-02	KY	Louisville	SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC	Shawnee Transformation Youth Coalition
5 SP020991-02	KY	Morgantown	BUTLER COUNTY EDUCATIONAL FDN, INC.	Butler County Drug free Coalition
5 SP020035-04	LA	Lafayette	LAFAYETTE CONSOLIDATED GOVERNMENT	The Knowledge Effect Coalition
5 SP020370-03	LA	New Orleans	GREATER NEW ORLEANS DRG DMAND REDUC CLTN	Greater New Orleans Drug Demand Reduction Coalition
5 SP020373-03	LA	Clinton	OFFICE OF THE 20TH JUDICIAL DIST ATTRNY	East Feliciana Drug and Alcohol Awareness Council
5 SP020482-03	LA	Port Allen	CAPITAL AREA HUMAN SERVICES DISTRICT	West Baton Rouge Drug-Free Community Program
5 SP020715-03	LA	Bogalusa	ADAPT, INC.	Washington Parish Commission on Human Services
5 SP020952-02	LA	Baton Rouge	FAITH CHAPEL CHURCH OF GOD	Gardere Initiative
5 SP020975-02	LA	Hammond	TANGIPAHOA PARISH GOVERNMENT	Tangipahoa-Reshaping Attitudes for Community Change (TRACC) Coalition
5 SP014463-10	MA	Pittsfield	BERKSHIRE UNITED WAY	Pittsfield Prevention Partnership
5 SP014676-09	MA	EDGARTOWN	COUNTY OF DUKES COUNTY	Martha's Vineyard Youth Task Force's Drug Free Communities Support Program
5 SP014692-09	MA	DANVERS	TOWN OF DANVERS	Danvers Cares
5 SP015714-08	MA	Avon	TOWN OF AVON	Avon Coalition for Every Student
5 SP015739-08	MA	Nantucket	FAMILY & CHILDREN'S SRVCS/NANTUCKET CNTY	Alliance for Substance Abuse Prevention, Inc.
5 SP015755-08	MA	Peabody	CITY OF PEABODY	Healthy Peabody Collaborative
5 SP016578-07	MA	Northampton	CITY OF NORTHAMPTON	Northampton Prevention Coalition
5 SP017027-07	MA	Fitchburg	LUK CRISIS CENTER	Gardner Community Action Team
5 SP018801-05	MA	Greenfield	GREENFIELD PUBLIC SCHOOLS	Greenfield Safe Schools Smart Schools Coalition
5 SP018990-10	MA	Charlestown	BOYS AND GIRLS CLUBS OF BOSTON	Charlestown Substance Abuse Coalition
5 SP019728-04	MA	Wakefield	TOWN OF WAKEFIELD	Wakefield Adolescent Substance Use Prevention Coalition
5 SP019740-04	MA	Waltham	WALTHAM PARTNERSHIP FOR YOUTH, INC.	Waltham Partnership for Youth, Inc.
5 SP019781-04	MA	Easthampton	EASTHAMPTON PUBLIC SCHOOLS	Easthampton Prevention Coalition
5 SP019783-04	MA	South Hadley	SOUTH HADLEY PUBLIC SCHOOL DISTRICT	South Hadley Drug & Alcohol Prevention Coalition
5 SP019855-04	MA	Scituate	TOWN OF SCITUATE	The Scituate FACTS Coalition
5 SP019944-04	MA	Ashland	WAYSIDE YOUTH/FAMILY SUPPORT NETWORK	Ashland Decisions at Every Turn
5 SP019946-09	MA	Winthrop	COMMUNITY AGAINST SUBSTANCE ABUSE	Winthrop Substance Abuse Prevention Project

5 SP020337-03	MA	West Springfield	GANDARA MENTAL HEALTH CENTER	STOP Access Coalition
5 SP020410-08	MA	Reading	TOWN OF READING	Reading Coalition Against Substance Abuse (RCASA)
5 SP020471-08	MA	TURNERS FALLS	GILL-MONTAGUE REGIONAL SCHOOL DISTRICT	GILL-MONTAGUE COMMUNITY-SCHOOL PARTNERSHIP (GMCSP)
5 SP020486-03	MA	Wilbraham	HAMPDEN-WILBRAHAM REGIONAL SCHOOL DIST	Hampden Wilbraham Safe and Healthy Students Coalition
5 SP020503-08	MA	WAYLAND	WAYLAND PUBLIC SCHOOLS	Wayland Cares
5 SP020556-08	MA	ARLINGTON	TOWN OF ARLINGTON, MA	ARLINGTON YOUTH HEALTH & SAFETY COALITION
5 SP020574-08	MA	Brockton	COMMONWEALTH OF MASSACHUSETTS	Brockton Area Opioid Coalition
5 SP021015-07	MA	Needham	TOWN OF NEEDHAM	Needham Youth Substance Abuse Prevention Coalition
5 SP021068-02	MA	Lawrence	FAMILY SERVICES OF THE MERRIMACK VALLEY	Lawrence Youth Substance Abuse Prevention Task force
5 SP015753-08	MD	Baltimore	NATIONAL AFRICAN AMERICAN DRUG POLI COAL	East Baltimore Drug Free Coalition
5 SP020522-03	MD	Frostburg	Frostburg State University	Frostburg Community Coalition
5 SP020531-03	MD	Elkton	COUNTY OF CECIL	Cecil County Drug-Free Community Coalition
5 SP020558-08	MD	OAKLAND	Garrett County Health Department	GARRETT COUNTY DRUG Free Communities Coalition
5 SP020624-03	MD	Suitland	ACCESS/WHOLISTIC/PRODUCTIVE LIVING INST	Promise Neighborhoods DFC Coalition
5 SP020886-02	MD	Westover	360 DEGREE DEVELOPMENT INSTITUTE, INC.	Prevention Works in Somerset County Coalition
5 SP020920-02	MD	Pocomoke	COMMUNITY SERVICES AND RESEARCH CENTER	Pocomoke City Drug Free Coalition
5 SP015005-07	ME	Sanford	SAFE AND HEALTY SANFORD COALITION	Sanford Strong Coalition
5 SP015838-08	ME	Gardiner	HEALTHY COMMUNITIES OF THE CAPITAL AREA	Southern Kennebec Substance Abuse Work Group
5 SP016497-07	ME	Gloucester	COUNTY OF CUMBERLAND	Casco Bay CAN (Create Awareness Now) Coalition
5 SP016546-07	ME	Pittsfield	SEBASTICOOK VALLEY HOSPITAL	Healthy Sebasticook Valley Coalition
5 SP018689-05	ME	Bangor	CITY OF BANGOR	Bangor Public Health Advisory Board Substance Abuse Prevention Task Force
5 SP018729-05	ME	Bar Harbor	HEALTHY ACADIA	Healthy Acadia
5 SP020105-09	ME	Caribou	CARY MEDICAL CENTER	Community Alcohol and Drug Education Team (CADET)/ Aroostook Substance Abuse Prevention
5 SP020334-03	ME	Westbrook	WESTBROOK SCHOOL DEPARTMENT	Westbrook Communities that Care
5 SP020385-03	ME	Rumford	RIVER VALLEY HEALTHY COMMUNITIES CLTN	River Valley Healthy Communities Coalition

5 SP020825-02	ME	Biddeford	UNIVERSITY OF NEW ENGLAND	Coastal Healthy Communities Coalition-Project Alliance
5 SP020845-02	ME	Windham	TOWN OF WINDHAM	Be the Influence Coalition: A Windham-Raymond Collaborative
5 SP020926-07	ME	Brunswick	MID COAST HOSPITAL	ACCESS Health
5 SP020961-02	ME	Damariscotta	MEDICAL CARE DEVELOPMENT, INC.	Healthy Lincoln County Substance Abuse Prevention Coalition
5 SP020986-02	ME	Presque Isle	AROOSTOOK COUNTY ACTION PROGRAM, INC.	Healthy Aroostook
5 SP021033-07	ME	Farmington	HEALTHY COMMUNITY COALITION	Healthy Community Coalition
5 SP014898-09	MI	GARDEN CITY	CITY OF GARDEN CITY	GARDEN CITY COMMUNITY COALITION
5 SP015669-08	MI	Holly	HOLLY AREA SCHOOLS	Holly Area Youth Coalition
5 SP015722-08	MI	Hastings	BARRY COUNTY COMMUNITY MTL HLTH AUTHOR	Barry County Substance Abuse Task Force
5 SP015883-08	MI	Clinton Township	CHIPPEWA VALLEY SCHOOLS	Chippewa Valley Coalition for Youth and Families
5 SP017013-07	MI	Allegan	ALLEGAN COUNTY COMMUNITY MENTAL HLTH SRV	Allegan County Substance Abuse Prevention Coalition
5 SP017085-07	MI	Stanton	CHERRY STREET SERVICES, INC.	YOUTHINK Montcalm
5 SP019979-04	MI	Southgate	GUIDANCE CENTER	Stop Underage Drinking/Drugs Downriver (SUDDs) Coalition
5 SP020293-08	MI	MONROE	UNITED WAY OF MONROE COUNTY, INC.	MONROE COUNTY SUBSTANCE ABUSE COALITION
5 SP020306-03	MI	Hamtramck	Piast Institute	Hamtramck Drug Free Community Coalition
5 SP020326-03	MI	Stockbridge	STOCKBRIDGE COMMUNITY SCHOOL DISTRICT	SRSLY Stockbridge Coalition
5 SP020328-03	MI	Dexter	DEXTER COMMUNITY SCHOOLS	SRSLY Dexter
5 SP020369-03	MI	Fremont	NEWAYGO COUNTY INTERMEDIATE SCHOOL DIST	Newaygo County Partners in Prevention and Recovery
5 SP020468-03	MI	Charlotte	MID-MICHIGAN DISTRICT HEALTH DEPARTMENT	Clinton Substance Abuse Prevention Coalition
5 SP020489-08	MI	Charlotte	MICHIGAN HOSPITAL ASSOCIATION	Ingham Substance Abuse Prevention Coalition
5 SP020820-02	MI	Harbor Springs	HEALTH DEPARTMENT OF NORTHWEST MICHIGAN	SAFE (Substance Abuse Free Environment) in Northern Michigan
5 SP020839-02	MI	Baldwin	CADILLAC HEALTH DEPARTMENT	Lake County Communities That Care Coalition
5 SP020951-07	MI	Kalamazoo	PREVENTION WORKS, INC.	Kalamazoo County Substance Abuse Task Force
5 SP021069-02	MI	Auburn	ALLIANCE/COALITIONS/HEALTHY COMMUNITIES	Alliance for Coalitions for Health Communities

5 SP021392-07	MI	Jackson	W. A. FOOTE MEMORIAL HOSPITAL	Jackson County Substance Abuse Prevention Coalition
5 SP014277-10	MN	Warren	WARREN ALVARADO OSLO SCH DISTRICT #2176	Safe Communities Coalition
5 SP014874-09	MN	FARIBAULT	COUNTY OF RICE	RICE COUNTY CHEMICAL HEALTH COALITION
5 SP014907-09	MN	MINNETONKA	MINNETONKA PUBLIC SCHOOLS	Tonka CARES Underage Drinking Reduction Project
5 SP015660-08	MN	Mora	KANABEC COUNTY PUBLIC HEALTH	Substance Abuse Coalition of Kanabec County (SACK)
5 SP017154-07	MN	Olivia	RENVILLE COUNTY PUBLIC HEALTH SERVICES	Renville Alliance for the Prevention of Alcohol and Drugs
5 SP020004-04	MN	St. Paul	MINNESOTA ASSN/CHILDRENS'S MENTAL HEALTH	Southside Urban Community Coalition
5 SP020017-04	MN	Plymouth	WAYZATA INDEPENDENT SCHOOL DISTRICT 284	Partners in Prevention
5 SP020307-08	MN	ROBBINSDALE	NORTH MEMORIAL MEDICAL CENTER	PARTNERSHIP FOR CHANGE
5 SP020315-03	MN	Little Falls	INDEPENDENT SCHOOL DISTRICT 482	Little Falls Substance Use Prevention
5 SP020324-08	MN	WADENA	WADENA COUNTY PUBLIC HEALTH	The CHAMP Coalition of Wadena County
5 SP020407-08	MN	ALBERTA LEA	FREEBORN COUNTY DEPT OF HUMAN SERVICES	FREEBORN COUNTY PARTNERS IN PREVENTION
5 SP020435-03	MN	Elk River	SHERBURNE COUNTY SHERIFF'S OFFICE	Sherburne County Substance Use Prevention Coalition
5 SP020473-03	MN	Waconia	WACONIA INDEPENDENT SCHOOL DISTRICT 110	Waconia HEROs Coalition
5 SP020600-08	MN	NEW ULM	UNITED WAY OF THE BROWN COUNTY AREA, INC	BROWN COUNTY UNDERAGE SUBSTANCE ABUSE COALITION (USAC)
5 SP020690-08	MN	Chisholm	CHISHOLM KIDS PLUS	Chisholm KIDS Plus
5 SP020885-02	MN	Winona	WINONA HEALTH	Winona County Alliance for Substance Abuse Prevention
5 SP020908-07	MN	Pine River	PINE RIVER-BACKUS FAMILY CENTER	Working Together-A Coalition for Safe and Healthy Communities
5 SP020911-02	MN	Ada	POLK-NORMAN-MAHNOMEN COMMUNITY HEALTH BD	Polk Norman Mahnomen Community Leadership Coalition
5 SP020931-02	MN	Roseau	COUNTY OF ROSEAU	Team EPIC
5 SP020939-07	MN	Willmar	COUNTY OF KANDIYOHI	Kandiyohi County Drug Free Communities (DFC) Coalition
5 SP020973-02	MN	Baudette	LAKE OF THE WOODS COUNTY AUDITORS	Lake of the Woods Prevention Coalition
5 SP021051-02	MN	Long Prairie	COUNTY OF TODD	Todd County Citizens Against Drugs Coalition
5 SP021063-02	MN	Deer River	DEER RIVER INDEPENDENT SCH DISTRICT #317	Standing Together Embracing Prevention (STEP) Coalition
5 SP021067-02	MN	Onamia	INDEPENDENT SCHOOL DISTRICT NO. 480	Mille Lacs Area Partners for Prevention

5 SP021333-03	MN	Glenwood	HORIZON PUBLIC HEALTH	ASAP (Against Substance Abuse in Pope County)
5 SP015642-08	MO	Eureka	ROCKWOOD R-VI SCHOOL DISTRICT	The Rockwood Drug Free Coalition
5 SP015805-08	MO	Lee's Summit	LEE'S SUMMIT CARES, INC.	Lee's Summit CARES
5 SP017014-07	MO	Cape Girardeau	SOUTHEAST MISSOURI YOUTH ABUSE PREV COAL	Youth Substance Abuse Prevention Coalition d/b/a EPIC
5 SP019848-04	MO	Branson	TANEY COUNTY HEALTH DEPARTMENT	Taney County Alcohol and Drug Abuse Prevention Team
5 SP019886-09	MO	Imperial	WINDSOR C-1 SCHOOL DISTRICT	Jefferson County P.R.I.D.E.
5 SP020098-09	MO	St. Joseph	ST. JOSEPH YOUTH ALLIANCE	St. Joseph Drug Free Communities Coalition
5 SP020481-03	MO	Jefferson City	COUNCIL FOR DRUG FREE YOUTH, INC.	Council for Drug Free Youth, Inc.
5 SP020484-03	MO	Kansas City	ACT MISSOURI	Liberty Alliance for Youth, Inc.
5 SP021334-05	MO	Joplin	CROWDER COLLEGE	Neosho Area Coalition
5 SP019008-10	MS	Hattiesburg	DREAM OF HATTIESBURG, INC.	DREAM Community Planning Coalition
5 SP020614-03	MS	Ridgeland	SR1 Technologies	Community Oriented Opportunities for Learning Coalition
5 SP019831-04	MT	Frenchtown	COUNTY OF MISSOULA	Frenchtown Community Coalition
5 SP020097-09	MT	Great Falls	ALLIANCE FOR YOUTH, INC.	Substance Abuse Prevention Alliance
5 SP020270-09	MT	BUTTE	BUTTE CARES, INC.	BUTTE CARES, INC.
5 SP020426-05	MT	Troy	COUNTY OF LINCOLN	Lincoln County Unite for Youth Coalition
5 SP015676-08	NC	Kill Devil Hills	DARE COALITION AGAINST SUBSTANCE ABUSE	Dare Coalition Against Substance Abuse, Inc.
5 SP015749-08	NC	Murphy	CHEROKEE COUNTY SCHOOLS	Coalition for a Safe and Drug Free Cherokee County
5 SP017026-07	NC	Durham	PARTNERSHIP FOR A DRUG-FREE NC, INC.	Chatham Drug Free
5 SP018853-05	NC	Forest City	UNITED WAY OF RUTHERFORD COUNTY, INC.	Community Engagement Team
5 SP018946-05	NC	Durham	PINNACLE COMMUNITY DEVELOPMENT CORP	Together for Resilient Youth
5 SP018961-05	NC	Boone	WESTERN YOUTH NETWORK, INC.	Watauga County Substance Abuse Prevention Collaborative
5 SP019010-05	NC	New Bern	COASTAL COALITION/SUBSTANCE ABUSE PREV	Coastal Coalition for Substance Abuse Prevention (CCSAP)
5 SP020340-03	NC	Shelby	CLEVELAND COUNTY HEALTH DEPARTMENT	Cleveland County Substance Abuse Prevention Coalition
5 SP020377-03	NC	Brevard	COUNTY OF TRANSYLVANIA	Community Awareness and Recovery Effort Coalition
5 SP020393-03	NC	Asheville	ARP PHOENIX, INC.	The Partnership for Substance Free Youth
5 SP020433-08	NC	Charlotte	CHARLOTTE MECKLENBURG DRUG FREE COALITN	Charlotte Mecklenburg Drug Free Coalition
5 SP021073-02	NC	charlotte	TEEN HEALTH CONNECTION, INC.	Teen Health Connection Youth Drug Free Coalition
5 SP020880-02	NE	O'Neill	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	is Area Substance Abuse Prevention (ASAP)

5 SP018702-10	NE	North Platte	COMMUNITY CONNECTIONS OF LINCOLN COUNTY	Community Connections Substance Abuse Prevention Coalition
5 SP020329-08	NE	Auburn	REGION V SYSTEMS	Nemaha Advocates Drug and Alcohol Awareness Coalition
5 SP021034-07	NE	Kearney	BUFFALO COUNTY COMMUNITY HEALTH PRTNRS	Buffalo Community Partners Coalition
5 SP015794-08	NH	Merrimack	MERRIMACK SCHOOL DISTRICT	Merrimack Safeguard
5 SP016506-07	NH	RAYMOND	RAYMOND COALITION FOR YOUTH, INC.	RAYMOND COALITION FOR YOUTH
5 SP017024-07	NH	FRANKLIN	CITY OF FRANKLIN	FRANKLIN MAYOR'S DRUG AND ALCOHOL ABUSE TASK FORCE
5 SP018677-08	NH	Keene	SOUTHWESTERN COMMUNITY SERVICES, INC.	Monadnock Alcohol and Drug Abuse Coalition
5 SP019984-04	NH	Nashua	UNITED WAY OF GREATER NASHUA	Nashua Prevention Coalition
5 SP020382-03	NH	Lebanon	DARTMOUTH-HITCHCOCK	ALL Together, Inc.
5 SP020731-08	NH	Kingston	SOUTHEASTERN REGIONAL EDUCATIONL SVC CTR	Southern Rockingham Coalition of Youth Prevention of Marijuana and Prescription Drug Abuse Project
5 SP020829-02	NH	Somersworth	SOMERSWORTH CITY SCHOOL SYSTEM, INC.	Somersworth Prevention Coalition
5 SP021225-09	NH	ROCHESTER	CITY OF ROCHESTER	BRIDGING THE GAPS-ROCHESTER COMMUNITY COALITION FOR ALCOHOL AND DRUG PREVENTION
5 SP021390-07	NH	WINCHESTER	SALT AND LIGHT	WINCHESTER WE'VE GOT YOUR BACK
5 SP014612-09	NJ	OCEAN	PREVENTION FIRST, INC	THE PREVENTION COALITION OF MONMOUTH COUNTY
5 SP014724-09	NJ	LUMBERTON	PREVENTION PLUS OF BURLINGTON COUNTY	BURLINGTON COUNTY COALITION FOR HEALTHY COMMUNICATES
5 SP015646-08	NJ	Flemington	HUNTERDON PREVENTION RESOURCE, INC.	Hunterdon County Safe Communities Coalition
5 SP017001-07	NJ	Vineland	SOUTHWEST COUNCIL, INC.	Cumberland County Healthy Communities Coalition
5 SP019749-04	NJ	Trenton	MERCER COUNCIL/ALCOHOLISM/DRUG ADDICTION	Prevention Coalition of Mercer County
5 SP019807-04	NJ	Somerville	EMPOWER SOMERSET, INC.	Somerset County Safe Communities Coalition
5 SP019814-04	NJ	Absecon	ATLANTIC PREVENTION RESOURCES, INC.	Join Together Atlantic County
5 SP019834-04	NJ	Paramus	CHILDREN'S AID AND FAMILY SERVICES, INC.	The Garfield Prevention Coalition
5 SP019847-04	NJ	Washington	FAMILY GUIDANCE CENTER OF WARREN COUNTY	Warren County Branch of the Healthy and Safe Communities Coalition
5 SP019863-04	NJ	Orange	FAMILY CONNECTIONS, INC.	ADAPT (Alcohol and Drug (Abuse Prevention Team) - Youth and Parent Leadership Initiative
5 SP020019-04	NJ	Montclair	MONTCLAIR STATE UNIVERSITY	Paterson Coalition Against Substance Abuse

5 SP020288-03	NJ	Lakewood	NEW JERSEY PREVENTION NETWORK, INC.	Inspiring and Mobilizing Professionals to Address Community Transformation (IMPACT) NJ
5 SP020331-03	NJ	Secaucus	TOWN OF SECAUCUS	The Secaucus Coalition for a Healthy and Drug-Free Community
5 SP020371-03	NJ	Toms River	CENTRAL JERSEY BEHAVIORAL HEALTH ASSOC	DART Coalition of Ocean County
5 SP020529-03	NJ	Secaucus	LINDSAY MEYER MEMORIAL FOUNDATION	Rutherford Community Prevention Coalition
5 SP020567-08	NJ	WASHINGTON	COMMUNITY PREV RESOURCES OF WARREN CTY	COMMUNITY ACTION PARTNERSHIP OF WARREN COUNTY
5 SP020579-03	NJ	Rahway	CITY OF RAHWAY	Rahway Prevention Coalition
5 SP020734-02	NJ	Union City	CITY OF UNION CITY	Union City Prevention Coalition
5 SP020923-02	NJ	Wildwood	CAPE MAY COUNTY COUNCIL ALCOHOLISM & DA	Lower Township Healthy Youth Coalition
5 SP021024-02	NJ	Mahwah	Mahwah Municipal Alliance, Inc.	Mahwah Municipal Alliance (MMA)
5 SP021078-02	NJ	Pompton Lakes	BOROUGH OF POMPTON LAKES	Pompton Lakes Prevention Coalition
5 SP014651-09	NM	BERNALILLO	FIVE SANDOVAL INDIAN PUEBLOS, INC.	ZIA HEALTH TASK FORCE
5 SP018749-05	NM	Santa Fe	SANTA FE PUBLIC SCHOOLS	Santa Fe Underage Drinking Prevention Alliance (SFUDPA)
5 SP020074-04	NM	Farmington	CAPACITY BUILDERS, INC.	Navajo Youth Builders Coalition
5 SP020275-07	NM	Taos	HOLY CROSS HOSPITAL	Taos Alive Coalition
5 SP020465-08	NM	SHIPROCK	SAN JUAN COUNTY PARTNERSHIP, INC.	SHIPROCK ANTI-METH TASK FORCE
5 SP020859-02	NM	Silver City	NATIONAL CENTER FOR FRONTIER COMMUNITIES	Pyramid Coalition
5 SP020993-02	NM	Espanola	HANDS ACROSS CULTURES CORPORATION	Revive Prevention Coalition
5 SP020420-08	NV	Fallon	CHURCHILL COMMUNITY COALITION	Churchill Community Coalition
5 SP014391-10	NY	Middletown	CITY OF MIDDLETOWN	Middletown Cares Coalition
5 SP014428-10	NY	Cortlandt Manor	TOWN OF CORTLANDT	Cortlandt Community Coalition
5 SP014705-09	NY	PELHAM	TOWN OF PELHAM	PACT - PARENTS AND COMMUNITY TOGETHER
5 SP014729-09	NY	MANHASSET	MANHASSET CMTY COALN AGAINST SUBS ABUSE	MANHASSET COMMUNITY COALITION AGAINST SUBSTANCE ABUSE, INC.
5 SP014730-09	NY	CARMEL	NATL CNCL/ALCO/OTHER DRUG DEP/PUTMAN CTY	PUTNAM COUNTY COMMUNITIES THAT CARE COALITION
5 SP014762-09	NY	Port Chester	FAMILY SERVICES OF WESTCHESTER, INC.	PORT CHESTER CARES COMMUNITY COALITION
5 SP015789-08	NY	Croton	VILLAGE OF CROTON ON HUDSON	Croton Community Coalition

5 SP015800-08	NY	West Nyack	WELLCORE, INC.	South Orangetown Community Awareness of Substance Abuse
5 SP018872-05	NY	Mount Kisco	VILLAGE/TOWN OF MOUNT KISCO	Mount Kisco Drug & Alcohol Prevention Council
5 SP018943-05	NY	Buffalo	SUNY Research Foundation	West Side Youth Development Coalition
5 SP019732-04	NY	Niskayuna	IROQUOIS MIDDLE SCHOOL	Niskayuna Community Action Program
5 SP019738-04	NY	Riverhead	RIVERHEAD COMMUNITY AWARENESS PROGRAM	Riverhead Community Awareness Program, Inc. (CAP)
5 SP019751-04	NY	Yonkers	STUDENT ASSISTANCE SERVICES CORPORATION	Yonkers Coalition for Youth
5 SP019809-04	NY	Blauvelt	OCADA, INC.	Our Community Against Drug Abuse
5 SP019828-04	NY	South Glens Falls	ALCOHOL/SUBS ABUSE PREV CNCL SARATOGA	South Glens Falls Community Coalition for Family Wellness Youth Alcohol and Substance Abuse Prevention
5 SP019853-04	NY	Bath	CATHOLIC CHARITIES OF STEUBEN COUNTY	Steuben Prevention Coalition (SPC).
5 SP019872-04	NY	Rye-Brook	BLIND BROOK-RYE UNION FREE SCH DISTRICT	Blind Brook Community Coalition
5 SP019956-09	NY	Yorktown Heights	ALLIANCE FOR SAFE KIDS, INC.	Alliance for Safe Kids (ASK)
5 SP019977-04	NY	Waterloo	UNITED WAY OF SENECA COUNTY, INC.	Seneca County Substance Abuse Coalition - DFC Grant
5 SP020040-04	NY	Staten Island	STATEN ISLAND PRTNRSHP FOR CMTY WELLNESS	Tackling Youth Substance Abuse (TYSA)
5 SP020302-08	NY	Fishkill	COUNCIL/ADDICTION PREV/EDUC/DUTCHESS CO	Southern Dutchess Community Coalition
5 SP020319-03	NY	Irvington	VILLAGE OF IRVINGTON	Irvington Community Advisory Board
5 SP020360-08	NY	Geneseo	COUNCIL ON ALCOHOL AND SUBSTANCE ABUSE	HEALTHY COMMUNITIES THAT CARE COALITION OF LIVINGSTON COUNTY
5 SP020365-08	NY	ALBION	GENESEE COUNCIL ON ALC/SUBTANCE ABUSE	ORLEANS COUNTY UNITED AGAINST SUBSTANCE ABUSE
5 SP020422-08	NY	Peekskill	CITY OF PEEKSKILL	Peekskill Agencies Together (P.A.T.)
5 SP020428-03	NY	Watkins Glen	SCHUYLER COUNTY	Schuyler County Coalition on Underage Drinking and Drugs SCCUDD
5 SP020436-03	NY	Olean	COUNCIL ON ADDICTION RECOVERY SRVS, INC.	Council on Addiction Recovery, Inc.
5 SP020538-03	NY	Massena	SEAWAY VALLEY COUNCIL FOR ALC/SUB ABUSE	Massena Drug Free Community Coalition
5 SP020546-03	NY	Watertown	ALCOHOL/SUBS ABUSE CNCL JEFFERSON CNTY	Alliance for Better Communities
5 SP020578-03	NY	Troy	TROY REHABILITATION AND IMPROVEMENT PROG	Troy Drug Free Community Coalition

5 SP020745-02	NY	Dobbs Ferry	VILLAGE OF DOBBS FERRY	Dobbs Ferry Youth Services Council
5 SP020760-02	NY	Pleasantville	VILLAGE OF PLEASANTVILLE	Pleasantville STRONG (Safe Teens, Real Opportunities, New Goals)
5 SP020814-02	NY	Johnstown	ALC & SUB ABUSE CNL HAMILTON/FULTON/MONT	Four Rivers Alliance of Hamilton County
5 SP020815-02	NY	Oneida	MADISON COUNTY COUNCIL ON ALCOHOLISM	BRIDGES Hamilton Area Community Coalition
5 SP020818-02	NY	Bronx	ARCHDIOCESE DRUG ABUSE/PREV PROGRAM	Forward South Bronx Coalition (FSBC)
5 SP020863-02	NY	Ilion	CATHOLIC CHARITIES OF THE DIOCESE ALBANY	Community Partnership Coalition of Herkimer County
5 SP020874-02	NY	Rockville Centre	RVC YOUTH COUNCIL, INC.	Rockville Centre Coalition for Youth
5 SP020877-02	NY	New York	LET'S TALK SAFETY, INC.	Let's Talk SAFETY
5 SP020965-02	NY	Port Jervis	CATHOLIC CHARITIES CMTY SRVS/ORANGE CNTY	Operation Port Jervis PRIDE
5 SP021006-02	NY	West Nyack	TOWN OF ORANGETOWN	Suffern United Coalition Against Substance Abuse
5 SP021014-02	NY	Westhampton Beach	HUMAN UNDERSTANDING GROWTH SERVICES, INC	Sag Harbor Coalition
5 SP021029-02	NY	Lindenhurst	LINDENHURST COMMUNITY CARES COALITION IN	Lindenhurst community Cares Coalition
5 SP021043-02	NY	Syracuse	ONONDAGA COUNCIL ON ALCOHOLISM/ADDICTION	Syracuse Youth substance Abuse Prevention Coalition (YSAP)
5 SP014693-09	OH	LORAIN	ALCOHOL & DRUG ADD SRVS BD OF LORAIN CTY	THE LORAIN COUNTY COMMUNITIES THAT CARE PARTNERSHIP
5 SP015726-08	OH	Delaware	RECOVERY & PREVENTION RES/DE/MORROW CNTY	Drug Free Delaware Coalition
5 SP015798-08	OH	Hamilton	BUTLER COUNTY ALCOHOL & DRG ADDCTN SERVS	The Butler County Coalition
5 SP015851-08	OH	Wauseon	FULTON COUNTY HEALTH DEPARTMENT	Partnership for a Drug-Free Fulton County
5 SP017030-07	OH	WATERVILLE	YMCA OF GREATER TOLEDO	AWAKE to a Safe and Healthy Community
5 SP017077-07	OH	MILFORD	MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT	PARTNERS FOR A DRUG FREE MILFORD MIAMI TOWNSHIP
5 SP017138-07	OH	Lisbon	FAMILY RECOVERY CENTER	Alcohol Drug Abuse Prevention Team Coalition
5 SP018684-05	OH	Portsmouth	CITY OF PORTSMOUTH	Scioto County Drug Action Team Alliance
5 SP019823-04	OH	Hamilton	ALCOHOLISM COUNCIL/BUTLER COUNTY, OH, INC.	Greater Hamilton Coalition
5 SP019983-04	OH	North Royalton	NORTH ROYALTON CITY SCHOOL DISTRICT	Partnership for A Healthy North Royalton

5 SP020309-03	OH	Bowling Green	WOOD COUNTY BOARD OF EDUCATION	Wood County Prevention Coalition
5 SP020391-03	OH	Sandusky	ERIE COUNTY HEALTH DEPARTMENT	Partners for Prevention of Erie County
5 SP020413-08	OH	Canton	MENTAL HEALTH/ REC SRVS BOARD/STARK CNTY	Stark County Anti-Drug Coalition
5 SP020528-03	OH	Ashtabula	ASHTABULA CO. MN & RECOV. SERVS BOARD	Ashtabula County Prevention Coalition
5 SP020543-03	OH	Wooster	LIBERTY CENTER CONNECTIONS, INC.	Turning Point Coalition
5 SP020744-02	OH	Mount Vernon	COUNTY OF KNOX	Knox Substance Abuse Action Team
5 SP020821-02	OH	Batavia	CLERMONT RECOVERY CENTER. INC.	Coalition for a Drug-Free Clermont County
5 SP020888-07	OH	Swanton	SWANTON AREA COMMUNITY COALITION	SWANTON AREA COMMUNITY COALITION, INC.
5 SP020927-07	OH	FAIRFIELD	FAIRFIELD CITY SCHOOL DISTRICT	COALITION FOR A SAFE AND DRUG-FREE FAIRFIELD
5 SP021050-02	OH	Youngtown	COALITION FOR A DRUG-FREE MAHONING CNTY	Coalition for a Drug Free Mahoning County
5 SP021391-03	OH	Marysville	MENTAL HLTH & RECOVERY BRD OF UNION CNTY	Union County Drug Free Coalition
5 SP018740-10	OK	Claremore	ROGERS COUNTY VOLUNTEERS FOR YOUTH	Healthy Community Partnership
5 SP018888-05	OK	Ponca City	NORTHERN OKLAHOMA YOUTH SRVCS & SHELTER	Kay County Substance Abuse Coalition
5 SP018962-05	OK	Hugo	LITTLE DIXIE COMMUNITY ACTION AGENCY INC	Choctaw County Coalition
5 SP019717-04	OK	Ada	EAST CENTRAL UNIVERSITY	Pontotoc County Drug Free Coalition
5 SP019786-04	OK	Sallisaw	CITY OF SALLISAW	Sallisaw NOW Coalition
5 SP019950-09	OK	Tahlequah	TAHLEQUAH PUBLIC SCHOOLS	Tahlequah's B.E.S.T. Community Coalition
5 SP019987-09	OK	Okmulgee	OKLAHOMA STATE UNIVERSITY	Okmulgee County Consortium
5 SP020403-03	OK	Vinita	GRAND NATION, INC.	Ga-Du-Gi Coalition
5 SP020826-02	OK	Pryor	MAYES COUNTY HOPE COALITION	HOPE4YOUTH
5 SP014740-09	OR	MADRAS	BESTCARE TREATMENT SERVICES, INC.	JEFFERSON COUNTY PREVENTION COALITION
5 SP019698-10	OR	Tigard	TIGARD-TUALATIN SCHOOL DISTRICT 23-J	Tigard Turns the Tide
5 SP019723-04	OR	Portland	NORTHWEST FAMILY SERVICES	Vibrant Futures Coalition
5 SP019745-04	OR	Oregon City	OREGON CITY SCHOOL DISTRICT 62	Oregon City Together Coalition
5 SP020269-09	OR	NEWPORT	PARTNERSHIP AGAINST ALCOHOL & DRUG ABUSE	PARTNERSHIP AGAINST ALCOHOL AND DRUG ABUSE-PAADA

5 SP020325-03	OR	Hood River	HOOD RIVER COUNTY	Odell Hispanic Drug Prevention & Health Promotion Coalition
5 SP020330-03	OR	Eugene	COUNTY OF LANE	Eugene Springfield Prevention Coalition
5 SP020490-03	OR	Tigard	TUALATIN TOGETHER	Tualatin Together
5 SP020521-03	OR	Portland	COUNTY OF MULTNOMAH	Safe Neighborhoods Advocacy Partnership (SNAP)
5 SP020865-02	OR	Klamath Falls	HOPE RISING PROJECTS	Youth Rising
5 SP021072-02	OR	Bend	DESCHUTES COUNTY HOME HEALTH AGENCY	Alliance for Substance Abuse Prevention
5 SP014395-10	PA	King of Prussia	UPPER MERION AREA SCHOOL DISTRICT	Community Alliance for a Safer Tomorrow (CAST)
5 SP014629-09	PA	CHESTER	CROZER-CHESTER MEDICAL CENTER	CHESTER YOUTH COLLABORATIVE
5 SP014800-09	PA	SHELOCTA	ARMSTRONG-INDIANA DRUG & ALCOHOL CM, INC	Armstrong-Indiana Drug Free Communities Coalition
5 SP015667-08	PA	Newtown	COUNCIL ROCK SCHOOL DISTRICT	Council Rock Coalition for Healthy Youth
5 SP019859-04	PA	Media	HOLCOMB BEHAVIORAL HEALTH SYSTEMS	Delaware County Heroin Task Force
5 SP019914-04	PA	Reading	COMMUNITY PREVENTION PARTNERSHIP/BERKS	Northeast Community Springboard Coalition
5 SP020320-03	PA	Monessen	WESTMORELAND DRUG & ALCOHOL COMMISSION,	Council on Substance Abuse and Youth
5 SP020346-03	PA	Mercer	MERCER COUNTY BEHAVIORAL HEALTH	Jamestown Drug and Alcohol Prevention Partnership (JDAPP)
5 SP020451-03	PA	Philadelphia	UNITED COMMUNITIES SE PHILADELPHIA	South Philadelphia Prevention Coalition
5 SP020524-03	PA	Elkins Park	Family Service of Montgomery County, PA	Cheltenham-West Oak Lane Communities That Care (CTC)
5 SP020901-07	PA	Bedford	PERSONAL SOLUTIONS, INC.	Bedford County Drug and Alcohol Prevention Partnership
5 SP020916-02	PA	New Hope	NHS CARES, INC.	NHS Cares
5 SP020999-02	PA	Philadelphia	TO OUR CHILDREN'S FUTURE WITH HEALTH	West Philadelphia Community Health Change Coalition
5 SP021041-02	PA	Philadelphia	ALPHA COMMUNITY DEVELOPMENT CORPORATION	West Philadelphia Coalition
5 SP021393-07	PA	Elizabethtown	E-TOWN AREA YOUTH ALLIANCE	Elizabethtown Area Communities That Care
5 SP020513-03	PR	Sabana Grande	SABANA GRANDE CMTY/ECON DEV CORPORATION	Coalition for Management Prevention of Substance Abuse of Sabana Grande (COMPAS)
5 SP020803-02	PR	Naranjito	PROGRAMA DEL ADOLESCENTE DE NARANJITO	Naranjito Prevention and Action Coalition (COPAN)
5 SP020838-02	PR	Aguada	PROGRAMADE APOYO Y ENLACE COMUNITARIO	Coalición Aguadeña de Prevención y Acción Comunitaria (CAPAC)

5 SP020889-02	PR	Morovis	OFICINA PARA LA PROMOCION Y EL DESAR HUM	Coalicion de Prevencion Morovena
5 SP020977-02	PR	San Juan	CHANA GOLDSTEIN & SAMUEL LEVIS FDN	Trujillo Alto Prevention Coalition
5 SP014256-10	RI	Westerly	CHARIHO TRI-TOWN TASK FORCE	Chariho Tri-Town Task Force
5 SP014840-09	RI	BARRINGTON	TOWN OF BARRINGTON	Prevention Coalition - The BAY Team
5 SP017225-07	RI	Middletown	TOWN OF MIDDLETOWN	Middletown Prevention Coalition
5 SP020298-03	RI	Narragansett	NARRAGANSETT SCHOOL SYSTEM	Narragansett Prevention Partnership
5 SP020724-08	RI	North Kingstown	NORTH KINGSTOWN SCHOOL DEPARTMENT	North Kingstown Prevention Coalition
5 SP020950-07	RI	South Kingston	TOWN OF SOUTH KINGSTOWN	So. Kingstown Community Partnership Prevention
5 SP018978-05	SC	Pickens	BEHAVIORAL HEALTH SERVICES PICKENS CNTY	Steppin' It Up Coalition
5 SP019776-04	SC	Spartanburg	SPARTANBURG ALCOHOL/DRG ABUSE COMMISSION	COMMUNITY ALCOHOL AND DRUG IMPACT COALITION
5 SP019801-04	SC	Bennettsville	MARLBORO COUNTY GOVERNMENT	MCIAC Drug Free Marlboro Coalition
5 SP020292-08	SC	ROCK HILL	YORK COUNTY ALL ON BOARD, INC.	York County All On Board Coalition
5 SP020332-08	SC	Columbia	RICHLAND SCHOOL DISTRICT TWO FOUNDATION	The Project CARE Coalition
5 SP020438-03	SC	Newberry	WESTVIEW BEHAVIORAL HEALTH SERVICES	Newberry County Coalition on Underage Drinking
5 SP020446-03	SC	Goose Creek	ERNEST E. KENNEDY CENTER	The Berkeley County Prevention
5 SP020730-07	SC	Columbia	LEXINGTON-RICHLAND ALC & DRUG ABUSE CNCL	Rise Above It Community Coalition
5 SP020871-02	SC	Conway	Shoreline Behavioral Health Services	Horry County Community Action for a Safer Tomorrow (CAST) Coalition
5 SP020930-02	SC	Gaffney	CHEROKEE CNTY COMM ON ALCOHOL/DRUG ABUSE	Youth on the Move in Cherokee County CAST
5 SP020151-08	SD	Sisseton	ALIIVE-ROBERTS COUNTY	Alive-Roberts County
5 SP020807-07	SD	Spearfish	SPEARFISH COMMUNITY COALITION	Spearfish Community Coalition
5 SP015773-08	TN	Oneida	SCHOOLS TOGETHER ALLOWING NO DRUGS	Schools Together Allowing No Drugs -STAND
5 SP017155-07	TN	Maryville	BLOUNT MEMORIAL HOSP (MARYVILLE, TN)	Blount Count Substance Abuse Prevention Action Team
5 SP019444-07	TN	Clinton	ASAP OF ANDERSON COUNTY	Anderson County Allies for Substance Abuse Prevention
5 SP019934-09	TN	Kingston	ROANE COUNTY ANTI-DRUG COALITION, INC.	Roane County Anti-Drug Coalition, Inc.

5 SP019938-04	TN	Morristown	HAMBLEN COUNTY SUBSTANCE ABUSE COALITION	Hamblen County Substance Abuse Coalition
5 SP019939-04	TN	Covington	PROFESSIONAL CARE SERVICES OF WEST TN	Anti-Drug Coalition of Tipton County
5 SP020372-03	TN	Gallatin	Sumner County Anti-Drug Coalition	Sumner County Anti-Drug Coalition
5 SP020466-08	TN	MADISONVILLE	MONROE COUNTY HEALTH COUNCIL	MONROE COUNTY ALCOHOL AND DRUG TASK FORCE
5 SP020475-08	TN	GAINESBORO	CMITY ANTI-DRUG COALITION OF JACKSON CTY	Community Prevention Coalition of Jackson County
5 SP020494-03	TN	Celina	CLAY COUNTY GOVERNMENT	Clay County Anti-Drug Coalition
5 SP020569-08	TN	Manchester	COFFEE COUNTY SCHOOL SYSTEM	Coffee County Anti-Drug Coalition
5 SP020576-08	TN	Mountain City	JOHNSON COUNTY SAFE HAVEN, INC.	A.C.T.I.O.N. Coalition, Inc.
5 SP020811-07	TN	Winchester	FRANKLIN COUNTY BOARD OF EDUCATION	Franklin County Prevention Coalition
5 SP021017-02	TN	Cookeville	POWER OF PUTNAM, INC.	Power of Putnam
5 SP021019-02	TN	Martin	MARTIN HOUSING AUTHORITY	Weakley County Prevention Coalition
5 SP014644-09	TX	Houston	BAY AREA COUNCIL ON DRUG & ALCOHOL, INC.	Bacoda Galveston Community Coalition
5 SP014753-09	TX	San Angelo	ALCOHOL/DRUG ABUSE COUNCIL/CONCHO VALLEY	The Concho Valley Community Resources for Empowerment & Success (CV CARES) Coalition
5 SP014900-09	TX	HOUSTON	HIGHER DIMENSION CHURCH	HIGHER DIMENSION SUBSTANCE ABUSE PREVENTION COALITION
5 SP015788-08	TX	Dallas	GREATER DALLAS COUNCIL/ALCOHOL&DRG ABUSE	Dallas Area Drug Prevention Partnership
5 SP015887-08	TX	Bryan	BRAZOS VALLEY COUNCIL/ALCO/SUBTNCE ABUSE	BRAZOS Valley Council on Alcohol and Substance Abuse
5 SP016603-07	TX	Granbury	UNITED WAY OF HOOD COUNTY, INC.	Hood County Substance Abuse Council
5 SP018895-05	TX	Del Rio	QUAD COUNTY COUNCIL ALCOHOL & DRUG ABUSE	Maverick County Coalition Against Drugs
5 SP019835-04	TX	San Antonio	GIRL WORTH UNLIMITED	Bethel Prevention Coalition
5 SP019968-04	TX	Stafford	FORT BEND REG CNCL ON SUBSTANCE ABUSE	Fort Bend Community Prevention Coalition
5 SP019991-04	TX	Fort Worth	CHALLENGE OF TARRANT COUNTY	SMART Coalition
5 SP020353-03	TX	San Antonio	SAN ANTONIO COUNCIL/ALCOHOL & DRG ABUSE	Circles of San Antonio Community Coalition
5 SP020627-03	TX	San Antonio	San Antonio Fighting Back, Inc.	EastPoint Promise Prevention Coalition
5 SP020629-03	TX	San Antonio	GEORGE GERVIN YOUTH CENTER, INC.	George Gervin Youth Center, Inc. - Project Alert

5 SP018968-05	UT	George	SOUTHWEST BEHAVIORAL HEALTH CENTER	Washington County Prevention Coalition Initiative to Reduce Youth Prescription Drug and Alcohol Consumption
5 SP020267-05	UT	Ogden	WEBER HUMAN SERVICES	Bonneville Communities that Care
5 SP020953-02	UT	Panguitch	NEW FRONTIERS FOR FAMILIES	Panguitch Prevention Coalition
5 SP014805-09	VA	LEXINGTON	ROCKBRIDGE AREA COMMUNITY SERVICES	ROCKBRIDGE AREA PREVENTION COALITION
5 SP014815-09	VA	ALEXANDRIA	ALEXANDRIA COMMUNITY SERVICE BOARD	SUBSTANCE ABUSE PREVENTION COALITION OF ALEXANDRIA
5 SP019864-04	VA	Tazewell	SATIRA, INC.	SATIRA
5 SP019999-04	VA	Harrisonburg	JAMES MADISON UNIVERSITY	Futuro Latino Drug-Free Communities
5 SP020534-08	VA	WAYNESBORO	CITY OF WAYNESBORO VIRGINIA	Greater Augusta Prevention Partners (GAPP) Coalition
5 SP020944-02	VA	Rocky Mount	PIEDMONT REGIONAL COMMUNITY SERVICES	FRESH Coalition
5 SP020992-02	VA	Luray	PAGE ALLIANCE FOR COMMUNITY ACTION	Page Alliance for community Action
5 SP016645-07	VT	Burlington	NFI VERMONT, INC.	Burlington Partnership for a Healthy Community
5 SP020910-02	VT	West Townshend	YOUTH SERVICES	West River Valley Thrives
5 SP021077-02	VT	Bennington	BENNINGTON COUNTY REGIONAL COMMISSION	Alliance for Community Transformation
5 SP014301-10	WA	Mercer Island	CITY OF MERCER ISLAND, WASHINGTON	Mercer Island Communities That Care
5 SP014467-10	WA	Vancouver	EDUCATIONAL SERVICE DISTRICT 112	PREVENT! The Substance Abuse Prevention Coalition of Clark County
5 SP015659-08	WA	Tacoma	FRANKLIN PIERCE SCHOOL DISTRICT	Franklin Pierce Youth First!
5 SP015713-08	WA	Long Beach	PACIFIC COUNTY PUB HLTH/HUMAN SRVCS DEPT	Wellspring Community Network
5 SP015862-08	WA	Longview	TOUTLE RIVER RANCH	Longview Anti-Drug Coalition
5 SP016532-07	WA	Bellingham	WHATCOM FAMILY & COMMUNITY NETWORK	Whatcom Prevention Coalition
5 SP017044-07	WA	Seattle	SEATTLE CHILDREN'S HOSPITAL	Prevention Wins
5 SP017226-07	WA	White Swan	MT. ADAMS SCHOOL DISTRICT #209	Mt. Adams School District #209
5 SP018768-05	WA	Dayton	DAYTON GENERAL HOSPITAL	Coalition for Youth and Families
5 SP019446-07	WA	Lopez Island	UNITED GENERAL HOSPITAL	Lopez Island Prevention Coalition
5 SP019727-04	WA	Issaquah	CITY OF ISSAQUAH	Influence the Choice--Drug Prevention Alliance for Youth
5 SP019845-04	WA	Enumclaw	RAINER FOOTHILLS WELLNESS FOUNDATION	Foothills Healthy Community Coalition
5 SP019866-04	WA	Raymond	WILLAPA BEHAVIORAL HEALTH	Teen Advocacy Coalition (TAC)
5 SP019971-04	WA	Sumner	SUMNER SCHOOL DISTRICT #320	Sumner/Bonney Lake Area Drug Free Communities Coalition

5 SP019997-04	WA	Lacey	TOGETHER!	Rainier Community Cares Coalition
5 SP020008-04	WA	Port Angeles	LOWER ELWHA KLALLAM TRIBAL COUNCIL	Elwha Strong Youth Drug-Free Initiative
5 SP020023-04	WA	Sunnyside	SUNNYSIDE SCHOOL DISTRICT	Sunnyside United-Unidos
5 SP020271-09	WA	Moses Lake	GRANT COUNTY HEALTH DISTRICT	Quincy Communities That Care
5 SP020415-03	WA	Stevenson	SKAMANIA COUNTY SHERIFF'S OFFICE	One Prevention Alliance
5 SP020419-08	WA	KENT	CITY OF KENT	KENT DRUG FREE COALITION
5 SP020617-03	WA	Vancouver	COUNTY OF CLARK (WA)	Prevent Together: Battle Ground Prevention Alliance
5 SP020725-08	WA	Toppenish	YAKAMA TRIBAL COUNCIL	Yakama Wellness Coalition
5 SP020753-02	WA	Prosser	CITY OF PROSSER WASHINGTON	Prosser Community Involvement & Action Coalition
5 SP021059-02	WA	La center	LA CENTER INTERMEDIATE SCHOOL	La Center United
5 SP021389-07	WA	Omak	OKANOGAN COUNTY COMMUNITY COALITION	Okanogan County Community Coalition
5 SP015723-08	WI	Barron	COUNTY OF BARRON	Barron County Safe and Stable Families Coalition
5 SP015776-08	WI	West Allis	SCHOOL DIST OF WEST ALLIS-WEST MILWAUKEE	West Allis-West Milwaukee Community Coalition
5 SP015793-08	WI	Edgerton	EDGERTON HOSPITAL AND HEALTH SERVICES	Edgerton Coalition for a Healthy Community
5 SP016631-07	WI	Ladysmith	INDIANHEAD COMMUNITY ACTION AGENCY, INC.	Rusk County Youth Council
5 SP018773-05	WI	Burnett	RESTORATIVE JUSTICE OF NW WISCONSIN	Burnett County Adolescent AODA Prevention Coalition
5 SP018835-05	WI	Evansville	EVANSVILLE COMMUNITY PARTNERSHIP, INC.	Building A Safer Evansville (BASE)
5 SP018874-05	WI	Janesville	CITY OF JANESVILLE	Janesville Mobilizing 4 Change
5 SP019838-04	WI	Menomonie	ARBOR PLACE, INC.	Dunn County Partnership for Youth
5 SP020458-08	WI	MANITOWOC	NORTHEASTERN WISCONSIN AREA HLTH EDU CTR	HEALTHY MANITOWOC COUNTY ALLIANCE FOR SUBSTANCE ABUSE PREVENTION
5 SP020472-08	WI	WAUKESHA	ADDICTION RESOURCE COUNCIL, INC.	WAUKESHA COUNTY DRUG FREE COMMUNITIES COALITION
5 SP020498-08	WI	MARSHFIELD	MARSHFIELD CLINIC RESEARCH FOUNDATION	MARSHFIELD AREA COALITION FOR YOUTH
5 SP020573-08	WI	WINNEBAGO	WINNEBAGO COUNTY HEALTH DEPARTMENT	Re: TH!NK Winnebago's Healthy Living Partnership
5 SP020726-08	WI	Eau Claire	EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT	Consortium for Substance Abuse Prevention in Eau Claire County
5 SP020883-02	WI	Milwaukee	COMMUNITY ADVOCATES, INC.	Milwaukee County Substance Abuse and Prevention Coalition
5 SP020905-02	WI	Medford	TAYLOR COUNTY HEALTH DEPARTMENT	Taylor County Drug Opposition Partners
5 SP020924-07	WI	West Salem	COOPERATIVE EDUCATIONAL SERVICE AGENCY 4	La Crosse County Prevention Network

5 SP020925-07	WI	Sparta	COULEECAP, INC.	Monroe county Safe Community Coalition
5 SP015706-08	WV	Ripley	JACKSON COUNTY HEALTH DEPARTMENT	Jackson County Anti-Drug Coalition
5 SP015746-08	WV	Wheeling	YOUTH SERVICES SYSTEM, INC.	Ohio County Substance Abuse Prevention
5 SP016623-07	WV	Weirton	BROOKE HANCOCK FAMILY RESOURCE NETWORK	Advocates for Substance Abuse Prevention (ASAP).
5 SP016679-07	WV	Berkeley Springs	MORGAN COUNTY PARTNERSHIP, INC.	Morgan County Partnership, Inc.
5 SP017118-07	WV	Gilbert	STRONG THROUGH OUR PLAN	Strong Through Our Plan (the S.T.O.P.) Coalition
5 SP019830-04	WV	Charleston	KANAWHA COMMUNITIES THAT CARE, INC.	Kanawha Communities That Care
5 SP019833-04	WV	Institute	PARTNERSHIP/AFRICAN AMERICAN CHURCHES	West Side Ward 4 Substance Abuse Prevention Coalition
5 SP020510-03	WV	Charleston	REGIONAL FAMILY RESOURCE NETWORK, INC.	Putnam Wellness
5 SP017004-07	WY	Gillette	CITY OF GILLETTE	Campbell County Prevention Council
5 SP018858-05	WY	Cody	WEST PARK HOSPITAL DISTRICT	Park County Coalition Against Substance Abuse

Grant Award Number	Coalition State	Coalition City	Grant Award Recipient	DFC-Funded Coalition
2 SP021637-06	AK	Palmer	United Way of Matanuska Susitna Borough	Thrive Mat-Su
1 SP021533-01	AL	Selma	Children's PC of Dallas County, AL	Children's Policy Council of Dallas County, Alabama Inc.
2 SP018361-06	CA	Irvine	NATIONAL COUNCIL/ALCOHOLISM/DRUG DEPEND	South Orange County Coalition
2 SP018300-06	CA	Truckee	TRUCKEE TAHOE COMMUNITY FOUNDATION	Tahoe Truckee Future Without Drug Dependence (TT-FWDD)
2 SP018550-06	CA	Santa Cruz	COUNTY OF SANTA CRUZ	Santa Cruz County Community Prevention Partners
1 SP021559-01	CA	Auburn	Community Recovery Resources (CoRR)	Coalition for Auburn and Lincoln Youth (CALY)
2 SP018206-06	CA	Fort Bragg	COUNTY OF MENDOCINO	Coalition for Gang Awareness and Prevention
2 SP018391-06	CT	New London	CITY OF NEW LONDON	New London Community & Campus Coalition
2 SP018538-06	CT	Guilford	TOWN OF GUILFORD	Developmental Assets for Youth (D.A.Y.)
2 SP021654-06	CT	Deep River	Tri-Town Youth Services Bureau, Inc.	Tri-Town Substance Abuse Prevention Coalition
1 SP021436-01	CT	Bristol	City of Bristol, CT	Bristol Prevention Coalition
1 SP021598-01	FL	Rotonda West	Englewood Community Coalition, Inc.	Englewood Community Coalition
2 SP018376-06	FL	Miami	GANG ALTERNATIVES, INC.	Urban Partnership Drug-Free Communities Coalition
1 SP021604-01	FL	Ocala	Marion County Children's Alliance, Inc.	Community Council Against Substance Abuse
2 SP021671-06	FL	Lakeland	InnerAct Alliance	StandUp Polk/UthMpact
1 SP021626-01	GA	Quitman	Brooks County Family Connection, Inc.	Brooks County Drug Free Communities
1 SP021416-01	GA	Fayetteville	FACTOR	Fayette Alliance Connecting Together Our Resources, FACTOR
2 SP018465-06	IA	Vinton	VINTON-SHELLSBURG COMMUNITY SCHOOL DISTR	Benton County Above the Influence Coalition
1 SP021443-01	IA	Manchester	Helping Srvcs. for Northeast Iowa, Inc.	Delaware County Drug Abuse Coalition
1 SP021430-01	ID	Lapwai	Lapwai, City of	Lapwai Community Coalition
1 SP021482-01	IL	Highland Park	Community - The Anti-Drug Coalition	Community - The Anti-Drug Coalition
1 SP021641-01	IL	Naperville	360 Youth Services	Community Alliance for Prevention
1 SP021452-01	IN	Greenwood	Upstream Prevention, Inc.	Empower Johnson County
2 SP018470-06	IN	Greenfield	NEIGHBORHOODS AGAINST SUBSTANCE ABUSE	Neighborhoods Against Substance Abuse

1 SP021575-01	IN	Scottsburg	Scott County Partnership, Inc.	CEASe of Scott County
1 SP021429-01	KS	Wellington	City of Wellington	Sumner County Community Drug Action Team (SCCDAT)
1 SP021624-01	KS	Manhattan	UFM Community Learning Center	Manhattan Area Risk Prevention Coalition
1 SP021596-01	KY	Owenton	Hope's Hands	Hopes Hands Inc.
1 SP021546-01	KY	Eddyville	Lyon County Board of Education	Champions for a Drug-Free Lyon County
1 SP021569-01	KY	Williamstown	Grant County Schools	Champions for a Drug-Free Grant County
1 SP021421-01	KY	Falmouth	Pendleton County Schools	Pendleton County Champions
1 SP021561-01	LA	Metairie	Metropolitan Center for Women and Children	LA Voz de la Comunidad
1 SP021525-01	MA	Ware	Town of Ware, MA	Quaboag Hills Community Coalition Substance Use Task Force
1 SP021409-01	MA	North Reading	Town of North Reading	North Reading Youth Substance Use Prevention Coalition
1 SP021534-01	MD	Baltimore	Morgan State University	The Get SMART West Baltimore Drug Free Community Coalition
2 SP021668-06	ME	York	York Hospital	The Choose To Be Healthy Coalition
1 SP021419-01	ME	South Portland	City of South Portland, Maine	SoPo Unite: All Ages, All In
1 SP021543-01	ME	Waterville	Maine General Medical Center	Mid-Maine Substance Use Prevention Coalition
1 SP021560-01	MI	Highland	Huron Valley Schools	Huron Valley Community Coalition
2 SP018182-06	MI	Chelsea	ST. JOSEPH MERCY CHELSEA	SRSLY
1 SP021427-01	MN	Park Rapids	St. Joseph's Area Health Services	Hubbard in Prevention
2 SP021661-06	MN	Owatonna	United Way of Steele County	Steele County Safe and Drug Free Coalition
1 SP021431-01	MN	Fairmont	Youth First	Fairmont Substance Abuse Prevention Coalition
1 SP021487-01	MO	Lamar	About Our Kids, Inc.	Lamar Drug Free Coalition
1 SP021420-01	MO	St. Louis	Parkway C-2 School District	Alliance for Healthy Communities
1 SP021408-01	MO	Excelsior Springs	EXCELSIOR SPRINGS EDU. FOUNDATION INC	Excelsior Springs SAFE
1 SP021628-01	MS	Waveland	Hancock Resource Center	Hancock County Community Coalition
1 SP021639-01	NC	Charlotte	Center for Prevention Services	Alianza
1 SP021398-01	NC	Burnsville	Graham Children's Health Services, Inc.	Mitchell Yancey Substance Abuse
2 SP018346-06	NC	Snow Camp	ALAMANCE CITIZENS/A DRUG FREE COMMUNITY	Alamance Citizens for a Drug Free Community Coalition

1 SP021521-01	NC	Moravian Falls	Coastlands Ministries/Project Lazarus	Project Lazarus Wilkes Youth Coalition
2 SP018676-06	NC	Durham	MENTAL HEALTH AMERICA OF THE TRIANGLE	Orange Partnership for Alcohol and Drug Free Youth
1 SP021631-01	ND	Fargo	IMPACT FOUNDATION	Fargo Community Coalition
2 SP018558-06	NE	Wisner	ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPT	Healthy Communities Initiative (HCI)
1 SP021475-01	NH	Jaffrey	COUNTY OF CHESHIRE	Reality Check Inc.
1 SP021539-01	NH	Littleton	North Country Health Consortium, Inc.	Haverhill Area Substance Misuse Prevention Coalition
2 SP018560-06	NJ	Rockaway	MORRIS COUNTY PREVENTION IS KEY, INC.	Pequannock Township Coalition
2 SP018342-06	NJ	Secaucus	NATIONAL COUNCIL/ALCOHOLISM/DRUG DEPEND	Hudson County Coalition for a Drug Free Community
1 SP021636-01	NJ	Roselle	Borough of Roselle	The Roselle Everett Hatcher Prevention Coalition
2 SP018301-06	NJ	Newton	CENTER PREVENTION AND COUNSELING	Vernon Coalition
1 SP021588-01	NJ	Voorhees	CAMDEN CO COUNCIL ON ALCOHOLISM & DA	Camden Community Alliance Network
1 SP021492-01	NJ	Elizabeth	Prevention Links, Inc.	The One Community One Family Coalition
1 SP021565-01	NJ	Tenafly	Tenafly Board of Education	Tenafly Education Addiction and Community Health Coalition
1 SP021434-01	NY	Chappaqua	Town of New Castle	Coalition for Youth
1 SP021442-01	NY	Rye	Young Men's Christian Association of Rye, N.Y.	Rye-ACT Coalition
2 SP018273-06	NY	Ardsley	VILLAGE OF ARDSLEY	Ardsley SAYF Coalition
1 SP021603-01	NY	Binghamton	Coordinated Care Services, Inc.	Broome Opioid Abuse Council
1 SP021418-01	NY	Auburn	C.H.A.D.	Drug Free Community Coalition
1 SP021578-01	NY	Northport	Central Nassau Guidance & Counseling Services	Northport/East Northport Community Drug and Alcohol Task Force
1 SP021478-01	NY	Oswego	Farnham Family Services Inc.	Coalition to Combat Adolescent Substance Abuse in Oswego County
2 SP021629-06	NY	Islip	Islip UFSD	COMPASS IDEA Coalition
2 SP021646-06	OH	Broadview Hts.	Community Awareness and Prevention Association	Community Awareness and Prevention Association
1 SP021511-01	OH	Cincinnati	Madisonville Weed & Seed Sustained, Inc.	Madisonville Weed and Seed Coalition
2 SP018245-06	OK	Hulbert	REACHING OUR HULBERT COMMUNITY, INC.	Reaching Our Hulbert Community Coalition (ROHC, Inc.)
1 SP021566-01	OK	Lexington	Board of Regents, The University of OK	Healthy Noble Partnership

2 SP018309-06	OR	La Grande	COUNTY OF UNION	Union County Safe Communities Coalition
1 SP021468-01	OR	Astoria	Warrenton Hammond Healthy Kids, Inc.	North Coast Prevention Works Coalition
1 SP021549-01	PA	Beaver Falls	County of Beaver	BC-SCORES Coalition
2 SP018441-06	RI	Tiverton	TIVERTON SCHOOL DISTRICT	Tiverton Prevention Coalition
1 SP021480-01	RI	Central Falls	Progreso Latino, Inc.	Central Falls Prevention Coalition (CFPC)
1 SP021402-01	RI	Bristol	Town of Bristol Rhode Island	Bristol Prevention Coalition
1 SP021510-01	TX	Blanco	Blanco Independent School District	Blanco Coalition on Awareness, Prevention, and Treatment of Substance Abuse
1 SP021568-01	TX	Waxahachie	Drug Prevention Resources, Inc.	IMPACT Waxahachie
1 SP021548-01	VA	Ashland	Hanover Cares Coalition	Hanover Cares Coalition
1 SP021444-01	VA	Roanoke	Blue Ridge Behavioral Healthcare	Roanoke Prevention Alliance, Inc.
2 SP018675-06	VT	Bellows Falls	HEALTH CARE AND REHABILITATION SERVICES	Greater Falls Connection
1 SP021537-01	WA	Oroville	Oroville School District #410	Oroville CARES Coalition
1 SP021640-01	WA	Washougal	Washougal School District #112	Unite! Washougal Community Coalition
1 SP021466-01	WI	Brodhead	Southwestern Wisconsin Community Action Program, Inc.	Better Brodhead
1 SP021488-01	WI	Franklin	City of Franklin	Franklin Area Parents and Students United (FAPSU)
2 SP018519-06	WI	Beloit	FAMILY SERVICES SOUTHERN WI/NORTHERN IL	Youth2Youth 4 Change
2 SP021658-06	WV	Huntington	United Way of the River Cities, Inc.	Cabell County Substance Abuse Prevention Partnership

Grant Award Number	Coalition State	Coalition City	Grant Award Recipient	DFC-Funded Coalition & Mentee
5 SP021108-02	CA	San Rafael	Alcohol Justice	San Rafael Alcohol and Drug Coalition **Mentee**: Alcohol, Marijuana and Prescription Drugs Coalition
5 SP021115-02	CA	Irvine	NATIONAL COUNCIL/ALCOHOLISM/DRUG DEPEND	South Orange County Coalition **Mentee**: Wellness & Prevention Coalition
5 SP021116-02	CA	San Diego	SAY SAN DIEGO	Cinco de Mayo Con Orgullo Coalition **Mentee**: San Diego Military Family Collaborative
5 SP021109-02	CT	Putnam	TOWN OF PUTNAM	Putnam PRIDE **Mentee**: Griswold PRIDE
5 SP021097-02	FL	Miami	GANG ALTERNATIVES, INC.	Urban Partnership Drug Free Coalition **Mentee**: Hogar CREA Coalition
5 SP021110-02	FL	Spring Hill	HERNANDO CTY COMMUNITY ANTI-DRUG COALITN	Hernando County Community Anti-Drug Coalition **Mentee**: Substance Abuse Prevention Network of St. Lucie County
5 SP021086-02	GA	Lawrenceville	GWINNETT COALITION/HEALTH & HUMAN SRVS	Gwinnett Coalition for Health and Human Services **Mentee**: Family Alliance of Paulding, Inc.
5 SP021114-02	IL	Mt. Carmel	WABASH COUNTY PROJECT SUCCESS	Wabash County Project Success **Mentee**: Lawrence County I-PASS (Individuals Preventing the Abuse of Substances)
5 SP021092-02	NJ	Flemington	HUNTERDON PREVENTION RESOURCE, INC.	Hunterdon County Safe Communities Coalition **Mentee**: One Voice
5 SP021105-02	NJ	Somerset	EMPOWER SOMERSET, INC.	Somerset County Safe Communities Coalition **Mentee**: Community in Crisis
5 SP021106-02	NJ	Rockaway	Morris County Prevention is Key, Inc.	Community Coalition for a Safe & Healthy Morris-Pequannok Township, NJ **Mentee**: Madison Chatham Coalition
5 SP021117-02	NJ	Secaucus	NATIONAL COUNCIL/ALCOHOLISM/DRUG DEPEND	Hudson County Coalition for a Drug-Free Community **Mentee**: Kearny Prevention Coalition
5 SP021118-02	NY	West Nyack	WELLCORE, INC.	South Orangetown Community Awareness of Substance Abuse **Mentee**: The Prevention Education for East Ramapo Coalition
5 SP021101-02	PA	Chester	CROZER-CHESTER MEDICAL CENTER	Chester Youth Collaborative **Mentee**: Chester Boys and Girls Club
5 SP021093-02	UT	St. George	SOUTHWEST BEHAVIORAL HEALTH CENTER	Washington County Prevention Coalition **Mentee**: Kane County Prevention Coalition

5 SP021091-02	WA	Vancouver	EDUCATIONAL SERVICE DISTRICT 112	PREVENT! The Substance Abuse Prevention Coalition of Clark County **Mentee**: Connect Evergreen
5 SP021100-02	WA	Bellingham	WHATCOM FAMILY & COMMUNITY NETWORK	Whatcom Prevention Coalition **Mentee**: Lummi CEDAR Project/Prevention Coalition
5 SP021103-02	WI	Evanville	EVANSVILLE COMMUNITY PARTNERSHIP, INC.	Building A Safer Evansville (BASE) **Mentee**: Stoughton Wellness Coalition

Grant Award Number	Coalition State	Coalition City	Grant Award Recipient	DFC-Funded Coalition & Mentee
1 SP022062-01	MI	Auburn Hills	Alliance of Coalitions for Healthy Comm.	Alliance of Coalitions for Healthy Communities **Mentee 1:** Genesee County Prevention Coalition **Mentee 2:** Walled Lake/Commerce Community Coalition
1 SP022080-01	NJ	Newton	Center for Prevention and Counseling	The Vernon Coalition **Mentee**: Warwick Valley Prevention Coalition
1 SP022078-01	NY	Tarrytown	Student Assistance Services Corporation	Yonkers Coalition for Youth **Mentee**: Hastings Coalition

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Wednesday, August 31, 2016 9:47 PM
To: Pitcock, Josh
Cc: Karns, Allison;Schilb, Veronica J
Subject: FW: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

Josh:
There is an attempt in Indiana to form an affiliate organization in Indiana of the National Association of Recovery Residences. The Indiana Affiliation of Recovery Residences is just starting and is going to partner with Mental Health America Indiana (MHAI). Those treating the substance abuse and mental needs of this community recognize the vital need of longer term recovery housing in Indiana. So, I think we will see an attempt to pattern some of the initiatives that Ohio recently enacted on this side of the border. We recently held a conference call with the Ohio representatives and other Indiana interested parties.
I sent the information you provided to MHAI and they are going to do some inquiry with USDAA here in Indiana. We'll keep you informed if this gets some traction.
Thank you again for sending it along.
John

From: Stephen C McCaffrey [mailto:smccaffrey@mhai.net]
Sent: Wednesday, August 31, 2016 9:33 PM
To: Hill, John (GOV) <jhill@gov.in.gov>
Cc: Darrell Mitchell <dmitchell@inarr.org>; Jim Merritt - Indiana State Senate (jwmerritt49@[redacted])
<jwmerritt49@[redacted]>
Subject: Re: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Thanks John--

We will research this further.

Thanks!

Steve

Stephen C McCaffrey, JD
Sent from my iPhone

On Aug 31, 2016, at 8:31 PM, Hill, John (GOV) <jhill@gov.in.gov> wrote:

I thought you should see this. If you have any interaction with the USDA offices concerning this initiative, I would appreciate learning about it.
Thank you for your continued interest in expanding recovery housing for our state.

John

From: Pitcock, Josh [mailto:jpitcock@sso.org]
Sent: Wednesday, August 31, 2016 4:39 PM
To: Hill, John (GOV) <jhill@gov.in.gov>; Karns, Allison <AKarns@gov.IN.gov>; Schilb, Veronica J <VSchilb@gov.IN.gov>
Subject: FW: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

FYI

From: Scanlon, Sarah - OSEC [mailto:Sarah.Scanlon@osec.usda.gov]
Sent: Wednesday, August 31, 2016 4:17 PM
To: Makings, Charles - OSEC; Honeycutt, Brandon - OSEC
Subject: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

LAS VEGAS, Aug. 31, 2016 – Agriculture Secretary Tom Vilsack today announced an initiative that will use USDA's rural development resources to help fill the need for transitional housing for people recovering from opioid and other substance use disorders. In January, President Obama tasked Vilsack, who is chair of the White House Rural Council, with leading a federal interagency effort focused on rural opioid use. The initiative is the result of a conversation Secretary Vilsack had in May in New Hampshire at the Hillsborough County Superior Court, where individuals involved with the state's drug court program told him that a lack of access to affordable housing made it challenging for participants to successfully complete their recovery from addiction.

The initiative includes:

- Encouraging the use of USDA Community Facilities financing for transitional housing projects;
- Making vacant USDA housing properties available for lease or sale to qualified non-profits to transform the properties into transitional housing;
- Launching a pilot project to make vacant USDA multifamily rental units available to tenants participating in treatment programs;
- Releasing a suite of data that will better link existing USDA facilities with treatment service providers across the country.

"The journey from having a substance use disorder to recovery requires understanding, treatment, and support," said Vilsack. "But too often that journey is not completed because of a lack of safe, affordable housing options for those on their way back to being healthy, contributing members of our communities. The opioid epidemic is hitting rural America especially hard and there are few options for transitional housing. Today's actions will lead to more options for those in recovery."

In the first of the transitional housing actions announced today, USDA Rural Development's Rural Housing Service is instructing its field staff that Community Facilities program financing may be used for the construction, expansion and improvement of transitional housing facilities. The CF program provides affordable funding to develop essential community facilities in rural areas, such as hospitals and schools. Additionally, the CF program can be used as a financing tool for non-profit organizations considering the purchase of existing properties for the purpose of transitional housing. In order to be eligible, transitional

housing facilities must provide supportive services to rural residents to help them recover and prepare them to live independently within two years.

Rural Development also instructed staff today that it is encouraging the sale of single-family homes and multi-family properties that are exiting USDA's Real Estate Owned (REO) housing program to qualified non-profit organizations that would convert them into transitional housing facilities. REO properties are houses owned by USDA as a result of foreclosure. The single-family REO initiative is effective in the 22 states where the REOs are managed by that state's Rural Development office.

As part of this effort, the Secretary also announced a "Contract for Deed" pilot in the Single Family Housing program that would make USDA-held REOs available for purchase at below-market-rate cost by qualified non-profits providing housing for homeless individuals recovering from substance use disorder. The local non-profit would manage the property for the benefit of the individual and community, paying the taxes, making needed repairs and handling other responsibilities. They would have two years to complete the purchase transaction, and may use RHS financing, if available. The pilot is limited to a maximum of fifteen REO properties in the states of New Hampshire, Vermont, Nevada and Missouri.

The third action is a pilot project that would incentivize owners of USDA multi-family rental housing properties to rent to those in recovery by making hard-to-fill vacant units that are currently unsubsidized eligible for rental assistance if they are occupied by a current participant of a drug court program. Drug court programs have been proven to successfully reduce substance dependence and reduce criminal recidivism because they require participants to fulfill court mandated treatment and recovery requirements. The pilot program is open to facilities in New Hampshire, Vermont, Nevada and Missouri.

Finally, USDA is harnessing the power of open data in order to most effectively target our resources and to allow individuals in recovery to better locate USDA assistance. USDA's Rural Housing Service has released data on its portfolio of Community Facilities loans, guarantees, and grants across the country, which include hospitals, health clinics, group homes, and mental and behavioral health treatment facilities, to Data.gov and policymap.com, an online data mapping platform, where it can be visually overlaid with other indicators on substance use and recovery services. This new data supplements existing multi-family property and single-family housing data that the Agency recently released publicly. For example, the public can now map USDA multi-family and single-family housing properties and locate nearby Drug and Alcohol Treatment Centers using the latest Substance Abuse and Mental Health Administration (SAMHSA) data. Users can further determine which centers provide opioid addiction treatment and use telemedicine, among many other attributes.

During a roundtable discussion in Abingdon, Va., in June, Secretary Vilsack heard from community health leaders that collocating services for individuals in recovery can be a successful tool, so that individuals in rural areas are not faced with long drives from one facility to the next, such as from recovery housing to a treatment facility. This new data will allow USDA to better target resources where they can have the most effect.

Since 2009, USDA Rural Development (@USDARD) has invested nearly $13 billion to start or expand nearly 112,000 rural businesses; helped 1.1 million rural residents buy homes; funded nearly 9,200 community facilities such as schools, public safety and health care facilities; and helped bring high-speed Internet access to nearly 6 million rural residents and businesses. USDA also has invested $31.3 billion in 963 electric projects that have financed more than 185,000 miles of transmission and distribution lines serving 4.6 million rural residents. For more information, visit www.usda.gov/results.

#

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Wednesday, August 31, 2016 9:47 PM
To: Pitcock, Josh (jpitcock@sso.org)
Cc: Karns, Allison;Schilb, Veronica J
Subject: FW: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

Josh:
There is an attempt in Indiana to form an affiliate organization in Indiana of the National Association of Recovery Residences. The Indiana Affiliation of Recovery Residences is just starting and is going to partner with Mental Health America Indiana (MHAI). Those treating the substance abuse and mental needs of this community recognize the vital need of longer term recovery housing in Indiana. So, I think we will see an attempt to pattern some of the initiatives that Ohio recently enacted on this side of the border. We recently held a conference call with the Ohio representatives and other Indiana interested parties.
I sent the information you provided to MHAI and they are going to do some inquiry with USDAA here in Indiana. We'll keep you informed if this gets some traction.
Thank you again for sending it along.
John

From: Stephen C McCaffrey [mailto:smccaffrey@mhai.net]
Sent: Wednesday, August 31, 2016 9:33 PM
To: Hill, John (GOV) <jhill@gov.in.gov>
Cc: Darrell Mitchell <dmitchell@inarr.org>; Jim Merritt - Indiana State Senate (jwmerritt49@[redacted]
<jwmerritt49@[redacted]>
Subject: Re: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Thanks John--

We will research this further.

Thanks!

Steve

Stephen C McCaffrey, JD
Sent from my iPhone

On Aug 31, 2016, at 8:31 PM, Hill, John (GOV) <jhill@gov.in.gov> wrote:

I thought you should see this. If you have any interaction with the USDA offices concerning this initiative, I would appreciate learning about it.
Thank you for your continued interest in expanding recovery housing for our state.

John

From: Pitcock, Josh [mailto:jpitcock@sso.org]
Sent: Wednesday, August 31, 2016 4:39 PM
To: Hill, John (GOV) <jhill@gov.in.gov>; Karns, Allison <AKarns@gov.IN.gov>; Schilb, Veronica J <VSchilb@gov.IN.gov>
Subject: FW: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

FYI

From: Scanlon, Sarah - OSEC [mailto:Sarah.Scanlon@osec.usda.gov]
Sent: Wednesday, August 31, 2016 4:17 PM
To: Makings, Charles - OSEC; Honeycutt, Brandon - OSEC
Subject: USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

USDA Announces Initiative to Provide Transitional Housing for Rural Americans in Recovery from Substance Use Disorders

LAS VEGAS, Aug. 31, 2016 – Agriculture Secretary Tom Vilsack today announced an initiative that will use USDA's rural development resources to help fill the need for transitional housing for people recovering from opioid and other substance use disorders. In January, President Obama tasked Vilsack, who is chair of the White House Rural Council, with leading a federal interagency effort focused on rural opioid use. The initiative is the result of a conversation Secretary Vilsack had in May in New Hampshire at the Hillsborough County Superior Court, where individuals involved with the state's drug court program told him that a lack of access to affordable housing made it challenging for participants to successfully complete their recovery from addiction.

The initiative includes:

- Encouraging the use of USDA Community Facilities financing for transitional housing projects;
- Making vacant USDA housing properties available for lease or sale to qualified non-profits to transform the properties into transitional housing;
- Launching a pilot project to make vacant USDA multifamily rental units available to tenants participating in treatment programs;
- Releasing a suite of data that will better link existing USDA facilities with treatment service providers across the country.

"The journey from having a substance use disorder to recovery requires understanding, treatment, and support," said Vilsack. "But too often that journey is not completed because of a lack of safe, affordable housing options for those on their way back to being healthy, contributing members of our communities. The opioid epidemic is hitting rural America especially hard and there are few options for transitional housing. Today's actions will lead to more options for those in recovery."

In the first of the transitional housing actions announced today, USDA Rural Development's Rural Housing Service is instructing its field staff that Community Facilities program financing may be used for the construction, expansion and improvement of transitional housing facilities. The CF program provides affordable funding to develop essential community facilities in rural areas, such as hospitals and schools. Additionally, the CF program can be used as a financing tool for non-profit organizations considering the purchase of existing properties for the purpose of transitional housing. In order to be eligible, transitional

housing facilities must provide supportive services to rural residents to help them recover and prepare them to live independently within two years.

Rural Development also instructed staff today that it is encouraging the sale of single-family homes and multi-family properties that are exiting USDA's Real Estate Owned (REO) housing program to qualified non-profit organizations that would convert them into transitional housing facilities. REO properties are houses owned by USDA as a result of foreclosure. The single-family REO initiative is effective in the 22 states where the REOs are managed by that state's Rural Development office.

As part of this effort, the Secretary also announced a "Contract for Deed" pilot in the Single Family Housing program that would make USDA-held REOs available for purchase at below-market-rate cost by qualified non-profits providing housing for homeless individuals recovering from substance use disorder. The local non-profit would manage the property for the benefit of the individual and community, paying the taxes, making needed repairs and handling other responsibilities. They would have two years to complete the purchase transaction, and may use RHS financing, if available. The pilot is limited to a maximum of fifteen REO properties in the states of New Hampshire, Vermont, Nevada and Missouri.

The third action is a pilot project that would incentivize owners of USDA multi-family rental housing properties to rent to those in recovery by making hard-to-fill vacant units that are currently unsubsidized eligible for rental assistance if they are occupied by a current participant of a drug court program. Drug court programs have been proven to successfully reduce substance dependence and reduce criminal recidivism because they require participants to fulfill court mandated treatment and recovery requirements. The pilot program is open to facilities in New Hampshire, Vermont, Nevada and Missouri.

Finally, USDA is harnessing the power of open data in order to most effectively target our resources and to allow individuals in recovery to better locate USDA assistance. USDA's Rural Housing Service has released data on its portfolio of Community Facilities loans, guarantees, and grants across the country, which include hospitals, health clinics, group homes, and mental and behavioral health treatment facilities, to Data.gov and policymap.com, an online data mapping platform, where it can be visually overlaid with other indicators on substance use and recovery services. This new data supplements existing multi-family property and single-family housing data that the Agency recently released publicly. For example, the public can now map USDA multi-family and single-family housing properties and locate nearby Drug and Alcohol Treatment Centers using the latest Substance Abuse and Mental Health Administration (SAMHSA) data. Users can further determine which centers provide opioid addiction treatment and use telemedicine, among many other attributes.

During a roundtable discussion in Abingdon, Va., in June, Secretary Vilsack heard from community health leaders that collocating services for individuals in recovery can be a successful tool, so that individuals in rural areas are not faced with long drives from one facility to the next, such as from recovery housing to a treatment facility. This new data will allow USDA to better target resources where they can have the most effect.

Since 2009, USDA Rural Development (@USDARD) has invested nearly $13 billion to start or expand nearly 112,000 rural businesses; helped 1.1 million rural residents buy homes; funded nearly 9,200 community facilities such as schools, public safety and health care facilities; and helped bring high-speed Internet access to nearly 6 million rural residents and businesses. USDA also has invested $31.3 billion in 963 electric projects that have financed more than 185,000 miles of transmission and distribution lines serving 4.6 million rural residents. For more information, visit www.usda.gov/results.

#

This electronic message contains information generated by the USDA solely for the intended recipients. Any unauthorized interception of this message or the use or disclosure of the information it contains may violate the law and subject the violator to civil or criminal penalties. If you believe you have received this message in error, please notify the sender and delete the email immediately.

Scott.A.Milkey

From: Brookes, Brady
Sent: Tuesday, August 30, 2016 8:21 AM
To: Goodwin, Nicholas R
Subject: FW: FYI- Senator Miller

FYI

Brady Brookes
Legislative Director
Office of Governor Mike Pence

From: Creighton, Christopher
Sent: Monday, August 29, 2016 9:16 AM
To: Brookes, Brady <BBrookes@gov.IN.gov>
Subject: FYI- Senator Miller

Hey Brady,

I hope you had a good weekend, despite the rain. I'm not sure if Broad Ripple can take any more of that.

I wanted to bring to your attention that Dr. Adams plans on attending a meeting with Senator Miller on September 7th. It would also include Dr. Del Rio Hoover, Kevin Moore from FSSA, Steve McCaffrey of Mental Health America-Indiana, and Rep. Kirchhofer. It will revolve around mental health and addiction issues.

Chris Creighton
Director of Legislative Affairs
Indiana State Department of Health
Work Cell: 317-[redacted]
ccreighton@isdh.in.gov
www.StateHealth.in.gov

Scott.A.Milkey

From: Brookes, Brady
Sent: Monday, August 29, 2016 12:57 PM
To: Creighton, Christopher
Subject: RE: FYI- Senator Miller

Thanks, Chris!

Brady Brookes
Legislative Director
Office of Governor Mike Pence

From: Creighton, Christopher
Sent: Monday, August 29, 2016 9:16 AM
To: Brookes, Brady <BBrookes@gov.IN.gov>
Subject: FYI- Senator Miller

Hey Brady,

I hope you had a good weekend, despite the rain. I'm not sure if Broad Ripple can take any more of that.

I wanted to bring to your attention that Dr. Adams plans on attending a meeting with Senator Miller on September 7th. It would also include Dr. Del Rio Hoover, Kevin Moore from FSSA, Steve McCaffrey of Mental Health America-Indiana, and Rep. Kirchhofer. It will revolve around mental health and addiction issues.

Chris Creighton
Director of Legislative Affairs
Indiana State Department of Health
Work Cell: 317-[redacted]
ccreighton@isdh.in.gov
www.StateHealth.in.gov

Scott.A.Milkey

From: Creighton, Christopher
Sent: Monday, August 29, 2016 9:16 AM
To: Brookes, Brady
Subject: FYI- Senator Miller

Hey Brady,

I hope you had a good weekend, despite the rain. I'm not sure if Broad Ripple can take any more of that.

I wanted to bring to your attention that Dr. Adams plans on attending a meeting with Senator Miller on September 7th. It would also include Dr. Del Rio Hoover, Kevin Moore from FSSA, Steve McCaffrey of Mental Health America-Indiana, and Rep. Kirchhofer. It will revolve around mental health and addiction issues.

Chris Creighton
Director of Legislative Affairs
Indiana State Department of Health
Work Cell: 317-[redacted]
ccreighton@isdh.in.gov
www.StateHealth.in.gov

Scott.A.Milkey

From: Lanham, Julie (COA)
Sent: Tuesday, August 16, 2016 10:04 AM
To: Karns, Allison;Lemmon, Bruce;Ferguson, Jon;Spoolstra, Stephanie L
Subject: Fwd: Recovery Works Documents for Today's Meeting
Attachments: ICCMHC Update 8.16.16.doc; ATT00001.htm

Fyi

Sent from my iPhone

Begin forwarded message:

From: Matt Brooks <mbrooks@indianacouncil.org>
Date: August 16, 2016 at 9:29:15 AM EDT
To: "'William Watson (william.watson@vigocounty.in.gov)'" <william.watson@vigocounty.in.gov>, "Angel, Natalie B" <Natalie.Angel@fssa.in.gov>, "Dan Peck (dpeck@swansoncenter.org)" <dpeck@swansoncenter.org>, "'Landis, Larry (PDC)'" <LLandis@pdc.in.gov>, "McCord, Brandy (Brandy.McCord@CorizonHealth.com)" <Brandy.McCord@CorizonHealth.com>, 'Stephanie Yager' <stephanie@indianacountycommissioners.com>, "'Richie Adderley (radderle@hamiltoncenter.org)'" <radderle@hamiltoncenter.org>, "'m.w.kempf@[redacted]'" <m.w.kempf@[redacted]>, Stephanie Wakeland <swakeland@aspin.org>, "'Michael Gray (Michael.Gray@aspireindiana.org)'" <Michael.Gray@aspireindiana.org>, "'Matt Burden (mburden@swansoncenter.org)'" <mburden@swansoncenter.org>, Bill Pease <bpease@aspin.org>, "Cozad, Sara" <Sara.Cozad@fssa.IN.gov>, Caitlin Priest <cpriest@ckfindiana.org>, "tina.skeel@aspireindiana.org" <tina.skeel@aspireindiana.org>, "'Nichelle Washington (nwashington@hamiltoncenter.org)'" <nwashington@hamiltoncenter.org>, "'Linda Grove-Paul (linda.grove-paul@centerstone.org)'" <linda.grove-paul@centerstone.org>, 'Stephen C McCaffrey' <smccaffrey@mhai.net>, 'David Bottorff' <dbottorff@indianacounties.org>, "eowens@hamiltoncenter.org" <eowens@hamiltoncenter.org>, "'llandis@[redacted]'" <llandis@[redacted]>, 'Barbara Moser' <bmoser@namiindiana.org>, "Celeste Jackson (CJackson@voain.org)" <CJackson@voain.org>, "'Kevin B Moore (Kevin.Moore@fssa.in.gov)'" <Kevin.Moore@fssa.in.gov>, "Bridget Bascom (Bridget.Bascom@cmhcinc.org)" <Bridget.Bascom@cmhcinc.org>, 'Susan Jo Thomas' <sthomas@ckfindiana.org>, "DEB HODSON" <DHODSON@HamiltonCenter.org>, "'bwilson@indianasheriffs.org'" <bwilson@indianasheriffs.org>, "jane.seigel@courts.in.gov" <jane.seigel@courts.in.gov>, Benjamin Bennett <BBennett@indianacouncil.org>, "Spoolstra, Stephanie L" <SSpoolstra1@idoc.IN.gov>, "Joshua.Scism@fssa.in.gov" <Joshua.Scism@fssa.in.gov>, "'Braun, Deborah L'" <DLBraun@idoc.IN.gov>, "DONALD B. LOUGH" <DLOUGH@HamiltonCenter.org>, Linda Grove-Paul <linda.grovepaul@centerstone.org>, "jholloway@aspin.org" <jholloway@aspin.org>, Beth Overmyer <bovermyer@claimaid.com>, "Boarman, Angela" <Angela.Boarman@fssa.IN.gov>, "Beth Barchet (BarchetB@southwestern.org)" <BarchetB@southwestern.org>, Denise DeLong <DDeLong@indianacouncil.org>, "Casper, Kristin" <KCasper@pdc.in.gov>, "Julie Lanham (jlanham@idoc.in.gov)" <jlanham@idoc.in.gov>, "Levenhagen, Mark" <MELevenhagen@idoc.IN.gov>, "Cara Misetic (cara.misetic@corizonhealth.com)" <cara.misetic@corizonhealth.com>, "duncan.brown@aspireindiana.org" <duncan.brown@aspireindiana.org>, "Bauer, Jennifer" <jennifer.bauer@courts.IN.gov>, TONY BREWER <TBREWER@HamiltonCenter.org>, "Jerry Landers (Jerry.Landers@aspireindiana.org)" <Jerry.Landers@aspireindiana.org>, "Miles, Theodore" <Theodore.Miles@corizonhealth.com>, "'Katy Adams - Southwestern Behavioral Healthcare, Inc. (adamsk@southwestern.org)'" <adamsk@southwestern.org>, Marci Toler <mtoler@ckfindiana.org>

Cc: Denise DeLong <DDeLong@indianacouncil.org>, Benjamin Bennett <BBennett@indianacouncil.org>
Subject: Recovery Works Documents for Today's Meeting

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Dear Committee:

Please see attached an update from DMHA related to the Recovery Works program in the event you are calling in.

If you are calling in today, please use the following:

1-800-791-2345
PIN: [redacted]

Matthew G. Brooks, MA
President & Chief Executive Officer
Indiana Council of Community Mental Health Centers, Inc.
101 W. Ohio Street, Suite 610
Indianapolis, IN 46204
317-684-3684 (office)
mbrooks@indianacouncil.org

CONFIDENTIALITY NOTICE

This e-mail, including any attachments or files transmitted with it, is intended to be confidential and solely for the use of the individual or entity to whom they are addressed. If you received it in error, or if you are not the intended recipient(s), please notify the sender by reply e-mail and destroy all copies of the original message and any attachments. Any unauthorized review, use, disclosure or distribution of this e-mail or information is prohibited, and may be punishable by law and may result in legal action. The Indiana Council of Community Mental Health Centers (Indiana Council) is recognized as an organization under Section 501(c)(6) of the Internal Revenue Code, and any communications and transmitted files are also considered confidential and intended solely for the Indiana Council's purposes as such an organization.

Michael R. Pence, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800
FAX: 317-233-3472

Recovery Works
INDIANA'S FORENSIC TREATMENT PROGRAM

Totals:

- Clients: 4,123 (last reported on 5.19.16: 2,401)
- Expended for services: $2,013,744.35 (last reported: $673,420.79)
- Agencies: 64 designated Recovery Works Providers, 46 Providers that are enrolling participants (Last reported: 36 active, 60 designated)

Top 5 Services:

1. Housing
2. Skills Development Training
3. Substance Use Disorder-Group
4. Intensive Outpatient Treatment
5. Case Management

Top 5 Counties:

1. Marion: 506
2. Vanderburgh: 358
3. Madison: 207
4. Monroe: 156
5. Vigo: 154

Special Interest

- Updates:
  - Removed client cap of $2,500 in June
  - Increased rate 30% effect July 1, 2016
- Opportunities:
  - Administrative Fee - The fee will be authorized through WITS at the time of enrollment ($100), when the six (6) month ANSA is completed ($115), and at the completion of the one (1) year ANSA ($230). This will be effective October 1, 2016.
  - Assessment Fee – Changes will be effective October 1, 2016
    - Assessments completed face-to-face inside a Criminal Justice facility (county jail, IDOC facility, Community Correction/Work Release Facility, etc.) will be reimbursed at $205.00 per assessment.
    - Tele-health assessments that meet the service standards will be reimbursed at $100 each.
    - Assessments completed in a provider's office will continue to be reimbursed at $130.
  - Targeted outreach/TA
    - Contracted staff to engage counties not currently fully participating – Regions 4, 7 and 9
  - Jails
    - Recovery Works staff is currently work on a plan to increased contact with persons being released from jail. We look to roll out the plan by Oct. 1.
  - Department of Correction
    - Working with our partners to plan for outreach to increase access to services through Recovery Works for individuals in the community

Scott.A.Milkey

From: Lanham, Julie (COA)
Sent: Tuesday, August 16, 2016 10:01 AM
To: Karns, Allison;Lemmon, Bruce;Ferguson, Jon;Hill, John (GOV)
Cc: Spoolstra, Stephanie L
Subject: Fwd: Additional Documents for Today's Meeting
Attachments: Recovery Work Client Served Map 8-16.pdf; ATT00001.htm; Annual Report Requirements and Proposed Legislation.pdf; ATT00002.htm

FYI - Stephanie Spoolstra is attending the meeting for me.

Sent from my iPhone

Begin forwarded message:

> **From:** Matt Brooks <mbrooks@indianacouncil.org>
> **Date:** August 16, 2016 at 9:46:52 AM EDT
> **To:** "'William Watson (william.watson@vigocounty.in.gov)'" <william.watson@vigocounty.in.gov>, "Angel, Natalie B" <Natalie.Angel@fssa.in.gov>, "Dan Peck (dpeck@swansoncenter.org)" <dpeck@swansoncenter.org>, "'Landis, Larry (PDC)'" <LLandis@pdc.in.gov>, "McCord, Brandy (Brandy.McCord@CorizonHealth.com)" <Brandy.McCord@CorizonHealth.com>, 'Stephanie Yager' <stephanie@indianacountycommissioners.com>, "'Richie Adderley (radderle@hamiltoncenter.org)'" <radderle@hamiltoncenter.org>, "'m.w.kempf@[redacted]'" <m.w.kempf@[redacted]>, Stephanie Wakeland <swakeland@aspin.org>, "'Michael Gray (Michael.Gray@aspireindiana.org)'" <Michael.Gray@aspireindiana.org>, "'Matt Burden (mburden@swansoncenter.org)'" <mburden@swansoncenter.org>, Bill Pease <bpease@aspin.org>, "Cozad, Sara" <Sara.Cozad@fssa.IN.gov>, Caitlin Priest <cpriest@ckfindiana.org>, "tina.skeel@aspireindiana.org" <tina.skeel@aspireindiana.org>, "'Nichelle Washington (nwashington@hamiltoncenter.org)'" <nwashington@hamiltoncenter.org>, "'Linda Grove-Paul (linda.grove-paul@centerstone.org)'" <linda.grove-paul@centerstone.org>, 'Stephen C McCaffrey' <smccaffrey@mhai.net>, 'David Bottorff' <dbottorff@indianacounties.org>, "eowens@hamiltoncenter.org" <eowens@hamiltoncenter.org>, "'llandis@[redacted]" <llandis@[redacted]>, 'Barbara Moser' <bmoser@namiindiana.org>, "Celeste Jackson (CJackson@voain.org)" <CJackson@voain.org>, "'Kevin B Moore (Kevin.Moore@fssa.in.gov)'" <Kevin.Moore@fssa.in.gov>, "Bridget Bascom (Bridget.Bascom@cmhcinc.org)" <Bridget.Bascom@cmhcinc.org>, 'Susan Jo Thomas' <sthomas@ckfindiana.org>, "DEB HODSON" <DHODSON@HamiltonCenter.org>, "'bwilson@indianasheriffs.org'" <bwilson@indianasheriffs.org>, "jane.seigel@courts.in.gov" <jane.seigel@courts.in.gov>, Benjamin Bennett <BBennett@indianacouncil.org>, "Spoolstra, Stephanie L" <SSpoolstra1@idoc.IN.gov>, "Joshua.Scism@fssa.in.gov" <Joshua.Scism@fssa.in.gov>, "'Braun, Deborah L'" <DLBraun@idoc.IN.gov>, "DONALD B. LOUGH" <DLOUGH@HamiltonCenter.org>, Linda Grove-Paul <linda.grovepaul@centerstone.org>, "jholloway@aspin.org" <jholloway@aspin.org>, Beth Overmyer <bovermyer@claimaid.com>, "Boarman, Angela" <Angela.Boarman@fssa.IN.gov>, "Beth Barchet (BarchetB@southwestern.org)" <BarchetB@southwestern.org>, Denise DeLong <DDeLong@indianacouncil.org>, "Casper, Kristin" <KCasper@pdc.in.gov>, "Julie Lanham (jlanham@idoc.in.gov)" <jlanham@idoc.in.gov>, "Levenhagen, Mark" <MELevenhagen@idoc.IN.gov>, "Cara Misetic (cara.misetic@corizonhealth.com)" <cara.misetic@corizonhealth.com>, "duncan.brown@aspireindiana.org" <duncan.brown@aspireindiana.org>, "Bauer, Jennifer" <jennifer.bauer@courts.IN.gov>, TONY BREWER <TBREWER@HamiltonCenter.org>, "Jerry Landers (Jerry.Landers@aspireindiana.org)" <Jerry.Landers@aspireindiana.org>, "Miles, Theodore" <Theodore.Miles@corizonhealth.com>, "'Katy Adams - Southwestern Behavioral Healthcare, Inc.

(adamsk@southwestern.org)'" <adamsk@southwestern.org>, Marci Toler <mtoler@ckfindiana.org>
Subject: Additional Documents for Today's Meeting

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

In the event you are calling in, here are a few more documents we will review during today's meeting.

Matt

Matthew G. Brooks, MA
President & Chief Executive Officer
Indiana Council of Community Mental Health Centers, Inc.
101 W. Ohio Street, Suite 610
Indianapolis, IN 46204
317-684-3684 (office)
mbrooks@indianacouncil.org

CONFIDENTIALITY NOTICE

This e-mail, including any attachments or files transmitted with it, is intended to be confidential and solely for the use of the individual or entity to whom they are addressed. If you received it in error, or if you are not the intended recipient(s), please notify the sender by reply e-mail and destroy all copies of the original message and any attachments. Any unauthorized review, use, disclosure or distribution of this e-mail or information is prohibited, and may be punishable by law and may result in legal action. The Indiana Council of Community Mental Health Centers (Indiana Council) is recognized as an organization under Section 501(c)(6) of the Internal Revenue Code, and any communications and transmitted files are also considered confidential and intended solely for the Indiana Council's purposes as such an organization.

JRAC Annual Report requirement [IC 33-38-9.5(j) and (k)]

(j) The advisory council shall issue an annual report, before October 1 of each year, to the:
(1) legislative council;
(2) chief justice; and
(3) governor.

The report to the legislative council must be in an electronic format under IC 5-14-6.

(k) The report described in subsection (j) must include the following:
(1) The recidivism rate of persons participating in the program or treatment plan, including the recidivism rate (when available):
- **(A) while participating in the program or treatment plan;**
- **(B) within six (6) months of completing the program or treatment plan;**
- **(C) within one (1) year of completing the program or treatment plan;**
- **(D) within two (2) years of completing the program or treatment plan; and**
- **(E) within three (3) years of completing the program or treatment plan.**

(2) The overall success and failure rate of a program and treatment plan and the measures used to determine the overall success and failure rate.
(3) The number of persons who complete or fail to complete a program or treatment plan, and, for persons who do not complete the plan, the reason that the person did not complete the plan, if available.
(4) The number of persons participating in the program or treatment plan and the duration of their participation.
(5) The number and percentage of persons able to obtain employment after participating in the plan, the type of employment obtained, the length of time required to obtain employment, and, when available, the number of persons still employed after six (6) months and after one (1) year.
(6) Other information relevant to the operation of the program or treatment plan.

IC 35-38-3-3(d) (Effective July 1, 2016)

After December 31, 2015, a court may not commit a person convicted of a Level 6 felony to the department of correction, unless:

(1) the commitment is due to the person's sentence being revoked for ~~violating a condition of~~ probation, parole, or community corrections ~~by committing~~ and the revocation is due to a new felony ~~criminal~~ offense; or

(2) the person:

(A) is convicted of ~~at least two (2)~~ a Level 6 ~~felonies~~ felony for which the sentence is ~~that are~~ ordered to be served consecutively to the sentence for another felony;

(B) is convicted of a Level 6 felony that is enhanced by an additional fixed term under IC 35-50-2-8 through IC 35-50-2-16; or

(C) has received an enhanced sentence under IC 9-30-15.5 and the person's earliest possible release date is more than three hundred sixty-five (365) days after the date of sentencing.

A person who may not be committed to the department of correction may be placed on probation, committed to the county jail, or placed in community corrections for assignment to an appropriate community corrections program.

Commented [lu1]: Proposed changes is designed to permit a Level 6 offender who has been found by a preponderance of the evidence that that person violated community supervision due to an allegation of a new felony offense occurred

Commented [lu2]: Proposed change is designed to clarify when a Level 6 felony offense is eligible to be sent to DOC and would allow for a new sentenced Level 6 to be committed to DOC if it is ordered to be served consecutive to any other felony sentence.

IC 12-23-19-1 (Effective July 1, 2016)

As used in this chapter, "mental health and addiction forensic treatment services" means evidence based treatment and recovery wraparound support services that may be provided to individuals in the criminal justice system who are charged with a misdemeanor or felony offense, or have a prior misdemeanor or felony conviction, and have been assessed as eligible to be placed in a special services program, community corrections program, prosecuting attorney's diversion program, or jail option as an alternative to commitment to the department of correction.

Commented [lu3]: Proposed change is designed to allow Recovery Works to provide services to misdemeanor offenders in the same way as providing services to felony offenders.

The term includes:

(1) mental health and substance abuse treatment, including:

(A) addiction counseling;

(B) inpatient detoxification;

(C) case management;

daily living skills; and

(E) medication assisted treatment, including a federal Food and Drug Administration approved long-acting, nonaddictive medication for the treatment of opioid or alcohol dependence;

(2) vocational services;

(3) housing assistance;

(4) community support services;

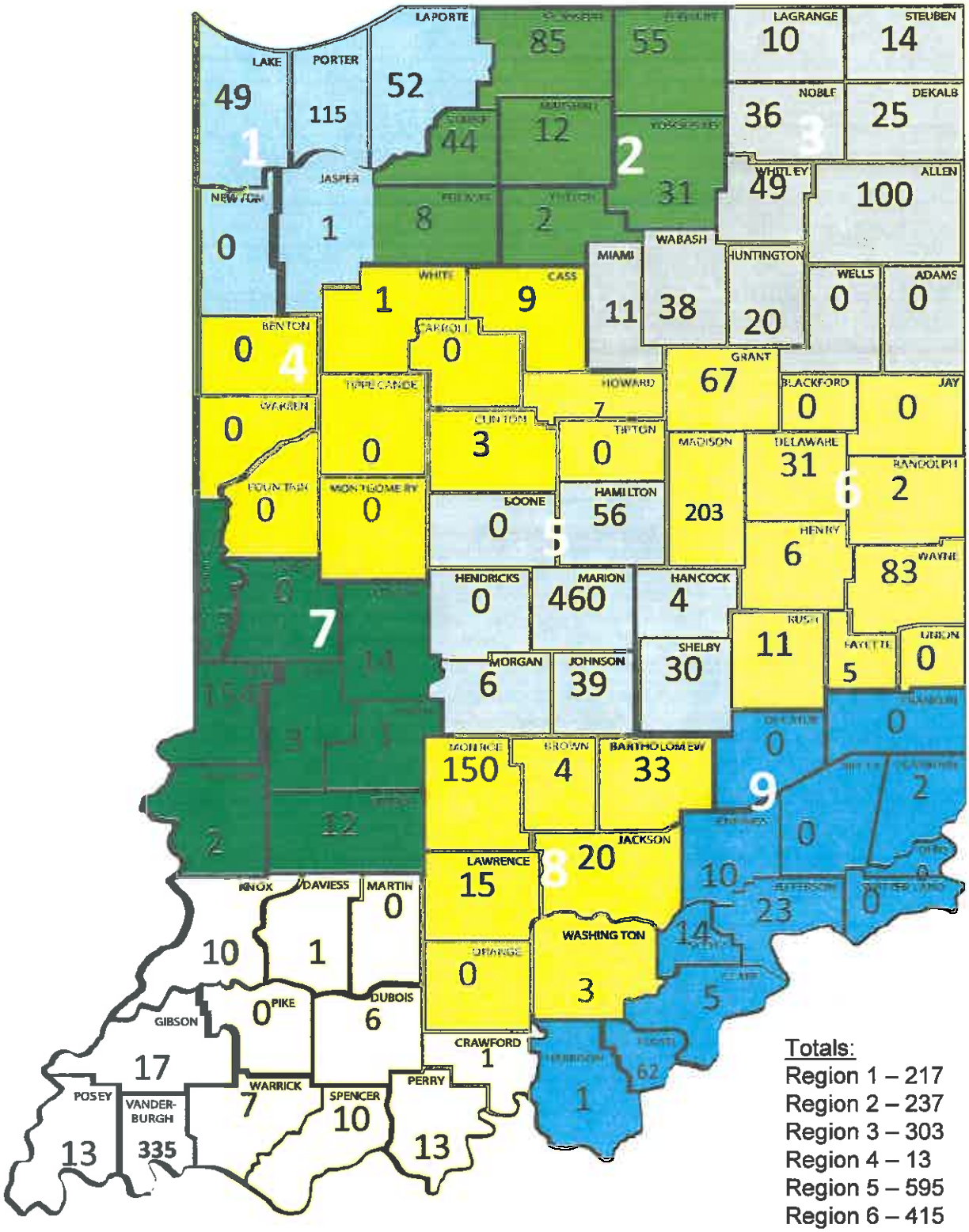
(5) care coordination;

(6) transportation assistance; and

(7) mental health and substance abuse assessments.

DRAFT

Recovery Works: Clients Served



Totals:

Region 1 – 217
Region 2 – 237
Region 3 – 303
Region 4 – 13
Region 5 – 595
Region 6 – 415
Region 7 – 189
Region 8 – 225
Region 9 – 117
Region 10 – 413

Scott.A.Milkey

From: Harris, Dalen A. EOP/ONDCP <Dalen_A_Harris@ondcp.eop.gov>
Sent: Wednesday, August 10, 2016 1:52 PM
To: Atterholt, Jim;Czarniecki, Cary (Lani);Pitcock, Josh;Moore, Kevin B;Hubbard, Leone
Subject: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State
Attachments: Indiana- Letter to Governor.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** _____

Today, Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Please read the attached letter, and learn more about the process for prescribing or dispensing buprenorphine at: http://www.samhsa.gov/medication-assisted-treatment

Also, for a calendar of upcoming buprenorphine trainings, and additional resources please visit: http://pcssmat.org/calendar-of-events/

Thank you for your ongoing efforts to address this epidemic, and do not hesitate to contact Dalen Harris, Director of ONDCP's Office of Intergovernmental and Public Liaison if you need any additional details related to today's announcement.

Sincerely,

Dalen

Dalen A. Harris
Director
Office of Intergovernmental and Public Liaison White House Office of National Drug Control Policy
DHarris@ondcp.eop.gov
Office: (20[redacted]2
Cell: (202)[redacted]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

August 10, 2016

The Honorable Mike Pence
Governor of Indiana
State House
Room 206
Indianapolis, IN 46204

Dear Governor Pence:

In his State of the Union Address earlier this year, President Obama underscored the urgent need to aid the thousands of Americans with opioid use disorders. Addressing the opioid epidemic is a priority for the Administration, and one of the steps we must take is to increase access to evidence-based treatment for individuals with opioid use disorders.

Research shows that access to medication-assisted treatment (MAT) saves lives by significantly increasing the likelihood of successful recovery for people with opioid use disorders. Unfortunately, there are not enough physicians trained to use MAT and prepared to treat people with the disease of addiction. Only 31,422 physicians nationwide are certified to provide buprenorphine – one of the three FDA-approved medications for treating opioid use disorders – to their patients.

To help address the need for treatment providers, the Administration offers free buprenorphine trainings for physicians across the country through the Providers Clinical Support System for MAT (PCSSMAT.org). These trainings, called DATA 2000 waiver trainings, provide information to physicians on treating individuals with opioid use disorders. Once their training is complete, qualified practitioners can then become certified to treat a maximum of 30 patients with buprenorphine in the first year. After the first year, they have the potential to treat up to 275 patients.

We hope that you will consider providing information on these DATA 2000 waiver trainings to the physicians and medical schools in your state so they can help make this lifesaving treatment available to more people. If providers are unable to attend a training in person, courses are available through a webinar and online course twice a month at no cost. For a calendar of upcoming buprenorphine trainings and additional resources, please visit this website: http://pcssmat.org/calendar-of-events/.

In addition to these free trainings, the Providers Clinical Support System for MAT also provides free professional development resources. These resources include free one-on-one clinical mentorship opportunities with experts in addiction, pain, and the use of medications for treatment, and free educational resources with continuing medical education credits for all practitioners to ensure sustained learning and guidance are available to most effectively treat Americans with substance use disorders and co-occurring mental health disorders. Please feel free to share information on these waiver trainings, free educational resources, and mentorship through PCSS-MAT with your state specialty societies and medical schools. You can also promote the availability of these trainings with press releases, social media, and letters to prescribers and medical schools.

While the Federal Government and many states are using their authorities to take every available action they can, Congress still needs to take action on what is most urgently needed now – additional funding to make lifesaving treatment available to everyone who seeks it. The President has called for $1.1 billion in new funding for states to help expand access to treatment. We appreciate the leadership of governors across the country to address this urgent situation and raise awareness about the need for more resources for states. Finally, your efforts to encourage more health care providers to take DATA 2000 waiver trainings and become certified can help save the lives of many Americans.

To learn more about the process for prescribing or dispensing buprenorphine, please visit http://www.samhsa.gov/medication-assisted-treatment. Thank you for your sustained collaboration and contribution to address this public health priority.

Sincerely,

Michael P. Botticelli
Director

Scott.A.Milkey

From: Karns, Allison
Sent: Wednesday, August 10, 2016 2:26 PM
To: Pitcock, Josh
Subject: RE: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

thanks

Allison A. Karns
Office of Governor Mike Pence
Policy Director for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-8895 (O)
317-[redacted] (M)

-----Original Message-----
From: Pitcock, Josh [mailto:jpitcock@sso.org]
Sent: Wednesday, August 10, 2016 2:23 PM
To: Hill, John (GOV) <jhill@gov.in.gov>; Wernert, Dr. John J. <Dr.John.Wernert@fssa.in.gov>; McGuffee, Tyler Ann <TaMcGuffee@gov.IN.gov>; Schilb, Veronica J <VSchilb@gov.IN.gov>; Goodwin, Nicholas R <NiGoodwin@gov.IN.gov>; Karns, Allison <AKarns@gov.IN.gov>; Seema Verma (sverma@svcinc.org) <sverma@svcinc.org>
Cc: Atterholt, Jim <jatterholt@gov.IN.gov>
Subject: FW: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** _____

FYI

-----Original Message-----
From: Harris, Dalen A. EOP/ONDCP [mailto:Dalen_A_Harris@ondcp.eop.gov]
Sent: Wednesday, August 10, 2016 1:52 PM
To: jatterholt@gov.in.gov; lanicz@gov.in.gov; Pitcock, Josh; kevin.moore@fssa.in.gov; leone.hubbard@fssa.in.gov
Subject: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

Today, Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Please read the attached letter, and learn more about the process for prescribing or dispensing buprenorphine at: http://www.samhsa.gov/medication-assisted-treatment

Also, for a calendar of upcoming buprenorphine trainings, and additional resources please visit: http://pcssmat.org/calendar-of-events/

Thank you for your ongoing efforts to address this epidemic, and do not hesitate to contact Dalen Harris, Director of ONDCP's Office of Intergovernmental and Public Liaison if you need any additional details related to today's announcement.

Sincerely,

Dalen

Dalen A. Harris
Director
Office of Intergovernmental and Public Liaison White House Office of National Drug Control Policy
DHarris@ondcp.eop.gov
Office: (202) 395-6652
Cell: (202) [redacted]

Scott.A.Milkey

From: Pitcock, Josh <jpitcock@sso.org>
Sent: Wednesday, August 10, 2016 2:23 PM
To: Hill, John (GOV);Wernert, Dr. John J.;McGuffee, Tyler Ann;Schilb, Veronica J;Goodwin, Nicholas R;Karns, Allison;Seema Verma (sverma@svcinc.org)
Cc: Atterholt, Jim
Subject: FW: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State
Attachments: Indiana- Letter to Governor.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** _____

FYI

-----Original Message-----
From: Harris, Dalen A. EOP/ONDCP [mailto:Dalen_A_Harris@ondcp.eop.gov]
Sent: Wednesday, August 10, 2016 1:52 PM
To: jatterholt@gov.in.gov; lanicz@gov.in.gov; Pitcock, Josh; kevin.moore@fssa.in.gov; leone.hubbard@fssa.in.gov
Subject: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

Today, Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Please read the attached letter, and learn more about the process for prescribing or dispensing buprenorphine at: http://www.samhsa.gov/medication-assisted-treatment

Also, for a calendar of upcoming buprenorphine trainings, and additional resources please visit: http://pcssmat.org/calendar-of-events/

Thank you for your ongoing efforts to address this epidemic, and do not hesitate to contact Dalen Harris, Director of ONDCP's Office of Intergovernmental and Public Liaison if you need any additional details related to today's announcement.

Sincerely,

Dalen

Dalen A. Harris
Director
Office of Intergovernmental and Public Liaison White House Office of National Drug Control Policy
DHarris@ondcp.eop.gov
Office: (202) 395-6652

Cell: (202)[redacted]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

August 10, 2016

The Honorable Mike Pence
Governor of Indiana
State House
Room 206
Indianapolis, IN 46204

Dear Governor Pence:

In his State of the Union Address earlier this year, President Obama underscored the urgent need to aid the thousands of Americans with opioid use disorders. Addressing the opioid epidemic is a priority for the Administration, and one of the steps we must take is to increase access to evidence-based treatment for individuals with opioid use disorders.

Research shows that access to medication-assisted treatment (MAT) saves lives by significantly increasing the likelihood of successful recovery for people with opioid use disorders. Unfortunately, there are not enough physicians trained to use MAT and prepared to treat people with the disease of addiction. Only 31,422 physicians nationwide are certified to provide buprenorphine – one of the three FDA-approved medications for treating opioid use disorders – to their patients.

To help address the need for treatment providers, the Administration offers free buprenorphine trainings for physicians across the country through the Providers Clinical Support System for MAT (PCSSMAT.org). These trainings, called DATA 2000 waiver trainings, provide information to physicians on treating individuals with opioid use disorders. Once their training is complete, qualified practitioners can then become certified to treat a maximum of 30 patients with buprenorphine in the first year. After the first year, they have the potential to treat up to 275 patients.

We hope that you will consider providing information on these DATA 2000 waiver trainings to the physicians and medical schools in your state so they can help make this lifesaving treatment available to more people. If providers are unable to attend a training in person, courses are available through a webinar and online course twice a month at no cost. For a calendar of upcoming buprenorphine trainings and additional resources, please visit this website: http://pcssmat.org/calendar-of-events/.

In addition to these free trainings, the Providers Clinical Support System for MAT also provides free professional development resources. These resources include free one-on-one clinical mentorship opportunities with experts in addiction, pain, and the use of medications for treatment, and free educational resources with continuing medical education credits for all practitioners to ensure sustained learning and guidance are available to most effectively treat Americans with substance use disorders and co-occurring mental health disorders. Please feel free to share information on these waiver trainings, free educational resources, and mentorship through PCSS-MAT with your state specialty societies and medical schools. You can also promote the availability of these trainings with press releases, social media, and letters to prescribers and medical schools.

While the Federal Government and many states are using their authorities to take every available action they can, Congress still needs to take action on what is most urgently needed now – additional funding to make lifesaving treatment available to everyone who seeks it. The President has called for $1.1 billion in new funding for states to help expand access to treatment. We appreciate the leadership of governors across the country to address this urgent situation and raise awareness about the need for more resources for states. Finally, your efforts to encourage more health care providers to take DATA 2000 waiver trainings and become certified can help save the lives of many Americans.

To learn more about the process for prescribing or dispensing buprenorphine, please visit http://www.samhsa.gov/medication-assisted-treatment. Thank you for your sustained collaboration and contribution to address this public health priority.

Sincerely,

Michael P. Botticelli
Director

Scott.A.Milkey

From: Pitcock, Josh <jpitcock@sso.org>
Sent: Wednesday, August 10, 2016 2:23 PM
To: Harris, Dalen A. EOP/ONDCP;Atterholt, Jim;Czarniecki, Cary (Lani);Moore, Kevin B;Hubbard, Leone
Subject: RE: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** _____

Thanks, Dalen.

Josh Pitcock
Federal Representative
State of Indiana
202-[redacted] (m)
202-624-1474 (o)
jpitcock@sso.org

-----Original Message-----
From: Harris, Dalen A. EOP/ONDCP [mailto:Dalen_A_Harris@ondcp.eop.gov]
Sent: Wednesday, August 10, 2016 1:52 PM
To: jatterholt@gov.in.gov; lanicz@gov.in.gov; Pitcock, Josh; kevin.moore@fssa.in.gov; leone.hubbard@fssa.in.gov
Subject: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

Today, Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Please read the attached letter, and learn more about the process for prescribing or dispensing buprenorphine at: http://www.samhsa.gov/medication-assisted-treatment

Also, for a calendar of upcoming buprenorphine trainings, and additional resources please visit: http://pcssmat.org/calendar-of-events/

Thank you for your ongoing efforts to address this epidemic, and do not hesitate to contact Dalen Harris, Director of ONDCP's Office of Intergovernmental and Public Liaison if you need any additional details related to today's announcement.

Sincerely,

Dalen

Dalen A. Harris
Director
Office of Intergovernmental and Public Liaison White House Office of National Drug Control Policy
DHarris@ondcp.eop.gov
Office: (202) 395-6652
Cell: (202) [redacted]

Scott.A.Milkey

From: Pitcock, Josh <jpitcock@sso.org>
Sent: Wednesday, August 10, 2016 2:23 PM
To: Hill, John (GOV);Wernert, Dr. John J.;McGuffee, Tyler Ann;Schilb, Veronica J;Goodwin, Nicholas R;Karns, Allison;Seema Verma (sverma@svcinc.org)
Cc: Atterholt, Jim
Subject: FW: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State
Attachments: Indiana- Letter to Governor.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. **** _____

FYI

-----Original Message-----
From: Harris, Dalen A. EOP/ONDCP [mailto:Dalen_A_Harris@ondcp.eop.gov]
Sent: Wednesday, August 10, 2016 1:52 PM
To: jatterholt@gov.in.gov; lanicz@gov.in.gov; Pitcock, Josh; kevin.moore@fssa.in.gov; leone.hubbard@fssa.in.gov
Subject: Help Reduce the "Severe Shortage" of Trained Doctors to Provide Treatment for the Prescription Opioid and Heroin Epidemic in your State

Today, Michael Botticelli, Director of National Drug Control Policy, wrote to all 50 Governors about the urgent need for more doctors to be trained and certified to treat people with prescription opioid and heroin use disorders. As you may know, the Obama Administration offers free buprenorphine trainings for providers all across the country and online.

Medication-assisted treatment (MAT), which includes the use of FDA-approved medications like buprenorphine, has proven more effective at helping people with opioid use disorders enter into long-term recovery. Other FDA approved medications to treat individuals with opioid use disorders are Vivitrol and methadone.

Please read the attached letter, and learn more about the process for prescribing or dispensing buprenorphine at: http://www.samhsa.gov/medication-assisted-treatment

Also, for a calendar of upcoming buprenorphine trainings, and additional resources please visit: http://pcssmat.org/calendar-of-events/

Thank you for your ongoing efforts to address this epidemic, and do not hesitate to contact Dalen Harris, Director of ONDCP's Office of Intergovernmental and Public Liaison if you need any additional details related to today's announcement.

Sincerely,

Dalen

Dalen A. Harris
Director
Office of Intergovernmental and Public Liaison White House Office of National Drug Control Policy
DHarris@ondcp.eop.gov
Office: (202) 395-6652

Cell: (202) [redacted]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

August 10, 2016

The Honorable Mike Pence
Governor of Indiana
State House
Room 206
Indianapolis, IN 46204

Dear Governor Pence:

In his State of the Union Address earlier this year, President Obama underscored the urgent need to aid the thousands of Americans with opioid use disorders. Addressing the opioid epidemic is a priority for the Administration, and one of the steps we must take is to increase access to evidence-based treatment for individuals with opioid use disorders.

Research shows that access to medication-assisted treatment (MAT) saves lives by significantly increasing the likelihood of successful recovery for people with opioid use disorders. Unfortunately, there are not enough physicians trained to use MAT and prepared to treat people with the disease of addiction. Only 31,422 physicians nationwide are certified to provide buprenorphine – one of the three FDA-approved medications for treating opioid use disorders – to their patients.

To help address the need for treatment providers, the Administration offers free buprenorphine trainings for physicians across the country through the Providers Clinical Support System for MAT (PCSSMAT.org). These trainings, called DATA 2000 waiver trainings, provide information to physicians on treating individuals with opioid use disorders. Once their training is complete, qualified practitioners can then become certified to treat a maximum of 30 patients with buprenorphine in the first year. After the first year, they have the potential to treat up to 275 patients.

We hope that you will consider providing information on these DATA 2000 waiver trainings to the physicians and medical schools in your state so they can help make this lifesaving treatment available to more people. If providers are unable to attend a training in person, courses are available through a webinar and online course twice a month at no cost. For a calendar of upcoming buprenorphine trainings and additional resources, please visit this website: http://pcssmat.org/calendar-of-events/.

In addition to these free trainings, the Providers Clinical Support System for MAT also provides free professional development resources. These resources include free one-on-one clinical mentorship opportunities with experts in addiction, pain, and the use of medications for treatment, and free educational resources with continuing medical education credits for all practitioners to ensure sustained learning and guidance are available to most effectively treat Americans with substance use disorders and co-occurring mental health disorders. Please feel free to share information on these waiver trainings, free educational resources, and mentorship through PCSS-MAT with your state specialty societies and medical schools. You can also promote the availability of these trainings with press releases, social media, and letters to prescribers and medical schools.

While the Federal Government and many states are using their authorities to take every available action they can, Congress still needs to take action on what is most urgently needed now – additional funding to make lifesaving treatment available to everyone who seeks it. The President has called for $1.1 billion in new funding for states to help expand access to treatment. We appreciate the leadership of governors across the country to address this urgent situation and raise awareness about the need for more resources for states. Finally, your efforts to encourage more health care providers to take DATA 2000 waiver trainings and become certified can help save the lives of many Americans.

To learn more about the process for prescribing or dispensing buprenorphine, please visit http://www.samhsa.gov/medication-assisted-treatment. Thank you for your sustained collaboration and contribution to address this public health priority.

Sincerely,

Michael P. Botticelli
Director

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Wednesday, August 10, 2016 10:25 AM
To: Karns, Allison
Subject: RE: Medicaid Recipients Receiving Treatment

Thank you

Sent from my Windows Phone

From: Karns, Allison
Sent: 8/10/2016 7:53
To: Hill, John (GOV); Trent Glass
Subject: RE: Medicaid Recipients Receiving Treatment

Trent,

Indiana Medicaid and HIP provides coverage for buprenorphine and vivitrol. Please let me know if there is anything else I can do to help!

Thanks,
Allison

Allison A. Karns
Office of Governor Mike Pence
Policy Director for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-8895 (O)
317-[redacted] (M)



From: Hill, John (GOV)
Sent: Tuesday, August 09, 2016 11:59 PM
To: Trent Glass <trent.glass@iga.in.gov>
Cc: Karns, Allison <AKarns@gov.IN.gov>
Subject: RE: Medicaid Recipients Receiving Treatment

Hello Trent. I'm out of state at a meeting and am just now getting to today's emails. I'm going to ask Allison Karns to follow-up with Kevin Moore. The article references two drugs used in Medical Assistant Treatment. It is my understanding that HIP 2.0 and Medicaid both will reimburse for these two drugs.

Allison: Would you please confirm and then respond directly to Trent?

Thank you.
John

From: Trent Glass [mailto:trent.glass@iga.in.gov]
Sent: Tuesday, August 09, 2016 9:17 AM
To: Hill, John (GOV) <jhill@gov.in.gov>
Subject: Medicaid Recipients Receiving Treatment

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Hill,

I wanted to pass along the following link:

http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach?utm_campaign=2016-08-08+Stateline+Daily&utm_medium=email&utm_source=Pew

Are you aware of the types of treatments that aren't currently provided for under Medicaid?

Trent Glass
Policy Analyst
Indiana House Republicans
200 West Washington Street
Indianapolis, IN 46204 Rm. 401-6
W: (317) 234-3825
C: (317) [redacted]

Scott.A.Milkey

From: Trent Glass <trent.glass@iga.in.gov>
Sent: Wednesday, August 10, 2016 9:56 AM
To: Karns, Allison;Hill, John (GOV)
Subject: RE: Medicaid Recipients Receiving Treatment

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Thanks, I thought that was the case I just wanted to make sure I wasn't missing something.

Trent Glass
Policy Analyst
Indiana House Republicans
200 West Washington Street
Indianapolis, IN 46204 Rm. 401-6
W: (317) 234-3825
C: (317) [redacted]

From: Karns, Allison [mailto:AKarns@gov.IN.gov]
Sent: Wednesday, August 10, 2016 9:53 AM
To: Hill, John (GOV); Trent Glass
Subject: RE: Medicaid Recipients Receiving Treatment

Trent,

Indiana Medicaid and HIP provides coverage for buprenorphine and vivitrol. Please let me know if there is anything else I can do to help!

Thanks,
Allison

Allison A. Karns
Office of Governor Mike Pence
Policy Director for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-8895 (O)
317-[redacted] (M)



From: Hill, John (GOV)
Sent: Tuesday, August 09, 2016 11:59 PM
To: Trent Glass <trent.glass@iga.in.gov>
Cc: Karns, Allison <AKarns@gov.IN.gov>
Subject: RE: Medicaid Recipients Receiving Treatment

Hello Trent. I'm out of state at a meeting and am just now getting to today's emails. I'm going to ask Allison Karns to follow-up with Kevin Moore. The article references two drugs used in Medical Assistant Treatment. It is my understanding that HIP 2.0 and Medicaid both will reimburse for these two drugs.

Allison: Would you please confirm and then respond directly to Trent?

Thank you.
John

From: Trent Glass [mailto:trent.glass@iga.in.gov]
Sent: Tuesday, August 09, 2016 9:17 AM
To: Hill, John (GOV) <jhill@gov.in.gov>
Subject: Medicaid Recipients Receiving Treatment

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Hill,

I wanted to pass along the following link:

http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach?utm_campaign=2016-08-08+Stateline+Daily&utm_medium=email&utm_source=Pew

Are you aware of the types of treatments that aren't currently provided for under Medicaid?

Trent Glass
Policy Analyst
Indiana House Republicans
200 West Washington Street
Indianapolis, IN 46204 Rm. 401-6
W: (317) 234-3825
C: (317) [redacted]

Scott.A.Milkey

From: Karns, Allison
Sent: Wednesday, August 10, 2016 9:53 AM
To: Hill, John (GOV);Trent Glass
Subject: RE: Medicaid Recipients Receiving Treatment

Trent,

Indiana Medicaid and HIP provides coverage for buprenorphine and vivitrol. Please let me know if there is anything else I can do to help!

Thanks,
Allison

Allison A. Karns
Office of Governor Mike Pence
Policy Director for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-8895 (O)
317-[redacted] (M)



From: Hill, John (GOV)
Sent: Tuesday, August 09, 2016 11:59 PM
To: Trent Glass <trent.glass@iga.in.gov>
Cc: Karns, Allison <AKarns@gov.IN.gov>
Subject: RE: Medicaid Recipients Receiving Treatment

Hello Trent. I'm out of state at a meeting and am just now getting to today's emails. I'm going to ask Allison Karns to follow-up with Kevin Moore. The article references two drugs used in Medical Assistant Treatment. It is my understanding that HIP 2.0 and Medicaid both will reimburse for these two drugs.

Allison: Would you please confirm and then respond directly to Trent?

Thank you.
John

From: Trent Glass [mailto:trent.glass@iga.in.gov]
Sent: Tuesday, August 09, 2016 9:17 AM
To: Hill, John (GOV) <jhill@gov.in.gov>
Subject: Medicaid Recipients Receiving Treatment

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Hill,

I wanted to pass along the following link:

http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach?utm_campaign=2016-08-08+Stateline+Daily&utm_medium=email&utm_source=Pew

Are you aware of the types of treatments that aren't currently provided for under Medicaid?

Trent Glass
Policy Analyst
Indiana House Republicans
200 West Washington Street
Indianapolis, IN 46204 Rm. 401-6
W: (317) 234-3825
C: (317) [redacted]

Scott.A.Milkey

From: Karns, Allison
Sent: Wednesday, August 10, 2016 9:53 AM
To: Hill, John (GOV);Trent Glass
Subject: RE: Medicaid Recipients Receiving Treatment

Trent,

Indiana Medicaid and HIP provides coverage for buprenorphine and vivitrol. Please let me know if there is anything else I can do to help!

Thanks,
Allison

Allison A. Karns
Office of Governor Mike Pence
Policy Director for Public Safety
200 W. Washington Street - Room 206
Indianapolis, IN 46204
317-234-8895 (O)
317-[redacted] (M)



From: Hill, John (GOV)
Sent: Tuesday, August 09, 2016 11:59 PM
To: Trent Glass <trent.glass@iga.in.gov>
Cc: Karns, Allison <AKarns@gov.IN.gov>
Subject: RE: Medicaid Recipients Receiving Treatment

Hello Trent. I'm out of state at a meeting and am just now getting to today's emails. I'm going to ask Allison Karns to follow-up with Kevin Moore. The article references two drugs used in Medical Assistant Treatment. It is my understanding that HIP 2.0 and Medicaid both will reimburse for these two drugs.

Allison: Would you please confirm and then respond directly to Trent?

Thank you.
John

From: Trent Glass [mailto:trent.glass@iga.in.gov]
Sent: Tuesday, August 09, 2016 9:17 AM
To: Hill, John (GOV) <jhill@gov.in.gov>
Subject: Medicaid Recipients Receiving Treatment

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Mr. Hill,

I wanted to pass along the following link:

http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach?utm_campaign=2016-08-08+Stateline+Daily&utm_medium=email&utm_source=Pew

Are you aware of the types of treatments that aren't currently provided for under Medicaid?

Trent Glass
Policy Analyst
Indiana House Republicans
200 West Washington Street
Indianapolis, IN 46204 Rm. 401-6
W: (317) 234-3825
C: (317) [redacted]

Scott.A.Milkey

From: Karns, Allison
Sent: Thursday, August 04, 2016 1:30 PM
To: Carter, Doug
Subject: Fwd: Bridge device

Sent from my iPhone

Begin forwarded message:

> **From:** "Brookes, Brady" <BBrookes@gov.IN.gov>
> **Date:** August 4, 2016 at 12:32:05 PM EDT
> **To:** "Karns, Allison" <AKarns@gov.IN.gov>
> **Subject: FW: Bridge device**
>
> Brady Brookes
> Legislative Director
> Office of Governor Mike Pence
>
> ---
>
> **From:** Adams, Jerome
> **Sent:** Thursday, August 4, 2016 10:57 AM
> **To:** Hill, John (GOV) <jhill@gov.in.gov>; Brookes, Brady <BBrookes@gov.IN.gov>; Craig, Lindsey M <LCraig@gov.IN.gov>; Lloyd, Matthew <MLloyd@gov.IN.gov>; McGrath, Danielle <DMcGrath@gov.IN.gov>
> **Cc:** Miller, Eric A <EriMiller@isdh.IN.gov>
> **Subject:** FW: Bridge device
>
> FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.
>
> Here is information from the FDA regarding the NNS Bridge.
>
> "This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.
>
> The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Karns, Allison
Sent: Thursday, August 04, 2016 1:30 PM
To: tkarns@fbtlaw.com
Subject: Fwd: Bridge device

Sent from my iPhone

Begin forwarded message:

> **From:** "Brookes, Brady" <BBrookes@gov.IN.gov>
> **Date:** August 4, 2016 at 12:32:05 PM EDT
> **To:** "Karns, Allison" <AKarns@gov.IN.gov>
> **Subject: FW: Bridge device**
>
> Brady Brookes
> Legislative Director
> Office of Governor Mike Pence
>
> ---
>
> **From:** Adams, Jerome
> **Sent:** Thursday, August 4, 2016 10:57 AM
> **To:** Hill, John (GOV) <jhill@gov.in.gov>; Brookes, Brady <BBrookes@gov.IN.gov>; Craig, Lindsey M <LCraig@gov.IN.gov>; Lloyd, Matthew <MLloyd@gov.IN.gov>; McGrath, Danielle <DMcGrath@gov.IN.gov>
> **Cc:** Miller, Eric A <EriMiller@isdh.IN.gov>
> **Subject:** FW: Bridge device
>
> FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.
>
> Here is information from the FDA regarding the NNS Bridge.
>
> "This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.
>
> The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Brookes, Brady
Sent: Thursday, August 04, 2016 12:32 PM
To: Karns, Allison
Subject: FW: Bridge device

Brady Brookes
Legislative Director
Office of Governor Mike Pence

From: Adams, Jerome
Sent: Thursday, August 4, 2016 10:57 AM
To: Hill, John (GOV) <jhill@gov.in.gov>; Brookes, Brady <BBrookes@gov.IN.gov>; Craig, Lindsey M <LCraig@gov.IN.gov>; Lloyd, Matthew <MLloyd@gov.IN.gov>; McGrath, Danielle <DMcGrath@gov.IN.gov>
Cc: Miller, Eric A <EriMiller@isdh.IN.gov>
Subject: FW: Bridge device

FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.

Here is information from the FDA regarding the NNS Bridge.

"This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.

The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Brookes, Brady
Sent: Thursday, August 04, 2016 12:32 PM
To: Karns, Allison
Subject: FW: Bridge device

Brady Brookes
Legislative Director
Office of Governor Mike Pence

From: Adams, Jerome
Sent: Thursday, August 4, 2016 10:57 AM
To: Hill, John (GOV) <jhill@gov.in.gov>; Brookes, Brady <BBrookes@gov.IN.gov>; Craig, Lindsey M <LCraig@gov.IN.gov>; Lloyd, Matthew <MLloyd@gov.IN.gov>; McGrath, Danielle <DMcGrath@gov.IN.gov>
Cc: Miller, Eric A <EriMiller@isdh.IN.gov>
Subject: FW: Bridge device

FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.

Here is information from the FDA regarding the NNS Bridge.

"This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.

The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Craig, Lindsey M
Sent: Thursday, August 04, 2016 11:40 AM
To: Karns, Allison;McGuffee, Tyler Ann
Subject: FW: Bridge device

FYI

Lindsey Craig

Director of Public Health & Family Policy
Office of Governor Mike Pence ● State of Indiana

From: Adams, Jerome
Sent: Thursday, August 4, 2016 10:57 AM
To: Hill, John (GOV); Brookes, Brady; Craig, Lindsey M; Lloyd, Matthew; McGrath, Danielle
Cc: Miller, Eric A
Subject: FW: Bridge device

FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.

Here is information from the FDA regarding the NNS Bridge.

"This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.

The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Adams, Jerome
Sent: Thursday, August 04, 2016 10:57 AM
To: Hill, John (GOV);Brookes, Brady;Craig, Lindsey M;Lloyd, Matthew;McGrath, Danielle
Cc: Miller, Eric A
Subject: FW: Bridge device

FYI regarding FDA and the Bridge. Please share as necessary- I don't have everyone's email from the discussion.

Here is information from the FDA regarding the NNS Bridge.

"This device has been cleared as an Electro Acupuncture Stimulator. You can find the clearance letter, indications for use, and the 510(k) Summary here: http://www.accessdata.fda.gov/cdrh_docs/pdf14/K140530.pdf . Based on the information in the 510(k) summary it does not appear that clinical data was used to support the clearance of this device.

The key detail, which currently still applies to all electroacupuncture devices we clear, is that any clearance does NOT include specific indications (e.g., for use in substance abuse treatment). The indications in the link above represent the sum total of the language we allow."

Here is information from Dr. Wilson Compton, the Assistant Director at NIDA, in a communication to Dr. Duwve:

"We don't find any published data. There is one study on clinicaltrials.govthat's only begun to recruit patients: https://clinicaltrials.gov/ct2/show/NCT02673684?term=Innovative+Health+Solutions&rank=1

I'm certainly skeptical without seeing data, though the concept is intriguing."

Scott.A.Milkey

From: Karns, Allison
Sent: Wednesday, July 27, 2016 5:22 PM
To: Carter, Doug
Subject: Fw: Opioid Treament Needs in Wayne County, Indiana

From: Hill, John (GOV)
Sent: Wednesday, July 27, 2016 5:13 PM
To: Schilb, Veronica J; Karns, Allison
Subject: Fw: Opioid Treament Needs in Wayne County, Indiana

I wanted to be sure you saw this; please note the statistics in this email. Can you imagine how helpful it would be for a pregnant mother to be have a successful detox and cope with her pregnanacy without the pain of chronic addiction. The DCS piece of our pilot will be crucial for this to happen. This breaks my heart.

From: Suttle, Lisa <Lisa.Suttle@reidhealth.org>
Sent: Wednesday, July 27, 2016 5:03 PM
To: Moore, Kevin B; Hill, John (GOV); jwmerritt49@[redacted]
Cc: Robb Backmeyer; Shipman, Micahel; Gerard.Cyranowski@meridianhs.org
Subject: RE: Opioid Treament Needs in Wayne County, Indiana

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello Kevin,

Thank you for the reply.

From a local level, we are very appreciative of the attention and funding that is being provided from the state level. As you may know, we have been working on our opiate problem within our county for a couple years now, specifically with the Heroin is Here groups and initiatives. We have seen some progress related to awareness, education and treatment options, but still struggle with funding for those patients who are not involved in the legal system, do not have insurance and/or treatment options are not covered such as with the Bridge device.

Alkermes has been able to provide us with samples for the first Vivitrol injection which has been very helpful (pre-auth is required and takes time). Innovation Health Solutions, Inc., have provided a couple of the Bridge devices as well for our pilot program. Both of these treatment options are only successful when wraparound services are provided. We want to increase our services for these patients, but struggle with supporting it financially if the funding is not available.

Our Bridge device pilot program is going very well. Our first case was very successful. The patient was able to get through the detox, work at his factory job, and receive his first injection of Vivitrol a week after the Bridge device was placed. These services were all provided on an outpatient basis. Relapse is still a risk for him, but he is on the right track with all the services and support that is being provided at this time.

We receive calls every day asking if we can help someone who is struggling with addiction.

Our hospital/community stats include:

NAS (Neonatal Abstinence Syndrome) Babies –

-2010: 1
-2011: 4
-2012: 15
-2013: 11
-2014: 31
-2015: 54
-2016: 34 (YTD – June 30, 2016)

911 calls related "complaint of overdose"

-2013: 151
-2014: 143
-2015: 124
-2016: 115 (YTD – June 30, 2016)

Narcan use in our emergency room –

-over the last 8 months, Narcan has been used 79 times in our ED. An average of 10 times per month. This does not include the cases where Narcan is used by EMS before the patient is brought to the ED, that number is much higher. ED physicians report at least one per day. Not all are called to 911.

I know our stats may be no different than other counties in Indiana (worse or better), but felt it was important to share what we are seeing. If there is any additional information I can provide or if you have any questions, please feel free to contact me anytime.

Thank you for your time and again for all of the attention and support that has been given from the state level regarding this epidemic.

Lisa Suttle
Director, Psychiatric Service Line
Reid Health - Right beside you.
1100 Reid Parkway / Richmond, IN 47374
Lisa.Suttle@ReidHealth.org
Office: (765) 983-3450 /Fax: (765) 983-7970
ReidHealth.org

From: Moore, Kevin B [mailto:Kevin.Moore@fssa.IN.gov]
Sent: Tuesday, July 26, 2016 11:44 AM
To: Suttle, Lisa; Hill, John (GOV); jwmerritt49@[redacted]
Cc: Robb Backmeyer; Shipman, Micahel; Gerard.Cyranowski@meridianhs.org
Subject: RE: Opioid Treament Needs in Wayne County, Indiana

Lisa

Thank you for your interest and support for opiate addiction treatment. I am humbled by the ongoing dedication to providing treatment options for persons seeking to detox and recover from addiction. There is a great deal of activity around the state that now presents more options and support for recovery. The vast majority of these efforts are locally driven and implemented.

It is apparent that the use of the Bridge device to help alleviate some of the pain and discomfort of opiate withdrawal is growing. Because of the potential relief this device can bring, the Family and Social Services Administration, Division of Mental Health and Addiction has determined to support the implant cost and device cost through our forensic treatment program, Recovery Works.

Recovery Works provides funding for persons in the criminal justice system (felons) to receive mental health and addiction treatment. In the first year, over 3000 persons benefitted from this funding and received treatment and support services.

The Recovery Works staff is drafting the service protocols and payment mechanism needed to provide oversight of these funds. We anticipate having these in draft form by September 1, 2016 and to roll out provider information and training in October 2016.

Please keep in mind the limitations of the Recovery Works funds as they are statutorily targeted to persons with a felony who are currently under community supervision. We look forward to making these funds available to assist persons recover from opiate addiction.

Kevin Moore, Director
Division of Mental Health and Addiction
Family and Social Services Administration

From: Suttle, Lisa [mailto:Lisa.Suttle@reidhealth.org]
Sent: Tuesday, July 26, 2016 11:34 AM
To: Moore, Kevin B <Kevin.Moore@fssa.IN.gov>; Hill, John (GOV) <jhill@gov.in.gov>; jwmerritt49@[redacted]
Cc: Robb Backmeyer <Robb.Backmeyer@centerstone.org>; Shipman, Micahel <mshipman@co.wayne.in.us>; Gerard.Cyranowski@meridianhs.org
Subject: Opioid Treament Needs in Wayne County, Indiana

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Good Morning,

As agencies and concerned citizens of Wayne County, Indiana, we would like to send this email regarding the need for opiate treatment options in our community.

Reid Health, Centerstone, Meridian and the Judicial agencies in Wayne County are working together to combat our opiate epidemic. In order to provide treatment for people who are addicted to opiates, funding is needed for the Bridge device and other services that may not be covered by insurance companies. Within each agency that provides substance abuse services, a tracking system is utilized to follow the patient through the continuum of care. HIPAA guidelines are followed to protect the patient's privacy.

Please feel free to contact any of us with questions.

Robb Backmeyer, COO, Centerstone
Gerry Cyranowski, VP, Meridian
Mike Shipman, Wayne County Prosecutor
Lisa Suttle, Director of Psychiatric Services, Reid Health

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Wednesday, July 27, 2016 5:13 PM
To: Schilb, Veronica J;Karns, Allison
Subject: Fw: Opioid Treament Needs in Wayne County, Indiana

I wanted to be sure you saw this; please note the statistics in this email. Can you imagine how helpful it would be for a pregnant mother to be have a successful detox and cope with her pregnanacy without the pain of chronic addiction. The DCS piece of our pilot will be crucial for this to happen. This breaks my heart.

From: Suttle, Lisa <Lisa.Suttle@reidhealth.org>
Sent: Wednesday, July 27, 2016 5:03 PM
To: Moore, Kevin B; Hill, John (GOV); jwmerritt49@[redacted]
Cc: Robb Backmeyer; Shipman, Micahel; Gerard.Cyranowski@meridianhs.org
Subject: RE: Opioid Treament Needs in Wayne County, Indiana

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Hello Kevin,

Thank you for the reply.

From a local level, we are very appreciative of the attention and funding that is being provided from the state level. As you may know, we have been working on our opiate problem within our county for a couple years now, specifically with the Heroin is Here groups and initiatives. We have seen some progress related to awareness, education and treatment options, but still struggle with funding for those patients who are not involved in the legal system, do not have insurance and/or treatment options are not covered such as with the Bridge device.

Alkermes has been able to provide us with samples for the first Vivitrol injection which has been very helpful (pre-auth is required and takes time). Innovation Health Solutions, Inc., have provided a couple of the Bridge devices as well for our pilot program. Both of these treatment options are only successful when wraparound services are provided. We want to increase our services for these patients, but struggle with supporting it financially if the funding is not available.

Our Bridge device pilot program is going very well. Our first case was very successful. The patient was able to get through the detox, work at his factory job, and receive his first injection of Vivitrol a week after the Bridge device was placed. These services were all provided on an outpatient basis. Relapse is still a risk for him, but he is on the right track with all the services and support that is being provided at this time.

We receive calls every day asking if we can help someone who is struggling with addiction.

Our hospital/community stats include:

NAS (Neonatal Abstinence Syndrome) Babies –
- -2010: 1
- -2011: 4
- -2012: 15
- -2013: 11
- -2014: 31
- -2015: 54

-2016: 34 (YTD – June 30, 2016)

911 calls related "complaint of overdose"
-2013: 151
-2014: 143
-2015: 124
-2016: 115 (YTD – June 30, 2016)

Narcan use in our emergency room –
-over the last 8 months, Narcan has been used 79 times in our ED. An average of 10 times per month. This does not include the cases where Narcan is used by EMS before the patient is brought to the ED, that number is much higher. ED physicians report at least one per day. Not all are called to 911.

I know our stats may be no different than other counties in Indiana (worse or better), but felt it was important to share what we are seeing. If there is any additional information I can provide or if you have any questions, please feel free to contact me anytime.

Thank you for your time and again for all of the attention and support that has been given from the state level regarding this epidemic.

Lisa Suttle
Director, Psychiatric Service Line
Reid Health - Right beside you.
1100 Reid Parkway / Richmond, IN 47374
Lisa.Suttle@ReidHealth.org
Office: (765) 983-3450 /Fax: (765) 983-7970
ReidHealth.org

From: Moore, Kevin B [mailto:Kevin.Moore@fssa.IN.gov]
Sent: Tuesday, July 26, 2016 11:44 AM
To: Suttle, Lisa; Hill, John (GOV); jwmerritt49@[redacted]
Cc: Robb Backmeyer; Shipman, Micahel; Gerard.Cyranowski@meridianhs.org
Subject: RE: Opioid Treament Needs in Wayne County, Indiana

Lisa

Thank you for your interest and support for opiate addiction treatment. I am humbled by the ongoing dedication to providing treatment options for persons seeking to detox and recover from addiction. There is a great deal of activity around the state that now presents more options and support for recovery. The vast majority of these efforts are locally driven and implemented.

It is apparent that the use of the Bridge device to help alleviate some of the pain and discomfort of opiate withdrawal is growing. Because of the potential relief this device can bring, the Family and Social Services Administration, Division of Mental Health and Addiction has determined to support the implant cost and device cost through our forensic treatment program, Recovery Works.

Recovery Works provides funding for persons in the criminal justice system (felons) to receive mental health and addiction treatment. In the first year, over 3000 persons benefitted from this funding and received treatment and support services.

The Recovery Works staff is drafting the service protocols and payment mechanism needed to provide oversight of these funds. We anticipate having these in draft form by September 1, 2016 and to roll out provider information and training in October 2016.

Please keep in mind the limitations of the Recovery Works funds as they are statutorily targeted to persons with a felony who are currently under community supervision. We look forward to making these funds available to assist persons recover from opiate addiction.

Kevin Moore, Director
Division of Mental Health and Addiction
Family and Social Services Administration

From: Suttle, Lisa [mailto:Lisa.Suttle@reidhealth.org]
Sent: Tuesday, July 26, 2016 11:34 AM
To: Moore, Kevin B <Kevin.Moore@fssa.IN.gov>; Hill, John (GOV) <jhill@gov.in.gov>; jwmerritt49@[redacted]
Cc: Robb Backmeyer <Robb.Backmeyer@centerstone.org>; Shipman, Micahel <mshipman@co.wayne.in.us>; Gerard.Cyranowski@meridianhs.org
Subject: Opioid Treament Needs in Wayne County, Indiana

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Good Morning,

As agencies and concerned citizens of Wayne County, Indiana, we would like to send this email regarding the need for opiate treatment options in our community.

Reid Health, Centerstone, Meridian and the Judicial agencies in Wayne County are working together to combat our opiate epidemic. In order to provide treatment for people who are addicted to opiates, funding is needed for the Bridge device and other services that may not be covered by insurance companies. Within each agency that provides substance abuse services, a tracking system is utilized to follow the patient through the continuum of care. HIPAA guidelines are followed to protect the patient's privacy.

Please feel free to contact any of us with questions.

Robb Backmeyer, COO, Centerstone
Gerry Cyranowski, VP, Meridian
Mike Shipman, Wayne County Prosecutor
Lisa Suttle, Director of Psychiatric Services, Reid Health

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Friday, July 22, 2016 10:05 AM
To: Bonaventura, Mary Beth
Cc: Moore, Kevin B;Karns, Allison;McGuffee, Tyler Ann;Schilb, Veronica J;Jim Merritt - Indiana State Senate (jwmerritt49@[redacted])
Subject: Detox Pilot Program Expansion
Attachments: Detox, Treatment, and Recovery Programs.pdf; ATT00001.htm

Judge Bonaventura:
Attached is the expanded list of counties which have already expressed an interest in the Union County model as presented to the drug task force last month.

Thank you for speaking with me yesterday regarding potential funding support for a pilot program involving detox for substance abuse in our state.

Kevin Moore met with his leadership this week, and while "the bridge" device is not an eligible expense under the current payment schedule for Medicaid or HIP 2.0, they are going to allow it to be reimbursed using Recovery Works funding.

Recovery Works funding statutorily provides for assistance to local communities to address substance abuse and mental health treatment; however, it must be used for *felons* being returned to the community rather than incarceration in the Department of Corrections. Ideally, we would prefer to see an individual involved in detox, treatment and long-term recovery prior to a felonious act.

You indicated in our discussion that you would have your CFO contact the appropriate person in DMHA to develop an MOU that would allow for your identified funding to be used. Ideally, eligible activities for detox under the pilot program would be funded using Recovery Works. In those instances when alternate funding must be used, the ineligible expense would be identified by the Recovery Works staff and through the MOU between DCS and DMHA, payment made using DCS funding.

Thank you for the work you are doing to support this crucial matter. I'm excited that we will be able to evaluate these detox protocols and obtain more data that will allow for policy decisions going forward.

Kevin Moore's staff is working on developing guidelines for detox procedures and I would like to see all this ready for implementation not later than September 1 (which is what Kevin thought was a reasonable start date).

Thank you.
John

1. UNION COUNTY (Liberty, IN)

Directors/Contacts:	Jeff Mathews and Alvin Day
Location:	Union County Health Building
Bridge and Vivitrol:	Union County Community Health Building
Counseling:	Centerstone and Meridian
Needs:	Bridge funding, nurse practitioner pay for 4 hours per week, and NP pay ($50/hour)
Notes:	Bridge and Vivitrol will be given in the county health building and the counseling will be done down the street at Meridian and Centerstone.

2. SCOTT COUNTY (Austin, IN)

Directors/Contacts:	Mike Everett and Lori Croasdell
Location:	Life Springs
Bridge and Vivitrol:	Life Springs
Counseling:	Life Springs
Needs:	Bridge funding
Notes:	All services will be performed in one location. Dr. Cook's office is also an option for a 2nd location. Scott County is ready to advertise now.

3. RANDOLPH COUNTY (Winchester, IN)

Directors/Contacts:	Todd Longfellow
Location:	St. Vincent Winchester
Bridge and Vivitrol:	St. Vincent Winchester
Counseling:	Meridian for children, Centerstone for adults
Needs:	Bridge funding
Notes:	Randolph County has a tracking program in place so we can know how these patients are doing 3, 6, 9 months from now, etc.

4. WAYNE COUNTY (Richmond, IN)

Directors/Contacts:	Craig Kinyon, Lisa Suttle, and Sheila Dunn
Location:	Reid Hospital
Bridge and Vivitrol:	Reid Hospital
Counseling:	Reid Hospital
Needs:	Bridge funding
Notes:	One-stop location for the patient

5. DEARBORN COUNTY (Lawrenceburg, IN)

Directors/Contacts:	Angela Scudder
Location:	Dearborn County Hospital
Bridge and Vivitrol:	Dearborn County Hospital
Counseling:	Dearborn County Hospital
Needs:	Bridge funding and possible funding for physician time
Notes:	One-stop location for the patient

6. SHELBY COUNTY (Shelbyville, IN)

Directors/Contacts:	Dr. Drew Trobridge
Location:	Major Hospital
Bridge and Vivitrol:	Major Hospital
Counseling:	Centerstone
Needs:	Bridge funding. Dr. Trobridge funding ($200/patient)
Notes:	Dr. Trobridge and the CEO of Major Hospital are very committed and excited to provide this program

7. FAYETTE COUNTY (Connersville, IN)

Directors/Contacts:	Randy White
Location:	Fayette Hospital
Bridge and Vivitrol:	Fayette Hospital
Counseling:	Fayette Hospital
Needs:	Bridge funding
Notes:	One-stop location for patients. Randy White, CEO of Fayette is very excited about this

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Friday, July 22, 2016 10:05 AM
To: Bonaventura, Mary Beth
Cc: Moore, Kevin B;Karns, Allison;McGuffee, Tyler Ann;Schilb, Veronica J;Jim Merritt - Indiana State Senate (jwmerritt49@[redacted])
Subject: Detox Pilot Program Expansion
Attachments: Detox, Treatment, and Recovery Programs.pdf; ATT00001.htm

Judge Bonaventura:
Attached is the expanded list of counties which have already expressed an interest in the Union County model as presented to the drug task force last month.

Thank you for speaking with me yesterday regarding potential funding support for a pilot program involving detox for substance abuse in our state.

Kevin Moore met with his leadership this week, and while "the bridge" device is not an eligible expense under the current payment schedule for Medicaid or HIP 2.0, they are going to allow it to be reimbursed using Recovery Works funding.

Recovery Works funding statutorily provides for assistance to local communities to address substance abuse and mental health treatment; however, it must be used for *felons* being returned to the community rather than incarceration in the Department of Corrections. Ideally, we would prefer to see an individual involved in detox, treatment and long-term recovery prior to a felonious act.

You indicated in our discussion that you would have your CFO contact the appropriate person in DMHA to develop an MOU that would allow for your identified funding to be used. Ideally, eligible activities for detox under the pilot program would be funded using Recovery Works. In those instances when alternate funding must be used, the ineligible expense would be identified by the Recovery Works staff and through the MOU between DCS and DMHA, payment made using DCS funding.

Thank you for the work you are doing to support this crucial matter. I'm excited that we will be able to evaluate these detox protocols and obtain more data that will allow for policy decisions going forward.

Kevin Moore's staff is working on developing guidelines for detox procedures and I would like to see all this ready for implementation not later than September 1 (which is what Kevin thought was a reasonable start date).

Thank you.
John

1. UNION COUNTY (Liberty, IN)

Directors/Contacts:	Jeff Mathews and Alvin Day
Location:	Union County Health Building
Bridge and Vivitrol:	Union County Community Health Building
Counseling:	Centerstone and Meridian
Needs:	Bridge funding, nurse practitioner pay for 4 hours per week, and NP pay ($50/hour)
Notes:	Bridge and Vivitrol will be given in the county health building and the counseling will be done down the street at Meridian and Centerstone.

2. SCOTT COUNTY (Austin, IN)

Directors/Contacts:	Mike Everett and Lori Croasdell
Location:	Life Springs
Bridge and Vivitrol:	Life Springs
Counseling:	Life Springs
Needs:	Bridge funding
Notes:	All services will be performed in one location. Dr. Cook's office is also an option for a 2nd location. Scott County is ready to advertise now.

3. RANDOLPH COUNTY (Winchester, IN)

Directors/Contacts:	Todd Longfellow
Location:	St. Vincent Winchester
Bridge and Vivitrol:	St. Vincent Winchester
Counseling:	Meridian for children, Centerstone for adults
Needs:	Bridge funding
Notes:	Randolph County has a tracking program in place so we can know how these patients are doing 3, 6, 9 months from now, etc.

4. WAYNE COUNTY (Richmond, IN)

Directors/Contacts:	Craig Kinyon, Lisa Suttle, and Sheila Dunn
Location:	Reid Hospital
Bridge and Vivitrol:	Reid Hospital
Counseling:	Reid Hospital
Needs:	Bridge funding
Notes:	One-stop location for the patient

5. DEARBORN COUNTY (Lawrenceburg, IN)

Directors/Contacts:	Angela Scudder
Location:	Dearborn County Hospital
Bridge and Vivitrol:	Dearborn County Hospital
Counseling:	Dearborn County Hospital
Needs:	Bridge funding and possible funding for physician time
Notes:	One-stop location for the patient

6. SHELBY COUNTY (Shelbyville, IN)

Directors/Contacts:	Dr. Drew Trobridge
Location:	Major Hospital
Bridge and Vivitrol:	Major Hospital
Counseling:	Centerstone
Needs:	Bridge funding. Dr. Trobridge funding ($200/patient)
Notes:	Dr. Trobridge and the CEO of Major Hospital are very committed and excited to provide this program

7. FAYETTE COUNTY (Connersville, IN)

Directors/Contacts:	Randy White
Location:	Fayette Hospital
Bridge and Vivitrol:	Fayette Hospital
Counseling:	Fayette Hospital
Needs:	Bridge funding
Notes:	One-stop location for patients. Randy White, CEO of Fayette is very excited about this

Scott.A.Milkey

From: Kidwell, Jenny <jenny.kidwell@courts.IN.gov>
Sent: Monday, July 11, 2016 12:35 PM
To: Alderete, Hilary;Basinger, James;Bauer, Jenny;Brady, Linda;Braun, Deborah L;Brooks, Matthew G;Cappa, Jeff F.;Cook, Terry E;Cozad, Sara;Cunningham, Chris;Ferguson, Jon;Forkner, Justin;Garner, Aaron;Goodman, Michelle;Heath, Dave;Hill, John (GOV);Hudson, Mary Kay;Karns, Allison;Kerl, Christine;Kidwell, Jenny;Koester, Randy;Landis, Larry (llandis@[redacted];Lanham, Julie (COA);Lemmon, Bruce;Luce, Steve;McCaffrey, Steve;Mcdonald, Devon;McQueen, Adam;Moore, Kevin B;Murtaugh, David;Naylor, Christopher W (Chris);Powell, David N;Reynolds, David;Rivera, Krista L;Seigel, Jane;Sobecki, Ron;Steuerwald, Greg;Daugird, Yvonne;Watson, William;Wilson, Bill
Subject: FW: IDOC July 2016 Population Report
Attachments: Indiana Department of Correction July 2016 Total Population Summary.pdf; HEA 1006 _One Page Summary July 2016.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Jane asked that all participants receive a copy of these reports.

From: Lemmon, Bruce [mailto:BLemmon@idoc.IN.gov]
Sent: Friday, July 8, 2016 3:21 PM
To: Lemmon, Bruce <blemmon@idoc.in.gov>
Subject: IDOC July 2016 Population Report

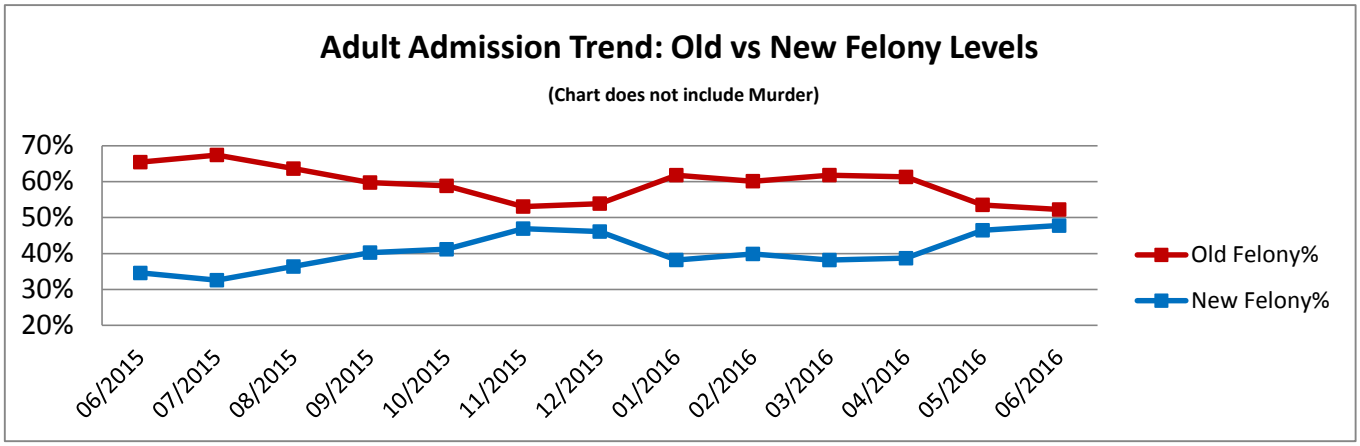
Greetings,

Members of the State Budget Committee and Justice Reinvestment Advisory Council –

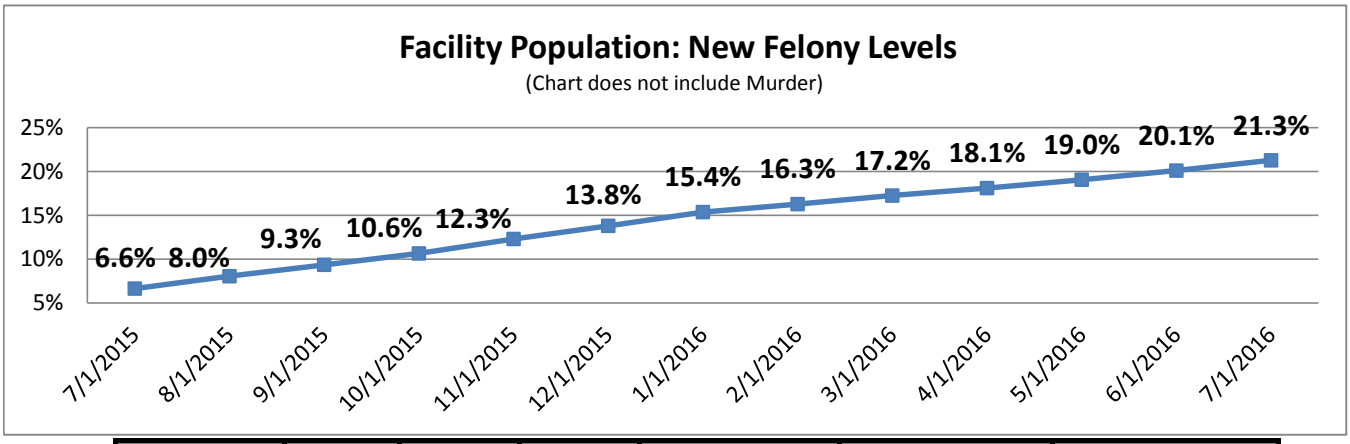
Per HEA1006-2015, the Department of Correction is required to submit to you the attached population report. Please let us know if you have any questions.

BCL

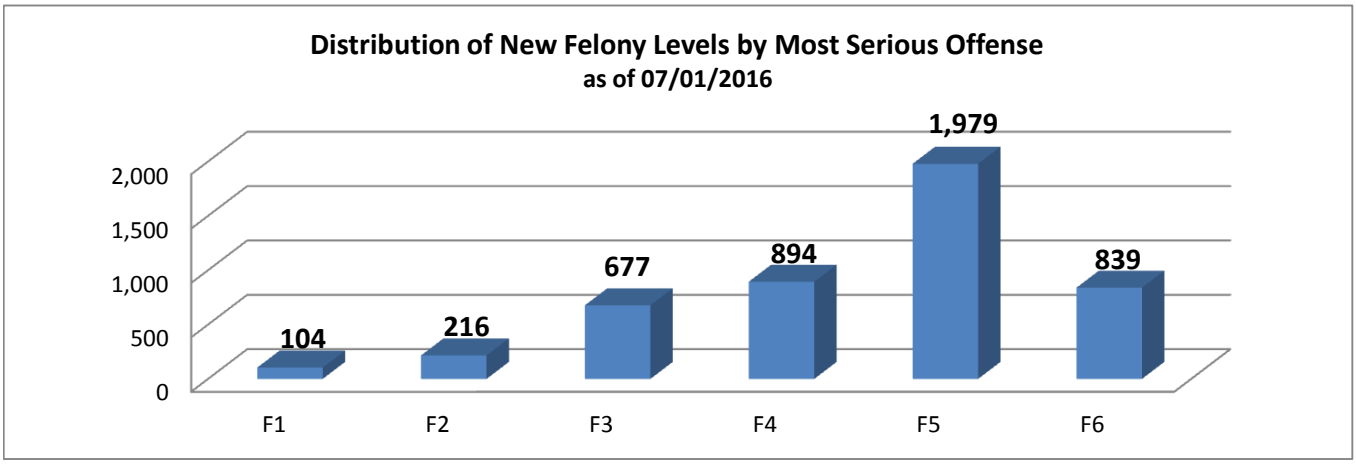
INDIANA DEPARTMENT OF CORRECTION
HEA 1006: Summary Report for July 2016



Month	Old	New	Murder	Total	Old Felony%	New Felony%
05/2016	545	473	6	1,024	53.5%	46.5%
06/2016	501	458	7	1,024	53.5%	46.5%



Date	Old	New	Murder	Total	Old Felony%	New Felony%
6/1/2016	18,732	4,709	2,445	25,886	79.9%	20.1%
7/1/2016	18,284	4,936	2,452	25,672	78.7%	21.3%



May Admissions:
7 Missing Sentencing Data

Comparisons include grouping
Old A-D Offenses Vs. New 1-6 Offenses

Total Population:
19 Missing Data or HO Offenses

Indiana Department of Correction

July 2016

Offender Population Report

Prepared for the Justice Reinvestment Advisory Council
and State Budget Committee

Bruce Lemmon, Commissioner

TABLE OF CONTENTS

DOC Monthly Admissions - Adult Offenders 1

Current Adult Offenders, by County of Commit 4

Population Trend Graphs 6

DOC Adult Offenders – Facility Breakdowns, 8
by highest Felony Classification

DOC Adult Offenders – Most Serious Offense, 10
Alphabetical by highest Felony Classification

DOC Adult Offenders – Most Serious Offense, Ranked 14
by highest Felony Classification

Appendix – DOC Facilities – Felony Breakdowns 18

INDIANA DEPARTMENT OF CORRECTION

for July 2016

June 2016 Admissions

by Most Serious Offense

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Resulting in Serious Injury or Death	.	.	.	.	.	.	.	.	.	4	.	4
Aggravated Battery	.	.	3	.	.	.	.	5	.	.	.	8
Aiding Inducing/Causing An Offense	.	.	2	2	.	.	1	3	1	4	.	13
Arson	.	.	2	.	.	.	.	.	2	.	.	4
Assisting A Criminal	.	.	.	.	.	.	.	.	.	1	.	1
Attempt To Commit Felony	.	2	5	3	.	2	.	.	.	4	.	16
Auto Theft, Receiving Stolen Auto Parts	.	.	.	3	2	.	.	.	.	.	3	8
Battery	.	1	2	17	1	.	.	1	.	41	2	65
Burglary	.	.	43	21	.	1	8	.	23	34	.	130
Carjacking	.	.	1	.	.	.	.	.	.	.	.	1
Carrying Handgun Without License	.	.	.	4	.	.	.	.	.	.	.	4
Child Molesting	.	8	11	12	.	9	.	4	7	.	.	51
Child Seduction	.	.	.	.	.	.	.	.	.	1	.	1
Conspiracy	.	.	5	1	.	.	.	.	1	3	.	10
Controlled Substance Registration	.	.	.	1	2	.	.	.	.	.	.	3
Corrupt Business Influence	.	.	.	3	.	.	.	.	.	2	.	5
Criminal Confinement	.	.	3	4	1	.	.	2	.	5	1	16
Criminal Deviate Conduct	.	2	1	.	.	.	.	.	.	.	.	3
Criminal Recklessness	.	.	.	2	1	.	.	.	.	6	.	9
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	1	.	1
Dealing In Cocaine Or Narcotic Drug	.	10	29	.	.	.	8	4	9	10	.	70
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Methamphetamine	.	1	21	.	.	.	6	9	11	26	.	74
Dealing In Schedule IV Controlled Substance	.	.	1	5	.	.	.	.	.	1	.	7
Dealing In a Schedule I, II, or III Controlled Substance	.	2	12	.	.	.	.	.	2	1	.	17
Disarming A Law Enforcement Officer	.	.	.	1	.	.	.	.	.	1	.	2
Domestic Battery	.	.	.	.	5	.	.	.	.	.	.	5
Escape	.	.	.	.	.	.	.	.	.	1	1	2
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	1
Fail To Stop At An Accident/Sbi/Prior	.	.	.	.	.	.	.	1	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	1	.	.	.	.	.	8	.	9
Failure To Return Lawful Detention/Escape	.	.	.	4	2	.	.	.	.	.	.	6
Firearm Within 1 Mile School Property Without License	.	.	.	6	.	.	.	.	.	.	.	6
Forgery,Counterfeiting,Application Fraud	.	.	.	19	.	.	.	.	.	.	1	20
Fraud	.	.	.	.	3	.	.	.	.	.	.	3
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	1	.	2

Note: 7 current admissions have missing sentencing data due to processing or safekeepers.

INDIANA DEPARTMENT OF CORRECTION

for July 2016

June 2016 Admissions

by Most Serious Offense

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	11	.	11
Incest	.	.	1	1	.	.	.	.	.	.	.	2
Intimidation	.	.	.	1	1	.	.	.	.	9	.	11
Invasion Of Privacy	.	.	.	.	1	.	.	.	.	.	1	2
Kidnapping	.	.	.	.	.	.	1	.	.	.	.	1
Maintaining Common Nuisance	.	.	.	.	5	.	.	.	.	.	.	5
Murder	7	.	.	.	.	.	.	.	.	.	.	7
Neglect Of A Dependent	.	.	2	2	1	.	.	.	.	.	.	5
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	1
Neglect Of Dependent Resulting In Death	.	.	.	.	.	1	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	6	7	.	.	.	.	.	.	13
Operate Vehicle After Suspended For Life	.	.	.	8	.	.	.	.	.	15	.	23
Operating Vehicle - Schedule I Or II Control Substance	.	.	.	.	1	.	.	.	.	.	.	1
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	2	.	.	3
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	2	.	.	.	.	2	.	4
Operating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	1
Operating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	2	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	7	.	.	.	.	.	4	11
Operating Vehicle-Habit Traffic Violator	.	.	.	1	7	.	.	.	.	.	.	8
Perform Sex Conduct In Presence Of Minor	.	.	.	.	.	.	.	.	.	.	1	1
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	1	2
Possession Of A Controlled Substance	.	.	.	4	8	.	.	.	.	.	.	12
Possession Of A Destructive Device	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	.	2	5	4	.	.	.	2	6	1	20
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	3	.	.	.	.	.	.	3
Possession Of Methamphetamine	.	.	3	3	4	.	.	1	1	5	6	23
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Syringes Or Needles	.	.	.	.	1	.	.	.	.	1	4	6
Possession Or Use Of Legend Drug	.	.	.	1	1	.	.	.	.	.	.	2
Promoting Prostitution Under Age 18	.	.	1	.	.	.	.	.	.	.	.	1
Rape	.	2	4	.	.	1	.	2	.	.	.	9
Reckless Homicide	.	.	.	3	.	.	.	.	.	2	.	5
Residential Entry	.	.	.	.	1	.	.	.	.	.	.	1
Resisting Law Enforcement	.	.	.	.	3	.	.	.	.	.	1	4
Robbery	.	1	17	6	.	.	.	31	.	18	.	73

Note: 7 current admissions have missing sentencing data due to processing or safekeepers.

INDIANA DEPARTMENT OF CORRECTION

for July 2016

June 2016 Admissions

by Most Serious Offense

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Security Fraud	.	.	1	.	.	.	.	.	.	.	.	1
Sexual Battery	.	.	.	.	1	.	.	.	.	.	1	2
Sexual Misconduct With A Minor	.	.	5	3	1	.	.	.	5	3	.	17
Stalking	.	.	.	.	.	.	.	.	.	1	.	1
Strangulation	.	.	.	.	2	.	.	.	.	.	1	3
Theft,Receiving Stolen Property	.	.	.	.	34	.	.	.	.	.	21	55
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	2	.	3
Unlawful Firearm Poss By Serious Felon	.	.	13	.	.	.	.	.	8	.	.	21
Viol/Failure Of Carriers Duty To Warn	.	.	.	.	1	.	.	.	.	.	.	1
Violation Of Custody Order	.	.	.	.	1	.	.	.	.	.	.	1
Voluntary Manslaughter	.	4	.	.	.	.	.	.	.	.	.	4
Welfare Fraud	.	.	.	1	.	.	.	.	.	.	.	1
Total	7	33	192	159	117	14	24	64	74	230	52	966

Note: 7 current admissions have missing sentencing data due to processing or safekeepers.

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by County of Commitment
for July 2016
snapshot date: 07/01/2016

County of Commit	Department of Correction	**Community Corrections Programs	Local Jail Holds		COUNTY TOTALS
			DOC Contract	Statutorily Mandated	
Adams	143	105	4	0	252
Allen	1,483	663	17	82	2,245
Bartholomew	286	339	4	18	647
Benton*	19	0	0	1	20
Blackford	71	76	5	5	157
Boone	145	65	4	5	219
Brown	40	22	1	0	63
Carroll*	54	0	0	0	54
Cass	178	119	1	0	298
Clark	240	91	2	3	336
Clay	56	122	4	8	190
Clinton	146	71	2	11	230
Crawford	35	47	0	0	82
Daviess	90	202	4	0	296
Dearborn	404	180	6	28	618
Decatur	120	316	0	4	440
DeKalb	138	138	0	9	285
Delaware	406	777	0	0	1,183
Dubois	89	232	0	0	321
Elkhart	1,585	361	11	34	1,991
Fayette	183	107	7	12	309
Floyd	218	121	2	48	389
Fountain	39	48	1	3	91
Franklin*	93	0	2	10	105
Fulton	95	17	4	0	116
Gibson	104	50	1	0	155
Grant	410	154	6	31	601
Greene	129	72	1	0	202
Hamilton	350	240	1	64	655
Hancock	128	1,134	2	38	1,302
Harrison	119	0	1	5	125
Hendricks	221	104	8	95	428
Henry	244	67	1	0	312
Howard	333	447	9	31	820
Huntington	340	63	2	39	444
Jackson	212	76	3	9	300
Jasper	66	92	0	0	158
Jay	185	24	1	0	210
Jefferson	230	277	3	10	520
Jennings	142	40	0	13	195
Johnson	337	281	3	28	649

*Counties that are not participating in Community Corrections
** Community Corrections data as of 06/28/16

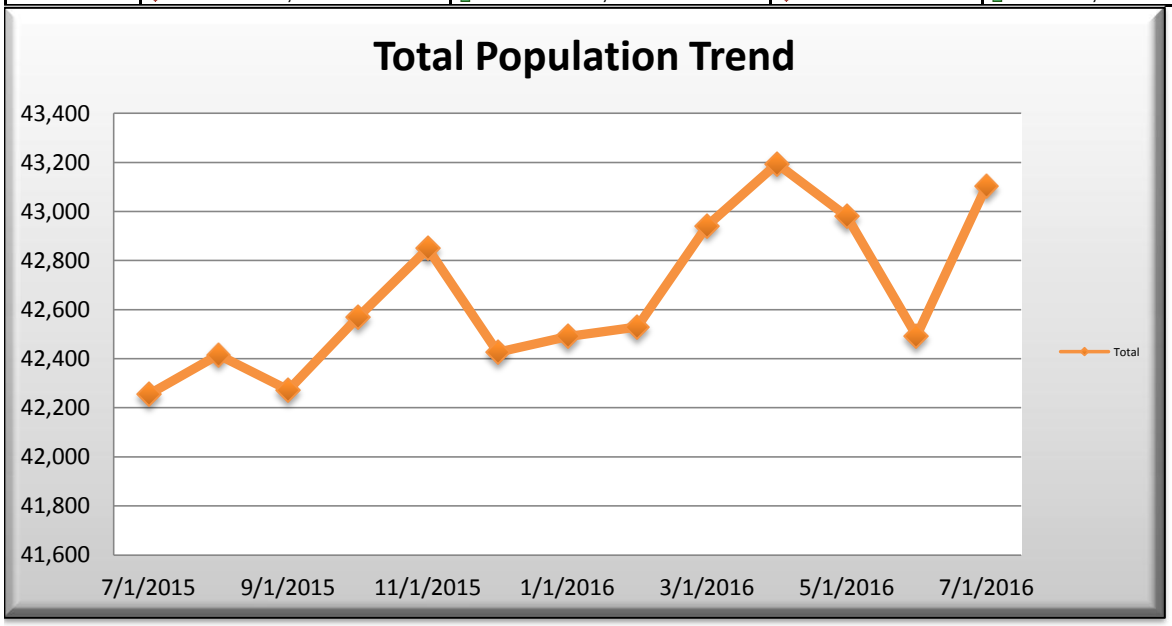
INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by County of Commitment
for July 2016
snapshot date: 07/01/2016

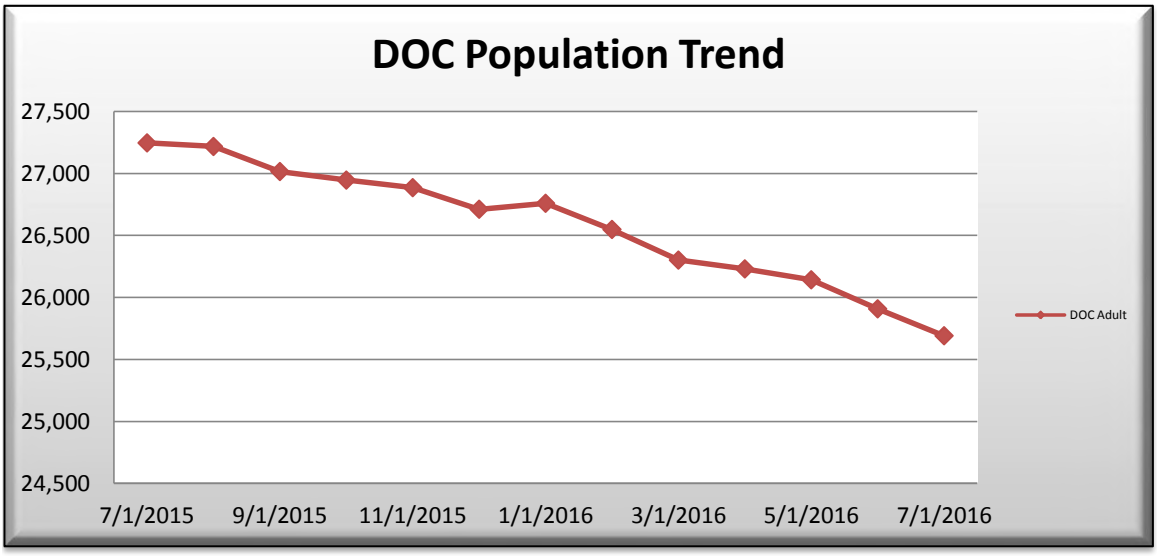
County of Commit	Department of Correction	**Community Corrections Programs	Local Jail Holds		COUNTY TOTALS
			DOC Contract	Statutorily Mandated	
Knox	50	168	1	0	219
Kosciusko	208	1	6	0	215
LaGrange	60	77	0	7	144
Lake	1,177	268	14	0	1,459
LaPorte	393	173	8	3	577
Lawrence	170	250	0	8	428
Madison	1,088	293	5	14	1,400
Marion	5,360	2,679	12	16	8,067
Marshall	141	42	3	14	200
Martin	46	69	0	0	115
Miami	75	42	6	3	126
Monroe	330	349	0	1	680
Montgomery	188	58	0	17	263
Morgan	204	138	3	51	396
Newton*	53	0	0	1	54
Noble	136	450	3	5	594
Ohio	41	10	0	0	51
Orange	57	159	1	0	217
Owen	45	179	0	6	230
Parke	42	12	3	4	61
Perry	54	67	0	8	129
Pike	68	97	0	0	165
Porter	264	100	3	10	377
Posey	101	31	1	10	143
Pulaski	36	6	0	0	42
Putnam	89	60	5	0	154
Randolph	51	68	0	0	119
Ripley	100	54	2	13	169
Rush	78	45	0	9	132
St Joseph	1,042	212	31	81	1,366
Scott	163	108	3	13	287
Shelby	308	165	2	25	500
Spencer	33	117	0	2	152
Starke	104	48	2	0	154
Steuben	119	136	0	0	255
Sullivan	34	31	0	0	65
Switzerland	20	12	0	1	33
Tippecanoe	741	309	8	24	1,082
Tipton	11	8	0	0	19
Union	27	12	1	2	42
Vanderburgh	838	416	13	48	1,315
Vermillion	60	36	1	9	106
Vigo	386	333	3	0	722
Wabash	193	40	4	0	237
Warren	16	20	11	0	47
Warrick	63	17	1	9	90
Washington	117	148	2	0	267
Wayne	475	76	15	25	591
Wells	147	73	2	11	233
White	71	89	1	0	161
Whitley	98	325	3	0	426
Missing	14	0	0	0	14
TOTALS	**25,691**	**16,016**	**302**	**1,094**	**43,103**
			1,396		

*Counties that are not participating in Community Corrections
** Community Corrections data as of 06/28/16

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
Population Trend Summary
for July 2016
snapshot date: 07/01/2016

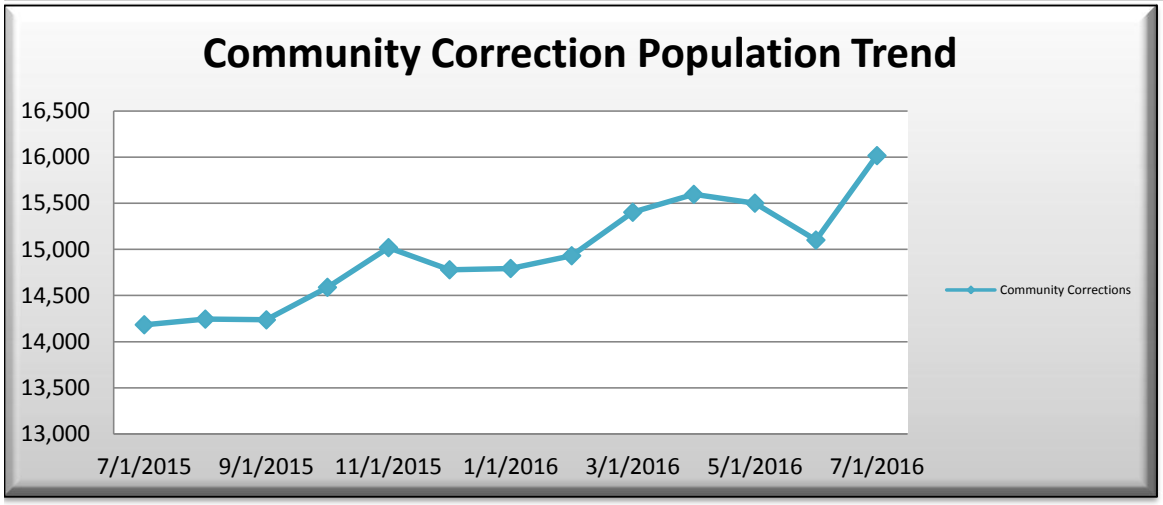
Date	DOC Adult	Community Corrections	Jail DOC Contract	Jail Statutorily Mandated	Total
7/1/2015	27,246	14,183	610	215	42,254
8/1/2015	27,217	14,244	667	288	42,416
9/1/2015	27,015	14,236	694	328	42,273
10/1/2015	26,946	14,589	709	326	42,570
11/1/2015	26,885	15,019	610	335	42,849
12/1/2015	26,711	14,779	569	367	42,426
1/1/2016	26,759	14,793	596	342	42,490
2/1/2016	26,548	14,931	574	476	42,529
3/1/2016	26,301	15,402	539	703	42,942
4/1/2016	26,230	15,596	534	835	43,195
5/1/2016	26,142	15,501	312	1,025	42,980
6/1/2016	25,908	15,101	443	1,041	42,493
7/1/2016	25,691	16,016	302	1,094	43,103

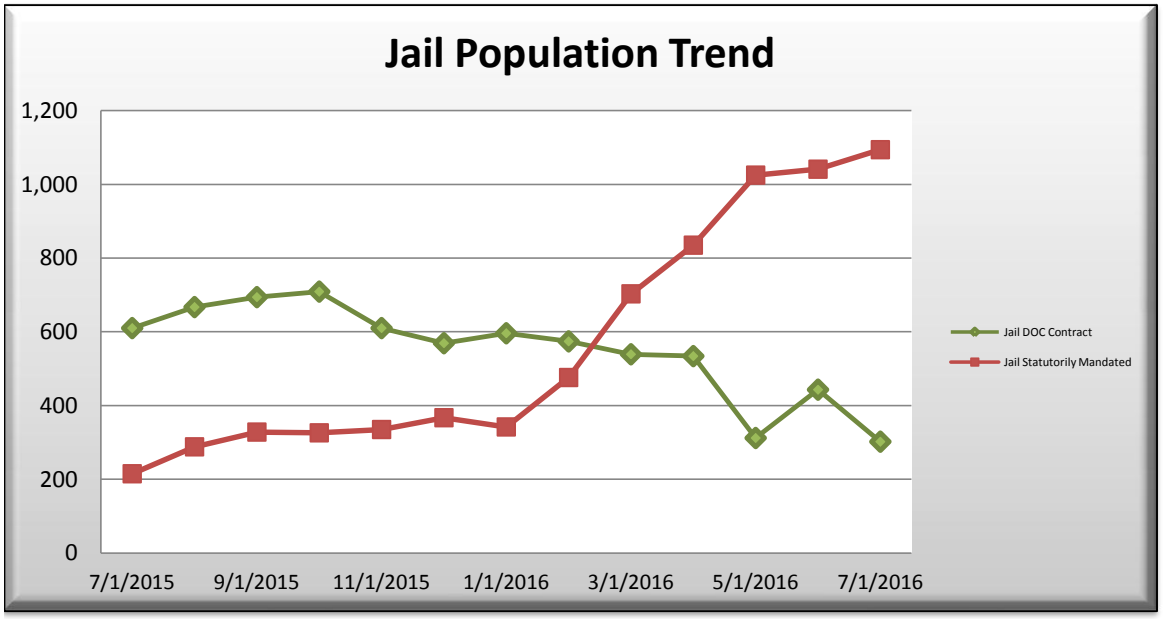




INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
Population Trend Summary
for July 2016
snapshot date: 07/01/2016

Date	DOC Adult	Community Corrections	Jail DOC Contract	Jail Statutorily Mandated	Total
7/1/2015	27,246	14,183	610	215	42,254
8/1/2015	27,217	14,244	667	288	42,416
9/1/2015	27,015	14,236	694	328	42,273
10/1/2015	26,946	14,589	709	326	42,570
11/1/2015	26,885	15,019	610	335	42,849
12/1/2015	26,711	14,779	569	367	42,426
1/1/2016	26,759	14,793	596	342	42,490
2/1/2016	26,548	14,931	574	476	42,529
3/1/2016	26,301	15,402	539	703	42,942
4/1/2016	26,230	15,596	534	835	43,195
5/1/2016	26,142	15,501	312	1,025	42,980
6/1/2016	25,908	15,101	443	1,041	42,493
7/1/2016	25,691	16,016	302	1,094	43,103





INDIANA DEPARTMENT OF CORRECTION
by highest felony classification
for July 2016
snapshot date: 07/01/2016

Minimum Security - Adult MALE															
Facility Name	**Beds**	**Offenders**	**% Capacity**	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**HO**
Chain O'Lakes	129	126	97.7%	.	9	65	19	5	.	.	1	3	22	2	.
Edinburgh	344	324	94.2%	.	25	137	41	29	.	2	2	22	55	11	.
Miami - MCA	204	186	91.2%	8	38	58	17	18	.	.	.	7	32	8	.
New Castle - NCA	204	199	97.5%	.	8	58	24	32	.	.	.	11	54	12	.
Pendleton - IRO	220	184	83.6%	13	31	68	29	11	.	.	.	5	20	7	.
Westville - WCA	379	362	95.5%	1	19	121	46	25	.	.	6	27	87	30	.
Wabash Valley - WVA	198	190	96.0%	.	9	79	23	21	.	1	1	8	35	12	1
Indianapolis Re-Entry	420	311	74.0%	15	70	174	34	1	.	.	.	3	11	3	.
Sub-Total	**2,098**	**1,882**	**89.7%**	**37**	**209**	**760**	**233**	**142**	**0**	**3**	**10**	**86**	**316**	**85**	**1**

Re-Entry & Work Release - Adult MALE															
Facility Name	**Beds**	**Offenders**	**% Capacity**	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**HO**
Bartholomew Co. Re-Entry	25	9	36.0%	.	.	6	1	1	.	.	.	.	.	1	.
Chain O'Lakes Re-Entry	7	3	42.9%	.	.	3	.	.	.	.	.	.	.	.	.
Clark Co. Re-Entry	25	1	4.0%	.	.	1	.	.	.	.	.	.	.	.	.
Duvall Center Re-Entry	50	29	58.0%	1	2	15	7	.	.	.	.	.	2	2	.
Elkhart Co. Re-Entry	20	3	15.0%	.	.	3	.	.	.	.	.	.	.	.	.
Lake Co. Re-Entry	20	2	10.0%	.	.	2	.	.	.	.	.	.	.	.	.
South Bend Re-Entry	172	149	86.6%	3	14	77	20	19	.	.	1	1	7	7	.
VOA/Hope Hall Re-Entry	30	19	63.3%	.	1	12	.	2	.	.	.	1	2	1	.
Starke Co. PI - TC	48	28	58.3%	.	.	4	1	2	.	.	.	8	11	2	.
Sub-Total	**397**	**243**	**61.2%**	**4**	**17**	**123**	**29**	**24**	**0**	**0**	**1**	**10**	**22**	**13**	**0**

Medium Security - Adult MALE															
Facility Name	**Beds**	**Offenders**	**% Capacity**	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**HO**
Branchville	1,485	1,154	77.7%	9	44	518	146	71	.	11	47	95	163	50	.
Correctional Industrial	1,449	1,396	96.3%	101	425	619	101	20	1	33	38	22	22	14	.
Indiana State Prison ISO	385	235	61.0%	20	55	86	35	7	.	.	3	3	15	11	.
Plainfield	1,696	1,619	95.5%	35	133	653	248	96	.	13	64	102	197	78	.
Putnamville	2,504	2,094	83.6%	31	126	858	309	99	.	37	123	133	274	103	.
Heritage Trail	868	794	91.5%	1	4	245	136	99	.	5	30	46	169	58	1
Westville	2,941	2,417	82.2%	32	147	941	368	157	.	11	107	145	362	145	2
New Castle	2,431	2,409	99.1%	17	699	1,014	361	45	2	2	57	90	98	24	.
Sub-Total	**13,759**	**12,118**	**88.1%**	**246**	**1,633**	**4,934**	**1,704**	**594**	**3**	**112**	**469**	**636**	**1,300**	**483**	**3**

Note: 15 offenders have missing sentencing data due to processing or are safekeepers

INDIANA DEPARTMENT OF CORRECTION
by highest felony classification
for July 2016
snapshot date: 07/01/2016

Maximum Security - Adult MALE															
Miami	2,984	2,856	95.7%	161	864	1,234	208	43	33	68	99	46	74	23	.
Indiana State Prison	2,067	1,928	93.3%	706	767	360	33	9	24	7	9	5	4	3	.
Pendleton	1,353	1,284	94.9%	444	538	225	29	5	11	8	4	3	10	5	.
Pendleton Treatment Unit	298	176	59.1%	41	42	55	13	5	3	1	5	1	7	2	.
ISR Secure Housing Unit	69	44	63.8%	14	8	18	2	.	.	.	.	.	2	.	.
New Castle Annex	486	439	90.3%	58	123	189	53	4	.	.	2	2	5	3	.
New Castle Mental Health	128	121	94.5%	15	32	37	19	4	.	.	2	2	6	2	.
WCU Secure Housing Unit	110	105	95.5%	15	17	48	14	3	.	.	4	1	1	2	.
Wabash Valley	1,784	1,666	93.4%	542	675	311	50	8	30	6	14	7	15	5	.
WVS Secure Housing Unit	216	140	64.8%	36	30	60	8	1	.	.	1	2	1	1	.
Sub-Total	**9,495**	**8,759**	**92.2%**	**2,032**	**3,096**	**2,537**	**429**	**82**	**101**	**90**	**140**	**69**	**125**	**46**	**0**

Intake Facility - Adult MALE															
Reception Diag. Center	695	430	61.9%	6	23	95	62	38	9	11	25	24	113	24	.
Sub-Total	**695**	**430**	**61.9%**	**6**	**23**	**95**	**62**	**38**	**9**	**11**	**25**	**24**	**113**	**24**	**0**

Minumum Security & Re-Entry - Adult FEMALE															
Facility Name	**Beds**	**Offenders**	**% Capacity**	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**HO**
Madison	662	537	81.1%	1	27	213	70	52	.	4	11	50	74	35	.
Brandon Hall Re-Entry	27	26	96.3%	.	1	10	9	3	.	.	.	1	1	1	.
Crane House	25	22	88.0%	.	1	6	4	7	.	.	.	.	2	2	.
Jefferson Co. Re-Entry	58	35	60.3%	1	3	20	3	4	.	.	.	.	.	4	.
Theodora House	8	7	87.5%	.	1	3	.	2	.	.	.	.	1	.	.
VOA/Evansville/Female	20	2	10.0%	.	.	2	.	.	.	.	.	.	.	.	.
Sub-Total	**800**	**629**	**78.6%**	**2**	**33**	**254**	**86**	**68**	**0**	**4**	**11**	**51**	**78**	**42**	**0**

Medium Security - Adult FEMALE															
Facility Name	**Beds**	**Offenders**	**% Capacity**	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**HO**
Rockville	981	933	95.1%	50	157	317	96	69	3	11	44	44	92	49	.
Sub-Total	**981**	**933**	**95.1%**	**50**	**157**	**317**	**96**	**69**	**3**	**11**	**44**	**44**	**92**	**49**	**0**

Maximum Security - Adult FEMALE															
Women's Prison	631	597	94.6%	75	89	174	83	43	2	7	18	20	50	35	.
Rockville Intake	288	100	34.7%	.	3	15	13	19	.	2	10	7	23	8	.
Sub-Total	**919**	**697**	**75.8%**	**75**	**92**	**189**	**96**	**62**	**2**	**9**	**28**	**27**	**73**	**43**	**0**

TOTAL	**28,449**	**25,691**	**90.3%**	**2,452**	**5,260**	**9,209**	**2,735**	**1,079**	**118**	**240**	**728**	**947**	**2,119**	**785**	**4**

Note: 15 offenders have missing sentencing data due to processing or are safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Alphabetical
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	5	1	1	.	.	.	1	9	.	.	17
Aggravated Battery	.	.	296	.	.	1	.	78	.	.	.	.	375
Aiding Inducing/Causing An Offense	.	53	106	16	2	2	4	14	12	25	.	.	234
Aiding in Manufacture of Sch II Controlled Substance	.	.	.	.	.	.	.	.	.	.	1	.	1
Animal Fighting Contest	.	.	.	.	1	.	.	.	.	.	.	.	1
Arson	.	19	82	.	2	.	.	2	17	.	.	.	122
Arson - Pecuniary Loss Gt $250 Lt $5,000	.	.	.	.	.	.	.	.	.	.	1	.	1
Assisting A Criminal	.	.	.	8	2	.	.	.	.	1	2	.	13
Assisting Suicide	.	.	.	1	.	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	575	191	31	7	29	7	18	6	33	4	.	901
Auto Theft, Receiving Stolen Auto Parts	.	.	.	34	17	.	.	.	.	1	50	.	102
Battery	.	24	74	265	26	.	1	18	.	299	38	.	745
Battery By Bodily Waste	.	.	.	3	8	.	.	.	.	.	.	.	11
Battery To A Child Causing Death	.	7	.	.	.	.	.	.	.	.	.	.	7
Bribery	.	.	.	.	.	.	.	.	.	2	.	.	2
Burglary	.	287	1,763	459	.	10	33	6	378	253	.	.	3,189
Carjacking	.	.	65	.	.	.	.	.	.	.	.	.	65
Carrying Handgun Without License	.	.	.	36	.	.	.	.	.	.	.	.	36
Causing Suicide	.	.	1	.	.	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	9	4	.	.	.	.	.	2	.	15
Child Exploitation	.	.	.	14	2	.	.	.	.	5	.	.	21
Child Molesting	.	1,458	529	227	.	50	.	36	52	.	.	.	2,352
Child Seduction	.	.	.	3	1	.	.	.	.	4	1	.	9
Child Solicitation	.	.	.	14	3	.	.	.	5	13	.	.	35
Conspiracy	.	130	158	19	1	2	12	12	13	31	.	.	378
Controlled Substance Registration	.	.	.	4	7	.	.	.	.	1	.	.	12
Conversion	.	.	.	.	.	.	.	.	.	2	1	.	3
Corrupt Business Influence	.	.	.	40	.	.	.	.	.	20	.	.	60
Criminal Confinement	.	.	197	47	9	.	1	40	.	38	1	.	333
Criminal Deviate Conduct	.	143	112	.	.	.	.	.	.	.	.	.	255
Criminal Gang Activity	.	.	.	.	1	.	.	.	.	.	.	.	1
Criminal Recklessness	.	.	.	31	17	.	.	.	.	26	6	.	80
Criminal Trespass	.	.	.	.	2	.	.	.	.	.	2	.	4
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	3	.	.	3
Deal Sub Represented To Be Controled Sub	.	.	.	.	.	.	.	.	.	.	2	.	2
Deal Substance Represented To Be Controlled Substance	.	.	.	.	2	.	.	.	.	.	.	.	2
Dealing In A Schedule V Controlled Subtance	.	.	2	.	.	.	.	.	.	.	.	.	2
Dealing In Cocaine Or Narcotic Drug	.	1,040	1,208	1	.	.	72	52	104	160	.	.	2,637
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	14	8	.	.	.	.	9	4	.	35
Dealing In Methamphetamine	.	274	1,044	.	.	.	59	66	153	208	.	.	1,804
Dealing In Sched Iv Controlled Subtance	.	.	.	.	.	.	.	1	.	.	.	.	1
Dealing In Sched V Controlled Substance	.	.	.	.	.	.	.	.	.	1	.	.	1
Dealing In Schedule IV Controlled Subtance	.	.	23	22	.	.	.	.	.	8	.	.	53

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Alphabetical
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Dealing Possessing Look-Alike Substance	.	.	.	14	.	.	.	.	.	9	2	.	25
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	5	4	9	.	.	.	18
Dealng In a Schedule I, II, or III Controlled Substance	.	112	639	.	.	.	.	.	.	8	2	.	761
Disarming A Law Enforcement Officer	.	.	.	4	.	.	.	.	.	3	.	.	7
Distribute Destructive Device To Minor	.	.	1	.	.	.	.	.	.	.	.	.	1
Domestic Battery	.	.	.	.	40	.	.	.	.	.	25	.	65
Driving After Forfeiture	.	.	.	1	.	.	.	.	.	.	.	.	1
Driving While Intoxicated	.	.	.	.	1	.	.	.	.	.	.	.	1
Driving While Suspended Resulting In Death	.	.	.	1	.	.	.	.	.	.	.	.	1
Dumping Controlled Substance Waste	.	.	.	.	1	.	.	.	.	.	.	.	1
Escape	.	.	.	.	.	.	.	.	2	48	55	.	105
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	4	.	.	1	.	5
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	8	.	.	.	.	.	.	.	.	.	8
Fail To Stop At An Accident/Sbi/Prior	.	.	.	.	2	.	.	.	.	.	.	.	2
Failure Of Sex Offender To Possess Id	.	.	.	.	2	.	.	.	.	.	.	.	2
Failure To Appear	.	.	.	.	1	.	.	.	.	.	2	.	3
Failure To Register As A Sex Offender	.	.	.	56	9	.	.	.	.	91	8	.	164
Failure To Return Lawful Detention/Escape	.	.	13	46	23	.	.	.	.	.	.	.	82
Firearm Within 1 Mile School Property Without License	.	.	.	40	.	.	.	.	.	.	.	.	40
Forgery,Counterfeiting,Application Fraud	.	.	.	344	6	.	.	.	.	.	25	.	375
Fraud	.	.	.	.	14	.	.	.	.	.	13	.	27
Fraud On A Financial Institution	.	.	.	26	.	.	.	.	.	37	.	.	63
Habitual Offender	.	.	.	.	.	.	.	.	.	.	.	2	2
Habitual Offender Substance Abuse	.	.	.	.	3	.	.	.	.	.	.	2	5
Handgun Violation	.	.	.	2	.	.	.	.	.	.	.	.	2
Handgun Violation (Felony Within 15 Yrs)	.	.	.	18	.	.	.	.	.	160	.	.	178
Home Improvement Fraud Enhancement	.	.	.	5	1	.	.	.	.	.	.	.	6
Home Improvement Fraud Offenses	.	.	.	.	3	.	.	.	.	.	.	.	3
Human Sexual Trafficking	.	.	3	.	.	.	.	1	1	.	.	.	5
Identity Deception	.	.	.	.	4	.	.	.	.	.	3	.	7
Illegal Possession Of Firearm By Felon	.	.	.	1	.	.	.	.	.	.	.	.	1
Impersonating A Public Servant	.	.	.	.	.	.	.	.	.	.	1	.	1
Incest	.	.	25	15	.	.	.	.	1	2	.	.	43
Insurance Fraud	.	.	.	1	.	.	.	.	.	.	.	.	1
Interference W/Medical Services	.	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	41	18	.	.	.	.	46	19	.	124
Invasion Of Privacy	.	.	.	.	4	.	.	.	.	.	6	.	10
Involuntary Manslaughter	.	.	.	3	.	.	.	.	.	.	.	.	3
Kidnapping	.	90	.	.	.	.	3	5	.	2	1	.	101
Maintaining Common Nuisance	.	.	.	.	15	.	.	.	.	.	13	.	28
Mischief	.	.	.	1	.	.	.	.	.	.	.	.	1
Murder	2,452	.	.	.	.	.	.	.	.	.	.	.	2,452
Neglect Of A Dependent	.	.	62	19	12	.	.	.	.	5	6	.	104

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Alphabetical
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	23	.	.	.	.	23
Neglect Of Dependent Resulting In Death	.	66	.	.	.	4	.	.	.	.	.	.	70
Non Support Of Dependent Child	.	.	.	86	32	.	.	.	.	2	.	.	120
Obliterating Handgun I.D.	.	.	.	4	.	.	.	.	.	4	.	.	8
Obstruction Of Justice	.	.	.	.	2	.	.	.	.	.	5	.	7
Operate Vehicle After Suspended For Life	.	.	.	167	.	.	.	.	.	213	.	.	380
Operating Vehicle Intoxicated Resulting in Death	.	.	66	8	.	.	.	.	14	13	.	.	101
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	5	6	.	.	.	.	6	2	.	19
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	92	.	.	.	.	2	32	.	126
Operating Vehicle With Schedule I in Body - Causing Death	.	.	.	1	.	.	.	.	.	.	.	.	1
Operating Vehicle-Habit Traffic Violator	.	.	.	2	41	.	.	.	.	.	27	.	70
Opererating Vehicle - Schedule I Or II Control Substance	.	.	.	.	3	.	.	.	.	.	.	.	3
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	22	.	.	.	.	.	.	.	22
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	1	.	.	.	.	.	.	22	.	23
Perform Sex Conduct In Presence Of Minor	.	.	.	.	.	.	.	.	.	.	1	.	1
Perjury	.	.	.	.	.	.	.	.	.	.	1	.	1
Permitting Child To Possess Firearm	.	.	.	1	.	.	.	.	.	.	.	.	1
Possess Chemical Reagents Or Precursors	.	.	.	27	.	.	.	.	.	6	.	.	33
Possess Destructive Device Or Explosive	.	1	.	.	.	.	.	.	.	.	.	.	1
Possess Methamphetamine Without Pay Tax	.	.	.	.	1	.	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	20	.	.	.	.	.	12	.	32
Possession Of A Controlled Substance	.	.	1	45	67	.	.	.	.	.	2	.	115
Possession Of A Destructive Device	.	.	.	1	.	.	.	.	.	.	.	.	1
Possession Of Child Pornography	.	.	.	.	.	.	.	.	.	.	5	.	5
Possession Of Cocaine Or Narcotic Drug	.	76	107	63	35	.	.	9	19	38	45	.	392
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	7	1	.	.	8
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	33	.	.	.	.	.	1	.	34
Possession Of Methamphetamine	.	7	98	31	43	.	.	15	13	48	45	.	300
Possession Of Paraphernalia	.	.	.	.	5	.	.	.	.	.	4	.	9
Possession Of Syringes Or Needles	.	.	.	3	17	.	.	.	.	9	13	.	42
Possession Or Use Of Legend Drug	.	.	.	1	3	.	.	.	.	.	3	.	7
Prescription Fraud	.	.	.	.	1	.	.	.	.	.	.	.	1
Prisoner Poss. Dangerous Device/Material	.	.	11	3	.	.	.	.	.	.	.	.	14
Promoting Prostitution	.	.	.	4	.	.	.	.	.	2	.	.	6

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Alphabetical
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Promoting Prostitution Under Age 18	.	.	7	.	.	.	.	.	.	.	.	.	7
Prostitution	.	.	.	.	.	.	.	.	.	.	2	.	2
Public Indecency	.	.	.	.	.	.	.	.	.	.	2	.	2
Rape	.	278	160	.	.	20	.	24	.	.	.	.	482
Reckless Homicide	.	.	.	29	.	.	.	.	.	13	.	.	42
Removing, Damaging, Or Altering a VIN	.	.	.	1	.	.	.	.	.	.	.	.	1
Residential Entry	.	.	.	.	16	.	.	.	.	.	27	.	43
Resisting Law Enforcement	.	.	7	4	25	.	.	2	.	2	26	.	66
Robbery	.	266	1,291	182	.	.	24	298	.	133	.	.	2,194
Sale Of Unregistered Security	.	.	.	2	.	.	.	.	.	.	.	.	2
Security Fraud	.	.	2	1	.	.	.	.	.	.	.	.	3
Sexual Battery	.	.	.	.	10	.	.	.	2	.	6	.	18
Sexual Misconduct Gov Employe W/Detainee	.	.	.	1	.	.	.	.	.	.	.	.	1
Sexual Misconduct With A Minor	.	4	302	72	2	.	.	.	32	26	.	.	438
Stalking	.	.	4	13	2	.	.	.	2	15	1	.	37
Strangulation	.	.	.	.	17	.	.	.	.	.	14	.	31
Theft,Receiving Stolen Property	.	.	.	7	295	.	.	.	.	4	189	.	495
Trafficking With An Inmate	.	.	.	21	.	.	.	.	.	18	.	.	39
Unlawful Firearm Poss By Serious Felon	.	.	493	.	.	.	.	.	104	.	.	.	597
Unlawful Transfer of Handgun Ownership	.	.	.	.	.	.	.	.	.	1	.	.	1
Uttering Forged Prescription	.	.	.	.	1	.	.	.	.	.	.	.	1
Vicarious Sexual Gratification	.	.	3	3	.	.	.	.	.	.	.	.	6
Viol/Failure Of Carriers Duty To Warn	.	.	.	.	1	.	.	.	.	.	.	.	1
Violation Of 1935 Firearms Act	.	.	.	.	1	.	.	.	.	.	.	.	1
Violation Of Custody Order	.	.	.	.	1	.	.	.	.	.	.	.	1
Voluntary Manslaughter	.	350	50	.	.	.	19	.	.	.	.	.	419
Voyeurism	.	.	.	.	3	.	.	.	.	.	.	.	3
Welfare Fraud	.	.	.	9	.	.	.	.	.	.	.	.	9
Total	**2,452**	**5,260**	**9,209**	**2,736**	**1,079**	**118**	**240**	**728**	**947**	**2,119**	**784**	**3**	**25,676**

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Ranked
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Burglary	.	287	1,763	459	.	10	33	6	378	253	.	.	3,189
Dealing In Cocaine Or Narcotic Drug	.	1,040	1,208	1	.	.	72	52	104	160	.	.	2,637
Murder	2,452	.	.	.	.	.	.	.	.	.	.	.	2,452
Child Molesting	.	1,458	529	227	.	50	.	36	52	.	.	.	2,352
Robbery	.	266	1,291	182	.	.	24	298	.	133	.	.	2,194
Dealing In Methamphetamine	.	274	1,044	.	.	.	59	66	153	208	.	.	1,804
Attempt To Commit Felony	.	575	191	31	7	29	7	18	6	33	4	.	901
Dealng In a Schedule I, II, or III Controlled Substance	.	112	639	.	.	.	.	.	.	8	2	.	761
Battery	.	24	74	265	26	.	1	18	.	299	38	.	745
Unlawful Firearm Poss By Serious Felon	.	.	493	.	.	.	.	.	104	.	.	.	597
Theft,Receiving Stolen Property	.	.	.	7	295	.	.	.	.	4	189	.	495
Rape	.	278	160	.	.	20	.	24	.	.	.	.	482
Sexual Misconduct With A Minor	.	4	302	72	2	.	.	.	32	26	.	.	438
Voluntary Manslaughter	.	350	50	.	.	.	19	.	.	.	.	.	419
Possession Of Cocaine Or Narcotic Drug	.	76	107	63	35	.	.	9	19	38	45	.	392
Operate Vehicle After Suspended For Life	.	.	.	167	.	.	.	.	.	213	.	.	380
Conspiracy	.	130	158	19	1	2	12	12	13	31	.	.	378
Aggravated Battery	.	.	296	.	.	1	.	78	.	.	.	.	375
Forgery,Counterfeiting,Application Fraud	.	.	.	344	6	.	.	.	.	.	25	.	375
Criminal Confinement	.	.	197	47	9	.	1	40	.	38	1	.	333
Possession Of Methamphetamine	.	7	98	31	43	.	.	15	13	48	45	.	300
Criminal Deviate Conduct	.	143	112	.	.	.	.	.	.	.	.	.	255
Aiding Inducing/Causing An Offense	.	53	106	16	2	2	4	14	12	25	.	.	234
Handgun Violation (Felony Within 15 Yrs)	.	.	.	18	.	.	.	.	.	160	.	.	178
Failure To Register As A Sex Offender	.	.	.	56	9	.	.	.	.	91	8	.	164
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	92	.	.	.	.	2	32	.	126
Intimidation	.	.	.	41	18	.	.	.	.	46	19	.	124
Arson	.	19	82	.	2	.	.	2	17	.	.	.	122
Non Support Of Dependent Child	.	.	.	86	32	.	.	.	.	2	.	.	120
Possession Of A Controlled Substance	.	.	1	45	67	.	.	.	.	.	2	.	115
Escape	.	.	.	.	.	.	.	.	2	48	55	.	105
Neglect Of A Dependent	.	.	62	19	12	.	.	.	.	5	6	.	104
Auto Theft, Receiving Stolen Auto Parts	.	.	.	34	17	.	.	.	.	1	50	.	102
Kidnapping	.	90	.	.	.	.	3	5	.	2	1	.	101
Operating Vehicle Intoxicated Resulting in Death	.	.	66	8	.	.	.	.	14	13	.	.	101
Failure To Return Lawful Detention/Escape	.	.	13	46	23	.	.	.	.	.	.	.	82
Criminal Recklessness	.	.	.	31	17	.	.	.	.	26	6	.	80
Neglect Of Dependent Resulting In Death	.	66	.	.	.	4	.	.	.	.	.	.	70
Operating Vehicle-Habit Traffic Violator	.	.	.	2	41	.	.	.	.	.	27	.	70
Resisting Law Enforcement	.	.	7	4	25	.	.	2	.	2	26	.	66

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Ranked
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Carjacking	.	.	65	.	.	.	.	.	.	.	.	.	65
Domestic Battery	.	.	.	.	40	.	.	.	.	.	25	.	65
Fraud On A Financial Institution	.	.	.	26	.	.	.	.	.	37	.	.	63
Corrupt Business Influence	.	.	.	40	.	.	.	.	.	20	.	.	60
Dealing In Schedule IV Controlled Subtance	.	.	23	22	.	.	.	.	.	8	.	.	53
Incest	.	.	25	15	.	.	.	.	1	2	.	.	43
Residential Entry	.	.	.	.	16	.	.	.	.	.	27	.	43
Possession Of Syringes Or Needles	.	.	.	3	17	.	.	.	.	9	13	.	42
Reckless Homicide	.	.	.	29	.	.	.	.	.	13	.	.	42
Firearm Within 1 Mile School Property Without License	.	.	.	40	.	.	.	.	.	.	.	.	40
Trafficking With An Inmate	.	.	.	21	.	.	.	.	.	18	.	.	39
Stalking	.	.	4	13	2	.	.	.	2	15	1	.	37
Carrying Handgun Without License	.	.	.	36	.	.	.	.	.	.	.	.	36
Child Solicitation	.	.	.	14	3	.	.	.	5	13	.	.	35
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	14	8	.	.	.	.	9	4	.	35
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	33	.	.	.	.	.	1	.	34
Possess Chemical Reagents Or Precursors	.	.	.	27	.	.	.	.	.	6	.	.	33
Possess Of Precursors	.	.	.	.	20	.	.	.	.	.	12	.	32
Strangulation	.	.	.	.	17	.	.	.	.	.	14	.	31
Maintaining Common Nuisance	.	.	.	.	15	.	.	.	.	.	13	.	28
Fraud	.	.	.	.	14	.	.	.	.	.	13	.	27
Dealing Possessing Look-Alike Substance	.	.	.	14	.	.	.	.	.	9	2	.	25
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	23	.	.	.	.	23
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	1	.	.	.	.	.	.	22	.	23
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	22	.	.	.	.	.	.	.	22
Child Exploitation	.	.	.	14	2	.	.	.	.	5	.	.	21
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	5	6	.	.	.	.	6	2	.	19
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	5	4	9	.	.	.	18
Sexual Battery	.	.	.	.	10	.	.	.	2	.	6	.	18
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	5	1	1	.	.	.	1	9	.	.	17
Check Fraud	.	.	.	9	4	.	.	.	.	.	2	.	15
Prisoner Poss. Dangerous Device/Material	.	.	11	3	.	.	.	.	.	.	.	.	14
Assisting A Criminal	.	.	.	8	2	.	.	.	.	1	2	.	13
Controlled Substance Registration	.	.	.	4	7	.	.	.	.	1	.	.	12
Battery By Bodily Waste	.	.	.	3	8	.	.	.	.	.	.	.	11
Invasion Of Privacy	.	.	.	.	4	.	.	.	.	.	6	.	10
Child Seduction	.	.	.	3	1	.	.	.	.	4	1	.	9
Possession Of Paraphernalia	.	.	.	.	5	.	.	.	.	.	4	.	9

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Ranked
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Welfare Fraud	.	.	.	9	.	.	.	.	.	.	.	.	9
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	8	.	.	.	.	.	.	.	.	.	8
Obliterating Handgun I.D.	.	.	.	4	.	.	.	.	.	4	.	.	8
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	7	1	.	.	8
Battery To A Child Causing Death	.	7	.	.	.	.	.	.	.	.	.	.	7
Disarming A Law Enforcement Officer	.	.	.	4	.	.	.	.	.	3	.	.	7
Identity Deception	.	.	.	.	4	.	.	.	.	.	3	.	7
Obstruction Of Justice	.	.	.	.	2	.	.	.	.	.	5	.	7
Possession Or Use Of Legend Drug	.	.	.	1	3	.	.	.	.	.	3	.	7
Promoting Prostitution Under Age 18	.	.	7	.	.	.	.	.	.	.	.	.	7
Home Improvement Fraud Enhancement	.	.	.	5	1	.	.	.	.	.	.	.	6
Promoting Prostitution	.	.	.	4	.	.	.	.	.	2	.	.	6
Vicarious Sexual Gratification	.	.	3	3	.	.	.	.	.	.	.	.	6
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	4	.	.	1	.	5
Habitual Offender Substance Abuse	.	.	.	.	3	.	.	.	.	.	.	2	5
Human Sexual Trafficking	.	.	3	.	.	.	.	1	1	.	.	.	5
Possession Of Child Pornography	.	.	.	.	.	.	.	.	.	.	5	.	5
Criminal Trespass	.	.	.	.	2	.	.	.	.	.	2	.	4
Conversion	.	.	.	.	.	.	.	.	.	2	1	.	3
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	3	.	.	3
Failure To Appear	.	.	.	.	1	.	.	.	.	.	2	.	3
Home Improvement Fraud Offenses	.	.	.	.	3	.	.	.	.	.	.	.	3
Involuntary Manslaughter	.	.	.	3	.	.	.	.	.	.	.	.	3
Opererating Vehicle - Schedule I Or II Control Substance	.	.	.	.	3	.	.	.	.	.	.	.	3
Security Fraud	.	.	2	1	.	.	.	.	.	.	.	.	3
Voyeurism	.	.	.	.	3	.	.	.	.	.	.	.	3
Bribery	.	.	.	.	.	.	.	.	.	2	.	.	2
Deal Sub Represented To Be Controled Sub	.	.	.	.	.	.	.	.	.	.	2	.	2
Deal Substance Represented To Be Controlled Substance	.	.	.	.	2	.	.	.	.	.	.	.	2
Dealing In A Schedule V Controlled Subtance	.	.	2	.	.	.	.	.	.	.	.	.	2
Fail To Stop At An Accident/Sbi/Prior	.	.	.	.	2	.	.	.	.	.	.	.	2
Failure Of Sex Offender To Possess Id	.	.	.	.	2	.	.	.	.	.	.	.	2
Habitual Offender	.	.	.	.	.	.	.	.	.	.	.	2	2
Handgun Violation	.	.	.	2	.	.	.	.	.	.	.	.	2
Prostitution	.	.	.	.	.	.	.	.	.	.	2	.	2
Public Indecency	.	.	.	.	.	.	.	.	.	.	2	.	2
Sale Of Unregistered Security	.	.	.	2	.	.	.	.	.	.	.	.	2
Aiding in Manufacture of Sch II Controlled Substance	.	.	.	.	.	.	.	.	.	.	1	.	1
Animal Fighting Contest	.	.	.	.	1	.	.	.	.	.	.	.	1

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense, Ranked
for July 2016
snapshot date: 07/01/2016

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Arson - Pecuniary Loss Gt $250 Lt $5,000	.	.	.	.	.	.	.	.	.	.	1	.	1
Assisting Suicide	.	.	.	1	.	.	.	.	.	.	.	.	1
Causing Suicide	.	.	1	.	.	.	.	.	.	.	.	.	1
Criminal Gang Activity	.	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Sched Iv Controlled Subtance	.	.	.	.	.	.	.	1	.	.	.	.	1
Dealing In Sched V Controlled Substance	.	.	.	.	.	.	.	.	.	1	.	.	1
Distribute Destructive Device To Minor	.	.	1	.	.	.	.	.	.	.	.	.	1
Driving After Forfeiture	.	.	.	1	.	.	.	.	.	.	.	.	1
Driving While Intoxicated	.	.	.	.	1	.	.	.	.	.	.	.	1
Driving While Suspended Resulting In Death	.	.	.	1	.	.	.	.	.	.	.	.	1
Dumping Controlled Substance Waste	.	.	.	.	1	.	.	.	.	.	.	.	1
Illegal Possession Of Firearm By Felon	.	.	.	1	.	.	.	.	.	.	.	.	1
Impersonating A Public Servant	.	.	.	.	.	.	.	.	.	.	1	.	1
Insurance Fraud	.	.	.	1	.	.	.	.	.	.	.	.	1
Interference W/Medical Services	.	.	.	1	.	.	.	.	.	.	.	.	1
Mischief	.	.	.	1	.	.	.	.	.	.	.	.	1
Operating Vehicle With Schedule I in Body - Causing Death	.	.	.	1	.	.	.	.	.	.	.	.	1
Perform Sex Conduct In Presence Of Minor	.	.	.	.	.	.	.	.	.	.	1	.	1
Perjury	.	.	.	.	.	.	.	.	.	.	1	.	1
Permitting Child To Possess Firearm	.	.	.	1	.	.	.	.	.	.	.	.	1
Possess Destructive Device Or Explosive	.	1	.	.	.	.	.	.	.	.	.	.	1
Possess Methamphetamine Without Pay Tax	.	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of A Destructive Device	.	.	.	1	.	.	.	.	.	.	.	.	1
Prescription Fraud	.	.	.	.	1	.	.	.	.	.	.	.	1
Removing, Damaging, Or Altering a VIN	.	.	.	1	.	.	.	.	.	.	.	.	1
Sexual Misconduct Gov Employe W/Detainee	.	.	.	1	.	.	.	.	.	.	.	.	1
Unlawful Transfer of Handgun Ownership	.	.	.	.	.	.	.	.	.	1	.	.	1
Uttering Forged Prescription	.	.	.	.	1	.	.	.	.	.	.	.	1
Viol/Failure Of Carriers Duty To Warn	.	.	.	.	1	.	.	.	.	.	.	.	1
Violation Of 1935 Firearms Act	.	.	.	.	1	.	.	.	.	.	.	.	1
Violation Of Custody Order	.	.	.	.	1	.	.	.	.	.	.	.	1
Total	**2,452**	**5,260**	**9,209**	**2,736**	**1,079**	**118**	**240**	**728**	**947**	**2,119**	**784**	**3**	**25,676**

Note: 15 offenders have missing sentencing data due to processing or safekeepers

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Branchville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	1	.	.	.	.	.	1	.	2
Aggravated Battery	.	.	7	.	.	.	.	4	.	.	.	11
Aiding Inducing/Causing An Offense	.	.	8	1	1	.	1	1	1	1	.	14
Arson	.	.	5	.	.	.	.	.	.	.	.	5
Assisting A Criminal	.	.	.	.	.	.	.	.	.	.	1	1
Attempt To Commit Felony	.	8	9	1	.	.	1	2	2	4	.	27
Auto Theft, Receiving Stolen Auto Parts	.	.	.	.	1	.	.	.	.	.	3	4
Battery	.	.	4	20	.	.	.	2	.	21	3	50
Burglary	.	3	112	29	.	.	.	.	37	27	.	208
Carjacking	.	.	1	.	.	.	.	.	.	.	.	1
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	1
Conspiracy	.	3	14	4	.	.	1	1	2	5	.	30
Controlled Substance Registration	.	.	.	.	.	.	.	.	.	1	.	1
Criminal Confinement	.	.	8	2	2	.	.	6	.	3	.	21
Criminal Gang Activity	.	.	.	.	1	.	.	.	.	.	.	1
Criminal Recklessness	.	.	.	3	2	.	.	.	.	2	2	9
Criminal Trespass	.	.	.	.	1	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	12	82	.	.	.	3	4	6	7	.	114
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	3	.	.	.	.	.	1	.	4
Dealing In Methamphetamine	.	8	117	.	.	.	3	10	27	14	.	179
Dealing In Sched Iv Controlled Subtance	.	.	.	.	.	.	.	1	.	.	.	1
Dealing In Schedule IV Controlled Subtance	.	.	2	.	.	.	.	.	.	.	.	2
Dealing Possessing Look-Alike Substance	.	.	.	2	.	.	.	.	.	1	.	3
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	2	.	.	.	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	5	58	.	.	.	.	.	.	1	.	64
Domestic Battery	.	.	.	.	3	.	.	.	.	.	3	6
Escape	.	.	.	.	.	.	.	.	1	8	5	14
Failure Of Sex Offender To Possess Id	.	.	.	.	1	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	2	.	.	.	.	.	9	.	11
Failure To Return Lawful Detention/Escape	.	.	1	3	2	.	.	.	.	.	.	6
Forgery,Counterfeiting,Application Fraud	.	.	.	19	.	.	.	.	.	.	1	20
Fraud	.	.	.	.	1	.	.	.	.	.	1	2
Fraud On A Financial Institution	.	.	.	.	.	.	.	.	.	5	.	5
Habitual Offender Substance Abuse	.	.	.	.	1	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	7	.	8

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Branchville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Home Improvement Fraud Enhancement	.	.	.	1	1	.	.	.	.	.	.	2
Intimidation	.	.	.	3	.	.	.	.	.	4	2	9
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	1	2
Murder	9	.	.	.	.	.	.	.	.	.	.	9
Neglect Of A Dependent	.	.	2	1	1	.	.	.	.	.	.	4
Non Support Of Dependent Child	.	.	.	8	2	.	.	.	.	.	.	10
Operate Vehicle After Suspended For Life	.	.	.	10	.	.	.	.	.	18	.	28
Operating Vehicle Intoxicated Resulting in Death	.	.	7	.	.	.	.	.	1	.	.	8
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	1	.	.	.	.	.	.	.	1
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	7	.	.	.	.	.	1	8
Operating Vehicle-Habit Traffic Violator	.	.	.	.	2	.	.	.	.	.	1	3
Opererating Vehicle - Schedule I Or II Control Substance	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	3	.	.	.	.	.	.	3
Possess Chemical Reagents Or Precursors	.	.	.	4	.	.	.	.	.	.	.	4
Possess Of Precursors	.	.	.	.	2	.	.	.	.	.	1	3
Possession Of A Controlled Substance	.	.	.	4	2	.	.	.	.	.	.	6
Possession Of Cocaine Or Narcotic Drug	.	1	5	4	2	.	.	.	2	3	1	18
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	2	.	.	2
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	4	.	.	.	.	.	.	4
Possession Of Methamphetamine	.	.	13	3	3	.	.	3	3	5	6	36
Possession Of Syringes Or Needles	.	.	.	.	.	.	.	.	.	1	.	1
Reckless Homicide	.	.	.	4	.	.	.	.	.	.	.	4
Residential Entry	.	.	.	.	1	.	.	.	.	.	.	1
Resisting Law Enforcement	.	.	.	.	3	.	.	.	.	.	3	6
Robbery	.	1	39	9	.	.	.	13	.	12	.	74
Stalking	.	.	.	1	.	.	.	.	.	1	1	3
Strangulation	.	.	.	.	.	.	.	.	.	.	2	2
Theft,Receiving Stolen Property	.	.	.	.	20	.	.	.	.	.	12	32
Trafficking With An Inmate	.	.	.	.	.	.	.	.	.	1	.	1
Unlawful Firearm Poss By Serious Felon	.	.	22	.	.	.	.	.	11	.	.	33
Voluntary Manslaughter	.	3	2	.	.	.	.	.	.	.	.	5
Welfare Fraud	.	.	.	1	.	.	.	.	.	.	.	1
Total	**9**	**44**	**518**	**146**	**71**	**.**	**11**	**47**	**95**	**163**	**50**	**1,154**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Correctional Industrial Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	1	.	.	.	.	.	.	.	.	1
Aggravated Battery	.	.	38	.	.	.	.	5	.	.	.	43
Aiding Inducing/Causing An Offense	.	6	8	.	.	.	.	.	.	.	.	14
Arson	.	4	5	.	.	.	.	.	1	.	.	10
Attempt To Commit Felony	.	33	11	1	.	.	.	1	.	.	.	46
Auto Theft, Receiving Stolen Auto Parts	.	.	.	2	.	.	.	.	.	.	1	3
Battery	.	1	13	17	4	.	.	1	.	4	.	40
Burglary	.	30	149	15	.	.	6	.	13	.	.	213
Carjacking	.	.	4	.	.	.	.	.	.	.	.	4
Child Molesting	.	52	10	3	.	.	.	1	1	.	.	67
Conspiracy	.	21	10	1	.	.	2	1	.	1	.	36
Criminal Confinement	.	.	21	.	.	.	1	4	.	.	.	26
Criminal Deviate Conduct	.	3	4	.	.	.	.	.	.	.	.	7
Criminal Recklessness	.	.	.	1	1	.	.	.	.	.	.	2
Dealing In Cocaine Or Narcotic Drug	.	136	71	.	.	.	10	3	1	.	.	221
Dealing In Methamphetamine	.	47	53	.	.	.	10	2	1	.	.	113
Dealing In Schedule IV Controlled Subtance	.	.	2	.	.	.	.	.	.	.	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	9	30	.	.	.	.	.	.	.	.	39
Escape	.	.	.	.	.	.	.	.	.	3	4	7
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	2	.	.	.	2
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	4	.	.	.	.	.	.	1	5
Failure To Return Lawful Detention/Escape	.	.	2	2	1	.	.	.	.	.	.	5
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	17	.	.	.	.	.	.	2	19
Fraud	.	.	.	.	1	.	.	.	.	.	.	1
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	.	.	1
Habitual Offender Substance Abuse	.	.	.	.	1	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	5	.	6
Home Improvement Fraud Enhancement	.	.	.	1	.	.	.	.	.	.	.	1
Human Sexual Trafficking	.	.	1	.	.	.	.	.	.	.	.	1
Incest	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	3	.	.	.	.	.	2	.	5

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Correctional Industrial Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Kidnapping	.	9	.	.	.	.	.	.	.	.	.	9
Murder	101	.	.	.	.	.	.	.	.	.	.	101
Neglect Of A Dependent	.	.	3	.	.	.	.	.	.	.	.	3
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	1
Neglect Of Dependent Resulting In Death	.	3	.	.	.	.	.	.	.	.	.	3
Non Support Of Dependent Child	.	.	.	1	.	.	.	.	.	.	.	1
Obliterating Handgun I.D.	.	.	.	.	.	.	.	.	.	1	.	1
Operate Vehicle After Suspended For Life	.	.	.	6	.	.	.	.	.	2	.	8
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	1	.	.	2
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possess Destructive Device Or Explosive	.	1	.	.	.	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	.	.	.	.	.	.	1	1
Possession Of A Controlled Substance	.	.	1	1	1	.	.	.	.	.	.	3
Possession Of Cocaine Or Narcotic Drug	.	8	6	1	1	.	.	.	1	.	1	18
Possession Of Methamphetamine	.	.	4	1	.	.	.	1	1	.	.	7
Prisoner Poss. Dangerous Device/Material	.	.	1	.	.	.	.	.	.	.	.	1
Promoting Prostitution	.	.	.	1	.	.	.	.	.	.	.	1
Rape	.	2	6	.	.	1	.	.	.	.	.	9
Reckless Homicide	.	.	.	2	.	.	.	.	.	.	.	2
Residential Entry	.	.	.	.	2	.	.	.	.	.	.	2
Resisting Law Enforcement	.	.	.	.	2	.	.	1	.	.	.	3
Robbery	.	24	109	14	.	.	2	15	.	2	.	166
Sexual Misconduct With A Minor	.	.	8	.	.	.	.	.	.	.	.	8
Strangulation	.	.	.	.	.	.	.	.	.	.	1	1
Theft,Receiving Stolen Property	.	.	.	1	6	.	.	.	.	.	3	10
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	2	.	3
Unlawful Firearm Poss By Serious Felon	.	.	41	.	.	.	.	.	2	.	.	43
Voluntary Manslaughter	.	36	4	.	.	.	2	.	.	.	.	42
Total	**101**	**425**	**619**	**101**	**20**	**1**	**33**	**38**	**22**	**22**	**14**	**1,396**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Chain O'Lakes Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aiding Inducing/Causing An Offense	.	.	1	.	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	.	2	1	.	.	.	.	.	1	.	4
Burglary	.	.	11	8	.	.	.	.	2	4	.	25
Conspiracy	.	.	1	.	.	.	.	.	.	.	.	1
Corrupt Business Influence	.	.	.	2	.	.	.	.	.	1	.	3
Dealing In Cocaine Or Narcotic Drug	.	4	9	.	.	.	.	.	1	1	.	15
Dealing In Methamphetamine	.	3	21	.	.	.	.	.	.	5	.	29
Dealing Possessing Look-Alike Substance	.	.	.	.	.	.	.	.	.	2	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	1	9	.	.	.	.	.	.	.	.	10
Domestic Battery	.	.	.	.	1	.	.	.	.	.	.	1
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	2	.	2
Intimidation	.	.	.	.	.	.	.	.	.	1	.	1
Neglect Of A Dependent	.	.	1	.	.	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	1	.	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	2	.	.	.	.	.	4	.	6
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	.	1	.	2
Operating Vehicle-Habit Traffic Violator	.	.	.	.	2	.	.	.	.	.	.	2
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	1	.	.	.	.	.	.	.	.	.	1
Possession Of Methamphetamine	.	.	1	.	1	.	.	.	.	.	.	2
Resisting Law Enforcement	.	.	.	.	.	.	.	.	.	.	1	1
Robbery	.	.	7	1	.	.	.	1	.	.	.	9
Theft,Receiving Stolen Property	.	.	.	1	1	.	.	.	.	.	1	3
Unlawful Firearm Poss By Serious Felon	.	.	4	.	.	.	.	.	.	.	.	4
Total	**.**	**9**	**68**	**19**	**5**	**.**	**.**	**1**	**3**	**22**	**2**	**129**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Edinburgh Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	.	.	.	.	.	.	1	.	1
Aiding Inducing/Causing An Offense	.	.	4	1	.	.	.	.	.	1	.	6
Arson	.	.	1	.	1	.	.	.	1	.	.	3
Attempt To Commit Felony	.	1	2	.	.	.	.	.	.	1	.	4
Auto Theft, Receiving Stolen Auto Parts	.	.	.	.	.	.	.	.	.	.	4	4
Bribery	.	.	.	.	.	.	.	.	.	1	.	1
Burglary	.	.	26	13	.	.	.	.	10	10	.	59
Conspiracy	.	1	1	.	.	.	.	.	.	.	.	2
Criminal Recklessness	.	.	.	.	1	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	16	33	.	.	.	1	.	6	2	.	58
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Methamphetamine	.	4	31	.	.	.	1	1	3	7	.	47
Dealing In Schedule IV Controlled Subtance	.	.	.	1	.	.	.	.	.	.	.	1
Dealng In a Schedule I, II, or III Controlled Substance	.	1	19	.	.	.	.	.	.	.	.	20
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	8	.	.	.	.	.	.	.	8
Habitual Offender Substance Abuse	.	.	.	.	1	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	5	.	5
Invasion Of Privacy	.	.	.	.	1	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	3	5	.	.	.	.	.	.	8
Obliterating Handgun I.D.	.	.	.	.	.	.	.	.	.	1	.	1
Operate Vehicle After Suspended For Life	.	.	.	5	.	.	.	.	.	14	.	19
Operating Vehicle Intoxicated Resulting in Death	.	.	5	.	.	.	.	.	1	1	.	7
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	4	.	.	.	.	.	.	4
Operating Vehicle-Habit Traffic Violator	.	.	.	.	1	.	.	.	.	.	2	3
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	2	.	.	.	.	.	.	2
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	1
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of A Controlled Substance	.	.	.	2	1	.	.	.	.	.	.	3
Possession Of Cocaine Or Narcotic Drug	.	1	.	1	1	.	.	.	.	1	.	4
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Methamphetamine	.	1	2	1	.	.	.	.	1	5	2	12
Possession Of Syringes Or Needles	.	.	.	.	.	.	.	.	.	1	1	2

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Edinburgh Correctional Facility												
Most Serious Offense	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**Total**
Robbery	.	.	5	2	.	.	.	1	.	3	.	**11**
Theft,Receiving Stolen Property	.	.	.	.	9	.	.	.	.	1	1	**11**
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	.	.	**1**
Unlawful Firearm Poss By Serious Felon	.	.	8	.	.	.	.	.	.	.	.	**8**
Total	**.**	**25**	**137**	**41**	**29**	**.**	**2**	**2**	**22**	**55**	**11**	**324**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Heritage Trail Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	1	.	.	.	.	2	.	.	.	3
Aiding Inducing/Causing An Offense	.	.	2	1	.	.	.	1	1	1	.	6
Arson	.	.	2	.	.	.	.	.	.	.	.	2
Assisting A Criminal	.	.	.	.	.	.	.	.	.	1	.	1
Attempt To Commit Felony	.	.	3	3	.	.	.	2	.	2	.	10
Auto Theft, Receiving Stolen Auto Parts	.	.	.	2	1	.	.	.	.	.	5	8
Battery	.	.	1	15	4	.	.	1	.	49	4	74
Burglary	.	.	81	28	.	.	.	.	20	25	.	154
Carjacking	.	.	1	.	.	.	.	.	.	.	.	1
Carrying Handgun Without License	.	.	.	3	.	.	.	.	.	.	.	3
Check Fraud	.	.	.	.	1	.	.	.	.	.	.	1
Conspiracy	.	1	3	.	.	.	.	1	1	3	.	9
Controlled Substance Registration	.	.	.	.	1	.	.	.	.	.	.	1
Corrupt Business Influence	.	.	.	2	.	.	.	.	.	2	.	4
Criminal Confinement	.	.	1	1	.	.	.	1	.	3	.	6
Criminal Recklessness	.	.	.	1	3	.	.	.	.	4	.	8
Criminal Trespass	.	.	.	.	.	.	.	.	.	.	1	1
Dealing In Cocaine Or Narcotic Drug	.	1	44	.	.	.	3	2	5	5	.	60
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	3	.	.	.	.	1	.	5
Dealing In Methamphetamine	.	2	42	.	.	.	2	1	5	5	.	57
Dealing In Schedule IV Controlled Subtance	.	.	3	2	.	.	.	.	.	.	.	5
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	.	1	.	.	.	1
Dealng In a Schedule I, II, or III Controlled Substance	.	.	25	.	.	.	.	.	.	.	.	25
Domestic Battery	.	.	.	.	6	.	.	.	.	.	3	9
Driving While Suspended Resulting In Death	.	.	.	1	.	.	.	.	.	.	.	1
Escape	.	.	.	.	.	.	.	.	.	1	1	2
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	1
Failure To Return Lawful Detention/Escape	.	.	.	1	3	.	.	.	.	.	.	4
Firearm Within 1 Mile School Property Without License	.	.	.	4	.	.	.	.	.	.	.	4
Forgery,Counterfeiting,Application Fraud	.	.	.	16	.	.	.	.	.	.	1	17
Fraud	.	.	.	.	.	.	.	.	.	.	1	1
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	15	.	15
Intimidation	.	.	.	2	1	.	.	.	.	5	1	9

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Heritage Trail Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Invasion Of Privacy	.	.	.	.	1	.	.	.	.	.	2	3
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	1	2
Murder	1	.	.	.	.	.	.	.	.	.	.	1
Neglect Of A Dependent	.	.	2	1	.	.	.	.	.	1	.	4
Non Support Of Dependent Child	.	.	.	17	8	.	.	.	.	.	.	25
Operate Vehicle After Suspended For Life	.	.	.	10	.	.	.	.	.	16	.	26
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	9	.	.	.	.	.	4	13
Operating Vehicle-Habit Traffic Violator	.	.	.	.	4	.	.	.	.	.	2	6
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	1
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of A Controlled Substance	.	.	.	2	5	.	.	.	.	.	1	8
Possession Of Cocaine Or Narcotic Drug	.	.	5	11	3	.	.	1	2	3	2	27
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	1	.	.	1
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	3	.	.	.	.	.	.	3
Possession Of Methamphetamine	.	.	1	2	5	.	.	.	.	4	3	15
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Syringes Or Needles	.	.	.	.	3	.	.	.	.	1	2	6
Possession Or Use Of Legend Drug	.	.	.	.	1	.	.	.	.	.	.	1
Reckless Homicide	.	.	.	.	.	.	.	.	.	3	.	3
Residential Entry	.	.	.	.	2	.	.	.	.	.	1	3
Resisting Law Enforcement	.	.	.	.	4	.	.	.	.	.	3	7
Robbery	.	.	20	8	.	.	.	17	.	16	.	61
Stalking	.	.	.	.	1	.	.	.	.	1	.	2
Strangulation	.	.	.	.	1	.	.	.	.	.	2	3
Theft,Receiving Stolen Property	.	.	.	.	23	.	.	.	.	.	17	40
Trafficking With An Inmate	.	.	.	.	.	.	.	.	.	1	.	1
Unlawful Firearm Poss By Serious Felon	.	.	7	.	.	.	.	.	11	.	.	18
Unlawful Transfer of Handgun Ownership	.	.	.	.	.	.	.	.	.	1	.	1
Total	**1**	**4**	**245**	**136**	**99**	**.**	**5**	**30**	**46**	**169**	**58**	**793**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Indianapolis Re-Entry Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	4	.	.	.	.	.	.	.	.	4
Aiding Inducing/Causing An Offense	.	.	1	.	.	.	.	.	.	.	.	1
Arson	.	1	.	.	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	7	4	.	.	.	.	.	.	.	.	11
Auto Theft, Receiving Stolen Auto Parts	.	.	.	1	.	.	.	.	.	.	.	1
Battery	.	.	3	4	.	.	.	.	.	.	.	7
Burglary	.	5	22	7	.	.	.	.	2	2	.	38
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	1	.	.	.	.	.	.	.	1
Conspiracy	.	2	2	.	.	.	.	.	.	1	.	5
Criminal Confinement	.	.	4	.	.	.	.	.	.	.	.	4
Criminal Recklessness	.	.	.	2	.	.	.	.	.	.	.	2
Dealing In Cocaine Or Narcotic Drug	.	32	40	.	.	.	.	.	.	1	.	73
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Methamphetamine	.	3	23	.	.	.	.	.	1	2	.	29
Dealng In a Schedule I, II, or III Controlled Substance	.	4	23	.	.	.	.	.	.	.	.	27
Firearm Within 1 Mile School Property Without License	.	.	.	1	.	.	.	.	.	.	.	1
Forgery,Counterfeiting,Application Fraud	.	.	.	2	.	.	.	.	.	.	.	2
Fraud On A Financial Institution	.	.	.	.	.	.	.	.	.	1	.	1
Murder	15	.	.	.	.	.	.	.	.	.	.	15
Non Support Of Dependent Child	.	.	.	.	.	.	.	.	.	1	.	1
Operate Vehicle After Suspended For Life	.	.	.	2	.	.	.	.	.	2	.	4
Operating Vehicle Intoxicated Resulting in Death	.	.	2	.	.	.	.	.	.	.	.	2
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	.	.	.	.	.	1	.	1
Operating Vehicle-Habit Traffic Violator	.	.	.	.	.	.	.	.	.	.	1	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	1	.	.	.	.	.	.	1	2
Permitting Child To Possess Firearm	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	.	.	2	.	.	.	.	.	.	.	2
Possession Of Methamphetamine	.	.	4	.	.	.	.	.	.	.	.	4
Reckless Homicide	.	.	.	1	.	.	.	.	.	.	.	1
Resisting Law Enforcement	.	.	.	.	.	.	.	.	.	.	1	1

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Indiana State Prison

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	24	.	.	.	.	3	.	.	.	27
Aiding Inducing/Causing An Offense	.	4	6	2	.	.	.	.	.	.	.	12
Arson	.	2	1	.	.	.	.	.	.	.	.	3
Attempt To Commit Felony	.	99	17	.	.	7	1	.	.	2	.	126
Auto Theft, Receiving Stolen Auto Parts	.	.	.	1	.	.	.	.	.	.	.	1
Battery	.	8	4	9	.	.	.	1	.	4	1	27
Burglary	.	53	82	12	.	3	3	.	3	1	.	157
Check Fraud	.	.	.	1	.	.	.	.	.	.	.	1
Child Molesting	.	224	17	.	.	9	.	1	1	.	.	252
Conspiracy	.	14	3	.	.	.	.	.	.	.	.	17
Corrupt Business Influence	.	.	.	3	.	.	.	.	.	.	.	3
Criminal Confinement	.	.	18	1	.	.	.	.	.	.	.	19
Criminal Deviate Conduct	.	27	4	.	.	.	.	.	.	.	.	31
Criminal Recklessness	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	136	50	.	.	.	2	1	1	3	.	193
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Methamphetamine	.	25	21	.	.	.	.	.	1	.	.	47
Dealing Possessing Look-Alike Substance	.	.	.	1	.	.	.	.	.	.	.	1
Dealng In a Schedule I, II, or III Controlled Substance	.	6	14	.	.	.	.	.	.	.	.	20
Domestic Battery	.	.	.	.	1	.	.	.	.	.	1	2
Escape	.	.	.	.	.	.	.	.	.	.	3	3
Failure To Appear	.	.	.	.	.	.	.	.	.	.	1	1
Failure To Register As A Sex Offender	.	.	.	1	.	.	.	.	.	.	.	1
Failure To Return Lawful Detention/Escape	.	.	3	3	2	.	.	.	.	.	.	8
Firearm Within 1 Mile School Property Without License	.	.	.	1	.	.	.	.	.	.	.	1
Forgery,Counterfeiting,Application Fraud	.	.	.	6	.	.	.	.	.	.	1	7
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	2	.	2
Human Sexual Trafficking	.	.	1	.	.	.	.	.	.	.	.	1
Incest	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	1	1	.	.	.	.	.	1	3
Involuntary Manslaughter	.	.	.	1	.	.	.	.	.	.	.	1
Kidnapping	.	21	.	.	.	.	.	.	.	.	.	21

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Indiana State Prison

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	.	1
Murder	726	.	.	.	.	.	.	.	.	.	.	726
Neglect Of A Dependent	.	.	6	.	.	.	.	.	.	.	.	6
Neglect Of Dependent Resulting In Death	.	9	.	.	.	1	.	.	.	.	.	10
Operate Vehicle After Suspended For Life	.	.	.	5	.	.	.	.	.	4	.	9
Operating Vehicle Intoxicated Resulting in Death	.	.	4	.	.	.	.	.	.	.	.	4
Operating Vehicle-Habit Traffic Violator	.	.	.	.	1	.	.	.	.	.	2	3
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	11	2	3	.	.	.	.	.	.	.	16
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Methamphetamine	.	.	1	1	1	.	.	.	.	1	1	5
Prisoner Poss. Dangerous Device/Material	.	.	2	.	.	.	.	.	.	.	.	2
Rape	.	67	9	.	.	4	.	1	.	.	.	81
Reckless Homicide	.	.	.	1	.	.	.	.	.	.	.	1
Resisting Law Enforcement	.	.	3	.	1	.	.	.	.	.	.	4
Robbery	.	47	112	10	.	.	.	5	.	1	.	175
Sexual Misconduct With A Minor	.	1	10	1	.	.	.	.	.	.	.	12
Stalking	.	.	.	.	.	.	.	.	.	1	.	1
Theft,Receiving Stolen Property	.	.	.	.	6	.	.	.	.	.	3	9
Unlawful Firearm Poss By Serious Felon	.	.	26	.	.	.	.	.	2	.	.	28
Voluntary Manslaughter	.	68	5	.	.	.	1	.	.	.	.	74
Total	**726**	**822**	**446**	**68**	**16**	**24**	**7**	**12**	**8**	**19**	**14**	**2,162**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Indiana Women's Prison												
Most Serious Offense	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**Total**
Aggravated Battery	.	.	6	.	.	.	.	3	.	.	.	**9**
Aiding Inducing/Causing An Offense	.	5	3	.	.	.	.	.	.	1	.	**9**
Arson	.	1	5	.	.	.	.	.	2	.	.	**8**
Assisting A Criminal	.	.	.	1	1	.	.	.	.	.	.	**2**
Attempt To Commit Felony	.	12	1	.	.	.	.	.	.	.	.	**13**
Auto Theft, Receiving Stolen Auto Parts	.	.	.	1	.	.	.	.	.	.	2	**3**
Battery	.	2	2	6	1	.	.	1	.	13	1	**26**
Battery By Bodily Waste	.	.	.	.	1	.	.	.	.	.	.	**1**
Battery To A Child Causing Death	.	1	.	.	.	.	.	.	.	.	.	**1**
Burglary	.	2	22	6	.	.	.	.	8	2	.	**40**
Check Fraud	.	.	.	1	.	.	.	.	.	.	.	**1**
Child Molesting	.	.	2	.	.	.	.	.	1	.	.	**3**
Conspiracy	.	4	5	1	.	.	.	2	1	2	.	**15**
Controlled Substance Registration	.	.	.	1	.	.	.	.	.	.	.	**1**
Corrupt Business Influence	.	.	.	3	.	.	.	.	.	.	.	**3**
Criminal Confinement	.	.	2	1	.	.	.	.	.	1	.	**4**
Criminal Recklessness	.	.	.	1	.	.	.	.	.	1	.	**2**
Dealing In Cocaine Or Narcotic Drug	.	12	26	.	.	.	2	.	2	7	.	**49**
Dealing In Methamphetamine	.	16	27	.	.	.	3	3	3	3	.	**55**
Dealing In Schedule IV Controlled Subtance	.	.	1	1	.	.	.	.	.	.	.	**2**
Dealing Possessing Look-Alike Substance	.	.	.	1	.	.	.	.	.	.	.	**1**
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	1	.	1	.	.	**2**
Dealng In a Schedule I, II, or III Controlled Substance	.	8	30	.	.	.	.	.	.	1	.	**39**
Dumping Controlled Substance Waste	.	.	.	.	1	.	.	.	.	.	.	**1**
Escape	.	.	.	.	.	.	.	.	.	1	3	**4**
Failure To Appear	.	.	.	.	1	.	.	.	.	.	.	**1**
Failure To Return Lawful Detention/Escape	.	.	.	.	1	.	.	.	.	.	.	**1**
Firearm Within 1 Mile School Property Without License	.	.	.	1	.	.	.	.	.	.	.	**1**
Forgery,Counterfeiting,Application Fraud	.	.	.	25	.	.	.	.	.	.	3	**28**
Fraud	.	.	.	.	.	.	.	.	.	.	1	**1**
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	3	.	**4**
Handgun Violation	.	.	.	1	.	.	.	.	.	.	.	**1**
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	1	.	**1**
Identity Deception	.	.	.	.	3	.	.	.	.	.	1	**4**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Indiana Women's Prison												
Most Serious Offense	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**Total**
Insurance Fraud	.	.	.	1	.	.	.	.	.	.	.	**1**
Interference W/Medical Services	.	.	.	1	.	.	.	.	.	.	.	**1**
Intimidation	.	.	.	.	.	.	.	.	.	4	.	**4**
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	2	**3**
Murder	75	.	.	.	.	.	.	.	.	.	.	**75**
Neglect Of A Dependent	.	.	8	3	2	.	.	.	.	.	1	**14**
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	3	.	.	.	**3**
Neglect Of Dependent Resulting In Death	.	13	.	.	.	2	.	.	.	.	.	**15**
Obstruction Of Justice	.	.	.	.	.	.	.	.	.	.	1	**1**
Operate Vehicle After Suspended For Life	.	.	.	3	.	.	.	.	.	1	.	**4**
Operating Vehicle Intoxicated Resulting in Death	.	.	2	1	.	.	.	.	1	1	.	**5**
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	1	.	.	.	.	.	.	**1**
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	4	.	.	.	.	.	.	**4**
Operating Vehicle-Habit Traffic Violator	.	.	.	.	.	.	.	.	.	.	2	**2**
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	**1**
Possess Chemical Reagents Or Precursors	.	.	.	2	.	.	.	.	.	.	.	**2**
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	2	**3**
Possession Of A Controlled Substance	.	.	.	4	5	.	.	.	.	.	.	**9**
Possession Of Cocaine Or Narcotic Drug	.	1	3	1	.	.	.	.	1	.	.	**6**
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	1	.	.	.	.	.	.	**1**
Possession Of Methamphetamine	.	.	4	3	3	.	.	.	.	.	2	**12**
Possession Of Paraphernalia	.	.	.	.	.	.	.	.	.	.	2	**2**
Possession Of Syringes Or Needles	.	.	.	1	2	.	.	.	.	.	.	**3**
Promoting Prostitution	.	.	.	1	.	.	.	.	.	.	.	**1**
Promoting Prostitution Under Age 18	.	.	2	.	.	.	.	.	.	.	.	**2**
Prostitution	.	.	.	.	.	.	.	.	.	.	1	**1**
Reckless Homicide	.	.	.	1	.	.	.	.	.	1	.	**2**
Resisting Law Enforcement	.	.	.	.	.	.	.	.	.	.	2	**2**
Robbery	.	5	20	3	.	.	1	6	.	4	.	**39**
Strangulation	.	.	.	.	.	.	.	.	.	.	1	**1**
Theft,Receiving Stolen Property	.	.	.	.	13	.	.	.	.	.	7	**20**
Trafficking With An Inmate	.	.	.	4	.	.	.	.	.	3	.	**7**
Unlawful Firearm Poss By Serious Felon	.	.	2	.	.	.	.	.	.	.	.	**2**
Violation Of Custody Order	.	.	.	.	1	.	.	.	.	.	.	**1**
Voluntary Manslaughter	.	7	1	.	.	.	.	.	.	.	.	**8**
Welfare Fraud	.	.	.	2	.	.	.	.	.	.	.	**2**
Total	**75**	**89**	**174**	**83**	**43**	**2**	**7**	**18**	**20**	**50**	**35**	**596**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Madison Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	.	.	.	.	.	1	.	.	1
Aiding Inducing/Causing An Offense	.	.	6	1	.	.	.	.	.	2	.	9
Arson	.	.	.	.	.	.	.	1	.	.	.	1
Assisting A Criminal	.	.	.	.	1	.	.	.	.	.	.	1
Auto Theft, Receiving Stolen Auto Parts	.	.	.	.	1	.	.	.	.	.	1	2
Battery	.	.	.	.	1	.	.	.	.	.	.	1
Burglary	.	1	25	9	.	.	.	.	17	4	.	56
Conspiracy	.	2	8	.	.	.	.	.	2	3	.	15
Controlled Substance Registration	.	.	.	1	.	.	.	.	.	.	.	1
Corrupt Business Influence	.	.	.	5	.	.	.	.	.	2	.	7
Dealing In Cocaine Or Narcotic Drug	.	8	47	.	.	.	2	3	13	21	.	94
Dealing In Methamphetamine	.	9	73	.	.	.	2	4	16	19	.	123
Dealing In Schedule IV Controlled Subtance	.	.	3	2	.	.	.	.	.	.	.	5
Dealing Possessing Look-Alike Substance	.	.	.	.	.	.	.	.	.	2	1	3
Dealng In a Schedule I, II, or III Controlled Substance	.	5	54	.	.	.	.	.	.	2	1	62
Domestic Battery	.	.	.	.	.	.	.	.	.	.	1	1
Fail To Stop At An Accident/Sbi/Prior	.	.	.	.	1	.	.	.	.	.	.	1
Forgery,Counterfeiting,Application Fraud	.	.	.	29	.	.	.	.	.	.	3	32
Fraud	.	.	.	.	2	.	.	.	.	.	.	2
Fraud On A Financial Institution	.	.	.	3	.	.	.	.	.	1	.	4
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	1	.	1
Identity Deception	.	.	.	.	.	.	.	.	.	.	1	1
Intimidation	.	.	.	.	1	.	.	.	.	.	.	1
Invasion Of Privacy	.	.	.	.	.	.	.	.	.	.	1	1
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	1	2
Murder	2	.	.	.	.	.	.	.	.	.	.	2
Neglect Of A Dependent	.	.	1	3	2	.	.	.	.	.	1	7
Neglect Of Dependent Resulting In Death	.	1	.	.	.	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	4	.	.	.	.	.	3	.	7
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	.	.	.	1
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	1	.	.	.	.	.	.	.	1
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	6	.	.	.	.	1	4	11
Operating Vehicle-Habit Traffic Violator	.	.	.	.	1	.	.	.	.	.	.	1

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Madison Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	2	**2**
Possess Chemical Reagents Or Precursors	.	.	.	3	.	.	.	.	.	.	.	**3**
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	.	**1**
Possession Of A Controlled Substance	.	.	.	3	8	.	.	.	.	.	.	**11**
Possession Of Cocaine Or Narcotic Drug	.	2	3	1	4	.	.	.	.	3	3	**16**
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	2	.	.	.	.	.	.	**2**
Possession Of Methamphetamine	.	.	8	2	2	.	.	1	1	4	3	**21**
Possession Of Syringes Or Needles	.	.	.	.	2	.	.	.	.	1	1	**4**
Possession Or Use Of Legend Drug	.	.	.	.	.	.	.	.	.	.	1	**1**
Residential Entry	.	.	.	.	1	.	.	.	.	.	1	**2**
Robbery	.	.	4	.	.	.	.	2	.	3	.	**9**
Theft,Receiving Stolen Property	.	.	.	1	19	.	.	.	.	.	13	**33**
Trafficking With An Inmate	.	.	.	3	.	.	.	.	.	2	.	**5**
Voluntary Manslaughter	.	2	.	.	.	.	.	.	.	.	.	**2**
Welfare Fraud	.	.	.	2	.	.	.	.	.	.	.	**2**
Total	**2**	**30**	**233**	**73**	**56**	**.**	**4**	**11**	**50**	**74**	**39**	**572**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Miami Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	3	.	.	.	.	.	.	.	.	3
Aggravated Battery	.	.	80	.	.	.	.	24	.	.	.	104
Aiding Inducing/Causing An Offense	.	11	18	1	.	.	2	2	1	.	.	35
Arson	.	4	10	.	1	.	.	.	.	.	.	15
Assisting A Criminal	.	.	.	1	.	.	.	.	.	.	1	2
Attempt To Commit Felony	.	99	22	7	1	11	1	3	.	2	.	146
Auto Theft, Receiving Stolen Auto Parts	.	.	.	4	.	.	.	.	.	.	.	4
Battery	.	3	17	30	2	.	.	1	.	14	1	68
Battery To A Child Causing Death	.	2	.	.	.	.	.	.	.	.	.	2
Burglary	.	57	298	54	.	1	9	.	23	10	.	452
Carjacking	.	.	15	.	.	.	.	.	.	.	.	15
Carrying Handgun Without License	.	.	.	7	.	.	.	.	.	.	.	7
Causing Suicide	.	.	1	.	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	.	1	.	.	.	.	.	1	2
Child Molesting	.	106	27	3	.	16	.	3	1	.	.	156
Conspiracy	.	29	18	.	.	1	5	.	.	2	.	55
Corrupt Business Influence	.	.	.	3	.	.	.	.	.	1	.	4
Criminal Confinement	.	.	34	2	1	.	.	9	.	.	.	46
Criminal Deviate Conduct	.	5	3	.	.	.	.	.	.	.	.	8
Criminal Recklessness	.	.	.	5	2	.	.	.	.	1	.	8
Criminal Trespass	.	.	.	.	.	.	.	.	.	.	1	1
Deal Sub Represented To Be Controled Sub	.	.	.	.	.	.	.	.	.	.	1	1
Deal Substance Represented To Be Controlled Substance	.	.	.	.	1	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	303	123	.	.	.	22	1	2	13	.	464
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	1	.	2
Dealing In Methamphetamine	.	74	107	.	.	.	12	4	11	13	.	221
Dealing In Schedule IV Controlled Subtance	.	.	2	.	.	.	.	.	.	.	.	2
Dealing Possessing Look-Alike Substance	.	.	.	1	.	.	.	.	.	.	.	1
Dealng In a Schedule I, II, or III Controlled Substance	.	26	52	.	.	.	.	.	.	1	.	79
Domestic Battery	.	.	.	.	3	.	.	.	.	.	2	5
Escape	.	.	.	.	.	.	.	.	.	5	3	8
Failure To Register As A Sex Offender	.	.	.	.	.	.	.	.	.	2	.	2
Failure To Return Lawful Detention/Escape	.	.	3	11	2	.	.	.	.	.	.	16

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Miami Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	25	1	.	.	.	.	.	1	27
Fraud	.	.	.	.	1	.	.	.	.	.	.	1
Fraud On A Financial Institution	.	.	.	3	.	.	.	.	.	2	.	5
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	15	.	16
Identity Deception	.	.	.	.	.	.	.	.	.	.	1	1
Incest	.	.	2	.	.	.	.	.	.	.	.	2
Intimidation	.	.	.	5	2	.	.	.	.	.	.	7
Kidnapping	.	7	.	.	.	.	1	1	.	.	.	9
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	.	1
Murder	169	.	.	.	.	.	.	.	.	.	.	169
Neglect Of A Dependent	.	.	8	.	.	.	.	.	.	.	.	8
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	4	.	.	.	4
Neglect Of Dependent Resulting In Death	.	7	.	.	.	1	.	.	.	.	.	8
Non Support Of Dependent Child	.	.	.	3	1	.	.	.	.	.	.	4
Obliterating Handgun I.D.	.	.	.	1	.	.	.	.	.	.	.	1
Obstruction Of Justice	.	.	.	.	1	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	6	.	.	.	.	.	10	.	16
Operating Vehicle Intoxicated Resulting in Death	.	.	8	1	.	.	.	.	.	1	.	10
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	1	1	.	.	.	.	.	.	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	1	.	.	.	.	.	2	3
Operating Vehicle-Habit Traffic Violator	.	.	.	.	2	.	.	.	.	.	2	4
Opererating Vehicle - Schedule I Or II Control Substance	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	2	.	.	.	.	.	.	2
Possess Chemical Reagents Or Precursors	.	.	.	3	.	.	.	.	.	.	.	3
Possess Methamphetamine Without Pay Tax	.	.	.	.	1	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	3	.	.	.	.	.	1	4
Possession Of A Controlled Substance	.	.	.	6	2	.	.	.	.	.	.	8
Possession Of Cocaine Or Narcotic Drug	.	24	14	4	4	.	.	.	1	2	4	53
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	1	.	.	1
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	2	.	.	.	.	.	.	2
Possession Of Methamphetamine	.	2	10	1	2	.	.	.	1	1	1	18
Possession Of Syringes Or Needles	.	.	.	.	.	.	.	.	.	2	.	2

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Miami Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Prisoner Poss. Dangerous Device/Material	.	.	2	.	.	.	.	.	.	.	.	2
Promoting Prostitution	.	.	.	1	.	.	.	.	.	.	.	1
Rape	.	15	5	.	.	3	.	3	.	.	.	26
Reckless Homicide	.	.	.	1	.	.	.	.	.	1	.	2
Residential Entry	.	.	.	.	.	.	.	.	.	.	1	1
Resisting Law Enforcement	.	.	2	2	.	.	.	.	.	1	.	5
Robbery	.	51	284	24	.	.	9	44	.	4	.	416
Sexual Misconduct With A Minor	.	1	7	.	.	.	.	.	.	.	.	8
Stalking	.	.	1	3	.	.	.	.	.	.	.	4
Theft,Receiving Stolen Property	.	.	.	.	19	.	.	.	.	.	8	27
Trafficking With An Inmate	.	.	.	2	.	.	.	.	.	2	.	4
Unlawful Firearm Poss By Serious Felon	.	.	106	.	.	.	.	.	12	.	.	118
Voluntary Manslaughter	.	76	10	.	.	.	7	.	.	.	.	93
Total	**169**	**902**	**1,292**	**225**	**61**	**33**	**68**	**99**	**53**	**106**	**31**	**3,039**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

New Castle Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	16	.	.	.	.	2	.	.	.	18
Aiding Inducing/Causing An Offense	.	1	3	2	.	.	.	.	.	4	.	10
Arson	.	.	7	.	.	.	.	.	2	.	.	9
Attempt To Commit Felony	.	58	37	2	2	.	.	4	2	4	.	109
Auto Theft, Receiving Stolen Auto Parts	.	.	.	3	1	.	.	.	.	.	.	4
Battery	.	2	4	13	1	.	.	1	.	12	3	36
Battery By Bodily Waste	.	.	.	.	1	.	.	.	.	.	.	1
Burglary	.	24	90	29	.	.	1	.	13	14	.	171
Carjacking	.	.	6	.	.	.	.	.	.	.	.	6
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	1	.	.	.	.	.	.	.	1
Child Exploitation	.	.	.	14	2	.	.	.	.	5	.	21
Child Molesting	.	579	421	200	.	2	.	29	45	.	.	1,276
Child Seduction	.	.	.	3	1	.	.	.	.	4	1	9
Child Solicitation	.	.	.	14	3	.	.	.	5	13	.	35
Conspiracy	.	6	9	3	.	.	.	.	.	.	.	18
Corrupt Business Influence	.	.	.	1	.	.	.	.	.	2	.	3
Criminal Confinement	.	.	15	7	.	.	.	3	.	4	.	29
Criminal Deviate Conduct	.	44	93	.	.	.	.	.	.	.	.	137
Criminal Recklessness	.	.	.	1	.	.	.	.	.	2	.	3
Criminal Trespass	.	.	.	.	1	.	.	.	.	.	.	1
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	1	.	1
Dealing In Cocaine Or Narcotic Drug	.	15	28	.	.	.	.	1	1	16	.	61
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	.	1	.	.	.	.	.	1	2
Dealing In Methamphetamine	.	1	37	.	.	.	1	.	2	9	.	50
Dealing In Sched V Controlled Substance	.	.	.	.	.	.	.	.	.	1	.	1
Dealing Possessing Look-Alike Substance	.	.	.	1	.	.	.	.	.	1	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	4	27	.	.	.	.	.	.	2	.	33
Disarming A Law Enforcement Officer	.	.	.	.	.	.	.	.	.	1	.	1
Distribute Destructive Device To Minor	.	.	1	.	.	.	.	.	.	.	.	1
Domestic Battery	.	.	.	.	2	.	.	.	.	.	.	2
Escape	.	.	.	.	.	.	.	.	.	1	2	3
Failure To Register As A Sex Offender	.	.	.	14	3	.	.	.	.	14	1	32

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

New Castle Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Failure To Return Lawful Detention/Escape	.	.	.	1	2	.	.	.	.	.	.	3
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	14	.	.	.	.	.	.	.	14
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	3	.	4
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	8	.	9
Human Sexual Trafficking	.	.	.	.	.	.	.	1	1	.	.	2
Incest	.	.	18	14	.	.	.	.	1	2	.	35
Intimidation	.	.	.	4	1	.	.	.	.	1	2	8
Kidnapping	.	12	.	.	.	.	.	.	.	.	.	12
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	.	1
Murder	90	.	.	.	.	.	.	.	.	.	.	90
Neglect Of A Dependent	.	.	.	1	2	.	.	.	.	1	.	4
Neglect Of Dependent Resulting In Death	.	1	.	.	.	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	6	2	.	.	.	.	.	.	8
Obstruction Of Justice	.	.	.	.	.	.	.	.	.	.	1	1
Operate Vehicle After Suspended For Life	.	.	.	7	.	.	.	.	.	6	.	13
Operating Vehicle Intoxicated Resulting in Death	.	.	4	.	.	.	.	.	.	.	.	4
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	1	.	.	.	.	1	.	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	4	.	.	.	.	.	2	6
Operating Vehicle-Habit Traffic Violator	.	.	.	.	3	.	.	.	.	.	2	5
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	3	3
Perform Sex Conduct In Presence Of Minor	.	.	.	.	.	.	.	.	.	.	1	1
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of A Controlled Substance	.	.	.	2	3	.	.	.	.	.	.	5
Possession Of Child Pornography	.	.	.	.	.	.	.	.	.	.	5	5
Possession Of Cocaine Or Narcotic Drug	.	1	6	1	2	.	.	.	.	1	.	11
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	1	.	.	1
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	2	.	.	.	.	.	.	2
Possession Of Methamphetamine	.	.	2	1	3	.	.	.	.	1	.	7
Possession Of Syringes Or Needles	.	.	.	1	1	.	.	.	.	.	.	2
Prisoner Poss. Dangerous Device/Material	.	.	4	.	.	.	.	.	.	.	.	4
Promoting Prostitution	.	.	.	.	.	.	.	.	.	1	.	1
Promoting Prostitution Under Age 18	.	.	4	.	.	.	.	.	.	.	.	4

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

New Castle Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Public Indecency	.	.	.	.	.	.	.	.	.	.	2	2
Rape	.	90	118	.	.	.	.	19	.	.	.	227
Residential Entry	.	.	.	.	3	.	.	.	.	.	3	6
Robbery	.	20	78	15	.	.	.	1	.	4	.	118
Sexual Battery	.	.	.	.	9	.	.	.	2	.	5	16
Sexual Misconduct Gov Employe W/Detainee	.	.	.	1	.	.	.	.	.	.	.	1
Sexual Misconduct With A Minor	.	.	248	69	1	.	.	.	29	24	.	371
Stalking	.	.	.	.	1	.	.	.	.	.	.	1
Strangulation	.	.	.	.	1	.	.	.	.	.	.	1
Theft,Receiving Stolen Property	.	.	.	1	21	.	.	.	.	.	7	29
Trafficking With An Inmate	.	.	.	2	.	.	.	.	.	.	.	2
Unlawful Firearm Poss By Serious Felon	.	.	16	.	.	.	.	.	1	.	.	17
Vicarious Sexual Gratification	.	.	3	3	.	.	.	.	.	.	.	6
Violation Of 1935 Firearms Act	.	.	.	.	1	.	.	.	.	.	.	1
Voluntary Manslaughter	.	4	3	.	.	.	.	.	.	.	.	7
Voyeurism	.	.	.	.	3	.	.	.	.	.	.	3
Total	**90**	**862**	**1,298**	**457**	**85**	**2**	**2**	**61**	**105**	**163**	**41**	**3,166**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Pendleton Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	16	.	.	.	.	1	.	.	.	17
Aiding Inducing/Causing An Offense	.	5	5	.	.	1	.	.	.	.	.	11
Arson	.	3	2	.	.	.	.	.	1	.	.	6
Attempt To Commit Felony	.	83	10	.	.	2	.	.	.	1	.	96
Auto Theft, Receiving Stolen Auto Parts	.	.	.	2	1	.	.	.	.	.	3	6
Battery	.	3	4	20	1	.	1	.	.	4	1	34
Battery To A Child Causing Death	.	2	.	.	.	.	.	.	.	.	.	2
Burglary	.	35	79	18	.	3	1	.	5	3	.	144
Carjacking	.	.	7	.	.	.	.	.	.	.	.	7
Child Molesting	.	209	11	1	.	5	.	1	.	.	.	227
Conspiracy	.	7	5	.	.	.	.	.	.	.	.	12
Corrupt Business Influence	.	.	.	.	.	.	.	.	.	1	.	1
Criminal Confinement	.	.	21	1	.	.	.	1	.	2	.	25
Criminal Deviate Conduct	.	35	4	.	.	.	.	.	.	.	.	39
Criminal Recklessness	.	.	.	.	.	.	.	.	.	1	.	1
Dealing In Cocaine Or Narcotic Drug	.	88	32	.	.	.	.	.	.	3	.	123
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	.	.	.	.	.	.	1	.	1
Dealing In Methamphetamine	.	10	22	.	.	.	1	.	1	2	.	36
Dealng In a Schedule I, II, or III Controlled Substance	.	7	9	.	.	.	.	.	.	.	.	16
Escape	.	.	.	.	.	.	.	.	.	1	.	1
Failure To Register As A Sex Offender	.	.	.	.	.	.	.	.	.	1	.	1
Failure To Return Lawful Detention/Escape	.	.	.	3	.	.	.	.	.	.	.	3
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	8	.	.	.	.	.	.	.	8
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	9	.	10
Incest	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	2	.	.	.	.	.	.	.	2
Kidnapping	.	10	.	.	.	.	.	.	.	.	.	10
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	.	1
Murder	512	.	.	.	.	.	.	.	.	.	.	512
Neglect Of A Dependent	.	.	2	.	.	.	.	.	.	.	1	3
Neglect Of Dependent Resulting In Death	.	4	.	.	.	.	.	.	.	.	.	4

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Pendleton Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Non Support Of Dependent Child	.	.	.	1	.	.	.	.	.	.	.	1
Obliterating Handgun I.D.	.	.	.	1	.	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	2	.	.	.	.	.	7	.	9
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	1	.	.	2
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	1	.	.	.	.	.	.	1
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	2	.	.	.	.	.	.	2
Operating Vehicle-Habit Traffic Violator	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	1
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of A Controlled Substance	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	5	3	.	2	.	.	.	.	.	1	11
Possession Of Methamphetamine	.	.	2	.	1	.	.	.	.	1	.	4
Possession Of Syringes Or Needles	.	.	.	.	.	.	.	.	.	.	1	1
Possession Or Use Of Legend Drug	.	.	.	.	1	.	.	.	.	.	.	1
Rape	.	44	8	.	.	3	.	.	.	.	.	55
Reckless Homicide	.	.	.	2	.	.	.	.	.	.	.	2
Residential Entry	.	.	.	.	1	.	.	.	.	.	.	1
Resisting Law Enforcement	.	.	1	.	.	.	.	.	.	.	.	1
Robbery	.	33	87	6	.	.	3	6	.	2	.	137
Sexual Misconduct With A Minor	.	1	7	.	.	.	.	.	.	.	.	8
Strangulation	.	.	.	.	2	.	.	.	.	.	.	2
Theft,Receiving Stolen Property	.	.	.	.	5	.	.	.	.	.	6	11
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	.	.	1
Unlawful Firearm Poss By Serious Felon	.	.	24	.	.	.	.	.	1	.	.	25
Voluntary Manslaughter	.	35	3	.	.	.	3	.	.	.	.	41
Total	**512**	**619**	**366**	**73**	**21**	**14**	**9**	**9**	**9**	**39**	**14**	**1,685**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Plainfield Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	.	.	.	.	.	.	1	.	1
Aggravated Battery	.	.	19	.	.	.	.	9	.	.	.	28
Aiding Inducing/Causing An Offense	.	3	8	1	.	.	.	.	1	1	.	14
Aiding in Manufacture of Sch II Controlled Substance	.	.	.	.	.	.	.	.	.	.	1	1
Animal Fighting Contest	.	.	.	.	1	.	.	.	.	.	.	1
Arson	.	.	7	.	.	.	.	.	2	.	.	9
Assisting A Criminal	.	.	.	2	.	.	.	.	.	.	.	2
Attempt To Commit Felony	.	20	13	2	.	.	.	2	.	2	1	40
Auto Theft, Receiving Stolen Auto Parts	.	.	.	4	1	.	.	.	.	.	4	9
Battery	.	.	3	23	.	.	.	.	.	23	5	54
Battery By Bodily Waste	.	.	.	.	2	.	.	.	.	.	.	2
Battery To A Child Causing Death	.	1	.	.	.	.	.	.	.	.	.	1
Burglary	.	11	142	47	.	.	4	1	53	24	.	282
Carjacking	.	.	6	.	.	.	.	.	.	.	.	6
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	1	1	.	.	.	.	.	1	3
Child Molesting	.	8	1	2	.	.	.	.	.	.	.	11
Conspiracy	.	8	15	.	.	.	1	1	2	3	.	30
Corrupt Business Influence	.	.	.	5	.	.	.	.	.	1	.	6
Criminal Confinement	.	.	11	8	3	.	.	2	.	5	.	29
Criminal Recklessness	.	.	.	2	2	.	.	.	.	2	.	6
Deal Sub Represented To Be Controled Sub	.	.	.	.	.	.	.	.	.	.	1	1
Dealing In A Schedule V Controlled Subtance	.	.	1	.	.	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	51	118	.	.	.	6	4	12	11	.	202
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	1	.	.	.	.	2	1	5
Dealing In Methamphetamine	.	2	70	.	.	.	1	5	11	13	.	102
Dealing In Schedule IV Controlled Subtance	.	.	3	2	.	.	.	.	.	3	.	8
Dealing Possessing Look-Alike Substance	.	.	.	2	.	.	.	.	.	1	.	3
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	1	1	3	.	.	5
Dealng In a Schedule I, II, or III Controlled Substance	.	4	68	.	.	.	.	.	.	.	1	73
Domestic Battery	.	.	.	.	5	.	.	.	.	.	2	7
Driving While Intoxicated	.	.	.	.	1	.	.	.	.	.	.	1
Escape	.	.	.	.	.	.	.	.	.	4	6	10

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Plainfield Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	12	3	.	.	.	.	12	.	27
Failure To Return Lawful Detention/Escape	.	.	.	4	1	.	.	.	.	.	.	5
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	2
Forgery,Counterfeiting,Application Fraud	.	.	.	21	.	.	.	.	.	.	3	24
Fraud	.	.	.	.	1	.	.	.	.	.	2	3
Fraud On A Financial Institution	.	.	.	2	.	.	.	.	.	5	.	7
Handgun Violation	.	.	.	1	.	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	2	.	.	.	.	.	24	.	26
Home Improvement Fraud Enhancement	.	.	.	1	.	.	.	.	.	.	.	1
Home Improvement Fraud Offenses	.	.	.	.	2	.	.	.	.	.	.	2
Impersonating A Public Servant	.	.	.	.	.	.	.	.	.	.	1	1
Intimidation	.	.	.	7	3	.	.	.	.	6	1	17
Invasion Of Privacy	.	.	.	.	1	.	.	.	.	.	.	1
Kidnapping	.	3	.	.	.	.	.	1	.	.	1	5
Maintaining Common Nuisance	.	.	.	.	.	.	.	.	.	.	1	1
Murder	35	.	.	.	.	.	.	.	.	.	.	35
Neglect Of A Dependent	.	.	.	2	1	.	.	.	.	1	.	4
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	3	.	.	.	3
Non Support Of Dependent Child	.	.	.	13	3	.	.	.	.	1	.	17
Obliterating Handgun I.D.	.	.	.	1	.	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	28	.	.	.	.	.	18	.	46
Operating Vehicle Intoxicated Resulting in Death	.	.	5	1	.	.	.	.	1	.	.	7
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	.	.	.	.	.	2	1	3
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	8	.	.	.	.	.	3	11
Operating Vehicle With Schedule I in Body - Causing Death	.	.	.	1	.	.	.	.	.	.	.	1
Operating Vehicle-Habit Traffic Violator	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	5	.	.	.	.	.	.	5
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	1
Possess Chemical Reagents Or Precursors	.	.	.	.	.	.	.	.	.	1	.	1
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	1	2
Possession Of A Controlled Substance	.	.	.	5	8	.	.	.	.	.	.	13
Possession Of Cocaine Or Narcotic Drug	.	2	21	10	3	.	.	.	1	4	9	50

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Plainfield Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Possession Of Methamphetamine	.	.	8	2	.	.	.	5	3	4	1	**23**
Possession Of Syringes Or Needles	.	.	.	.	4	.	.	.	.	.	3	**7**
Prisoner Poss. Dangerous Device/Material	.	.	.	1	.	.	.	.	.	.	.	**1**
Rape	.	2	2	.	.	.	.	.	.	.	.	**4**
Reckless Homicide	.	.	.	1	.	.	.	.	.	2	.	**3**
Residential Entry	.	.	.	.	1	.	.	.	.	.	2	**3**
Resisting Law Enforcement	.	.	.	1	5	.	.	.	.	.	5	**11**
Robbery	.	7	82	20	.	.	.	30	.	14	.	**153**
Sale Of Unregistered Security	.	.	.	1	.	.	.	.	.	.	.	**1**
Security Fraud	.	.	1	.	.	.	.	.	.	.	.	**1**
Sexual Misconduct With A Minor	.	.	.	1	.	.	.	.	.	.	.	**1**
Stalking	.	.	1	4	.	.	.	.	1	4	.	**10**
Strangulation	.	.	.	.	.	.	.	.	.	.	3	**3**
Theft,Receiving Stolen Property	.	.	.	.	28	.	.	.	.	2	17	**47**
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	1	.	**2**
Unlawful Firearm Poss By Serious Felon	.	.	43	.	.	.	.	.	12	.	.	**55**
Voluntary Manslaughter	.	11	4	.	.	.	.	.	.	.	.	**15**
Total	**35**	**133**	**653**	**248**	**96**	**.**	**13**	**64**	**102**	**197**	**78**	**1,619**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Putnamville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	1	.	.	.	.	.	.	1	.	2
Aggravated Battery	.	.	20	.	.	.	.	9	.	.	.	29
Aiding Inducing/Causing An Offense	.	1	6	.	.	.	.	.	1	1	.	9
Arson	.	.	10	.	.	.	.	.	3	.	.	13
Assisting A Criminal	.	.	.	1	.	.	.	.	.	.	.	1
Assisting Suicide	.	.	.	1	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	22	11	3	2	.	1	.	.	2	2	43
Auto Theft, Receiving Stolen Auto Parts	.	.	.	7	5	.	.	.	.	1	10	23
Battery	.	.	6	29	3	.	.	3	.	49	8	98
Battery By Bodily Waste	.	.	.	1	1	.	.	.	.	.	.	2
Bribery	.	.	.	.	.	.	.	.	.	1	.	1
Burglary	.	10	203	62	.	.	3	3	59	35	.	375
Carjacking	.	.	9	.	.	.	.	.	.	.	.	9
Carrying Handgun Without License	.	.	.	7	.	.	.	.	.	.	.	7
Check Fraud	.	.	.	2	.	.	.	.	.	.	.	2
Child Molesting	.	1	5	4	.	.	.	.	.	.	.	10
Conspiracy	.	7	18	4	.	.	1	.	.	2	.	32
Controlled Substance Registration	.	.	.	.	1	.	.	.	.	.	.	1
Conversion	.	.	.	.	.	.	.	.	.	1	.	1
Corrupt Business Influence	.	.	.	.	.	.	.	.	.	4	.	4
Criminal Confinement	.	.	22	10	2	.	.	6	.	7	.	47
Criminal Recklessness	.	.	.	4	1	.	.	.	.	6	1	12
Dealing In Cocaine Or Narcotic Drug	.	46	165	.	.	.	12	11	19	8	.	261
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	.	.	.	.	.	.	1	1	2
Dealing In Methamphetamine	.	6	104	.	.	.	12	12	12	12	.	158
Dealing In Schedule IV Controlled Subtance	.	.	2	3	.	.	.	.	.	1	.	6
Dealing Possessing Look-Alike Substance	.	.	.	.	.	.	.	.	.	1	.	1
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	.	1	.	.	.	1
Dealng In a Schedule I, II, or III Controlled Substance	.	5	34	.	.	.	.	.	.	.	.	39
Domestic Battery	.	.	.	.	2	.	.	.	.	.	3	5
Driving After Forfeiture	.	.	.	1	.	.	.	.	.	.	.	1
Escape	.	.	.	.	.	.	.	.	1	7	6	14
Failure To Register As A Sex Offender	.	.	.	6	1	.	.	.	.	27	1	35
Failure To Return Lawful Detention/Escape	.	.	.	7	1	.	.	.	.	.	.	8
Firearm Within 1 Mile School Property Without License	.	.	.	6	.	.	.	.	.	.	.	6
Forgery,Counterfeiting,Application Fraud	.	.	.	46	1	.	.	.	.	.	3	50
Fraud	.	.	.	.	1	.	.	.	.	.	1	2

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Putnamville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Fraud On A Financial Institution	.	.	.	2	.	.	.	.	.	5	.	7
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	16	.	17
Intimidation	.	.	.	5	2	.	.	.	.	7	2	16
Involuntary Manslaughter	.	.	.	1	.	.	.	.	.	.	.	1
Kidnapping	.	4	.	.	.	.	.	.	.	1	.	5
Maintaining Common Nuisance	.	.	.	.	2	.	.	.	.	.	2	4
Murder	31	.	.	.	.	.	.	.	.	.	.	31
Neglect Of A Dependent	.	.	6	2	.	.	.	.	.	1	1	10
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	1
Neglect Of Dependent Resulting In Death	.	1	.	.	.	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	9	1	.	.	.	.	.	.	10
Obliterating Handgun I.D.	.	.	.	1	.	.	.	.	.	1	.	2
Obstruction Of Justice	.	.	.	.	.	.	.	.	.	.	1	1
Operate Vehicle After Suspended For Life	.	.	.	22	.	.	.	.	.	31	.	53
Operating Vehicle Intoxicated Resulting in Death	.	.	5	2	.	.	.	.	1	4	.	12
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	1	.	.	.	.	.	1	.	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	10	.	.	.	.	.	.	10
Operating Vehicle-Habit Traffic Violator	.	.	.	.	7	.	.	.	.	.	1	8
Opererating Vehicle - Schedule I Or II Control Substance	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	5	5
Possess Chemical Reagents Or Precursors	.	.	.	5	.	.	.	.	.	.	.	5
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	1	2
Possession Of A Controlled Substance	.	.	.	2	5	.	.	.	.	.	1	8
Possession Of Cocaine Or Narcotic Drug	.	2	11	7	1	.	.	5	3	5	3	37
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	2	.	.	2
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	4	.	.	.	.	.	.	4
Possession Of Methamphetamine	.	.	9	7	3	.	.	3	2	2	6	32
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	2	3
Possession Of Syringes Or Needles	.	.	.	1	3	.	.	.	.	1	1	6
Possession Or Use Of Legend Drug	.	.	.	.	1	.	.	.	.	.	.	1
Prisoner Poss. Dangerous Device/Material	.	.	.	1	.	.	.	.	.	.	.	1
Promoting Prostitution	.	.	.	.	.	.	.	.	.	1	.	1
Rape	.	1	.	.	.	.	.	.	.	.	.	1
Reckless Homicide	.	.	.	7	.	.	.	.	.	1	.	8
Residential Entry	.	.	.	.	.	.	.	.	.	.	8	8
Resisting Law Enforcement	.	.	.	.	2	.	.	1	.	1	5	9

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Putnamville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Robbery	.	5	123	23	.	.	4	68	.	25	.	248
Sale Of Unregistered Security	.	.	.	1	.	.	.	.	.	.	.	1
Sexual Misconduct With A Minor	.	.	1	.	.	.	.	.	2	.	.	3
Stalking	.	.	.	3	.	.	.	.	1	3	.	7
Strangulation	.	.	.	.	6	.	.	.	.	.	4	10
Theft,Receiving Stolen Property	.	.	.	.	27	.	.	.	.	1	24	52
Trafficking With An Inmate	.	.	.	2	.	.	.	.	.	.	.	2
Unlawful Firearm Poss By Serious Felon	.	.	84	.	.	.	.	.	27	.	.	111
Voluntary Manslaughter	.	15	3	.	.	.	4	.	.	.	.	22
Total	**31**	**126**	**858**	**309**	**99**	**.**	**37**	**123**	**133**	**274**	**103**	**2,093**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Reception Diagnostic Center

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	.	.	.	.	.	.	3	.	.	3
Aggravated Battery	.	.	3	.	.	.	.	2	.	.	.	.	5
Aiding Inducing/Causing An Offense	.	.	.	.	.	.	1	1	.	1	.	.	3
Arson	.	.	3	.	.	.	.	.	1	.	.	.	4
Assisting A Criminal	.	.	.	1	.	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	2	4	1	.	2	.	.	.	3	.	.	12
Auto Theft, Receiving Stolen Auto Parts	.	.	.	1	.	.	.	.	.	.	2	.	3
Battery	.	.	.	6	1	.	.	.	.	20	1	.	28
Burglary	.	.	25	10	.	.	2	.	7	20	.	.	64
Carjacking	.	.	1	.	.	.	.	.	.	.	.	.	1
Carrying Handgun Without License	.	.	.	2	.	.	.	.	.	.	.	.	2
Child Molesting	.	7	6	5	.	6	.	1	3	.	.	.	28
Conspiracy	.	.	5	1	.	.	.	1	.	.	.	.	7
Controlled Substance Registration	.	.	.	1	.	.	.	.	.	.	.	.	1
Conversion	.	.	.	.	.	.	.	.	.	1	.	.	1
Corrupt Business Influence	.	.	.	1	.	.	.	.	.	.	.	.	1
Criminal Confinement	.	.	2	1	.	.	.	1	.	4	1	.	9
Criminal Recklessness	.	.	.	.	.	.	.	.	.	2	.	.	2
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	1	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	9	14	.	.	.	5	2	1	5	.	.	36
Dealing In Methamphetamine	.	.	7	.	.	.	1	3	6	12	.	.	29
Dealing In Schedule IV Controlled Subtance	.	.	1	1	.	.	.	.	.	.	.	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	.	3	.	.	.	.	.	.	1	.	.	4
Domestic Battery	.	.	.	.	2	.	.	.	.	.	.	.	2
Escape	.	.	.	.	.	.	.	.	.	3	.	.	3
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	.	.	.	.	.	.	2	.	.	2
Failure To Return Lawful Detention/Escape	.	.	.	1	.	.	.	.	.	.	.	.	1
Firearm Within 1 Mile School Property Without License	.	.	.	3	.	.	.	.	.	.	.	.	3
Forgery,Counterfeiting,Application Fraud	.	.	.	8	.	.	.	.	.	.	1	.	9
Fraud On A Financial Institution	.	.	.	.	.	.	.	.	.	1	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	9	.	.	9
Incest	.	.	1	1	.	.	.	.	.	.	.	.	2
Intimidation	.	.	.	1	2	.	.	.	.	1	.	.	4
Kidnapping	.	1	.	.	.	.	2	.	.	.	.	.	3

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Reception Diagnostic Center

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Murder	6	.	.	.	.	.	.	.	.	.	.	.	6
Neglect Of A Dependent	.	.	1	.	.	.	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	5	3	.	.	.	.	.	.	.	8
Operate Vehicle After Suspended For Life	.	.	.	4	.	.	.	.	.	6	.	.	10
Operating Vehicle Intoxicated Resulting in Death	.	.	.	.	.	.	.	.	1	.	.	.	1
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	2	.	.	.	.	.	.	.	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	3	.	.	.	.	.	2	.	5
Operating Vehicle-Habit Traffic Violator	.	.	.	1	5	.	.	.	.	.	2	.	8
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of A Controlled Substance	.	.	.	1	.	.	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	.	.	1	2	.	.	.	.	3	1	.	7
Possession Of Methamphetamine	.	.	.	1	1	.	.	.	1	3	5	.	11
Possession Of Syringes Or Needles	.	.	.	.	1	.	.	.	.	1	.	.	2
Possession Or Use Of Legend Drug	.	.	.	1	.	.	.	.	.	.	.	.	1
Rape	.	1	3	.	.	1	.	.	.	.	.	.	5
Reckless Homicide	.	.	.	.	.	.	.	.	.	1	.	.	1
Residential Entry	.	.	.	.	1	.	.	.	.	.	2	.	3
Resisting Law Enforcement	.	.	.	.	1	.	.	.	.	.	.	.	1
Robbery	.	.	9	3	.	.	.	14	.	6	.	.	32
Sexual Battery	.	.	.	.	1	.	.	.	.	.	1	.	2
Sexual Misconduct With A Minor	.	.	2	.	.	.	.	.	1	2	.	.	5
Stalking	.	.	.	.	.	.	.	.	.	1	.	.	1
Strangulation	.	.	.	.	2	.	.	.	.	.	.	.	2
Theft,Receiving Stolen Property	.	.	.	.	9	.	.	.	.	.	6	.	15
Trafficking With An Inmate	.	.	.	.	.	.	.	.	.	1	.	.	1
Unlawful Firearm Poss By Serious Felon	.	.	4	.	.	.	.	.	3	.	.	.	7
Viol/Failure Of Carriers Duty To Warn	.	.	.	.	1	.	.	.	.	.	.	.	1
Voluntary Manslaughter	.	3	.	.	.	.	.	.	.	.	.	.	3
Total	**6**	**23**	**95**	**62**	**38**	**9**	**11**	**25**	**24**	**113**	**24**	**.**	**430**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Rockville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Aggravated Battery	.	.	7	.	.	.	.	2	.	.	.	9
Aiding Inducing/Causing An Offense	.	4	6	3	.	.	.	.	1	2	.	16
Arson	.	1	2	.	.	.	.	1	.	.	.	4
Assisting A Criminal	.	.	.	1	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	11	4	.	.	1	2	.	.	3	.	21
Auto Theft, Receiving Stolen Auto Parts	.	.	.	.	3	.	.	.	.	.	1	4
Battery	.	1	2	10	.	.	.	3	.	23	2	41
Battery By Bodily Waste	.	.	.	1	1	.	.	.	.	.	.	2
Burglary	.	3	49	10	.	1	1	1	14	8	.	87
Carjacking	.	.	2	.	.	.	.	.	.	.	.	2
Check Fraud	.	.	.	2	.	.	.	.	.	.	.	2
Child Molesting	.	25	11	2	.	1	.	.	.	.	.	39
Conspiracy	.	10	9	1	.	.	.	4	3	3	.	30
Controlled Substance Registration	.	.	.	.	3	.	.	.	.	.	.	3
Corrupt Business Influence	.	.	.	5	.	.	.	.	.	1	.	6
Criminal Confinement	.	.	3	.	.	.	.	3	.	.	.	6
Criminal Deviate Conduct	.	4	1	.	.	.	.	.	.	.	.	5
Criminal Recklessness	.	.	.	1	2	.	.	.	.	.	.	3
Dangerous Control Of A Handgun	.	.	.	.	.	.	.	.	.	1	.	1
Dealing In A Schedule V Controlled Subtance	.	.	1	.	.	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	31	45	.	.	.	3	6	11	15	.	111
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	.	2	.	.	.	.	.	1	3
Dealing In Methamphetamine	.	21	61	.	.	.	4	9	13	19	.	127
Dealing In Schedule IV Controlled Subtance	.	.	2	5	.	.	.	.	.	4	.	11
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	1	1	3	.	.	5
Dealng In a Schedule I, II, or III Controlled Substance	.	13	58	.	.	.	.	.	.	.	.	71
Domestic Battery	.	.	.	.	2	.	.	.	.	.	1	3
Escape	.	.	.	.	.	.	.	.	.	5	8	13
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	1
Fail To Stop At An Accident/Sbi/Prior	.	.	.	.	1	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	2	.	.	.	.	.	1	1	4
Failure To Return Lawful Detention/Escape	.	.	.	3	4	.	.	.	.	.	.	7
Forgery,Counterfeiting,Application Fraud	.	.	.	34	1	.	.	.	.	.	1	36

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Rockville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Fraud	.	.	.	.	3	.	.	.	.	.	4	7
Fraud On A Financial Institution	.	.	.	1	.	.	.	.	.	.	.	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	3	.	3
Human Sexual Trafficking	.	.	1	.	.	.	.	.	.	.	.	1
Incest	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	.	.	.	.	.	.	1	1	2
Kidnapping	.	.	.	.	.	.	.	1	.	1	.	2
Maintaining Common Nuisance	.	.	.	.	2	.	.	.	.	.	2	4
Murder	50	.	.	.	.	.	.	.	.	.	.	50
Neglect Of A Dependent	.	.	15	3	3	.	.	.	.	.	.	21
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	6	.	.	.	6
Neglect Of Dependent Resulting In Death	.	14	.	.	.	.	.	.	.	.	.	14
Non Support Of Dependent Child	.	.	.	.	1	.	.	.	.	.	.	1
Operate Vehicle After Suspended For Life	.	.	.	4	.	.	.	.	.	6	.	10
Operating Vehicle Intoxicated	.	.	.	.	.	.	.	.	.	.	.	1
Operating Vehicle Intoxicated Resulting in Death	.	.	7	.	.	.	.	.	4	.	.	11
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	.	.	.	.	.	.	1	.	1
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	5	.	.	.	.	1	1	7
Operating Vehicle-Habit Traffic Violator	.	.	.	.	2	.	.	.	.	.	1	3
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	2	.	.	.	.	.	.	2
Possess Chemical Reagents Or Precursors	.	.	.	.	.	.	.	.	.	1	.	1
Possess Of Precursors	.	.	.	.	2	.	.	.	.	.	2	4
Possession Of A Controlled Substance	.	.	.	2	13	.	.	.	.	.	.	15
Possession Of Cocaine Or Narcotic Drug	.	1	4	4	1	.	.	1	2	3	4	20
Possession Of Methamphetamine	.	1	7	1	5	.	.	2	.	3	2	21
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	.	1
Possession Of Syringes Or Needles	.	.	.	.	.	.	.	.	.	1	1	2
Prescription Fraud	.	.	.	.	1	.	.	.	.	.	.	1
Promoting Prostitution	.	.	.	1	.	.	.	.	.	.	.	1
Promoting Prostitution Under Age 18	.	.	1	.	.	.	.	.	.	.	.	1
Prostitution	.	.	.	.	.	.	.	.	.	.	1	1
Reckless Homicide	.	.	.	2	.	.	.	.	.	1	.	3
Residential Entry	.	.	.	.	.	.	.	.	.	.	2	2

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Rockville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Total
Robbery	.	5	16	5	.	.	1	13	.	7	.	47
Sexual Misconduct With A Minor	.	.	10	.	1	.	.	.	.	.	.	11
Strangulation	.	.	.	.	1	.	.	.	.	.	.	1
Theft,Receiving Stolen Property	.	.	.	.	26	.	.	.	.	.	21	47
Trafficking With An Inmate	.	.	.	3	.	.	.	.	.	1	.	4
Unlawful Firearm Poss By Serious Felon	.	.	4	.	.	.	.	.	.	.	.	4
Voluntary Manslaughter	.	15	3	.	.	.	1	.	.	.	.	19
Welfare Fraud	.	.	.	3	.	.	.	.	.	.	.	3
Total	**50**	**160**	**332**	**109**	**88**	**3**	**13**	**54**	**51**	**115**	**57**	**1,033**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

South Bend Community Re-Entry Center												
Most Serious Offense	**Murder**	**FA**	**FB**	**FC**	**FD**	**F1**	**F2**	**F3**	**F4**	**F5**	**F6**	**Total**
Aggravated Battery	.	.	2	.	.	.	.	.	.	.	.	**2**
Attempt To Commit Felony	.	2	2	.	.	.	.	.	.	.	.	**4**
Battery	.	.	.	1	.	.	.	.	.	.	.	**1**
Burglary	.	1	11	2	.	.	.	.	.	.	.	**14**
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	**1**
Conspiracy	.	.	2	.	.	.	.	.	.	.	.	**2**
Criminal Confinement	.	.	1	.	.	.	.	.	.	.	.	**1**
Dealing In Cocaine Or Narcotic Drug	.	4	15	.	.	.	.	.	.	.	.	**19**
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	.	.	**1**
Dealing In Methamphetamine	.	1	18	.	.	.	.	.	.	1	.	**20**
Dealng In a Schedule I, II, or III Controlled Substance	.	.	7	.	.	.	.	.	.	.	.	**7**
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	.	.	.	1	**1**
Firearm Within 1 Mile School Property Without License	.	.	.	2	.	.	.	.	.	.	.	**2**
Forgery,Counterfeiting,Application Fraud	.	.	.	5	.	.	.	.	.	.	.	**5**
Fraud	.	.	.	.	1	.	.	.	.	.	.	**1**
Handgun Violation (Felony Within 15 Yrs)	.	.	.	.	.	.	.	.	.	1	.	**1**
Illegal Possession Of Firearm By Felon	.	.	.	1	.	.	.	.	.	.	.	**1**
Intimidation	.	.	.	1	.	.	.	.	.	.	.	**1**
Invasion Of Privacy	.	.	.	.	.	.	.	.	.	.	1	**1**
Murder	3	.	.	.	.	.	.	.	.	.	.	**3**
Neglect Of A Dependent	.	.	.	1	.	.	.	.	.	.	.	**1**
Operate Vehicle After Suspended For Life	.	.	.	3	.	.	.	.	.	5	.	**8**
Operating Vehicle Intoxicated Resulting in Death	.	.	1	.	.	.	.	.	.	.	.	**1**
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	4	.	.	.	.	.	.	**4**
Operating Vehicle-Habit Traffic Violator	.	.	.	.	.	.	.	.	.	.	2	**2**
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	2	.	.	.	.	.	.	**2**
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	1	**1**
Possession Of A Controlled Substance	.	.	.	.	1	.	.	.	.	.	.	**1**
Possession Of A Destructive Device	.	.	.	1	.	.	.	.	.	.	.	**1**
Possession Of Cocaine Or Narcotic Drug	.	3	2	1	1	.	.	.	.	.	.	**7**
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	2	.	.	.	.	.	.	**2**
Possession Of Methamphetamine	.	.	4	.	1	.	.	.	.	.	.	**5**
Residential Entry	.	.	.	.	1	.	.	.	.	.	.	**1**
Resisting Law Enforcement	.	.	.	.	1	.	.	.	.	.	.	**1**
Robbery	.	1	8	.	.	.	.	1	.	.	.	**10**
Theft,Receiving Stolen Property	.	.	.	.	5	.	.	.	.	.	2	**7**
Unlawful Firearm Poss By Serious Felon	.	.	4	.	.	.	.	.	1	.	.	**5**
Voluntary Manslaughter	.	2	.	.	.	.	.	.	.	.	.	**2**
Total	**3**	**14**	**77**	**20**	**19**	**.**	**.**	**1**	**1**	**7**	**7**	**149**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Wabash Valley Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Aggravated Battery	.	.	17	.	.	1	.	5	.	.	.	.	23
Aiding Inducing/Causing An Offense	.	13	4	.	.	1	.	.	.	1	.	.	19
Arson	.	2	7	.	.	.	.	.	.	.	.	.	9
Arson - Pecuniary Loss Gt $250 Lt $5,000	.	.	.	.	.	.	.	.	.	.	1	.	1
Attempt To Commit Felony	.	102	16	2	.	6	.	.	.	1	.	.	127
Auto Theft, Receiving Stolen Auto Parts	.	.	.	2	1	.	.	.	.	.	2	.	5
Battery	.	4	2	11	2	.	.	.	.	3	1	.	23
Battery By Bodily Waste	.	.	.	.	1	.	.	.	.	.	.	.	1
Burglary	.	44	94	19	.	2	1	.	14	11	.	.	185
Carjacking	.	.	10	.	.	.	.	.	.	.	.	.	10
Carrying Handgun Without License	.	.	.	1	.	.	.	.	.	.	.	.	1
Check Fraud	.	.	.	.	1	.	.	.	.	.	.	.	1
Child Molesting	.	244	17	5	.	11	.	.	.	.	.	.	277
Conspiracy	.	8	10	1	.	1	2	.	.	1	.	.	23
Criminal Confinement	.	.	16	3	.	.	.	.	.	.	.	.	19
Criminal Deviate Conduct	.	23	2	.	.	.	.	.	.	.	.	.	25
Criminal Recklessness	.	.	.	4	.	.	.	.	.	.	.	.	4
Dealing In Cocaine Or Narcotic Drug	.	68	35	.	.	.	.	2	.	3	.	.	108
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	1	.	.	.	.	.	1	.	.	2
Dealing In Methamphetamine	.	24	43	.	.	.	2	1	1	8	.	.	79
Dealng In a Schedule I, II, or III Controlled Substance	.	6	15	.	.	.	.	.	.	.	.	.	21
Disarming A Law Enforcement Officer	.	.	.	1	.	.	.	.	.	.	.	.	1
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	1	.	.	.	.	.	.	.	.	.	1
Failure To Register As A Sex Offender	.	.	.	.	.	.	.	.	.	3	.	.	3
Failure To Return Lawful Detention/Escape	.	.	2	1	.	.	.	.	.	.	.	.	3
Firearm Within 1 Mile School Property Without License	.	.	.	1	.	.	.	.	.	.	.	.	1
Forgery,Counterfeiting,Application Fraud	.	.	.	4	.	.	.	.	.	.	1	.	5
Habitual Offender Substance Abuse	.	.	.	.	.	.	.	.	.	.	.	1	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	1	.	.	.	.	.	5	.	.	6
Home Improvement Fraud Enhancement	.	.	.	1	.	.	.	.	.	.	.	.	1
Intimidation	.	.	.	.	1	.	.	.	.	1	1	.	3
Kidnapping	.	22	.	.	.	.	.	.	.	.	.	.	22
Maintaining Common Nuisance	.	.	.	.	1	.	.	.	.	.	1	.	2
Murder	578	.	.	.	.	.	.	.	.	.	.	.	578
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	.	1
Neglect Of Dependent Resulting In Death	.	12	.	.	.	.	.	.	.	.	.	.	12

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Wabash Valley Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Non Support Of Dependent Child	.	.	.	4	1	.	.	.	.	.	.	.	5
Operate Vehicle After Suspended For Life	.	.	.	7	.	.	.	.	.	8	.	.	15
Operating Vehicle Intoxicated Resulting in Death	.	.	6	1	.	.	.	.	1	.	.	.	8
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	3	.	.	.	.	.	2	.	5
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	3	.	3
Possess Chemical Reagents Or Precursors	.	.	.	1	.	.	.	.	.	.	.	.	1
Possess Of Precursors	.	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of Cocaine Or Narcotic Drug	.	3	1	.	1	.	.	.	.	1	.	.	6
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	2	.	.	.	.	.	.	.	2
Possession Of Methamphetamine	.	1	4	.	3	.	.	.	.	2	2	.	12
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	.	.	1
Prisoner Poss. Dangerous Device/Material	.	.	2	.	.	.	.	.	.	.	.	.	2
Rape	.	52	8	.	.	8	.	1	.	.	.	.	69
Removing, Damaging, Or Altering a VIN	.	.	.	1	.	.	.	.	.	.	.	.	1
Residential Entry	.	.	.	.	.	.	.	.	.	.	1	.	1
Resisting Law Enforcement	.	.	1	.	.	.	.	.	.	.	.	.	1
Robbery	.	47	103	7	.	.	1	6	.	1	.	.	165
Sexual Misconduct With A Minor	.	1	8	.	.	.	.	.	.	.	.	.	9
Stalking	.	.	.	.	.	.	.	.	.	1	.	.	1
Strangulation	.	.	.	.	.	.	.	.	.	.	1	.	1
Theft,Receiving Stolen Property	.	.	.	2	9	.	.	.	.	.	2	.	13
Unlawful Firearm Poss By Serious Felon	.	.	24	.	.	.	.	.	1	.	.	.	25
Uttering Forged Prescription	.	.	.	.	1	.	.	.	.	.	.	.	1
Voluntary Manslaughter	.	38	2	.	.	.	1	.	.	.	.	.	41
Total	**578**	**714**	**450**	**81**	**30**	**30**	**7**	**16**	**17**	**51**	**18**	**1**	**1,993**

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Westville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Accident Fail To Stop Reulting in Serious Injury or Death	.	.	.	.	1	.	.	.	.	2	.	.	3
Aggravated Battery	.	.	35	.	.	.	.	7	.	.	.	.	42
Aiding Inducing/Causing An Offense	.	.	17	3	1	.	.	9	6	8	.	.	44
Arson	.	.	14	.	.	.	.	.	4	.	.	.	18
Assisting A Criminal	.	.	.	1	.	.	.	.	.	.	.	.	1
Attempt To Commit Felony	.	16	22	8	1	.	1	4	2	5	1	.	60
Auto Theft, Receiving Stolen Auto Parts	.	.	.	4	2	.	.	.	.	.	12	.	18
Battery	.	.	9	49	5	.	.	4	.	58	7	.	132
Battery By Bodily Waste	.	.	.	1	1	.	.	.	.	.	.	.	2
Battery To A Child Causing Death	.	1	.	.	.	.	.	.	.	.	.	.	1
Burglary	.	8	235	81	.	.	2	1	76	53	.	.	456
Carjacking	.	.	3	.	.	.	.	.	.	.	.	.	3
Carrying Handgun Without License	.	.	.	10	.	.	.	.	.	.	.	.	10
Child Molesting	.	3	1	2	.	.	.	.	.	.	.	.	6
Conspiracy	.	7	17	2	1	.	.	1	2	5	.	.	35
Controlled Substance Registration	.	.	.	1	1	.	.	.	.	.	.	.	2
Conversion	.	.	.	.	.	.	.	.	.	.	1	.	1
Corrupt Business Influence	.	.	.	10	.	.	.	.	.	5	.	.	15
Criminal Confinement	.	.	18	10	1	.	.	4	.	9	.	.	42
Criminal Deviate Conduct	.	2	1	.	.	.	.	.	.	.	.	.	3
Criminal Recklessness	.	.	.	5	3	.	.	.	.	5	3	.	16
Deal Substance Represented To Be Controlled Substance	.	.	.	.	1	.	.	.	.	.	.	.	1
Dealing In Cocaine Or Narcotic Drug	.	66	218	1	.	.	1	12	23	39	.	.	360
Dealing In Marijuana, Hash, or Hash Oil	.	.	.	3	1	.	.	.	.	1	.	.	5
Dealing In Methamphetamine	.	17	152	.	.	.	4	11	39	63	.	.	286
Dealing In Schedule IV Controlled Subtance	.	.	2	4	.	.	.	.	.	.	.	.	6
Dealing Possessing Look-Alike Substance	.	.	.	6	.	.	.	.	.	1	1	.	8
Dealng A Sched I, Ii, Iii Control Subst	.	.	.	.	.	.	.	.	2	.	.	.	2
Dealng In a Schedule I, II, or III Controlled Substance	.	7	98	.	.	.	.	.	.	.	.	.	105
Disarming A Law Enforcement Officer	.	.	.	3	.	.	.	.	.	2	.	.	5
Domestic Battery	.	.	.	.	13	.	.	.	.	.	9	.	22
Escape	.	.	.	.	.	.	.	.	.	9	14	.	23
Fail To Return To Accident Resulting in Serious Injury	.	.	.	.	.	.	.	1	.	.	.	.	1
Fail To Stop After Accident - Operating Vehicle Intoxicated	.	.	3	.	.	.	.	.	.	.	.	.	3
Failure Of Sex Offender To Possess Id	.	.	.	.	1	.	.	.	.	.	.	.	1

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Westville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Failure To Appear	.	.	.	.	.	.	.	.	.	.	1	.	1
Failure To Register As A Sex Offender	.	.	.	15	2	.	.	.	.	20	4	.	41
Failure To Return Lawful Detention/Escape	.	.	2	6	4	.	.	.	.	.	.	.	12
Firearm Within 1 Mile School Property Without License	.	.	.	7	.	.	.	.	.	.	.	.	7
Forgery,Counterfeiting,Application Fraud	.	.	.	46	3	.	.	.	.	.	4	.	53
Fraud	.	.	.	.	3	.	.	.	.	.	3	.	6
Fraud On A Financial Institution	.	.	.	9	.	.	.	.	.	11	.	.	20
Habitual Offender	.	.	.	.	.	.	.	.	.	.	.	1	1
Habitual Offender Substance Abuse	.	.	.	.	.	.	.	.	.	.	.	1	1
Handgun Violation (Felony Within 15 Yrs)	.	.	.	9	.	.	.	.	.	30	.	.	39
Home Improvement Fraud Enhancement	.	.	.	1	.	.	.	.	.	.	.	.	1
Home Improvement Fraud Offenses	.	.	.	.	1	.	.	.	.	.	.	.	1
Identity Deception	.	.	.	.	1	.	.	.	.	.	.	.	1
Intimidation	.	.	.	7	4	.	.	.	.	13	7	.	31
Invasion Of Privacy	.	.	.	.	1	.	.	.	.	.	2	.	3
Involuntary Manslaughter	.	.	.	1	.	.	.	.	.	.	.	.	1
Kidnapping	.	1	.	.	.	.	.	2	.	.	.	.	3
Maintaining Common Nuisance	.	.	.	.	2	.	.	.	.	.	.	.	2
Mischief	.	.	.	1	.	.	.	.	.	.	.	.	1
Murder	48	.	.	.	.	.	.	.	.	.	.	.	48
Neglect Of A Dependent	.	.	7	2	1	.	.	.	.	1	2	.	13
Neglect Of A Dependent Resulting in Serious Injury	.	.	.	.	.	.	.	4	.	.	.	.	4
Neglect Of Dependent Resulting In Death	.	1	.	.	.	.	.	.	.	.	.	.	1
Non Support Of Dependent Child	.	.	.	14	4	.	.	.	.	.	.	.	18
Obliterating Handgun I.D.	.	.	.	.	.	.	.	.	.	1	.	.	1
Obstruction Of Justice	.	.	.	.	1	.	.	.	.	.	2	.	3
Operate Vehicle After Suspended For Life	.	.	.	34	.	.	.	.	.	51	.	.	85
Operating Vehicle Intoxicated Resulting in Death	.	.	6	2	.	.	.	.	1	5	.	.	14
Operating Vehicle Intoxicated Resulting in Serious Bodily Injury	.	.	.	1	.	.	.	.	.	.	1	.	2
Operating Vehicle While Intoxicated-Previous Conviction	.	.	.	.	20	.	.	.	.	.	11	.	31
Operating Vehicle-Habit Traffic Violator	.	.	.	1	9	.	.	.	.	.	7	.	17
Opererating Vehicle While Intoxicated - Endangering Person	.	.	.	.	1	.	.	.	.	.	.	.	1
Opererating Vehicle While Intoxicated - Prior Conviction	.	.	.	.	.	.	.	.	.	.	2	.	2
Perjury	.	.	.	.	.	.	.	.	.	.	1	.	1
Possess Chemical Reagents Or Precursors	.	.	.	3	.	.	.	.	.	4	.	.	7

INDIANA DEPARTMENT OF CORRECTION
ADULT OFFENDERS
by Most Serious Offense
for July 2016
snapshot date: 07/01/2016

Westville Correctional Facility

Most Serious Offense	Murder	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	HO	Total
Possess Of Precursors	.	.	.	.	5	.	.	.	.	.	3	.	8
Possession Of A Controlled Substance	.	.	.	11	11	.	.	.	.	.	.	.	22
Possession Of Cocaine Or Narcotic Drug	.	10	20	10	6	.	.	2	6	9	16	.	79
Possession Of Dangerous Device	.	.	.	.	.	.	.	.	.	1	.	.	1
Possession Of Marijuana, Hash, Hash Oil	.	.	.	.	7	.	.	.	.	.	1	.	8
Possession Of Methamphetamine	.	2	14	5	8	.	.	.	.	11	11	.	51
Possession Of Paraphernalia	.	.	.	.	1	.	.	.	.	.	.	.	1
Possession Of Syringes Or Needles	.	.	.	.	1	.	.	.	.	.	3	.	4
Possession Or Use Of Legend Drug	.	.	.	.	.	.	.	.	.	.	2	.	2
Prisoner Poss. Dangerous Device/Material	.	.	.	1	.	.	.	.	.	.	.	.	1
Rape	.	4	1	.	.	.	.	.	.	.	.	.	5
Reckless Homicide	.	.	.	7	.	.	.	.	.	3	.	.	10
Residential Entry	.	.	.	.	3	.	.	.	.	.	6	.	9
Resisting Law Enforcement	.	.	.	1	6	.	.	.	.	.	6	.	13
Robbery	.	14	157	26	.	.	3	55	.	29	.	.	284
Security Fraud	.	.	.	1	.	.	.	.	.	.	.	.	1
Sexual Misconduct With A Minor	.	.	1	1	.	.	.	.	.	.	.	.	2
Stalking	.	.	2	2	.	.	.	.	.	3	.	.	7
Strangulation	.	.	.	.	4	.	.	.	.	.	.	.	4
Theft,Receiving Stolen Property	.	.	.	.	45	.	.	.	.	.	36	.	81
Trafficking With An Inmate	.	.	.	1	.	.	.	.	.	4	.	.	5
Unlawful Firearm Poss By Serious Felon	.	.	51	.	.	.	.	.	20	.	.	.	71
Voluntary Manslaughter	.	24	8	.	.	.	.	.	.	.	.	.	32
Total	**48**	**183**	**1,114**	**429**	**187**	**.**	**11**	**117**	**181**	**461**	**179**	**2**	**2,912**

Scott.A.Milkey

From:	Hudson, MK <mk.hudson@courts.IN.gov>
Sent:	Monday, July 11, 2016 10:23 AM
To:	Mimi Carter;Dolan, Kathryn;Casper, Kristin;Smith, Connie S;Cozad, Sara;Lanham, Julie (COA);Triol, Shelley;Karns, Allison;Garrison, Douglas S.;Gavin, James (Jim);McCoy, Cindy;McCaffrey, Steve;Lemons, Marni;Moore, Kevin B;Miller, Daniel R
Cc:	Randolph, Isaac
Subject:	RE: Indiana Evidence Based Decision Making Initiative - Communications Plan
Attachments:	Grant County Communications Strategy.doc

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Good morning! To aid our discussion on Thursday, please find attached a copy of Grant County's EBDM communication plan. The Grant County Policy Team developed this as part of the participation in EBDM as a local site. Where appropriate, we may be able to translate parts of their local plan to the state level.

Mary Kay

-----Original Appointment-----
From: Hudson, MK
Sent: Thursday, July 07, 2016 8:34 AM
To: Hudson, MK; Mimi Carter (cartermm@cepp.com); Dolan, Kathryn; kcasper@pdc.in.gov; Smith, Connie S; Cozad, Sara; Lanham, Julie (COA); STriol@gov.IN.gov; Karns, Allison; dsgarrison@idoc.in.gov; jim.gavin@fssa.in.gov; Cindy McCoy; Stephen C McCaffrey; marni.lemons@fssa.in.gov; Kevin.Moore@fssa.IN.gov; Miller, Daniel R (DaniMiller@ipac.IN.gov)
Cc: Randolph, Isaac
Subject: Indiana Evidence Based Decision Making Initiative - Communications Plan
When: Thursday, July 14, 2016 1:30 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Conference Call 1 800 207 6717 passcode 946730

Since March 2015, Indiana's state criminal justice leaders have received technical assistance from the National Institute of Corrections to participate in NIC's Evidence Based Decision Making Initiative (EBDM). The purpose of the initiative is to develop policies and practices that support research informed decision making that will improve criminal justice outcomes. Agencies and organizations participating in this initiative include ICJI, DOC, Office of the Governor, Supreme Court/Judicial Center, IPAC, PD Council, DMHA, and Mental Health America. These and other agencies form Indiana's EBDM Policy Team.

With NIC's technical assistance, the Indiana EBDM Policy Team (policy team) identified specific areas to implement changes in policy and practice. They include: data collection and sharing, pretrial release practices, access to mental health services, strategies to reduce offenders' risk to reoffend, system responses to compliance and non-compliance with community supervision and jail/prison facility requirements, and professional development opportunities criminal justice practitioners. By using research to inform decisions, the policy team

The initial period of technical assistance has ended, and the policy team is applying for continued technical assistance from NIC to implement changes in the above referenced areas. As part of the application process, the policy team must develop a plan to communicate its efforts and outcomes across state agencies, the local criminal justice entities, and to the general public. The policy team is referring to this as its "communication plan."

To assist the state team in developing its plan, I am inviting you to participate in a conference call on **July 14 from 1:30 pm – 3:00 pm**. Please let me know if you are able to attend at your earliest convenience. If you are not able to attend that date and time, please let me know in your RSVP if you are available on **July 15 at 1:30 pm**.

Please do not hesitate to contact me if you have any questions. Thank you!

Mary Kay Hudson
Deputy Director
Indiana Judicial Center / Division of State Court Administration

One Less Offender.
One Less Victim.
One Less Misspent Dollar.

Communications Strategy Plan

Grant County Evidence-Based Decision-Making Policy Team

I. Goal: What's the point? What do we want to accomplish?

A. Educate stakeholders — local departments and individuals who participate and are affected by the criminal justice system — and the public about the real-life, real-time, real-money benefits of following evidence-based practices.

B. Build support among stakeholders and the public for evidence-based practices.

C. Encourage stakeholders to actively and enthusiastically participate in evidence-based practices.

II. Target audiences: Who are we talking to?

A. Internal: The immediate, hands-on users of the system — law enforcement, prosecutors, public defenders, courts, corrections and service providers. They will be charged with gathering and analyzing data, molding it into best-practice policies. They should understand the importance and benefits of evidence-based practices, and they should be able to explain it to people outside the system. ("Internal" also refers to other government entities interested in developing EBDM protocols of their own.)

B. External: The public — the people who fund the criminal justice system and are affected by its daily workings. They deserve to know about efforts to create a more efficient and responsive criminal-justice system as well as the system's efforts to be careful stewards of the public's money and trust.

III. The issue: What is this about, and who will be affected?

A. Stewardship. At its most basic, this is about not wasting the public's money.

1. Internal perspective: Public servants must remember their duty to safeguard and be efficient with the money they receive from taxpayers. Evidence-based practices encourage fiscal responsibility. These practices may not lead to less spending, but they should ensure more efficient spending.

2. External perspective: Taxpayers resent wasteful government spending, and they appreciate efforts at efficient thrift. Evidence-based practices promote efficient spending and justify it with objective proof of its success.

B. Efficient *and* effective practices.

C. The elevator speech (The EBDM message in a nutshell): Some practices may be efficient but not effective, while some may be effective but not efficient. The idea behind evidence-based decision-making is to use consistent, cohesive data-gathering and analysis to encourage and incorporate practices that are both efficient and effective while — most importantly — serving the needs and goals of justice without wasting the public's money.

IV. Method: How do we get the message out?

A. Research.

Decide what information will be shared internally, externally or both.

B. Gatekeepers.
Decide from whom the information comes.

1. Overall.
Main spokespeople, internally and externally, are Grant Circuit Court Judge Mark E. Spitzer, chairman of the Grant County Evidence-Based Decision-Making Policy Team, and Grant County Correctional Services Director Cynthia L. McCoy, local EBDM initiative coordinator. They will guide any statements or presentations concerning the EBDM initiative.

2**.** Internal.
In addition to Judge Spitzer and Director McCoy, the elected officials and heads of the departments within the criminal justice system, along with their designees, will be EBDM spokespeople within the county system. Designated representatives of the defense bar and service providers will be spokespeople within those groups.

3. External.
Judge Spitzer, Director McCoy and their designees will be the spokespeople for external audiences.

C. Vehicles.
Decide how the message will be carried.

Grant County is the smallest of the seven EBDM initiative sites, and, therefore, has limited media outlets. The county has one daily newspaper and four radio stations with essentially one news operation covering them all. Several weekly newspapers exist, but their day-to-day news coverage is minimal, although they probably would welcome material sent to them.

1. Internal.
- **a.** Staff meetings.
- **b.** E-mail blasts, including periodic e-newsletters.
- **c.** Training sessions.

2. External.
- **a.** Print
  - **i.** Local newspapers: Guest columns, news releases as warranted, story ideas showing the benefits of EBDM.
  - **ii.** Brochures: Attractive, easy-to-read publications explaining EBDM and featuring real-life examples of how it works.
- **b.** Electronic
  - **i.** Radio: Interviews on locally produced programs, news releases and interviews with involved stakeholders as needed.
  - **ii.** Television: Interviews on locally produced programs.
  - **iii.** Public service announcements: Brief video presentations — audio could be used on radio — featuring stakeholders giving their versions of the elevator speech.
- **c.** Public engagement
  - **i.** Civic organizations: Presentations, including brochures, to area organizations, such as service clubs, local elected officials groups, neighborhood associations, etc.

ii. Roundtables: Major stakeholders meet with community leaders, editorial boards, etc., to explain Grant County's EBDM efforts.

iii. Listening posts: Assemble a focus group to meet with major stakeholders on a regular basis, perhaps semi-annually. Stakeholders would explain the initiative and listen to group members' perceptions about the project. Compare perceptions as the initiative progresses.

V. Products: What do we use to get the message out?

A. Internal. For use by stakeholders within their own departments or audiences.

1. Flow chart or graphic showing EBDM processes.

2. Fact sheet/talking points.

3. Feedback/suggestion forms. Staff members working within the system should be encouraged to offer feedback about how the system is working and suggestions for improvements.

B. External. For use by spokespeople in presenting the message to the public.

1. Brochures.

2. News releases, media advisories.

3. Guest columns.

4. Talking points for speeches, presentations.

5. Bios of spokespeople.

6. PowerPoint presentations.

7. Fact sheets.

8. Flow chart or graphic explaining EBDM.

VI. Coverage tracking: Who's listening to our message?

A. Times, dates and places of presentations, internal and external; number of people attending. Details kept by the people staging the presentations and periodically forwarded to the policy team.

B. Times and outlets for radio and TV coverage, interviews, public service announcements. Details kept by people involved in the coverage and interviews and periodically forwarded to the policy team.

C. Dates and publication details of print interviews, guest columns, etc. Details kept by people involved in the publication and forwarded to the policy team.

VII. Evaluation: Is the message getting through?

Policy team periodically reviews tracking coverage, feedback from focus groups/listening posts and feedback/suggestion forms from staff. Do stakeholder staffs and the public understand and appreciate EBDM goals?

□□□

About the plan's authors:

■ **Cliff Sessoms** has almost 25 years experience in law enforcement. He has worked at the Marion Police Department as a patrol officer, criminal investigator, shift supervisor and deputy chief of police; he has served as the

public information officer for eight years. He also has many hours of training in media relations, including time while attending the FBI National Academy. He holds a bachelor's degree in computer information systems and a master's degree in public management from Indiana University. He is currently the Marion Police Department as the deputy chief of operations. He serves on the Mayor's Commission Against Domestic Violence, First Light Child Advocacy Center team and the Grant County Evidence-based Decision-Making Team.

■ **Mike Cline** has more than 30 years experience in communications. He has worked at newspapers as a reporter and editor, at Vanderbilt University Medical Center as a public affairs officer and medical writer/editor and as a media director with the Indiana General Assembly. He also holds a law degree and has passed the Tennessee bar exam. He currently is with the Grant County Prosecutor's Office. He is a member of the Mayor's Commission Against Domestic Violence, the First Light Child Advocacy Center team and the Grant County Evidence-Based Decision-Making Team. He also serves on the board of trustees for the Marion Public Library and on the board of directors of the Community Foundation of Grant County.

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Friday, July 08, 2016 10:03 AM
To: Pitcock, Josh
Subject: RE: HHS Announces New Actions to Combat Opioid Epidemic

No worries, I'm buried anyway right now! Thank you for the update from Burwell.

From: Pitcock, Josh [mailto:jpitcock@sso.org]
Sent: Friday, July 08, 2016 8:24 AM
To: Hill, John (GOV) <jhill@gov.in.gov>; Wernert, Dr. John J. <Dr.John.Wernert@fssa.in.gov>; Goodwin, Nicholas R <NiGoodwin@gov.IN.gov>; Schilb, Veronica J <VSchilb@gov.IN.gov>; McGuffee, Tyler Ann <TaMcGuffee@gov.IN.gov>; Seema Verma (sverma@svcinc.org) <sverma@svcinc.org>; Karns, Allison <AKarns@gov.IN.gov>; McGrath, Danielle <DMcGrath@gov.IN.gov>; Adams, Jerome <JeAdams@isdh.IN.gov>; Craig, Lindsey M <LCraig@gov.IN.gov>
Subject: FW: HHS Announces New Actions to Combat Opioid Epidemic

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Sorry for delay on this…I missed it on Wed. night. Announcement from HHS about opioids actions…

From: Mason, James (HHS/IEA) [mailto:james.mason@hhs.gov]
Sent: Wednesday, July 6, 2016 7:11 PM
To: HHS IEA (OS/IEA) <HHSIEA@hhs.gov>
Cc: Barson, Emily (HHS/IEA) <Emily.Barson@hhs.gov>; Botticella, Angela (OS/IEA) <Angela.Botticella@hhs.gov>
Subject: HHS Announces New Actions to Combat Opioid Epidemic

Dear Colleague:

Today, Health and Human Services Secretary Burwell announced several new actions that HHS is taking to combat the nation's opioid epidemic. The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

You may read more about this announcement in press release at http://www.hhs.gov/about/news/2016/07/06/hhs-announces-new-actions-combat-opioid-epidemic.html and pasted below.

Emily Barson
Director of Intergovernmental and External Affairs
U.S. Department of Health and Human Services

****

News Release

U.S. Department of Health & Human Services

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter @HHSMedia

HHS announces new actions to combat opioid epidemic

U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell today announced several new actions the department is taking to combat the nation's opioid epidemic.

The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation," said Secretary Burwell . "At HHS, we are helping to lead the nationwide effort to address the opioid epidemic by taking a targeted approach focused on prevention, treatment, and intervention. These actions build on this approach. However, if we truly want to turn the tide on this epidemic, Congress should approve the President's $1.1 billion budget request for this work."

The actions announced today build on the HHS Opioid Initiative, which was launched in March 2015 and is focused on three key priorities: 1) improving opioid prescribing practices; 2) expanding access to medication-assisted treatment (MAT) for opioid use disorder; and 3) increasing the use of naloxone to reverse opioid overdoses. They also build on the National Pain Strategy , the federal government's first coordinated plan to reduce the burden of chronic pain in the U.S.

Actions that are part of today's announcement include the:

Buprenorphine Final Rule

Expanding access to MAT is one of the three foundational priorities of the HHS Opioid Initiative, and buprenorphine is one of the drugs frequently used for MAT. The rule finalized today by the Substance Abuse and Mental Health Services Administration (SAMHSA) allows practitioners who have had a waiver to prescribe buprenorphine for up to 100 patients for a year or more, to now obtain a waiver to treat up to 275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing

in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule.

HCAHPS Proposal

Many clinicians report feeling pressure to overprescribe opioids because scores on the HCAHPS survey pain management questions are tied to Medicare payments to hospitals. But those payments currently have a very limited connection to the pain management questions on the HCAHPS survey. In order to mitigate even the perception that there is financial pressure to overprescribe opioids, the Centers for Medicare and Medicaid Services (CMS) is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation. This means that hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive.

IHS PDMP Policy

While many Indian Health Service (IHS) clinicians already utilize PDMP databases, IHS will now require its opioid prescribers and pharmacists to check their state PDMP database prior to prescribing or dispensing any opioid for more than seven days. The new policy is effective immediately for more than 1,200 IHS clinicians working in IHS federally operated facilities who are authorized to prescribe opioids. Checking a PDMP database before prescribing an opioid helps to improve appropriate pain management care, identify patients who may have an opioid misuse problem, and prevent diversion of drugs. This policy builds on IHS efforts to reduce the health consequences associated with opioid use disorder. As a part of this work, IHS announced that it would train hundreds of Bureau of Indian Affairs law enforcement officers on how to use naloxone, and provide them with the life-saving, opioid overdose-reversing drug.

New Research Priorities

Research on opioids conducted and funded by HHS helps the department better track and understand the epidemic, support the development of new pain and addiction treatments, identify evidence-based clinical practices to advance pain management, reduce opioid misuse and overdose, and improve opioid use disorder treatment – all areas of research that are critical to our national response to the opioid epidemic. HHS will launch more than a dozen new scientific studies on opioid misuse and pain treatment to help fill knowledge gaps and further improve our ability to fight this epidemic. As part of this announcement, the department released a report and inventory on the opioid misuse and pain treatment research being conducted or funded by its agencies in order to provide policy-makers, researchers, and other stakeholders with the full scope of HHS activities in this area. The report will also help these stakeholders and external funders of research avoid unnecessarily duplicating research that is currently underway. For more information, download the HHS infographic on the department's research priorities.

Prescriber Training RFI

HHS is actively working to stem the overprescribing of opioids in a number of ways, including by providing prescribers with access to the tools and education they need to make informed decisions. In particular, HHS has developed a number of activities that support opioid prescriber education. This request for information seeks comment on current HHS prescriber education and training programs and proposals that would augment

ongoing HHS activities.

For more information on other actions HHS has taken to address the opioid epidemic, download the department's new Opioid Epidemic fact sheet.

###

Like HHS on Facebook, follow HHS on Twitter @HHSgov, and sign up for HHS Email Updates
Follow HHS Secretary Sylvia Burwell on Twitter @SecBurwell

Scott.A.Milkey

From: Pitcock, Josh <jpitcock@sso.org>
Sent: Friday, July 08, 2016 8:24 AM
To: Hill, John (GOV);Wernert, Dr. John J.;Goodwin, Nicholas R;Schilb, Veronica J;McGuffee, Tyler Ann;Seema Verma (sverma@svcinc.org);Karns, Allison;McGrath, Danielle;Adams, Jerome;Craig, Lindsey M
Subject: FW: HHS Announces New Actions to Combat Opioid Epidemic

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Sorry for delay on this…I missed it on Wed. night. Announcement from HHS about opioids actions…

From: Mason, James (HHS/IEA) [mailto:james.mason@hhs.gov]
Sent: Wednesday, July 6, 2016 7:11 PM
To: HHS IEA (OS/IEA) <HHSIEA@hhs.gov>
Cc: Barson, Emily (HHS/IEA) <Emily.Barson@hhs.gov>; Botticella, Angela (OS/IEA) <Angela.Botticella@hhs.gov>
Subject: HHS Announces New Actions to Combat Opioid Epidemic

Dear Colleague:

Today, Health and Human Services Secretary Burwell announced several new actions that HHS is taking to combat the nation's opioid epidemic. The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

You may read more about this announcement in press release at http://www.hhs.gov/about/news/2016/07/06/hhs-announces-new-actions-combat-opioid-epidemic.html and pasted below.

Emily Barson
Director of Intergovernmental and External Affairs
U.S. Department of Health and Human Services

****

News Release

U.S. Department of Health & Human Services

202-690-6343
media@hhs.gov
www.hhs.gov/news
Twitter @HHSMedia

HHS announces new actions to combat opioid epidemic

U.S. Health and Human Services (HHS) Secretary Sylvia M. Burwell today announced several new actions the department is taking to combat the nation's opioid epidemic.

The actions include expanding access to buprenorphine, a medication to treat opioid use disorder, a proposal to eliminate any potential financial incentive for doctors to prescribe opioids based on patient experience survey questions, and a requirement for Indian Health Service prescribers and pharmacists to check state Prescription Drug Monitoring Program (PDMP) databases before prescribing or dispensing opioids for pain. In addition, the department is launching more than a dozen new scientific studies on opioid misuse and pain treatment and soliciting feedback to improve and expand prescriber education and training programs.

"The opioid epidemic is one of the most pressing public health issues in the United States. More Americans now die from drug overdoses than car crashes, and these overdoses have hit families from every walk of life and across our entire nation," said Secretary Burwell . "At HHS, we are helping to lead the nationwide effort to address the opioid epidemic by taking a targeted approach focused on prevention, treatment, and intervention. These actions build on this approach. However, if we truly want to turn the tide on this epidemic, Congress should approve the President's $1.1 billion budget request for this work."

The actions announced today build on the HHS Opioid Initiative, which was launched in March 2015 and is focused on three key priorities: 1) improving opioid prescribing practices; 2) expanding access to medication-assisted treatment (MAT) for opioid use disorder; and 3) increasing the use of naloxone to reverse opioid overdoses. They also build on the National Pain Strategy , the federal government's first coordinated plan to reduce the burden of chronic pain in the U.S.

Actions that are part of today's announcement include the:

Buprenorphine Final Rule

Expanding access to MAT is one of the three foundational priorities of the HHS Opioid Initiative, and buprenorphine is one of the drugs frequently used for MAT. The rule finalized today by the Substance Abuse and Mental Health Services Administration (SAMHSA) allows practitioners who have had a waiver to prescribe buprenorphine for up to 100 patients for a year or more, to now obtain a waiver to treat up to 275 patients. Practitioners are eligible to obtain the waiver if they have additional credentialing in addiction medicine or addiction psychiatry from a specialty medical board and/or professional society, or practice in a qualified setting as described in the rule.

HCAHPS Proposal

Many clinicians report feeling pressure to overprescribe opioids because scores on the HCAHPS survey pain management questions are tied to Medicare payments to

hospitals. But those payments currently have a very limited connection to the pain management questions on the HCAHPS survey. In order to mitigate even the perception that there is financial pressure to overprescribe opioids, the Centers for Medicare and Medicaid Services (CMS) is proposing to remove the HCAHPS survey pain management questions from the hospital payment scoring calculation. This means that hospitals would continue to use the questions to survey patients about their in-patient pain management experience, but these questions would not affect the level of payment hospitals receive.

IHS PDMP Policy

While many Indian Health Service (IHS) clinicians already utilize PDMP databases, IHS will now require its opioid prescribers and pharmacists to check their state PDMP database prior to prescribing or dispensing any opioid for more than seven days. The new policy is effective immediately for more than 1,200 IHS clinicians working in IHS federally operated facilities who are authorized to prescribe opioids. Checking a PDMP database before prescribing an opioid helps to improve appropriate pain management care, identify patients who may have an opioid misuse problem, and prevent diversion of drugs. This policy builds on IHS efforts to reduce the health consequences associated with opioid use disorder. As a part of this work, IHS announced that it would train hundreds of Bureau of Indian Affairs law enforcement officers on how to use naloxone, and provide them with the life-saving, opioid overdose-reversing drug.

New Research Priorities

Research on opioids conducted and funded by HHS helps the department better track and understand the epidemic, support the development of new pain and addiction treatments, identify evidence-based clinical practices to advance pain management, reduce opioid misuse and overdose, and improve opioid use disorder treatment – all areas of research that are critical to our national response to the opioid epidemic. HHS will launch more than a dozen new scientific studies on opioid misuse and pain treatment to help fill knowledge gaps and further improve our ability to fight this epidemic. As part of this announcement, the department released a report and inventory on the opioid misuse and pain treatment research being conducted or funded by its agencies in order to provide policy-makers, researchers, and other stakeholders with the full scope of HHS activities in this area. The report will also help these stakeholders and external funders of research avoid unnecessarily duplicating research that is currently underway. For more information, download the HHS infographic on the department's research priorities.

Prescriber Training RFI

HHS is actively working to stem the overprescribing of opioids in a number of ways, including by providing prescribers with access to the tools and education they need to make informed decisions. In particular, HHS has developed a number of activities that support opioid prescriber education. This request for information seeks comment on current HHS prescriber education and training programs and proposals that would augment ongoing HHS activities.

For more information on other actions HHS has taken to address the opioid epidemic, download the department's new Opioid Epidemic fact sheet.

###

Like HHS on Facebook, follow HHS on Twitter @HHSgov, and sign up for HHS Email Updates

Follow HHS Secretary Sylvia Burwell on Twitter @SecBurwell

Scott.A.Milkey

From: Pitcock, Josh <jpitcock@sso.org>
Sent: Friday, July 08, 2016 8:16 AM
To: Hill, John (GOV);Wernert, Dr. John J.;Schilb, Veronica J;Goodwin, Nicholas R;Karns, Allison;McGuffee, Tyler Ann;McGrath, Danielle;Seema Verma (sverma@svcinc.org);Triol, Shelley
Subject: FW: NGA's Road Map for States to Combat Rx Opioid and Heroin Abuse
Attachments: NGA Opioid Road Map 7.7.2016.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

[redacted]

From: Becker, Melinda [mailto:mbecker@nga.org]
Sent: Thursday, July 7, 2016 11:31 AM
To: Reps <reps@talk.nga.org>
Cc: Isasi, Frederick <fisasi@nga.org>; Murphy, Kelly <KMurphy@NGA.ORG>
Subject: NGA's Road Map for States to Combat Rx Opioid and Heroin Abuse

To: Washington Representatives
From: Melinda Becker, NGA Center Health Division
Re: NGA's Road Map for States to Combat Prescription Opioid and Heroin Abuse

We are very excited to share with you a new NGA tool, titled *Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States* (attached and linked below). Developed through extensive consultation with state officials and other national experts, the road map highlights effective practices and the most promising health care and public safety strategies for reducing opioid misuse and overdose. Please feel free to share this resource widely across state government agencies, such as public health, mental health and substance abuse, Medicaid, human services, and law enforcement. If you have any questions, please feel free to contact me or Kelly Murphy (202-624-5399/kmurphy@nga.org).

Thank you.

Melinda Becker
NGA Center for Best Practices
202-624-5336 | mbecker@nga.org

From: Elena Waskey [mailto:ewaskey=nga.org@mail228.suw14.mcdlv.net] **On Behalf Of** Elena Waskey
Sent: Thursday, July 7, 2016 11:02 AM
To: Waskey, Elena <EWaskey@NGA.ORG>
Subject: National Governors Association Releases Comprehensive Opioid Abuse Tool for States

78 Americans die every day from opioid overdose.

If it takes you more than 19 minutes to read this email, one person will have already died from an opioid overdose.

The facts are clear: The United States is in the midst of a crisis when it comes to opioid misuse and heroin abuse.

Since 2012, the National Governors Association (NGA) has been working with governors and state policymakers to combat this deadly epidemic.

Earlier this year at their annual Winter Meeting in Washington, D.C., governors discussed their shared frustration that change isn't coming fast enough. Turning the tide on this epidemic requires active leadership from health care providers and other key partners, including Congress. It also requires bold and thoughtful new solutions like those in the road map.

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States is a new tool to help states mount a comprehensive public health response to the crisis with effective health care and public safety strategies. The road map brings together insights from state officials and

A new tool released today from the National Governors Association takes a comprehensive approach to curbing the nation's opioid epidemic.

Q: What is the road map?
A: A tool for states to combat the opioid epidemic, with comprehensive strategies to prevent and treat opioid use disorder and overdose while strengthening the law enforcement response.

NGA Resources on Opioid Misuse and Overdose

Governors' Priorities for Addressing the Nation's Opioid Crisis (February 2016)

Governors, American Medical Association Call for

End to Opioid Crisis (February 2016)
Reducing Prescription Drug Abuse: Lessons Learned from an NGA Policy Academy (February 2014)
Six Strategies for Reducing Prescription Drug Abuse (September 2012)
Prescription Drug Abuse Reduction Policy Academy: 2012-2014 (Round 1)
Prescription Drug Abuse Reduction Policy Academy: 2014-2015 (Round 2)

other national experts to serve as a guide for states in their efforts to address this public health emergency.

Governors will continue the conversation when they meet in Des Moines on July 15 with state experts and U.S. Health and Human Services Secretary Sylvia Mathews Burwell to discuss how to tackle the epidemic. That session will be broadcast live at nga.org.

Also, don't miss an exclusive press event solely focused on opioids with governors and NGA issue experts.

To learn more about the NGA Summer Meeting or to register, click here. To view an agenda, click here.

For questions on the road map or upcoming Summer Meeting, contact Elena Waskey at 202.624.7787 or ewaskey@nga.org.

#NGA2016

NGA2016.org

This email was sent to ewaskey@nga.org

why did I get this? unsubscribe from this list update subscription preferences

National Governors Association · 444 North Capitol St. · Washington, Dc 20001 · USA

The information contained in this electronic transmission, including any attachments, is for the exclusive use of the intended recipient(s) and may contain information that is privileged, proprietary, and/or confidential. If the reader of this transmission is not an intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any review, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender and delete this message.

You are currently subscribed to [reps] as jpitcock@sso.org.

To unsubscribe, send a blank email to leave-249307-169393.686dc12eb73e9fde5fe9682902b855ff@talk.nga.org.

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States

National Governors Association

Acknowledgments

Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States was written by Kelly Murphy, Melinda Becker, Jeff Locke, Chelsea Kelleher, Jeff McLeod and Frederick Isasi.

The road map is the result of the National Governors Association Center for Best Practices (NGA Center) Health Division and Homeland Security and Public Safety Division's work on prescription opioid misuse and heroin since 2012.

The NGA Center would like to thank the countless state officials and national experts for their guidance and involvement in this work and their tireless commitment to ending the opioid epidemic.

The NGA Center would also like to acknowledge the Centers for Disease Control and Prevention (CDC) for its generous support in developing this tool through Cooperative Agreement Number U38OT000227. The contents of the road map are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Recommended citation format: K.Murphy, M.Becker, J.Locke, C.Kelleher, J.McLeod, and F.Isasi, *Finding Solutions to the Prescription Opioid and Heroin Crisis: A Road Map for States* (Washington, D.C.: National Governors Association Center for Best Practices, July 2016).

National Governors Association Opioid Road Map Executive Summary

THE PROBLEM

Inappropriate opioid prescribing has fueled one of the deadliest drug epidemics in U.S. history. Though most opioid-related overdoses involve prescription opioids, an increasing number are linked to illicit opioids such as heroin and fentanyl.

THE ROLE OF STATES

Governors are taking action to end the opioid epidemic with a range of public health and public safety strategies across the continuum from prevention and early identification to treatment and recovery.

THE ROAD MAP

The road map is a tool to help states respond to the opioid crisis with effective health care and public safety strategies.

KEY STATISTICS

Every day, **78 people** die from an overdose related to prescription opioids and heroin.

Medicaid is the most common payer of opioid-related hospitalizations, the cost of which **quadrupled** between 2002 – 2012.

In 2012, health care providers wrote enough opioid prescriptions for every American adult to have a bottle of pills.

Heroin seizures by U.S. law enforcement rose **81%** between 2010 – 2014.

4 out of 5 heroin users reported misusing prescription opioids before moving to heroin.

80% of people with an opioid use disorder are not receiving treatment.

STEP 1 Assess the Situation

IDENTIFY POLICY AND FINANCIAL LEVERS, AND CONDUCT HIGH-LEVEL DATA SCAN

IDENTIFY OR CREATE PRESCRIPTION OPIOID AND HEROIN TASK FORCE

ENSURE KEY DECISION MAKERS ARE INVOLVED

CONNECT WITH PRIORITY STAKEHOLDERS AND SET VISION

KEY OUTPUTS:

Overarching vision and goals

Comprehensive understanding of the state levers to reduce opioid misuse and overdose

STEP 2 Develop and Select Policies

PREVENTING OPIOID MISUSE AND OVERDOSE

HEALTH CARE STRATEGIES FOR PREVENTION AND EARLY IDENTIFICATION

- Develop and update guidelines for all opioid prescribers.
- Limit new opioid prescriptions for acute pain, with exceptions for certain patients.
- Adopt a comprehensive opioid management program in Medicaid and other state-run health programs.
- Remove methadone for managing pain from Medicaid preferred drug lists.
- Expand access to non-opioid therapies for pain management.
- Enhance education and training for all opioid prescribers.
- Maximize the use and effectiveness of state prescription drug monitoring programs.
- Use public health and law enforcement data to monitor trends and strengthen prevention efforts.
- Enact legislation that increases oversight of pain management clinics to reduce "pill mills."
- Raise public awareness about the dangers of prescription opioids and heroin.

PUBLIC SAFETY STRATEGIES FOR REDUCING ILLICIT SUPPLY

- Establish a collaborative information sharing environment across state agencies.
- Leverage assets from partner entities to improve data collection and intelligence sharing.
- Expand statutory tools for prosecuting major distributors.
- Expand law enforcement partnerships and data access to better target over-prescribers.
- Implement best practices and ensure intergovernmental cooperation in narcotics investigations.
- Establish and enhance stakeholder coalitions.

RESPONDING TO OPIOID MISUSE AND OVERDOSE

HEALTH CARE STRATEGIES FOR TREATMENT AND RECOVERY

- Change payment policies to expand access to evidence-based MAT and recovery services.
- Increase access to naloxone.
- Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.
- Create new linkages to evidence-based MAT and recovery services.
- Consider authorizing and providing support to syringe service programs.
- Reduce stigma by changing the public's understanding of substance use disorder.

PUBLIC SAFETY STRATEGIES FOR RESPONSE

- Empower, educate, and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment.
- Reinforce use of best practices in drug treatment courts.
- Ensure access to MAT in correctional facilities and upon reentry.
- Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment.
- Ensure compliance with Good Samaritan laws.

STEP 3 Finalize Policies, Implement & Evaluate

DEVELOP WORK PLAN BASED ON POLICY PRIORITIES

Develop a work plan or identify an existing vehicle, such as an existing statewide opioid plan, from which an actionable work plan can be developed to achieve defined objectives.

IMPLEMENT POLICIES

CONTINUOUSLY MONITOR AND EVALUATE

Implement rapid cycle performance monitoring, reporting and quality improvement strategies.

Make programmatic adjustments based on evaluation.

IN THE APPENDIX: • State Examples • State Approaches to Establishing Opioid Prescription Limits • Medication Assisted Treatment Overview • Sample Key Data Sources • Abbreviated Resource List • More Information About Evaluation

Introduction

How to Use the Road Map

The road map is a tool to help states respond to the growing crisis of opioid misuse and overdose. Used effectively, this tool will help states assess their current capacity to address the problem, select evidence-based and promising strategies and evaluate their work.

With many states already working to combat the epidemic, some steps may overlap with efforts currently underway. The road map is designed as a policy development tool, allowing a state to use all or portions of the road map as it applies to their unique situation. States could consider revisiting the tool as needed.

What to Expect

Here is an overview of what states will find as they progress through the road map:

- Background on the problem and the factors driving the current prescription opioid misuse and heroin epidemic
- Steps to address the crisis, including how to assess the situation, select policies and evaluate initiatives
- A summary of evidence-based and promising health care and public safety strategies to reduce opioid misuse and overdose
- An appendix with state data sources and additional resources, including sample state plans

How it Was Developed

The road map was developed through extensive research and consultation with senior state officials and other national experts in the fields of health and public safety. The National Governors Association (NGA) invited input from a broad array of stakeholders, including pain specialists, substance use disorder treatment providers, health care payers, law enforcement and criminal justice professionals. Numerous federal agencies shared resources and expertise. The road map also reflects insights from the work NGA has done with states since 2012 to reduce prescription opioid misuse and overdose.

For additional information about the road map, please contact Kelly Murphy at kmurphy@nga.org or Jeff McLeod at jmcleod@nga.org.

Background

Opioid use disorder and overdose are serious problems affecting millions of Americans.

In 2014, an estimated 1.9 million people in the United States suffered from substance use disorders related to prescription opioids and an estimated 586,000 people were addicted to heroin.[1] Overdose deaths have soared in recent years; between 2001 and 2014, there was a 200 percent increase in the rate of overdose deaths involving prescription opioids and heroin.[2] According to CDC, more Americans died of drug overdoses in 2014 than in any year on record. Opioids were involved in 61 percent (28,647) of the 47,055 drug overdose deaths that occurred that year in the United States.[3]

The rise in opioid use disorder and overdose has been fueled by inappropriate opioid prescribing. Sales of prescription opioid painkillers nearly quadrupled from 1999 to 2014, though the amount of pain reported by Americans remained relatively unchanged.[4] This shift in opioid prescribing practices began in the 1990s with changing attitudes about pain management—including the move to treat pain as the fifth vital sign—and the risks associated with prescription opioids. In 2012, health care providers wrote 259 million prescriptions for opioid painkillers, enough for every American to have a bottle of pills.[5]

Along with the increase in prescription opioid misuse, the United States has recently seen a related surge in heroin. Heroin overdose death rates more than tripled between 2010 and 2014.[6] Although surveys show that less than 4 percent of people who have misused prescription opioids start using heroin within five years, four out of five recent heroin initiates (79.5 percent) reported nonmedical use of prescription opioids.[7] With an increased supply of heroin and new methods for selling to a broader base of customers, illegal drug traffickers have become increasingly aggressive and sophisticated in their distribution methods. Adding to the problem, traffickers in some areas have begun supplementing heroin with illicit fentanyl, an inexpensive and powerful opioid that is up to 50 times more potent than heroin. The emergence of illicit fentanyl has led to a dramatic increase in overdose deaths in some states and poses unique challenges for health care and public safety professionals.

Background

Having recognized the widespread and devastating nature of the opioid crisis, governors are taking action to stem the tide of opioid use disorder and overdose. States are uniquely positioned to do this work, because they play a central role in protecting public health and safety; regulating health care providers; establishing prescription drug monitoring programs (PDMPs); and paying for care through Medicaid, state employee benefits, corrections and other health programs. Current evidence suggests that the most effective way to end the opioid crisis is to take a public health approach focused on preventing and treating opioid use disorder as a chronic disease while strengthening law enforcement efforts to address illegal supply chain activity. This road map uses a public health intervention model to guide state activities in targeting the problem with health care and law enforcement strategies. A monitoring and evaluation component is included to help states assess the effectiveness of those efforts and inform future activities.

1 Sarra L. Hedden et al., Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health (Rockville MD: Substance Abuse and Mental Health Services Administration, 2015), http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf (accessed June 13, 2016).

2 Rose Rudd et al., "Increases in Drug and Opioid Overdose Deaths—United States, 2000–2014," Morbidity and Mortality Weekly Report 64 no. 50 (January 1, 2016): 1378–1382, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm (accessed June 13, 2016).

3 Ibid.

4 Leonard J. Paulozzi et al., "Vital Signs: Overdoses of Prescription Opioid Pain Relievers—United States, 1999–2008," Morbidity and Mortality Weekly Report 60 no. 43 (November 1, 2011): 1487–1492, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6043a4.htm (accessed June 13, 2016); and H.Y. Chang et al., "Prevalence and Treatment of Pain in Emergency Departments in the United States, 2000–2010," American Journal of Emergency Medicine 32 no. 5 (May 2014): 421–423, http://www.ncbi.nlm.nih.gov/pubmed/24560834 (accessed June 13, 2016).

5 Centers for Disease Control and Prevention, "Vital Signs: Opioid Painkiller Prescribing: Where You Live Makes a Difference," Morbidity and Mortality Weekly Report (July 1, 2014).

6 R. Rudd, "Increases in Drug and Opioid Overdose Deaths."

7 Pradip K. Muhuri, Joseph C. Gfroerer, and M. Christine Davies, "Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States," Center for Behavioral Health Statistics and Quality Data Review (August 2013), http://www.samhsa.gov/data/sites/default/files/DR006/DR006/nonmedical-pain-reliever-use-2013.htm (accessed June 13, 2016).

NGA's Work on Reducing Prescription Opioid Misuse

Between 2012 and 2015, NGA worked with 13 states on statewide plans that combined health care and law enforcement strategies to target the problem of prescription opioid misuse. Major aspects of statewide plans are listed below and informed the development of this road map.

Optimizing PDMPs.

PDMPs are being used to greater effect in many states as a source of real-time information for health care providers, as a tool to interdict diversion of prescription opioids and as an analytical tool for examining trends and outcomes associated with state policies and programs.

Enhancing enforcement by coordinating operations, providing specialized training and strengthening existing laws.

States are improving their law enforcement and regulatory oversight activities by ensuring a coordinated approach to investigating and prosecuting cases.

Ensuring proper disposal of prescription drugs.

States are collaborating with local coalitions, pharmacies, health professional boards and the Drug Enforcement Administration (DEA) in take-back activities, such as hosting take-back events and identifying permanent locations where the public can safely dispose of unused prescription medications.

Leveraging the state's role as regulator and purchaser of services.

States are working to improve prescribing practices by increasing educational opportunities and requirements for health care providers, and adopting guidelines on appropriate prescribing practices.

NGA's Work on Reducing Prescription Opioid Misuse

Increasing access to treatment.

States play an important role in ensuring Medicaid and private insurance coverage of medication-assisted treatment (MAT), behavioral health and wraparound services and recovery supports. States are working to increase access in rural areas by implementing telehealth initiatives and by integrating treatment into primary care settings. (See Appendix A on page 29 for an overview of U.S. Food and Drug Administration (FDA)–approved medications indicated for treating opioid use disorder and opioid overdose.)

Building partnerships among key stakeholders.

Reducing prescription opioid misuse requires agencies, consumer groups, health care providers, industry and others who may not typically work together to partner to develop an effective and comprehensive strategy. Governors are promoting interagency collaboration by creating task forces or working groups through executive order.

Using the bully pulpit to promote public education about prescription opioid misuse.

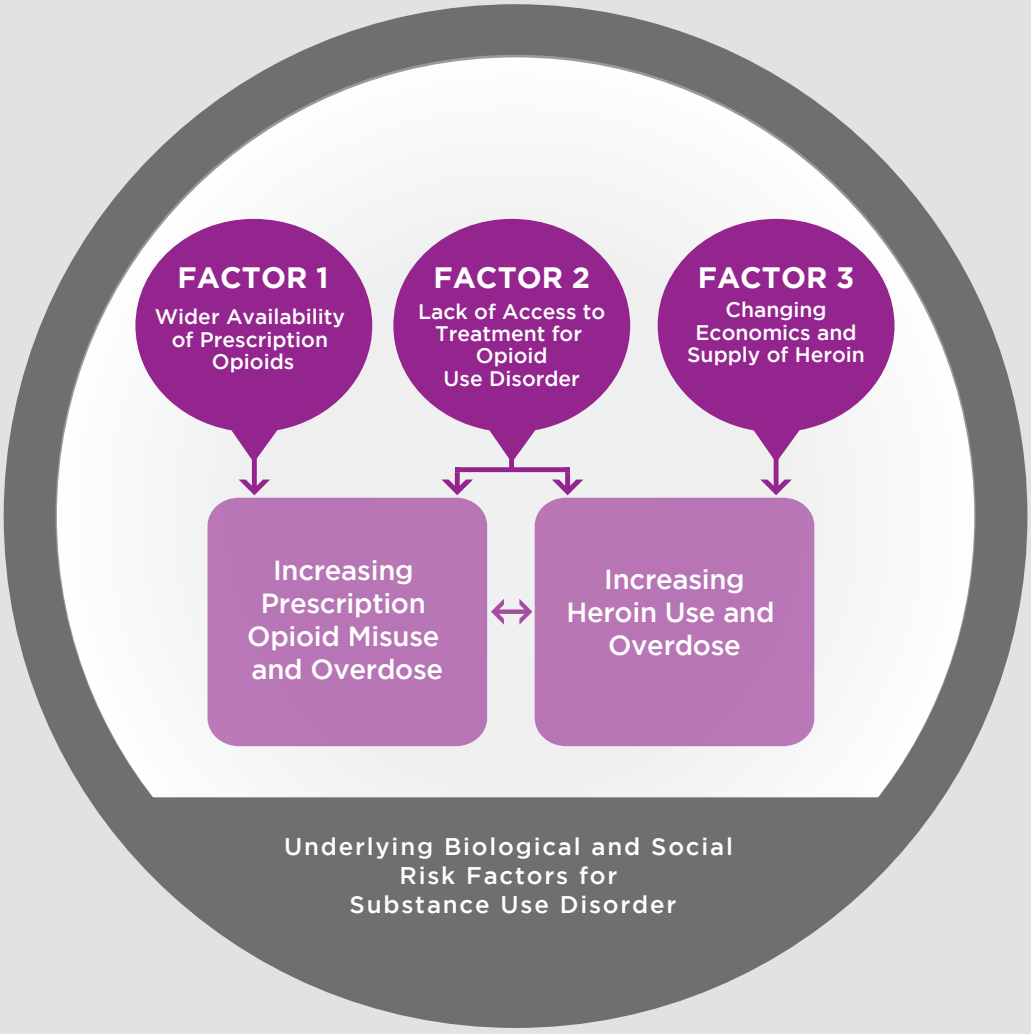
Governors are spearheading statewide public awareness campaigns to educate the public, providers, state policymakers and other public officials about the risks associated with prescription opioids, the scope of the problem and the need to destigmatize and raise awareness about treatment and recovery.

Developing data strategies with metrics and evaluation plans to drive policy and practice.

To ensure that interventions have their intended effect, states are incorporating evaluation into their plans. Evaluation can help demonstrate the impact and value of policies and programs, ensure accountability for resources invested and inform the development of future policies and initiatives.

Major Factors Driving the Prescription Opioid and Heroin Epidemic

Understanding the factors that drive the interrelated problems of prescription opioid misuse, heroin use and opioid-related overdose is essential to developing effective strategies.



Overview: Steps to Address Prescription Opioid Misuse and Heroin



Step 1: Assess the Situation (2 –3 months)

IDENTIFY POLICY AND FINANCIAL LEVERS, AND CONDUCT HIGH-LEVEL DATA SCAN
Take initial inventory of existing state efforts, financial mechanisms, and high-level data to improve understanding of the problem and identify opportunities.

Identify staff to conduct initial review of:
- Existing state prescription opioid and heroin plans
- Medicaid and other contracting authorities
- Payment policies
- Financing mechanisms, including federal funding for health care and public safety
- High-level, publicly available state data, including health and public safety data

*See Appendix B on page 30 for a list of potential data sources and Appendix C on page 31 for an abbreviated resource list.

IDENTIFY OR CREATE PRESCRIPTION OPIOID AND HEROIN TASK FORCE
Designate a team ("Opioid Team") that owns development and execution of a strategic plan.

Compose or work with an existing Opioid Team with direct report to cabinet-level officials

Consider a team comprised of state officials and local academic experts to work in consultation with stakeholders

Identify a team lead (or co-leads) who is engaged with public health and safety, and who has:
- Visibility over all health and law enforcement efforts
- Ability to elevate key issues to ultimate decision makers

ENSURE KEY DECISION MAKERS ARE INVOLVED
Opioid Team identifies key decision makers to review and validate levers and provide preliminary high-level priorities for addressing the epidemic.

Identify and engage key decision makers to familiarize them with the problem and understand their high-level priorities

Key decision makers may include:
- "Drug czar"
- Behavioral health leads
- Medicaid director
- State health officials
- State corrections officials
- Attorney general
- State public safety officials
- State social services officials
- Sheriffs/police chiefs

*See Appendix D on page 32 for a list of key decision makers.

CONNECT WITH PRIORITY STAKEHOLDERS AND SET VISION
Opioid Team meets with priority stakeholders to assess the problem, identify potential challenges and establish vision.

Meet with priority stakeholders and trusted experts to:
- Identify health care and public safety priorities
- Interpret data and review evidence base
- Identify major state-specific challenges and opportunities related to political environment, cultural competency, etc.
- Develop a vision statement to guide priority setting within time horizons (1 year, 5–10 years, etc.)

*See Appendix D on page 32 for examples of priority stakeholders.

KEY OUTPUTS:

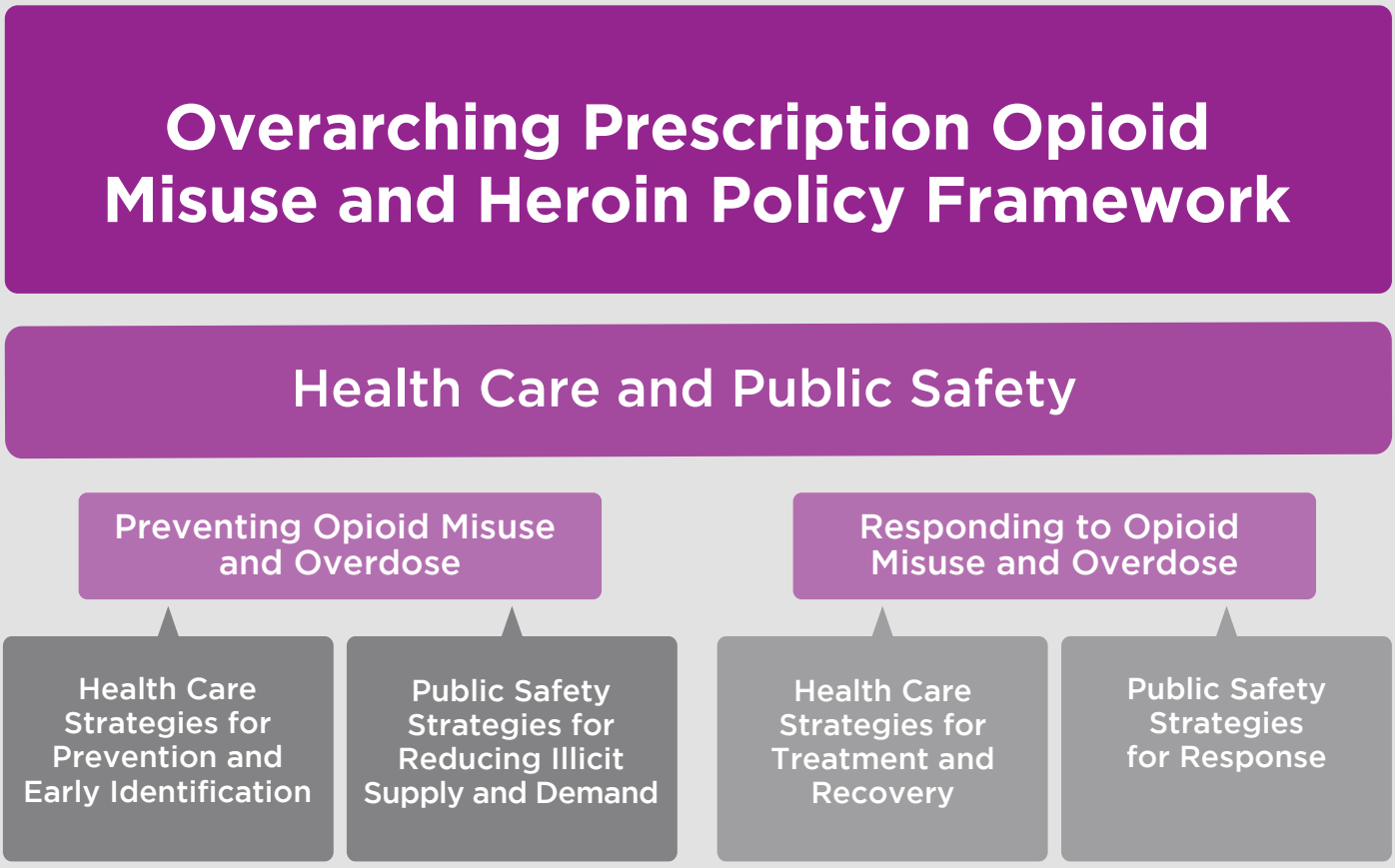
1. OVERARCHING VISION AND GOALS
- Informed by data and environmental scan
- Shaped by key decision makers and priority stakeholders
- Owned by the Opioid Team

2. COMPREHENSIVE UNDERSTANDING OF THE STATE LEVERS TO REDUCE OPIOID MISUSE AND OVERDOSE

Step 2: Develop and Select Policies (3 months)



Step 2: Establish a Policy Framework



Step 2: Analyze Policy Strategies and Identify Policy Priorities

How Strategies Were Selected

The following four pages include evidence-based and promising strategies for addressing prescription opioid misuse and heroin use within the general population. This section is not intended to be exhaustive; rather it highlights the most impactful policies and practices identified through research and consultation with states and other national experts. To build a comprehensive action plan, states may adopt some or all of these strategies, depending on the nature of the problem and other state-specific considerations. Notably, this road map does not include strategies for specific populations, such as pregnant women, veterans and rural communities, which will be addressed through future initiatives.

Key Criteria for Selecting Strategies

Evidence-based.

Is there strong evidence demonstrating the effectiveness of the strategy in achieving the desired outcome?

- Evidence-based programs and practices have been evaluated empirically and do not rely on traditional practice or anecdotal evidence.

Promising.

For strategies that do not have a strong evidence base, how likely is it that the strategy will reduce the magnitude and severity of harm related to opioid misuse and use disorder or decrease opioid overdose deaths?

- How many people are likely to be affected?
- How important is the strategy to furthering a state's understanding of the problem and targeting future efforts?
- How likely is the strategy to result in unintended harm?
- Can the impact of the strategy be measured and tracked?

Step 2: Health Care Strategies for Prevention and Early Identification

Develop and update guidelines for all opioid prescribers.

- Work with state health professional licensing boards to develop or update opioid prescribing guidelines with recommended dosing and day limits.
- Consider adopting or using CDC's Guideline for Prescribing Opioids for Chronic Pain to inform state guidelines.

Limit new opioid prescriptions for acute pain, with exceptions for certain patients.

- Partner with health care providers to establish dosage and day limits for new opioid prescriptions for acute pain, with exceptions for certain patients and flexibility for prescribers to use their clinical judgement in determining when higher doses or longer prescriptions are appropriate.
- Limits may be established in statute, regulations or guidelines (see Appendix E on page 33).

Develop and adopt a comprehensive opioid management program in Medicaid and other state-run health programs.

- Programs may require a treatment plan between doctors and patients, a risk assessment signed by the patient, prior authorization for high-dose prescriptions or those exceeding a certain number of days and the use of a single prescriber and pharmacy for all opioid prescriptions.
- Encourage or require commercial plans to implement similar programs (e.g., Blue Cross Blue Shield Massachusetts' Prescription Pain Medication Safety Program).
- Authorize public payers, including Medicaid and Medicare, and commercial plans to review PDMP data applicable to their enrollees.

Remove methadone for managing pain from Medicaid preferred drug lists.

- If methadone remains a preferred drug for managing pain, consider the use of step therapy, quantity limits and clinical criteria at the point of sale to limit its use to patients for whom the benefits outweigh the risks.

Expand access to non-opioid therapies for pain management.

- In Medicaid and other state-run health programs, provide and consider increasing reimbursement for comprehensive pain management services that include non-opioid therapies for acute and chronic pain.
- Encourage or require commercial plans to implement similar reimbursement policies.

Enhance education and training for all opioid prescribers.

- Work with institutions that educate and train opioid prescribers (e.g., medical schools and residency programs) to develop curricula on pain management, safe opioid prescribing and substance use disorder that incorporates opioid prescribing guidelines.

Step 2: Health Care Strategies for Prevention and Early Identification

- As a condition of licensure, require all opioid prescribers to complete high-quality continuing medical education courses in pain management, safe opioid prescribing that incorporates opioid prescribing guidelines.

Maximize the use and effectiveness of state PDMPs.

- Require providers to check the PDMP before prescribing Schedule II, III and IV controlled substances.
- Require pharmacists to report to the PDMP within 24 hours.
- Use PDMP data to provide proactive analyses and reporting to professional licensing boards and law enforcement.
- Make PDMPs easier to use by integrating PDMP data into electronic health records and health information systems and by allowing prescribers to establish delegate accounts.
- Ensure PDMP interoperability with other states.

Use public health and law enforcement data to monitor trends and strengthen prevention efforts.

- Ensure access to key data sources (e.g., de-identified PDMP data and toxicology and drug seizure reports) to identify geographical hot spots and alert law enforcement, public health entities, community coalitions, substance abuse prevention and treatment agencies and the public.
- Authorize medical examiners to obtain PDMP data for death investigations.
- Establish multidisciplinary overdose fatality review teams to conduct confidential case reviews and inform state and local overdose prevention.

Enact legislation that increases oversight of pain management clinics to reduce "pill mills."

- Define what constitutes a pain management clinic based on the volume and types of services provided.
- Require pain management clinics to register with the state or obtain a license or certificate from the state.
- Give the state health agency or licensing board authority to inspect pain management clinics and mandate unannounced inspections when receiving complaints of violations.
- Require pain management clinic owners and medical directors to meet training requirements and prohibit non-law-abiding or restricted licensees from becoming owners or employees.

Raise public awareness about the dangers of prescription opioids and heroin.

- Use the bully pulpit to raise awareness about the risks associated with opioid use.
- Identify opportunities to require targeted education, such as middle and high-school health classes and annual safety trainings for student athletes and their parents.
- Work with community coalitions to provide evidence-based prevention programming to youth and other high-risk groups (e.g., Strengthening Families Program, PROPSER).
- Help publicize law enforcement-sponsored and pharmacy take-back programs as well as other opportunities for safe drug disposal.

Step 2: Public Safety Strategies for Reducing the Illicit Supply of and Demand for Opioids

Establish a collaborative information sharing environment that breaks down silos across state agencies to better understand trends, target interventions and support a comprehensive state response.

- Increase law enforcement, human services, forensic labs and public health expert collaboration and understanding of state drug data trends, patterns, implications and threats (e.g., drug monitoring initiatives, see Appendix F on page 34).
- Embed public health professionals with state drug intelligence units, automate drug data collection processes for real-time alerts and share data on law enforcement and emergency services administration of naloxone to identify and map potential spikes in drug overdoses.
- Use de-identified PDMP data to pin-point communities with elevated levels of high-risk opioid and benzodiazepine prescribing as areas at potential high risk for heroin use.

Leverage assets from partner entities to improve data collection and intelligence sharing to restrict the supply of illicit opioids.

- Where possible, designate High Intensity Drug Trafficking Areas (HIDTAs) as the central source for state drug intelligence and enter state opioid investigative activities into the HIDTA Case Explorer.
- Utilize the El Paso Intelligence Center as a national-level opioid intelligence repository for state law enforcement and non law enforcement partners, with HIDTAs providing and accessing data.
- Request criminal analyst and intelligence support from the National Guard Counterdrug Program for state law enforcement efforts.
- Harness the existing fusion center infrastructure to effectively communicate heroin supply intelligence within the state.
- Ensure that law enforcement data is shared with public health.

Expand statutory tools for prosecuting major distributors.

- Establish or align legal definitions and criminal penalties for distribution of heroin and illicit fentanyl that results in fatal or nonfatal overdoses.
- Ensure state drug trafficking and conspiracy statutes are in place to target drug trafficking as part of an ongoing criminal enterprise.

Expand law enforcement partnerships and data access to better target overprescribers.

- Investigate and prosecute opioid supply chain abuse, including high-risk providers, distributors and manufacturers.
- Work with medical and other health professional licensing boards to improve collaboration on investigations of high-risk providers.
- While maintaining privacy rights, grant safe and proper law enforcement access to PDMP data without a search warrant for open investigations involving bad acting prescribers and dealers within the prescription opioid trade. Ensure law enforcement investigators are tracked, trained and certified to access PDMP data.

Step 2: Public Safety Strategies for Reducing the Illicit Supply of and Demand for Opioids

In narcotics investigations, implement best practices and ensure intergovernmental cooperation.

- Reduce heroin and illicit fentanyl supply through law enforcement interdiction efforts by local, state and federal law enforcement partners, such as targeting major distribution networks and actors (e.g., Mexican cartels).
- Implement state and local law enforcement best practices for narcotics investigations, such as collecting cell phones and pocket trash, interviewing family members and improving coordination with patients before discharge.
- Ensure cooperation and collaboration on heroin and illicit fentanyl intelligence and investigations from state and local law enforcement with correctional facilities, DEA Drug Task Forces, FBI field offices, fusion centers, regional HIDTAs and the National Guard Counterdrug Program.

Establish and enhance stakeholder coalitions.

- Bring together public health, law enforcement and community leaders to create a comprehensive public messaging strategy that addresses the opioid epidemic and risk factors within the community (e.g., DEA's 360 Strategy).
- Establish, support and coordinate drug take-back days with stakeholder and community groups.

Step 2: Health Care Strategies for Treatment and Recovery

Change payment policies to expand access to evidence-based MAT and recovery services.

- Ensure that Medicaid and other state health programs adequately cover all FDA-approved MAT (methadone, buprenorphine, naltrexone) and evidence-based behavioral interventions. Encourage or require commercial health plans to adopt similar policies (see Appendix A on page 29).
- Provide reimbursement for components of comprehensive evidence-based treatment and recovery, including medication, office visits, behavioral interventions and wrap-around services.
- Review and remove barriers to MAT, such as fail first and inappropriate prior authorization protocols, and encourage generic substitution when appropriate.
- Work with the department of insurance to enforce federal parity laws designed to ensure equal access to behavioral health care and medical/surgical care.
- Use payment strategies (e.g., pay for performance, quality metrics and separating behavioral health from payment bundles) to increase access to evidence-based MAT and behavioral interventions and promote integration of behavioral health and primary care.

Increase access to naloxone.

- Review and remove Medicaid barriers to naloxone, such as prior authorization, and consider placing naloxone on the preferred drug list.
- Pass "Good Samaritan" laws to protect prescribers, first responders and bystanders from liability when prescribing or administering naloxone.
- Enact legislation allowing naloxone dispensing via standing orders, collaborative practice agreements, statewide protocols or pharmacist prescriptive authority.
- Train first responders to recognize signs of opioid overdose and administer naloxone.
- Partner with professional associations to promote coprescribing of naloxone when clinically appropriate.
- Permit third party prescribing of naloxone.
- Create a centralized naloxone procurement and distribution process at the state level and consider negotiating with manufacturers to obtain a competitive pricing agreement.

Expand and strengthen the workforce and infrastructure for providing evidence-based MAT and recovery services.

- Require buprenorphine waiver training in primary care and other select medical residency programs.
- Establish a coordinated treatment system in which specialty treatment centers stabilize patients and refer to community providers for ongoing care (e.g., hub and spoke model).
- Provide ongoing education and support to primary care providers and other buprenorphine prescribers to expand MAT capacity (e.g., Project ECHO telehealth model).
- Increase the number of office- and community-based opioid treatment programs through collaboration with community health centers and new state funding.

Step 2: Health Care Strategies for Treatment and Recovery

- Expand the reach of peer and family support organizations (e.g., Learn to Cope) through Medicaid and other state funding.

Create new linkages to evidence-based MAT and recovery services.

- Begin MAT in emergency departments following an opioid overdose or related drug event, and ensure immediate linkages to behavioral services and community supports.
- Establish peer-based recovery programs in emergency departments to support individuals following an opioid overdose or related drug event.
- Train first responders to refer patients to high-quality MAT and harm reduction services following an overdose reversal.
- Provide information and assistance to help health care providers and the public identify treatment and recovery options in their communities (e.g., a call line).

Consider authorizing and providing support to syringe service programs.

- Work with state health experts to assess the benefit of authorizing syringe service programs and providing state funding and technical assistance.
- Where syringe service programs are authorized, consider linking individuals accessing such programs to services such as human immunodeficiency virus (HIV) and hepatitis C testing, substance use disorder treatment, and overdose prevention.

Reduce stigma by changing the public's understanding of substance use disorder.

- Develop targeted public awareness campaigns with messaging to help reframe substance use disorder as a chronic medical disease that requires ongoing treatment.
- Messaging should focus on MAT and behavioral health services as effective, evidence-based strategies for treating substance use disorder.

Step 2: Public Safety Strategies for Responding to the Opioid Crisis

Empower, educate and equip law enforcement personnel to prevent overdose deaths and facilitate access to treatment.

- Authorize and train law enforcement officers in overdose prevention and response, especially with illicit fentanyl, which may require multiple naloxone doses.
- Encourage law enforcement to partner with hospitals and health care systems to ensure individuals who overdose are connected to treatment and harm-reduction services.
- Educate law enforcement personnel on naloxone to avoid over- or under-dosing, relapse to overdose and seizures of naloxone.
- Where authorized, track naloxone rescues and ensure adequate budgeting for naloxone.
- Educate first responders and law enforcement on how to treat overdose response locations as potential crime scenes, preserving evidence for potential criminal prosecution of drug dealers supplying drugs to overdose victims.

Reinforce use of best practices in drug treatment courts.

- Educate judges on the evidence-based research around MAT, as well as behavioral interventions and wrap-around services.
- Encourage evidence-based drug courts that provide access to MAT and do not force defendants to stop MAT as a condition of participation.
- Facilitate behavioral health specialist interaction with drug court judges to provide updates on the latest opioid use disorder research and integrate psychosocial, mental health and other support services, as well as drug test monitoring.
- Ensure that drug courts can access PDMP data to monitor defendants who may try to obtain prescription controlled substances outside of treatment programs.

Ensure access to MAT in correctional facilities and upon reentry into the community.

- Increase access to MAT in prisons and correctional settings.
- Consider suspending, rather than terminating, Medicaid coverage during incarceration to facilitate access to treatment upon release.
- Provide sufficient substance use support and recovery units within state correctional substance use disorder programs.
- Ensure continued access to MAT for ex-offenders upon reentry into the community, and provide overdose education and naloxone for offenders during the re-entry process, when they are most vulnerable to overdose.
- Amend swift and certain sanction guidelines to include additional responses (e.g., deploying case managers) for individuals released on probation and parole whose offenses relate to a substance use disorder.

Step 2: Public Safety Strategies for Responding to the Opioid Crisis

Strengthen pre-trial drug diversion programs to offer individuals the opportunity to enter into substance use treatment.

- Promote culture change within state and local law enforcement by improving understanding of substance use disorder and increasing collaboration with public health.
- Where possible, implement programs to divert individuals convicted of low-level drug offenses to community-based treatment and support services (e.g., Law Enforcement Assisted Diversion (LEAD), see Appendix F on page 34).
- Train law enforcement on referral to treatment following overdose intervention and build linkages to treatment through partnerships with community organizations (e.g., LEAD Policy Coordinating Group, see Appendix F on page 34).

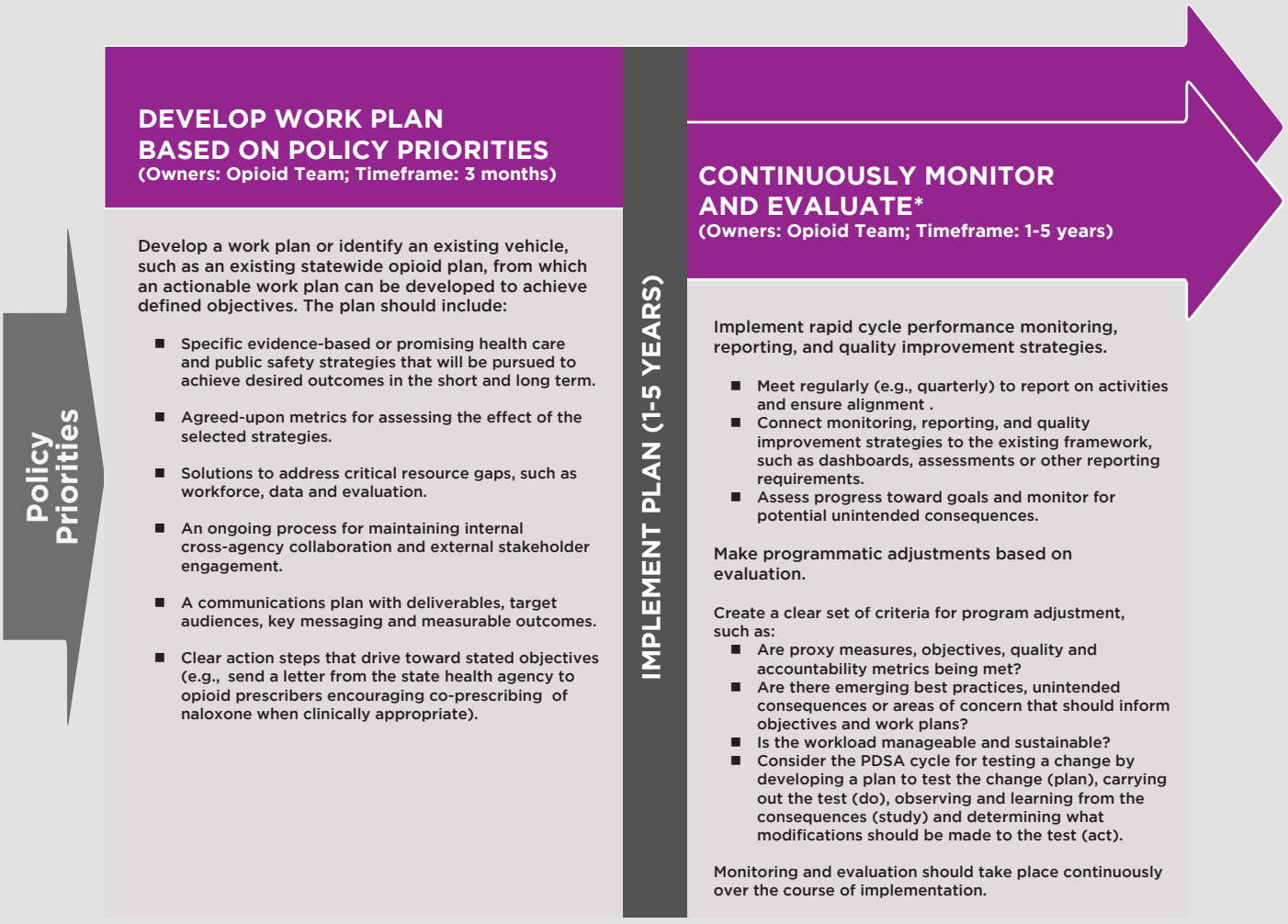
Ensure compliance with Good Samaritan laws.

- Raise awareness in key stakeholder communities (e.g., law enforcement, prosecutors, public health, hospitals and prescribers) regarding Good Samaritan laws that provide protections for naloxone prescribers and individuals who administer naloxone during an opioid overdose.
- Implement academy and in-service trainings for law enforcement personnel on applicable Good Samaritan laws.
- Encourage prosecutors to strengthen coordination and communication with law enforcement regarding application of the law.

Step 3: Finalize Policies, Implement and Evaluate (6 months - 5 years)



Step 3: Finalize Policies, Implement and Evaluate



*See Appendix F on page 35 for a plan example with metrics and Appendix G on page 38 for additional evaluation strategies..

Appendix A: Medications Indicated for Treatment of Opioid Use Disorder and Overdose Reversal

Methadone

Methadone is a slow-acting opioid agonist that acts as an opioid replacement for individuals in treatment for opioid use disorder. The drug prevents opioid withdrawal symptoms and blocks the effects of heroin and other opioids if given at higher doses. It is administered to patients once a day in pill, liquid and wafer forms. Methadone can be dispensed only at Substance Abuse and Mental Health Services Administration (SAMHSA)-certified outpatient opioid treatment programs (OTPs) or to a hospitalized patient in an emergency. Methadone has also been used as a treatment for chronic pain, though its use is limited because of serious risk of dependence and overdose.

Buprenorphine

Buprenorphine is a partial agonist that suppresses opioid withdrawal symptoms for individuals in treatment for opioid use disorder. Although buprenorphine can produce opioid agonist effects, such as euphoria and respiratory depression, its effects are milder than full agonists like methadone. To prescribe this medication, physicians must complete a training course and receive a waiver granted by DEA, known as a DATA 2000 waiver. Unlike methadone, which can only be dispensed by an OTP, buprenorphine can be prescribed in an outpatient setting. It is most commonly taken via a pill or sublingual film. Buprenorphine is combined with naloxone to create Suboxone and its generic formulations, which make the drug more difficult to misuse. If injected or otherwise misused, the naloxone in Suboxone will cause the patient to enter opioid withdrawal. The first buprenorphine implant, Probuphine, received FDA approval in May 2016.

Naltrexone

Naltrexone is a nonaddictive opioid antagonist used to treat opioid use disorder. Unlike methadone and buprenorphine, naltrexone is not an opioid replacement; the drug works by blocking the opioid receptors so they cannot be activated. If an individual who has taken naltrexone attempts to continue taking opioids, he or she will be unable to feel their effect. Naltrexone is administered in an injectable, long-acting formulation marketed under the brand name Vivitrol and administered once a month. Because naltrexone will not prevent withdrawal symptoms, it is recommended for patients who do not have opioids in their system.

Naloxone

Naloxone is an opioid antagonist used to reverse opioid overdose. Naloxone has intravenous, intramuscular and intranasal formulations, with the latter two formulations considered safe for administration by laypersons. Naloxone works within minutes, and its effect persists up to an hour. Multiple doses may be required depending on the severity of respiratory depression. Naloxone, marketed under the brand name Narcan, does not produce tolerance or dependence and is not designated as a controlled substance.

References:

Office of National Drug Control Policy, "Medication-Assisted Treatment for Opioid Addiction," Healthcare Brief (Washington, DC: Office of National Drug Control Policy, 2012), https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf (accessed June 14, 2016).

Substance Abuse and Mental Health Services Administration, "Medication and Counseling Treatment," http://www.samhsa.gov/medication-assisted-treatment/treatment (accessed June 14, 2016).

Substance Abuse and Mental Health Services Administration, "Naloxone," http://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone (accessed June 14, 2016).

Appendix B: Sample Key Data Sources

Types of Data

The following is a sample of key data sources states may consider reviewing to determine priorities for addressing prescription opioid misuse and heroin.

Two macro-level surveys identifying prescription opioid misuse and heroin trends:

- The National Survey on Drug Use and Health (NSDUH)
- The National Epidemiological Survey on Alcohol and Related Conditions (NESARC)

NGA's identified sources (mentioned here):

- PDMPs
- Morbidity and mortality data
- National Vital Statistics System (NVSS)
- State coroner/medical examiner data
- Birth certificate data
- Patient, provider and public surveys
- National Health and Nutrition Examination Survey (NHANES)
- Patient qualitative surveys
- Medicaid and other claims data
- Insurance provider data
- Behavioral health data
- Behavioral Risk Factor Surveillance System (BRFSS)
- Youth Risk Behavior Surveillance System (YRBSS)
- Harm reduction community/syringe exchange data

Emergency department and hospitalization data

- Healthcare cost and utilization project (HCUP)
- State EMS data

Law enforcement data

- National Drug Threat Assessment
- State forensic labs
- HIDTAs
- Drug seizures/lab results
- Shootings
- Gun recoveries
- Drug arrests
- Law enforcement naloxone deployments
- Emergency medical services naloxone deployment data
- Urinalysis results
- Automated Fingerprint Identification System
- State-administered Criminal Justice Information System

Additional sources and measures used in studies of prescription opioid misuse and heroin:

- DEA Automation of Reports and Consolidated Orders System (ARCOS) [proprietary]
- Addiction Severity Index-Multimedia Version #1 (ASI-MV1) [proprietary]
- Prescription Behavior Surveillance System (PBSS)
- Poison control center data
- SAMHSA Treatment Episode Data Set (TEDS)
- SAMHSA National Survey of Substance Abuse Services (N-SSATS)
- IMS health data [proprietary]

Appendix C: Abbreviated Resource List

Federal Resources

- 2015 National Drug Control Strategy
- CDC Guideline for Prescribing Opioids for Chronic Pain
- CDC Report on Increases in Drug and Opioid Overdose Deaths
- CMCS Informational Bulletin on Best Practices for Addressing Prescription Opioid Overdoses, Misuse and Addiction
- DEA 2016 National Heroin Threat Assessment Summary
- HHS Opioid Resource Page
- SAMHSA Opioid Overdose Prevention Toolkit

Academic Resources and Journal Articles/Blogs

- Brandeis University PDMP Training and Technical Assistance Center
- Health Affairs Blog Post on a Systems Approach to Addressing the Opioid Crisis
- Johns Hopkins School of Public Health Report on Taking an Evidence-Based Approach to the Opioid Epidemic:
- New England Journal of Medicine Article on the Relationship Between Nonmedical Prescription-Opioid Use and Heroin Use

Professional Association/Other Organization Resources

- American Medical Association Call to Action to Physicians
- American Society of Addiction Medicine National Practice Guidelines for the Use of Medications in the Treatment of Addiction Involving Opioid Use
- National Association of Medicaid Directors Report on Interventions for Preventing Prescription Drug Abuse and Overdose
- National Association of State Alcohol and Drug Abuse Directors Overview of State Legislation to Increase Access to Treatment for Opioid Overdose
- National Safety Council Report on Key Actions States Can Take to Address the Opioid Epidemic
- Pew Charitable Trusts Prescription Drug Abuse Project

Sample State Plans

- Colorado Plan to Reduce Prescription Drug Abuse
- Florida's Prescription Drug Diversion and Abuse Road Map
- Maryland Heroin and Opioid Emergency Task Force Final Report
- Massachusetts Governor's Opioid Working Group Recommendations
- Rhode Island Strategic Plan on Addiction and Overdose
- Virginia Heroin and Prescription Drug Abuse State Plan
- Washington State Interagency Opioid Working Plan

Appendix D: Key Decision Makers and Examples of Priority Stakeholders

Key Decision Makers

Governor, state legislators, "drug czar" and other key agency leads

Examples of Priority Stakeholders

State agencies/entities

Health and human services, public health, Medicaid, substance abuse services, behavioral health and mental health, health insurance exchange, public safety, corrections, attorney general, state police, judges, homeland security, poison control centers, state health professional licensing boards

Federal agencies and programs

Centers for Disease Control and Prevention, Bureau of Justice Assistance, Drug Enforcement Administration, Federal Bureau of Investigation, High Intensity Drug Trafficking Areas Program, National Institute on Drug Abuse, Office of National Drug Control Policy, Substance Abuse and Mental Health Services Administration

Municipal entities

Mayors and county leaders, city and county health departments, local police, drug courts, county drug and alcohol services coordinators, tribal authorities

Other community stakeholders

Individuals and families affected by opioid misuse, faith leaders, colleges and universities, school districts, recovery high schools, syringe exchange programs and other harm reduction groups, peer support organizations, community drug prevention coalitions and task forces, supportive housing providers

Professional associations and societies

Physicians, nurses, pharmacists, dentists, veterinarians, pain specialists, drug treatment and mental health services providers, police chiefs, prosecutors, public defenders, state and local judges

Private and nonprofit sector entities

Drug manufacturers, drug distributors, insurance companies, pharmacy benefit managers, pharmacies, hospitals, health care systems, provider care collaboratives, employers

Appendix E: Examples of State Approaches to Establishing Opioid Limits and Standards

As part of their comprehensive efforts to reduce opioid misuse and overdose, states are increasingly placing new limits on opioid prescriptions. As of June 23, 2016, four states (Connecticut, Massachusetts, Maine and New York) have established seven-day statutory limitations on opioid prescriptions in certain circumstances, with exceptions. Other states have less restrictive statutory limits on prescribing, or promote safe opioid prescribing and dispensing through regulations and guidelines. The following chart provides examples of several state approaches.

State	Type	Prescription Limits	Dates
Connecticut	Statute	Seven-day limit for new opioid prescriptions for adults and all opioid prescriptions for minors. Permits documented exceptions for chronic and cancer pain, palliative care and clinical judgment.	Legislation enacted May 2016.
Illinois	Statute	Schedule II prescriptions limited to 30-day supply, with exceptions. Permits multiple prescriptions up to a 90-day supply if the prescriber meets specified conditions.	Legislation enacted September 2015.
Kentucky	Board rules required by statute	Forty-eight hour limit on dispensing of Schedule II and III controlled substances by physicians. No limit on opioid prescriptions.	Legislation enacted September 2012 requiring adoption of board rules by September 2012.
Massachusetts	Statute	Seven-day limit for new opioid prescriptions for adults and all opioid prescriptions for minors. Permits documented exceptions for chronic and cancer pain, palliative care and clinical judgment.	Legislation enacted March 2016.
Washington	Guideline and board rules required by statute	Pain specialist consultation required prior to prescribing daily morphine equivalent doses of 120 mg or greater, with exceptions.	Guideline developed April 2007 and revised most recently June 2015. Statute enacted January 2010 and board rules implemented between July 2011 and January 2012.

Appendix F: State Example: Massachusetts Governor's Opioid Working Group Recommendations

Objective

Produce actionable recommendations to address the opioid epidemic in the Commonwealth of Massachusetts.

Goals of the Plan

(1) Reduce the magnitude and severity of harm related to opioid misuse and use disorder.

(2) Decrease opioid overdose deaths.

Focus Areas

Prevention, treatment, intervention, recovery

Link to Plan

http://www.mass.gov/eohhs/docs/dph/stop-addiction/recommendations-of-the-governors-opioid-working-group.pdf

Key Strategies

1. Create new pathways to treatment.
2. Increase access to medication-assisted treatment.
3. Utilize data to identify hot spots and deploy appropriate resources.
4. Acknowledge substance use disorder as a chronic medical condition.
5. Reduce the stigma of substance use disorders.
6. Support substance use prevention education in schools.
7. Require all practitioners to receive training about substance use disorder and safe prescribing practices.
8. Improve the prescription monitoring program.
9. Require manufacturers and pharmacies to dispose of unused prescription medication.
10. Acknowledge that punishment is not the appropriate response to a substance use disorder.
11. Increase distribution of naloxone to prevent overdose deaths.
12. Eliminate insurance barriers to treatment.

Recommendations

The working group report includes recommendations in 13 areas, including prescriber practices, neonatal abstinence syndrome, insurance and policing and correctional institutions. Recommendations in red are addressed in an action plan that tracks progress toward implementation. The working group report also includes a summary of short-term action items (six months to one year); mid-term action items (one year to three years); and long-term action items (three or more years).

Appendix F: State Example: Rhode Island's Strategic Plan on Opioid Use Disorder and Overdose

Goal of the Plan

Reduce opioid overdose deaths by one-third within three years.

Key Strategies

Treatment, overdose rescue, prevention and recovery

Link to Plan

http://www.health.ri.gov/news/temp/RhodeIslandsStrategicPlanOnAddictionAndOverdose.pdf

Treatment Strategy: Every Door is the Right One

The core of this initiative recommends the development of a system of medication-assisted treatment at every location where opioid users are found, primarily: the medical system (emergency departments, hospitals, clinics, etc.), the criminal justice system, drug treatment programs and the community.

Proposed metric (monthly): Number of patients with opioid use disorder, number receiving medication-assisted treatment per year, retention in medication-assisted treatment, medication utilized.

Rescue Strategy: Naloxone as Standard of Care

This initiative seeks to ensure a sustainable source of naloxone for community and first responder distribution and a high coverage of naloxone among populations at risk of overdose.

Proposed metric (monthly): Number of prescribers prescribing naloxone; number of naloxone prescriptions dispensed (overall) and to patients filling Schedule II opioid prescriptions or to patients filling opioid and benzodiazepine prescriptions.

Prevention Strategy: Safer Prescribing and Dispensing

The main focus of this strategy is to use prescriber, prescription monitoring program and system-level efforts to reduce coprescription of benzodiazepines with opioids (for pain or opioid use disorder).

Proposed metric (monthly): Number of benzodiazepines and opioid prescriptions dispensed within 30 days for same patient; number of opioid treatment program patients also receiving prescribed benzodiazepine.

Recovery Strategy: Expand Recovery Supports

This initiative recommends the large-scale expansion of recovery coach reach and capacity.

Proposed metric (monthly): Number of peer recovery coach encounters to emergency department, to hospital, to prison, in street outreach sessions; rate of referral and retention (one month) to treatment, to medication-assisted treatment, to recovery supports.

Appendix F: Data Example: New Jersey's Drug Monitoring Initiative (DMI)

Goal of the Plan

Establish a drug information sharing environment that enables law enforcement, human services and public health experts to better understand trends.

Key Strategies

Data collection, production, training and outreach

Collection Requirements

DMI establishes drug data collection and information sharing requirements based on the drug information needs of law enforcement, healthcare professionals and other constituents.

Drug Data Collection and Use

- DMI collects data through formal data-sharing agreements and other structured arrangements with the following entities: state and county forensic laboratories, New Jersey Department of Health, county prosecutors' offices, state medical examiner's office, New Jersey Division of Mental Health and Addiction Services, Automated Fingerprint Information System and the PDMP. Where appropriate and necessary, data is de-identified prior to sharing to preserve patient confidentiality.
- Drug and related data sets collected include: forensic analysis of all drugs seized, deployments of naloxone by EMS (de-identified) and law enforcement, toxicology results from drug involved deaths, de-identified patient drug use data from treatment admissions, daily drug arrest data and daily crime arrest data.
- Data management processes are used to cleanse, normalize, geo-code, map and store drug data.
- Drug data and related analyses are used to provide investigative support, to support public health and human services constituents and to produce scheduled and ad hoc intelligence products.
- Real-time drug monitoring enables identification of new dangerous substances and assists in potential emergency scheduling of such substances, while also facilitating the production of timely alerts, warnings and notifications of emergent drug related incidents to law enforcement and public health partners.
- Strategic drug analysis supports various initiatives related to drug prevention, treatment and recovery.

Training and Outreach

- Though the Basic Drug Recognition Course, DMI trains thousands of law enforcement, fire service, EMS and health partners in drug identification, current drug trends and reporting processes. DMI fosters a collaborative information sharing environment by participating in meetings, calls and symposiums with law enforcement, drug prevention coalitions, healthcare partners and other government entities.

Appendix F: Connection to Treatment Example: Law Enforcement Assisted Diversion (LEAD)

Goal of the Plan

Improve public safety and reduce recidivism for program participants.

Key Strategies

Establish a pilot program to divert low-level drug crimes in areas of Seattle and King County, Washington

Link to Plan

http://leadkingcounty.org/about/

LEAD Program Design

- LEAD is a pre-booking diversion program that allows officers to redirect low-level offenders engaged in drugs to community-based services instead of courtrooms and prosecution.
- LEAD program participants begin working immediately with case managers to access services.

LEAD Policy Coordinating Group

- LEAD is governed by a group of stakeholders that rule by consensus and utilize a memorandum of understanding.
- Membership of the policy coordinating group includes the mayor, county executive, city council, city attorney's office, county prosecutor, county sheriff, municipal police, state corrections department, community groups and advocates.

Funding and Program Costs

- The program is funded through a collection of private foundations.
- After initial startup costs of $899 per month, the cost of the program declined to $522 per month by the end of the evaluation.

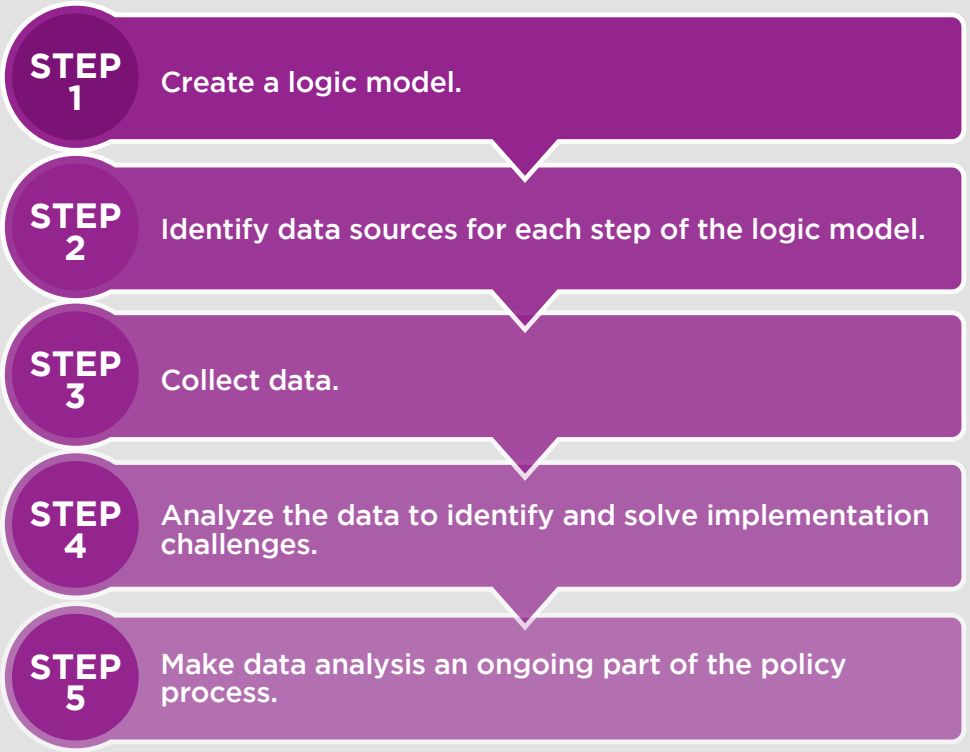
Evaluation

- Studies so far have tested the relative effectiveness of the LEAD program in reducing criminal recidivism (i.e., arrests and charges).
- In 2015, participants in LEAD were 60 percent less likely than people in a control group to be arrested within the first six months of the evaluation.

Appendix G: Evaluation Process

The following information comes from a forthcoming evaluation issue brief titled *Building Programs to Reduce Opioid Addiction: Utilizing Evaluation Science to Improve Success*, which provides guidance for governors and other state leaders on developing a comprehensive program to reduce opioid use disorder using best practices in evaluation science. It offers guidance on developing a logic model—the backbone of an effective evaluation plan. Further, it provides a step-by-step process for assimilating data into policy implementation and improvement.

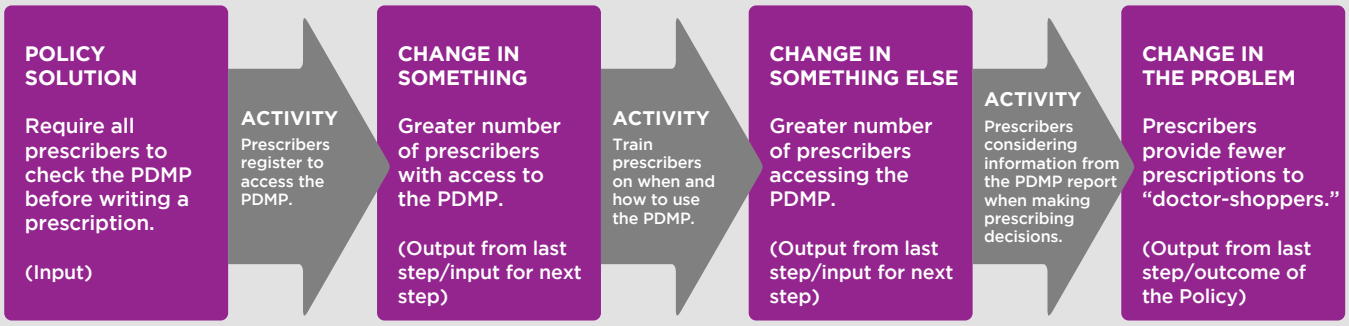
Process for Utilizing Evaluation Science to Improve Success



Appendix G: Evaluation Process

Logic Model Example

A fully developed logic model is the core of any good evaluation effort. A logic model ensures a coherent and explicit connection between the policy and the desired results. Understanding those connections can be critical to the initial policy development process. Even if a logic model was not incorporated into initial policy development, one must still be created to monitor the performance of a specific policy. The logic model is the process for identifying and collecting data, and then evaluating and improving policy performance.



National Governors Association
Hall of the States, 444 North Capitol Street, Suite 267
Washington, D.C. 20001-1512

www.NGA.org

Scott.A.Milkey

From: Brian Carrico <brian@i-h-s.com>
Sent: Tuesday, July 05, 2016 8:35 PM
To: Karns, Allison
Subject: Fwd: Bridge State Documentation

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Begin forwarded message:

From: "Hill, John (GOV)" <jhill@gov.in.gov>
Date: July 5, 2016 at 6:28:46 PM MDT
To: Brian Carrico <Brian@i-h-s.com>
Cc: "Jim Merritt - Indiana State Senate (jwmerritt49@[redacted])" <jwmerritt49@[redacted]
Subject: RE: Bridge State Documentation

Thank you Brian for providing this documentation. I appreciate you taking time to speak with me today concerning this matter.
Regards,
John

From: Brian Carrico [mailto:Brian@i-h-s.com]
Sent: Tuesday, July 05, 2016 7:20 PM
To: Hill, John (GOV); Senator Jim Merritt
Subject: Bridge State Documentation

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Senator Merritt and John

This information specifically addresses the use of the NSS/BRIDGE and all the IHS products concerning the FDA Indications for Use. This information has been developed and vetted by two sets of attorneys who represent IHS. I am extremely confident that this information is accurate and good guidance. Nurse Practitioners operate under "Collaborative Agreements" with MD's and DO's in Indiana. They operate ancillary to the oversight and orders of those physicians. I am certain, that when your legal counsel in Indiana reviews this information, they will arrive at the same conclusion. We have had more than one Hospital or IRB Board review this same issue and all have agreed that this is not an issue.

See the link just below this sentence which was **written by the Indiana Board already** and is posted on indiana.gov along with the box below and this should 100% satisfy anyones concerns at the state level. I have also attached the FAQ which was written by the Indiana board showing this is a non issue.

FAQ comes directly off this page at indiana.gov

https://secure.in.gov/pla/3673.htm

From IHS Health Care Attorney search.

	STATE	*IS ACUPUNCTURE WITHIN THE MD/DO SCOPE OF PRACTICE?*	*COMMENTS*
14	**Indiana**	**YES**	MDs and DOs in Indiana do not need to do anything to pr acupuncture**.** While this is not specifically stated in the la Professional Licensing Agency - Indiana Acupuncture Adv issued an "Acupunture FAQ's" document which states tha osteopathic physicians can perform acupuncture in India medical license." In addition, the law provides that Chiro Podiatrists can apply for an acupuncture license after 200 training. Physicians would certainly be included in this lis apply for a license so their exclusion confirms that acupu within their scope of practice.

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Scott.A.Milkey

From: Hill, John (GOV)
Sent: Tuesday, July 05, 2016 8:29 PM
To: Brian Carrico
Cc: Jim Merritt - Indiana State Senate (jwmerritt49@[redacted])
Subject: RE: Bridge State Documentation

Thank you Brian for providing this documentation. I appreciate you taking time to speak with me today concerning this matter.
Regards,
John

From: Brian Carrico [mailto:Brian@i-h-s.com]
Sent: Tuesday, July 05, 2016 7:20 PM
To: Hill, John (GOV); Senator Jim Merritt
Subject: Bridge State Documentation

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Senator Merritt and John

This information specifically addresses the use of the NSS/BRIDGE and all the IHS products concerning the FDA Indications for Use. This information has been developed and vetted by two sets of attorneys who represent IHS. I am extremely confident that this information is accurate and good guidance. Nurse Practitioners operate under "Collaborative Agreements" with MD's and DO's in Indiana. They operate ancillary to the oversight and orders of those physicians. I am certain, that when your legal counsel in Indiana reviews this information, they will arrive at the same conclusion. We have had more than one Hospital or IRB Board review this same issue and all have agreed that this is not an issue.

See the link just below this sentence which was **written by the Indiana Board already** and is posted on indiana.gov along with the box below and this should 100% satisfy anyones concerns at the state level. I have also attached the FAQ which was written by the Indiana board showing this is a non issue.

FAQ comes directly off this page at indiana.gov

https://secure.in.gov/pla/3673.htm

From IHS Health Care Attorney search.

	STATE	***IS ACUPUNCTURE WITHIN THE MD/DO SCOPE OF PRACTICE?***	***COMMENTS***
14	**Indiana**	**YES**	MDs and DOs in Indiana do not need to do anything to practice acupuncture**.** While this is not specifically stated in the law, the I Professional Licensing Agency - Indiana Acupuncture Advisory Co issued an "Acupunture FAQ's" document which states that "phys osteopathic physicians can perform acupuncture in Indiana under medical license." In addition, the law provides that Chiropractors Podiatrists can apply for an acupuncture license after 200 hours o training. Physicians would certainly be included in this list if they apply for a license so their exclusion confirms that acupuncture is within their scope of practice.

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Scott.A.Milkey

From: Brian Carrico <Brian@i-h-s.com>
Sent: Tuesday, July 05, 2016 7:43 PM
To: Karns, Allison
Subject: Fwd: Bridge State Documentation
Attachments: Acupuncture FAQ Page.pdf; ATT00001.htm

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

FYI

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

Begin forwarded message:

Senator Merritt and John

This information specifically addresses the use of the NSS/BRIDGE and all the IHS products concerning the FDA Indications for Use. This information has been developed and vetted by two sets of attorneys who represent IHS. I am extremely confident that this information is accurate and good guidance. Nurse Practitioners operate under "Collaborative Agreements" with MD's and DO's in Indiana. They operate ancillary to the oversight and orders of those physicians. I am certain, that when your legal counsel in Indiana reviews this information, they will arrive at the same conclusion. We have had more than one Hospital or IRB Board review this same issue and all have agreed that this is not an issue.

See the link just below this sentence which was **written by the Indiana Board already** and is posted on indiana.gov along with the box below and this should 100% satisfy anyones concerns at the state level. I have also attached the FAQ which was written by the Indiana board showing this is a non issue.

FAQ comes directly off this page at indiana.gov

https://secure.in.gov/pla/3673.htm

From IHS Health Care Attorney search.

	STATE	***IS ACUPUNCTURE WITHIN THE MD/DO SCOPE OF PRACTICE?***	***COMMENTS***
14	**Indiana**	**YES**	MDs and DOs in Indiana do not need to do anything to pr acupuncture**.** While this is not specifically stated in the la

			Professional Licensing Agency - Indiana Acupuncture Adv issued an “Acupunture FAQ’s” document which states tha osteopathic physicians can perform acupuncture in Indian medical license.” In addition, the law provides that Chiro Podiatrists can apply for an acupuncture license after 200 training. Physicians would certainly be included in this lis apply for a license so their exclusion confirms that acupu within their scope of practice.

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

ACUPUNCTURE FAQs

What is a notarized document?

- A notarized document is one where a notary views the original document and provides a statement on a copy that they saw the original and this is a true copy of said original. They would also put their stamp or seal on the copy and sign and date it. If the notary does not make the statement "they saw the original and this is a true copy of said original" the document will not be accepted. (exception below)

My notary states he/she cannot make the statement "true copy" what should I do?

- There are four states that in some sections do not allow a notary to make the statement "this is a true copy of the original". These states are Michigan, Illinois, California and New York. If you are from one of these states you need to do the following: The custodian makes a photocopy of the original document, makes a written statement about the trueness, correctness and completeness of the copy, signs the statement before a notary, is identified by the Notary and takes an oath affirming regarding the truth of the statement. The Notary, having witnessed the signing, identified the signer either through personal knowledge or satisfactory evidence, and given the oath or affirmation executes the notary statement.

How do I go about getting my pocket card license?

- IPLA no longer sends out pocket cards, but gives the practitioner the option online to either print a free copy or purchase a nicer copy that will be mailed to you. Go to http://www.in.gov/pla/3120.htm Your license number is your logon ID and the last 4 digits of your social security number is your password. Remember to enter a 1 in the number of cards you wish to print/order or it will not go through correctly.

Why must I provide my email address?

- We require an email address as we send all correspondence regarding your application, license, renewals etc by email. Please make sure you keep it current with us just as you would your mailing address.

I need a verification of my Indiana license sent to the State of Ohio. How much does the cost and where do I send my form?

- Indiana now uses the online digital certification process to verify licenses to other states. Information regarding this may be found at http://www.in.gov/pla/3118.htm Please read the directions carefully and be sure to turn off your pop-up blocker as the

verification will be pulled up as a PDF. You will then need to save it to your computer and email it to the State of Ohio. All states should accept our verification as we have been doing it this way for 4 years. The cost is approximately $11.22.

I am out of state how do I go about getting my criminal back ground check?

- There are lengthy instructions on how to proceed with the criminal back ground check on our website. Go to http://www.in.gov/pla/3240.htm scroll down and click on out of state instructions.

When can I get my criminal background check done?

- You must wait until you have been notified that we have received your application before you proceed to obtain your criminal background check. If you obtain the criminal background check prior to submitting your application we will not be able to accept it and we will require you to re-do the CBC.

I have a professional acupuncturist license do I need CE's to renew it?

- A professional acupuncturist could be a Dentist, Podiatrist, or Chiropractor. You do not have to have CE to renew your acupuncture license, however you must have a current professional (DDS; DPM; Chiro) license in order to renew your acupuncture license. Your professional license may require CE.

I have an acupuncture and detoxification specialist license do I need CE to renew either of them?

- No, we do not require CE for either an acupuncture license renewal or a detoxification specialist renewal.

When does my license expire?

- Licenses expire on the following dates, regardless of when they were issued.
  - Professional acupuncture – June 30th of odd year Cost to renew is $100
  - Acupuncture license – September 30th of even years. Cost to renew is $100
  - Acupuncture Detox – September 30th of even years. Cost to renew is $50

  Renewal notifications will be sent by email approximately 60 days prior to the expiration date.

I am a physician. Do I need an acupuncture license to perform acupuncture?

- No, physicians and osteopathic physicians can perform acupuncture in Indiana under their Indiana medical license.

Scott.A.Milkey

From: Brian Carrico <Brian@i-h-s.com>
Sent: Tuesday, July 05, 2016 7:20 PM
To: Hill, John (GOV);Senator Jim Merritt
Subject: Bridge State Documentation
Attachments: Acupuncture FAQ Page.pdf; ATT00001.htm

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Senator Merritt and John

This information specifically addresses the use of the NSS/BRIDGE and all the IHS products concerning the FDA Indications for Use. This information has been developed and vetted by two sets of attorneys who represent IHS. I am extremely confident that this information is accurate and good guidance. Nurse Practitioners operate under "Collaborative Agreements" with MD's and DO's in Indiana. They operate ancillary to the oversight and orders of those physicians. I am certain, that when your legal counsel in Indiana reviews this information, they will arrive at the same conclusion. We have had more than one Hospital or IRB Board review this same issue and all have agreed that this is not an issue.

See the link just below this sentence which was **written by the Indiana Board already** and is posted on indiana.gov along with the box below and this should 100% satisfy anyones concerns at the state level. I have also attached the FAQ which was written by the Indiana board showing this is a non issue.

FAQ comes directly off this page at indiana.gov

https://secure.in.gov/pla/3673.htm

From IHS Health Care Attorney search.

	STATE	*IS ACUPUNCTURE WITHIN THE MD/DO SCOPE OF PRACTICE?*	*COMMENTS*
14	**Indiana**	**YES**	MDs and DOs in Indiana do not need to do anything to practice acupuncture**.** While this is not specifically stated in the law, the I Professional Licensing Agency - Indiana Acupuncture Advisory Co issued an "Acupunture FAQ's" document which states that "phys osteopathic physicians can perform acupuncture in Indiana under medical license." In addition, the law provides that Chiropractors Podiatrists can apply for an acupuncture license after 200 hours o training. Physicians would certainly be included in this list if they apply for a license so their exclusion confirms that acupuncture is within their scope of practice.

Brian Carrico
VP of Sales
Innovative Health Solutions
317-[redacted]
Brian@I-H-S.com
www.I-H-S.com

ACUPUNCTURE FAQs

What is a notarized document?

- A notarized document is one where a notary views the original document and provides a statement on a copy that they saw the original and this is a true copy of said original. They would also put their stamp or seal on the copy and sign and date it. If the notary does not make the statement "they saw the original and this is a true copy of said original" the document will not be accepted. (exception below)

My notary states he/she cannot make the statement "true copy" what should I do?

- There are four states that in some sections do not allow a notary to make the statement "this is a true copy of the original". These states are Michigan, Illinois, California and New York. If you are from one of these states you need to do the following: The custodian makes a photocopy of the original document, makes a written statement about the trueness, correctness and completeness of the copy, signs the statement before a notary, is identified by the Notary and takes an oath affirming regarding the truth of the statement. The Notary, having witnessed the signing, identified the signer either through personal knowledge or satisfactory evidence, and given the oath or affirmation executes the notary statement.

How do I go about getting my pocket card license?

- IPLA no longer sends out pocket cards, but gives the practitioner the option online to either print a free copy or purchase a nicer copy that will be mailed to you. Go to http://www.in.gov/pla/3120.htm Your license number is your logon ID and the last 4 digits of your social security number is your password. Remember to enter a 1 in the number of cards you wish to print/order or it will not go through correctly.

Why must I provide my email address?

- We require an email address as we send all correspondence regarding your application, license, renewals etc by email. Please make sure you keep it current with us just as you would your mailing address.

I need a verification of my Indiana license sent to the State of Ohio. How much does the cost and where do I send my form?

- Indiana now uses the online digital certification process to verify licenses to other states. Information regarding this may be found at http://www.in.gov/pla/3118.htm Please read the directions carefully and be sure to turn off your pop-up blocker as the

verification will be pulled up as a PDF. You will then need to save it to your computer and email it to the State of Ohio. All states should accept our verification as we have been doing it this way for 4 years. The cost is approximately $11.22.

I am out of state how do I go about getting my criminal back ground check?

- There are lengthy instructions on how to proceed with the criminal back ground check on our website. Go to http://www.in.gov/pla/3240.htm scroll down and click on out of state instructions.

When can I get my criminal background check done?

- You must wait until you have been notified that we have received your application before you proceed to obtain your criminal background check. If you obtain the criminal background check prior to submitting your application we will not be able to accept it and we will require you to re-do the CBC.

I have a professional acupuncturist license do I need CE's to renew it?

- A professional acupuncturist could be a Dentist, Podiatrist, or Chiropractor. You do not have to have CE to renew your acupuncture license, however you must have a current professional (DDS; DPM; Chiro) license in order to renew your acupuncture license. Your professional license may require CE.

I have an acupuncture and detoxification specialist license do I need CE to renew either of them?

- No, we do not require CE for either an acupuncture license renewal or a detoxification specialist renewal.

When does my license expire?

- Licenses expire on the following dates, regardless of when they were issued.
  - Professional acupuncture – June 30th of odd year Cost to renew is $100
  - Acupuncture license – September 30th of even years. Cost to renew is $100
  - Acupuncture Detox – September 30th of even years. Cost to renew is $50

  Renewal notifications will be sent by email approximately 60 days prior to the expiration date.

I am a physician. Do I need an acupuncture license to perform acupuncture?

- No, physicians and osteopathic physicians can perform acupuncture in Indiana under their Indiana medical license.

Scott.A.Milkey

From: Mcdonald, Devon
Sent: Friday, July 01, 2016 6:20 PM
To: Hill, John (GOV);Karns, Allison
Cc: Murtaugh, David
Subject: Criminal Code Evaluation
Attachments: Criminal Code Evaluation 2016.pdf

Chief Hill,
Please find attached to this email, a final version of the criminal code evaluation conducted by the Sagamore Institute. A copy of this report has also been provided to members of the legislative council pursuant to IC 5-2-6-24(d) and IC 5-14-6.

Thank you,

Devon McDonald
Deputy Director of Operations and
Chief Legal Counsel
Indiana Criminal Justice Institute
101 W. Washington Street, Suite 1170 - East Tower
Indianapolis, IN 46204
Phone: (317) 232-7611
DeMcDonald@cji.in.gov

SECOND ANNUAL EVALUATION OF INDIANA'S CRIMINAL CODE REFORMS

SUBMITTED TO THE
INDIANA CRIMINAL JUSTICE INSTITUTE

JULY 1, 2016



Andrew Falk (principal author),
Haley Clasen, David Dickmeyer, Logan Gentile,
Alex Van Gorp, Tommy Grooms, Paul Jeffries,
Anders Rotto, Sheila Willard, & Aarti Wolenski

SAGAMORE INSTITUTE

INNOVATIVE IDEAS. REAL RESULTS.

TABLE OF CONTENTS

Executive Summary.....1

I. Introduction 3

II. Indiana's Criminal Justice Reforms 6

III. Baseline Data: The Condition of Indiana Criminal Justice on July 1, 2014 12

IV. Where We Are Now: The Status of Emerging Trends.....18

1. Offenders are Increasingly Being Charged and Convicted under the New Felony Classifications. 19
2. All Levels of Offenders Are Increasingly Sentenced Away From DOC. 25
3. As Intended, Property and Substance Offenders Are Receiving Shorter Sentences. 40
4. Impact on Probation Revocations 44
5. High Percentages of Offenses Continue To Be Suspendible. 52
6. Many Fewer Level 6 Offenders Are Going to DOC. 64
7. Level 6 Offenders Appear To Be Receiving Shorter Sentences than Class D Offenders. 68
8. Credit Time and Proportionality 70

V. Expanding Our View: Indiana's Eleven Key Areas for Evaluating Our Reforms 73

1. Local Units of Government 73
2. Department of Correction 74
   - A. General Provisions 74
   - B. Diversion of F6s away from DOC 74
   - C. Increased Cost 74
3. Judicial Center 75
   - A. Evidence-Based Decision Making 76
   - B. Justice Reinvestment Advisory Council 76
4. County Jails 79
   - A. Data 79
   - B. Committee to Study Evidence-Based Pretrial Release 84
   - C. Healthy Indiana Plan 84
5. Community Corrections Programs 85
6. Probation Departments 87
   - A. Probation Incentives and Violations Sanctions 87
   - B. Risk Assessment 90
   - C. Outreach Smartphone Monitoring 91
7. Courts 94
8. Recidivism Rates 96
9. Reentry Court Programs 98

10. Availability and Effectiveness of Mental Health and Addiction Programs 101
A. Governor's Task Force on Drug Enforcement, Treatment, and Prevention 102
B. Indiana Attorney General's Prescription Drug Abuse Prevention Task Force 102
C. Medication Assisted Therapy 104
D. Syringe Exchange Programs or Syringe Access Programming 105
E. Electronic Remote Accountability Monitoring 106
F. Marion County Mental Health Project 107
G. Summary 108
11. Requests for Sentence Modification 108

VI. Progress or Not: The Status of 2016's Recommendations 112
1. Data Collection, Management, and Sharing 112
2. Assignment of Offender Numbers 117
3. Pretrial Jail Use Reduction 117
4. Jail Data Collection 119

VII. Moving Forward: Key Priorities 120
1. Probation and Parole Reform 120
2. Jail Inspection and Data Collection 120
3. Re-Entry Reform 121

VIII. Conclusion 124

Executive Summary

Indiana Governor Mike Pence is fond of saying that Indiana should be the "worst state in which to commit a crime, but the best state for second chances." Indiana's criminal justice reforms endeavor to meet this goal, as well as to form the Indiana criminal justice system around "principles of reformation, and not of vindictive justice," as outlined in Article 1, Section 18 of the Indiana State Constitution. Pursuant to House Enrolled Act (HEA) 1006 (2014), the Indiana Criminal Justice Institute is required annually to gather data and analyze the impact of Indiana's criminal code reform to ensure restorative justice. In early 2015, the Indiana Criminal Justice Institute commissioned the Sagamore Institute to conduct the initial study; this report is the second survey and analysis of the extant data.

In the preparation of this report, the Sagamore Institute has received invaluable cooperation and the provision of data and information from several key sources, including but not limited to the Indiana Evidence-Based Decision-Making working group, the Indiana Judicial Center, representatives of the executive, legislative, and judicial branches, prosecutors and public defenders, law enforcement, community correction officers, and other stakeholders in an effort to insure that the concerns of each are heard. It is important to note that many of HEA 1006's policy changes took effect less than two years ago, and several significant changes took effect only six months ago. Moreover, many of the changes at the local level, which together constitute some of the most significant parts of HEA 1006's reforms, are just beginning to be felt. It will take several more years for significant changes to be seen. For these reasons, this early study can only observe preliminary trends.

First, this report aims to establish a baseline understanding of the Indiana criminal justice system's status in June 2014, immediately before HEA 1006 took effect. Key findings show relatively high recidivism rates, with high projections for both prison population and costs. Two years after the implementation of HEA 1006, some of this growth has been averted. All levels of felony show movement away from Department of Correction sentences and towards local rehabilitation or community corrections. Level 6

offenders are serving fewer offender-days than their Class D predecessors. Yet, more dangerous offenders are still receiving their due time, as higher-level felons are serving relatively longer prison sentences. As sentencing under the new Level felonies continues to replace the old Class felonies, it appears these trends will continue.

Next, the report focuses on eleven key areas of analysis specifically enumerated by statute for review. Some of the more prominent agencies and organizations working to improve the Indiana criminal justice system include the Justice Reinvestment Advisory Committee, a group charged with overseeing funding for community corrections, probation departments, and county jails, and working to facilitate county use of evidence-based practices. Problem-solving courts increasingly address mental health and addiction issues, and reentry programs are proving to be effective at reducing recidivism. In the coming year, however, more work should be done to solidify these gains.

Last year, this report recommended key steps for moving forward: creating a centralized data management system to facilitate information sharing, allowing for one personal identification number to follow an offender through the criminal justice process, solidifying pretrial release practices, and standardizing county jail data collection. The State has mostly pursued other reforms, although some of these have been addressed in part, as discussed in greater detail below.

The report makes further recommendations this year regarding probation reforms, re-entry facilitation and funding, and jail inspections and data collection. By following up with past recommendations and pursuing these new suggestions as well, Indiana can solidify its trajectory towards a truly reformative criminal justice system that balances offender needs, public safety, cost, and community development.

I. Introduction

About six years ago, Indiana leaders took the first steps toward significant and widespread criminal justice reform. The result of their work was introduced in the General Assembly in 2013 as House Bill 1006, which is aptly summarized by five purposes identified in provisions enacted in 2014:

> This title shall be construed in accordance with its general purposes, to: . . .
>
> (5) reduce crime by promoting the use of evidence based best practices for rehabilitation of offenders in a community setting;
> (6) keep dangerous offenders in prison by avoiding the use of scarce prison space for nonviolent offenders;
> (7) give judges maximum discretion to impose sentences based on a consideration of all the circumstances related to the offense;
> (8) maintain proportionality of penalties across the criminal code, with like sentences for like crimes;
> (9) make the lengths of sentences served by offenders more certain for victims.

Ind. Code § 35-32-1-1 (as amended by Public Law 168-2014, Section 52).

Many different Indiana organizations and citizens, inspired by the legislative reforms of HEA 1006 and motivated by the changes other states were pursuing, began working to bring about other changes in Indiana's criminal justice system. This report includes an account of some of these efforts. One benefit of these efforts is the pursuit of criminal justice reform by many different entities in many different parts of Indiana. The only downside is a procedural one impacting the authors and readers of this report: due to the multiplication of efforts, it is increasingly difficult to decipher which changes have been brought about by Indiana's criminal code reforms and which spring from the many ancillary efforts. Nevertheless, the much greater good flowing from the multiplication of efforts is not only entirely necessary but also a very good sign for the State of Indiana, which needs such widespread change.

One of the provisions in the 2014 code reform was a requirement that the Indiana Criminal Justice Institute (ICJI) "monitor and evaluate criminal code reform." Ind. Code § 5-2-6-24(b).[1] The Indiana Criminal Justice Institute is required to collect and analyze information annually and to prepare a report to the Governor and the legislature discussing the impact of the reforms in about eleven areas (see sidebar). Ind. Code § 5-2-6-24.

As it did last year, the Indiana Criminal Justice Institute commissioned the Sagamore Institute to conduct this study. Similar to the challenges of last year, when the reforms were barely felt and only nominally visible, this second report cannot issue a complete verdict on the law's full effects. Instead, it seeks to broaden the baseline against which future reports can measure the progress of Indiana's code reforms and make certain limited observations about trends appearing in the most recent data.

In approaching the second annual report on Indiana's criminal code reforms, Sagamore once again conducted interviews with representatives of the executive, legislative, and judicial branches,

Required Elements of ICJI's Criminal Code Reform Report (Ind. Code § 5-2-6-24):

(c) The institute shall annually gather data and analyze the impact of criminal code reform on:
- (1) local units of government;
- (2) the department of correction; and
- (3) the judicial center.

. . .

(e) The report required under this section must:
- (1) include an analysis of:
  - (A) the effect of criminal code reform on:
    - (i) county jails;
    - (ii) community corrections programs;
    - (iii) probation departments; and
    - (iv) courts;
  - (B) recidivism rates;
  - (C) reentry court programs; and
  - (D) data relevant to the availability and effectiveness of mental health and addiction programs for persons who are at risk of entering the criminal justice system, who are in the criminal justice system, and who have left the criminal justice system; and
- (2) track the number of requests for sentence modification that are set for hearing by the court, including the relief granted by the court, if any. . .

. . .

(h) Based on its analysis, the institute shall include recommendations to improve the criminal justice system in Indiana, with particular emphasis being placed on recommendations that relate to sentencing policies and reform.

(i) The institute shall include research data relevant to its analysis and recommendations in the report.

[1] The statute specifically defines "criminal code reform" as the "statutory provisions relating to criminal law enacted by P.L.158-2013 and HEA 1006-2014." Ind. Code § 5-2-6-24(a).

prosecutors and the public defenders, and law enforcement and community corrections, at the State and local level. Sagamore researchers also visited multiple Indiana prisons and spoke with administrators as well as the men and women incarcerated there. All of these conversations helped identify how the code reforms are working – and not working – in the Indiana justice system. Finally, Sagamore has worked with the data experts from across the state's criminal justice system to detect emerging trends and outcomes of Indiana's criminal code reforms.

Part II of this Report recounts the story of how HEA 1006 was enacted, retold here because of its relevance to the purpose and importance of these reforms. Part III expands on the baseline provided by last year's report in an effort to establish fixed conditions, as of July 1, 2014 – the date on which HEA 1006's reforms took effect – against which future reports may evaluate the State's progress in its ongoing reforms.

Part IV briefly recounts the five "emerging trends" discussed in last year's report and explains how they appear based on the data from the last twelve months. This Part also discusses three new trends apparent from the data from the last twelve months. In compliance with Indiana Code Section § 5-2-6-24, Part V then considers the eleven main areas at which the state's justice reforms are to be measured and discusses the trends and data relevant to each.

Part VI briefly recounts the four recommendations proposed in last year's report and identifies what progress, if any, has been made on each. Part VII then presents new recommendations that the General Assembly should address in 2017.

II. Indiana's Criminal Justice Reforms

The legislative history of HEA 1006 helps explain its purpose and context. Additionally, its story is more complex than most other legislation, spread out as it is over the course of three legislative sessions. For these reasons, this report recounts that story.

Before 2013, the last comprehensive review of the Indiana Criminal Code began when Governor Otis Bowen signed an executive order in 1973 reorganizing the Indiana Criminal Law Study Commission. The Commission began reworking the Criminal Code that same year and finished a proposed final draft in October 1974. The revised Criminal Code took effect January 1, 1976.

Since that time, the Criminal Code has been amended almost every year, but no comprehensive review has since been attempted. Too often, amendments were drafted with little attempt to coordinate with existing statutes. The style and format of new criminal statutes were also often inconsistent with existing ones. As a result, terms were often undefined or in conflict with definitions used elsewhere in the Code, and clarity and predictability were undermined.[2] Moreover, there was a growing concern that many crimes carried disproportionate sentences and that Indiana's prisons could be used more effectively.

To address these concerns, a Criminal Code Evaluation Commission was appointed in 2010, and it met regularly from 2010 through 2012. Also in 2010, Governor Mitch Daniels, Supreme Court Chief Justice Randall Shepard, Attorney General Gregory Zoeller, House Speaker Patrick Bauer, and Senate President Pro Tempore David Long commissioned the Pew Center on the States' Public Safety Performance Project ("Pew") to collect the research and data that was to be evaluated by the Criminal Code Evaluation Commission. Pew's objective was to decrease the state's spending on corrections by utilizing a justice reinvestment approach. Pew worked in partnership with the Council of

[2] *See* Steven Johnson, former Executive Director, Indiana Prosecuting Attorneys Counsel, Presentation to Criminal Code Evaluation Commission on October 26, 2012, Ex. 1.

State Governments Justice Center in order to create policies that would allow for an increase in public safety while simultaneously sending fewer people to state prisons.

The Council of State Governments Justice Center aimed to complete three unique phases on behalf of Indiana policymakers. First, it aimed to systematically evaluate Indiana's crime, arrest, conviction, jail, prison, probation, and parole supervision data. Second, it sought to help Indiana put potential policies and justice reinvestment plans into action. Third, it attempted to quantify the effects of these enacted policies and plans by providing policymakers with up-to-date information regarding prison populations and recidivism rates.

Indiana also founded a Justice Reinvestment Steering Committee whose members represented all three branches of government and both parties. This Committee was assigned to evaluate the research and findings of Pew and the Council of State Governments Justice Center with a goal of decreasing corrections spending and using those savings to fund policies that would decrease crime and increase public safety. The Committee coordinated this evaluation with the Criminal Code Evaluation Commission.

The Council of State Governments Justice Center projected that in order to house the additional number of prisoners, estimated by the Indiana Department of Correction to increase from 28,474 people in 2010 to 34,794 people in 2017, it would cost the state an extra $991,200,000 from 2010 to 2017. This included construction costs and annual operating costs for additional prisons.

Shortly after Pew and the Council of State Governments Justice Center completed their report on prison population, Senator Brent Steele introduced legislation on prison sentencing reform to the Senate. Titled Senate Bill 561 (2011), the legislature required the Department of Correction to "determine the average daily marginal cost of incarcerating an offender," to "determine the average length of stay for a Class D felony offender," and to "administer an incentive and disincentive program for counties to reduce the number of Class D felony offenders."[3] Any savings realized by having a

[3] Senate Bill 561 (2011), available at http://www.in.gov/legislative/bills/2011/SB/SB0561.3.html (last visited June 17, 2016).

decreased amount of Class D felony offenders was to be given to local rehabilitation efforts. Steele explained the justice reinvestment bill would free up space in prisons for violent criminals, rather than those convicted of minor crimes. It passed the Senate with a vote of 46-3, but failed to pass upon reaching the House of Representatives.

One of the hallmarks of the justice reinvestment approach was a heavy emphasis on data and evidence-based decision-making. To meet the need for data, the General Assembly, Indiana courts, and the Indiana Department of Correction took concrete action to collect, store, and transmit certain data and documents to make procedures more efficient and allow for more accurate data. During the 2012 legislative session, the General Assembly enacted Indiana Code § 35-38-1-31, which provided that when a court imposed a felony sentence involving a commitment to the Department of Correction, "the court shall complete an abstract of judgment in an electronic format approved by the Department of Correction and the Division of State Court Administration." Abstracts of Judgment were already used and required by the courts to be completed for all Department of Correction commitments, but the new statute added additional requirements and data elements that were not found in the previous Abstract of Judgment documents.

Shortly after the General Assembly enacted this legislation, the Indiana Supreme Court amended the Indiana Criminal Rules of Procedure to include the abstract of judgement provision (Rule 15.2). To make this more feasible for trial courts, the Supreme Court developed the electronic Abstract of Judgment Application in INcite, under the direction of the Records Management Committee.

As a result of this legislation and rule, statewide conviction and sentencing data is readily available to the courts, legislators, and other policymakers through the electronic abstracts of judgment. Additionally, trial courts have a standardized, electronic method for transmitting sentencing information for offenders committed to the Department of Correction.

To address the need for criminal code reform, the Criminal Code Evaluation Commission devoted thousands of hours to studying the criminal code, researching

alternatives, hearing expert testimony, and drafting proposed legislation. By October 2012, the Criminal Code Evaluation Commission had completed draft legislation that drew heavily upon the 2011 proposed legislation, Senate Bill 561, and that would become, when bill numbers were assigned in the 2013 legislative session, House Bill 1006. Representative Gregory Steuerwald was designated as the author of the bill and introduced the proposed legislation.

Among its significant changes to the Indiana criminal code, House Bill 1006 completely restructured Indiana's felony system. It took Class A felonies ("FA"), Class B felonies ("FB"), Class C felonies ("FC"), and Class D felonies ("FD") and reassigned them into six Levels of enumerated felonies: Level 1 felonies ("F1"), Level 2 felonies ("F2"), Level 3 felonies ("F3"), Level 4 felonies ("F4"), Level 5 felonies ("F5"), and Level 6 felonies ("F6").

The criminal code reform legislation passed both chambers, albeit in a slightly different form. After the conference committee members worked out a compromise, the House approved the final bill by a vote of 86-10, while the Senate approved it by a vote of 34-15. Governor Pence signed the bill on May 6, 2013, and it was enacted as Public Law 158 on May 13, 2013.

Due to the complexity and scope of HEA 1006, the General Assembly provided that the legislation would not take effect until July 1, 2014. This delay allowed the Legislature to propose further amendments and corrections during the 2014 legislative session. Indeed, the Legislative Services Agency found dozens of "conflicts" between HEA 1006 and other legislation enacted in 2013.[4]

The General Assembly also realized that it would need further time to calculate how much additional funding would be needed to implement the law. As the bill was being considered in March 2013, the Department of Correction released a report that surprised legislators: the report concluded that the bill, which included tougher sentences for violent and sex crimes and which reduced credit time for good behavior, would

[4] *See* Craig Mortell, Report to the Criminal Law and Sentencing Policy Study Committee, August 15, 2013, at p. 2 and Ex. 1.

increase Indiana's rate of incarceration by seventy percent over the next twenty years. This report conflicted with the Legislative Services Agency's analysis, which indicated that HEA 1006 would cause a small increase before leading to a significant decrease in the prison population.

Therefore, in the interim between the 2013 and the 2014 legislative sessions, two different studies were completed in an attempt to ascertain the fiscal impact of HEA 1006. A study by Applied Research Services, Inc. concluded that while HEA 1006's offense reclassification and new sentencing ranges would lead to shorter sentences, the new seventy-five percent time-served requirement[5] would increase the overall amount of time inmates would serve.[6]

In contrast, a study by American Institutes for Research concluded that HEA 1006 could lead to a reduction in the prison population, but only if Indiana made deliberate efforts to divert 14,000 offenders annually from the Department of Correction and to manage them at the local level.[7] This effort, the American Institutes for Research study explained, would require the General Assembly to budget an additional $10.5 million annually to cover shifting treatment and management of offenders to local communities.[8]

Based on these findings from the Applied Research Services and American Institutes for Research studies, the 2014 General Assembly introduced House Bill 1006, along with additional proposed legislation. This version included a variety of reforms regarding sentencing modification and suspension, and included a requirement for the court to explain the reason for any sentence that differed from the presumptive sentence.

---

[5] Before HEA 1006 took effect, Indiana allowed most types of offenders to receive one day of credit for every day served; thus, an offender sentenced to serve ten years in the Department of Correction could expect to only serve five years. One of the provisions of HEA 1006, however, changed this requirement for most offenders, providing instead that an offender receives one day of credit for every three days imprisoned for a crime or confined while awaiting trial or sentencing. See Ind. Code § 35-50-6-3.1.

[6] John Speir, Tammy Meredith, Kevin Baldwin, and Sharon Johnson, "Analysis of Fiscal Impact of House Enrolled Act 1006 Criminal Code Reform," *Applied Research Services, Inc.*, December 6, 2013, p. 7.

[7] Roger Jarjoura, Nathan J. Zaugg, Konrad A. Haight, "Assessing the Local Fiscal Impact of HEA 1006: Evaluating the Indiana Alternative Sentencing Law," *American Institutes for Research,* January 5, 2014, p. 6, 96-100, http://www.air.org/sites/default/files/downloads/report/Assessing%20the%20Local%20Fiscal%20Impact%20of%20HEA%201006.pdf.

[8] *Id*., p. 2, 100.

This version also amended credit time provisions and the credit class system. The bill included a number of fiscal reforms, such as requiring the Department of Correction to estimate the amount of cost savings realized for the fiscal year from the reduction in individuals in custody as a result of sentencing reform and return such savings to the counties for community corrections programs or to the judicial conference of Indiana to provide financial aid to probation services. The 2014 legislation also required the Indiana Criminal Justice Institute to monitor and evaluate criminal justice reform, the basis for this report.

In 2015, the General Assembly enacted additional legislation intended to insure that community corrections and local mental health were adequately funded. House Bill 1001 approved funding for community corrections in the amount of $52,299,753 in 2015 and $63,424,747 in 2016. The Legislature also approved $30 million for mental health and addiction services between the two years. The bill established the Justice Reinvestment Advisory Council, whose purpose is to review local corrections programs, grants, and the process to award grants. The Department of Correction would be required to compile certain information and submit reports to the budget committee as well as to the Justice Reinvestment Advisory Council. The Division of Mental Health and Addiction, the Department of Correction, and the corrections advisory board would submit grant applications to the Justice Reinvestment Advisory Council for review. The Justice Reinvestment Advisory Council would then meet to work with the Department of Correction and the Division of Mental Health and Addiction to establish grant criteria and make recommendations concerning the awarding of grants.

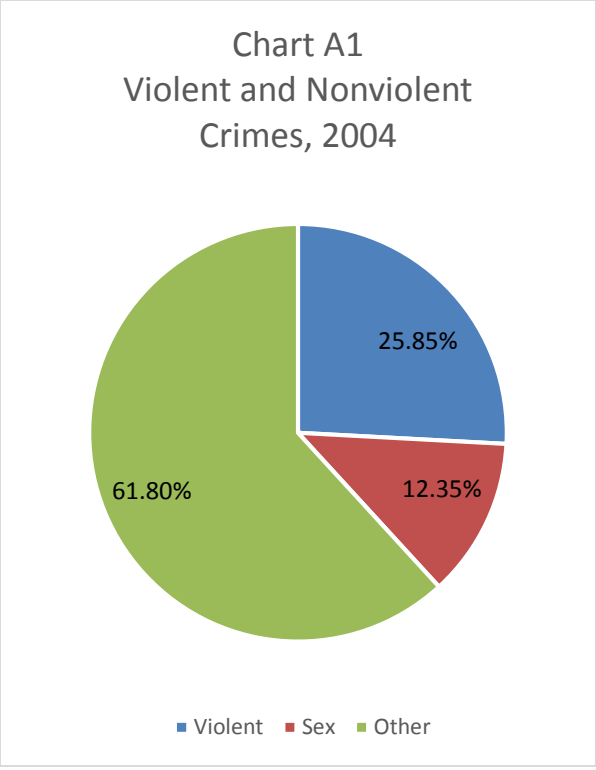
The bill also established the mental health and addiction forensic treatment services account, which allows the Division of Mental Health and Addiction to use funds from the account to fund grants and vouchers for treatment services. The 2015 bill made permanent the provisions created in the 2013 and 2014 bills that permitted the Department of Correction to award grants from operational savings related to HEA 1006, but required that the funds could only be used for corrections or court supervised

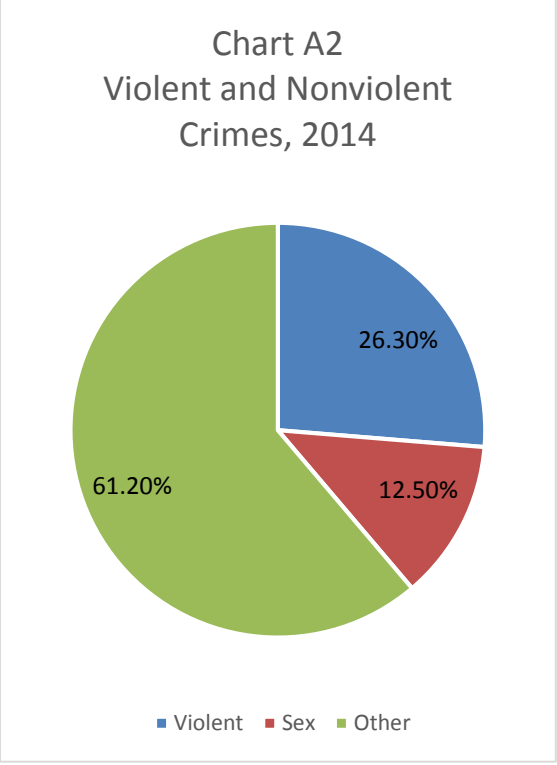
recidivism reduction programs. Finally, the bill required that certain funds may not be used to construct or renovate corrections facilities.

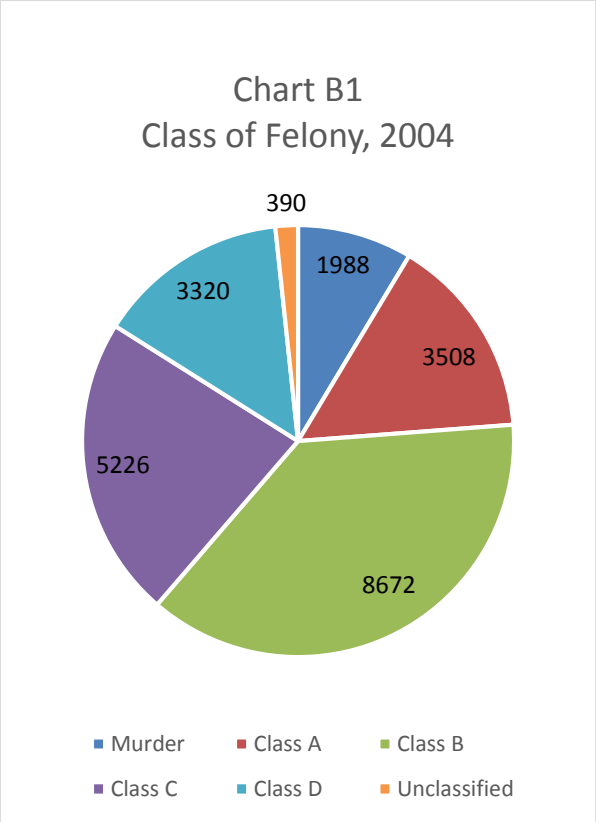
III. Baseline Data: The Condition of Indiana Criminal Justice on July 1, 2014

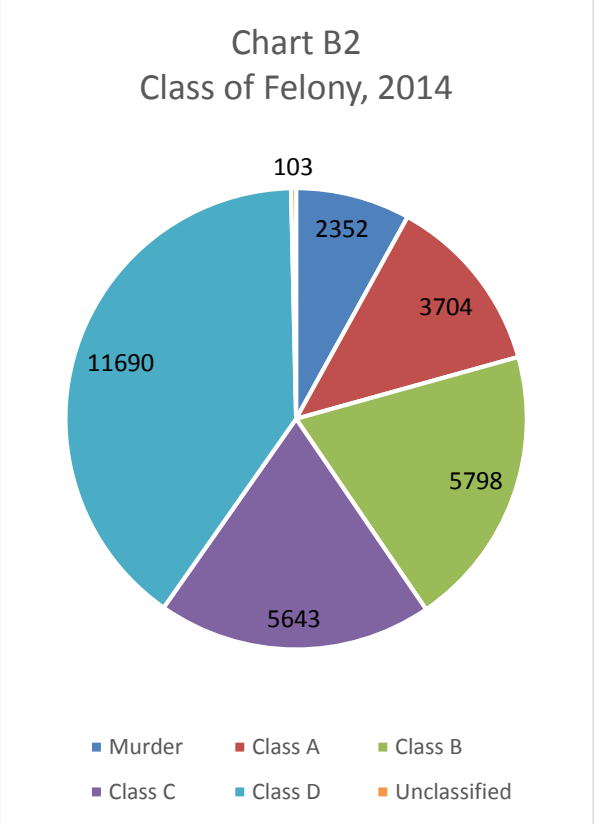
Before analyzing HEA 1006's effects on Indiana's criminal justice system, it is necessary to consider the system's condition before the bill took effect. This report largely examines data from 2004, ten years before the bill was introduced, and from 2014, immediately before the legislation took effect.

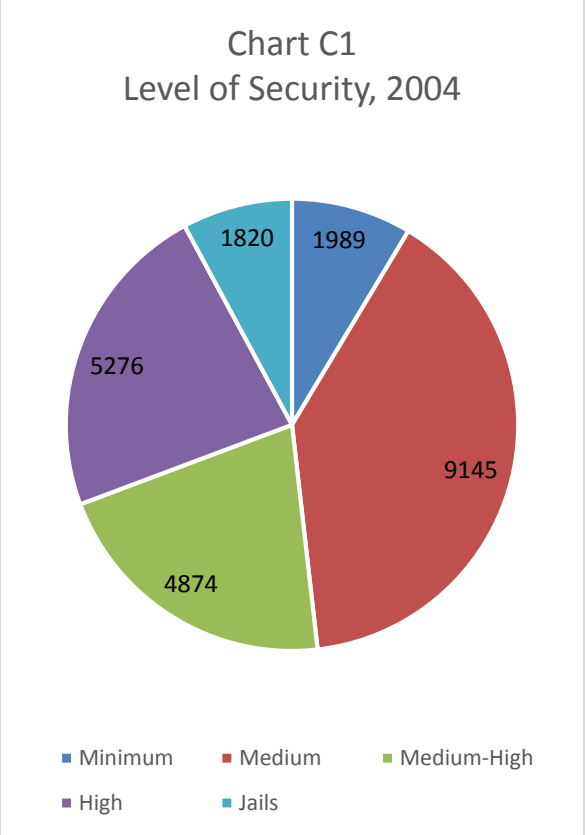
First, it is necessary to note the scope of the criminal justice system. In 1994, 18,703 Hoosiers were incarcerated. The prison population rose from 23,104 in 2004 to 29,290 in 2014. The incarceration rate (number of inmates per 100,000 citizens) was 51.76 and 60.21 in 2004 and 2014, respectively. The charts below describe the Indiana prison population broken into various demographics in 2004 and 2014.

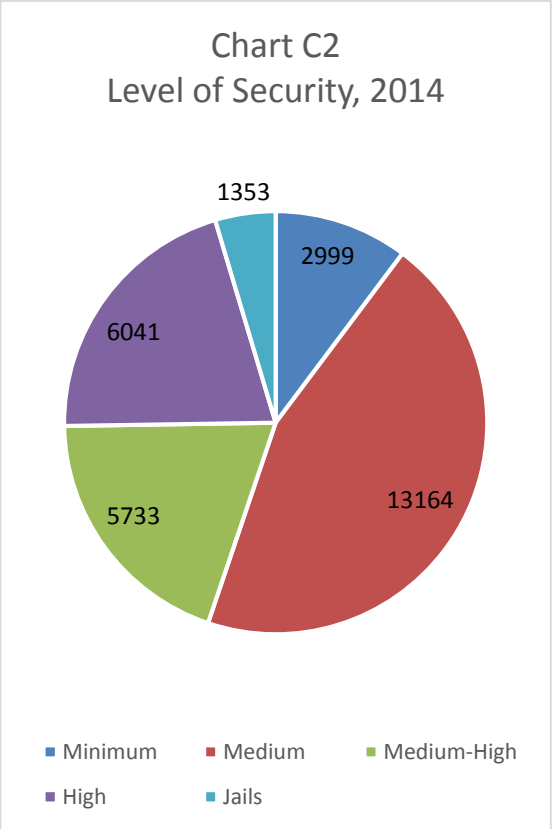





Chart B1
Class of Felony, 2004
390
1988
3508
8672
5226
3320
Murder
Class A
Class B
Class C
Class D
Unclassified

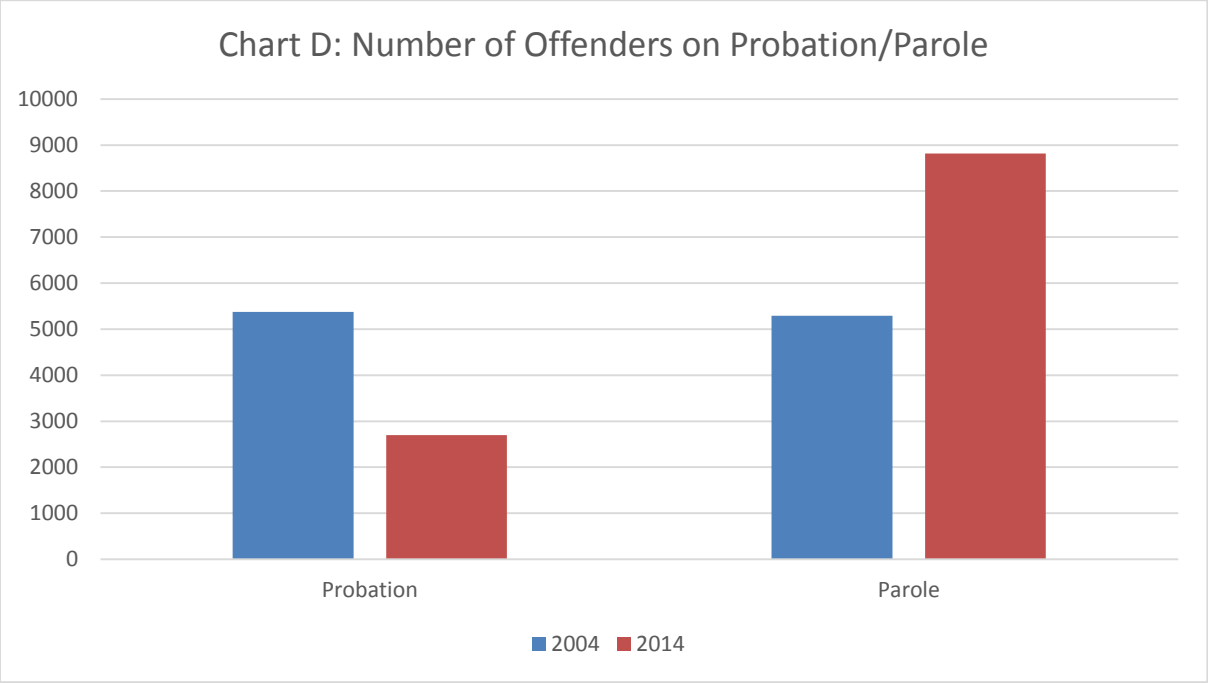

Chart B2
Class of Felony, 2014
103
2352
3704
5798
5643
11690
Murder
Class A
Class B
Class C
Class D
Unclassified


Chart C1
Level of Security, 2004
1820
1989
9145
4874
5276
Minimum
Medium
Medium-High
High
Jails

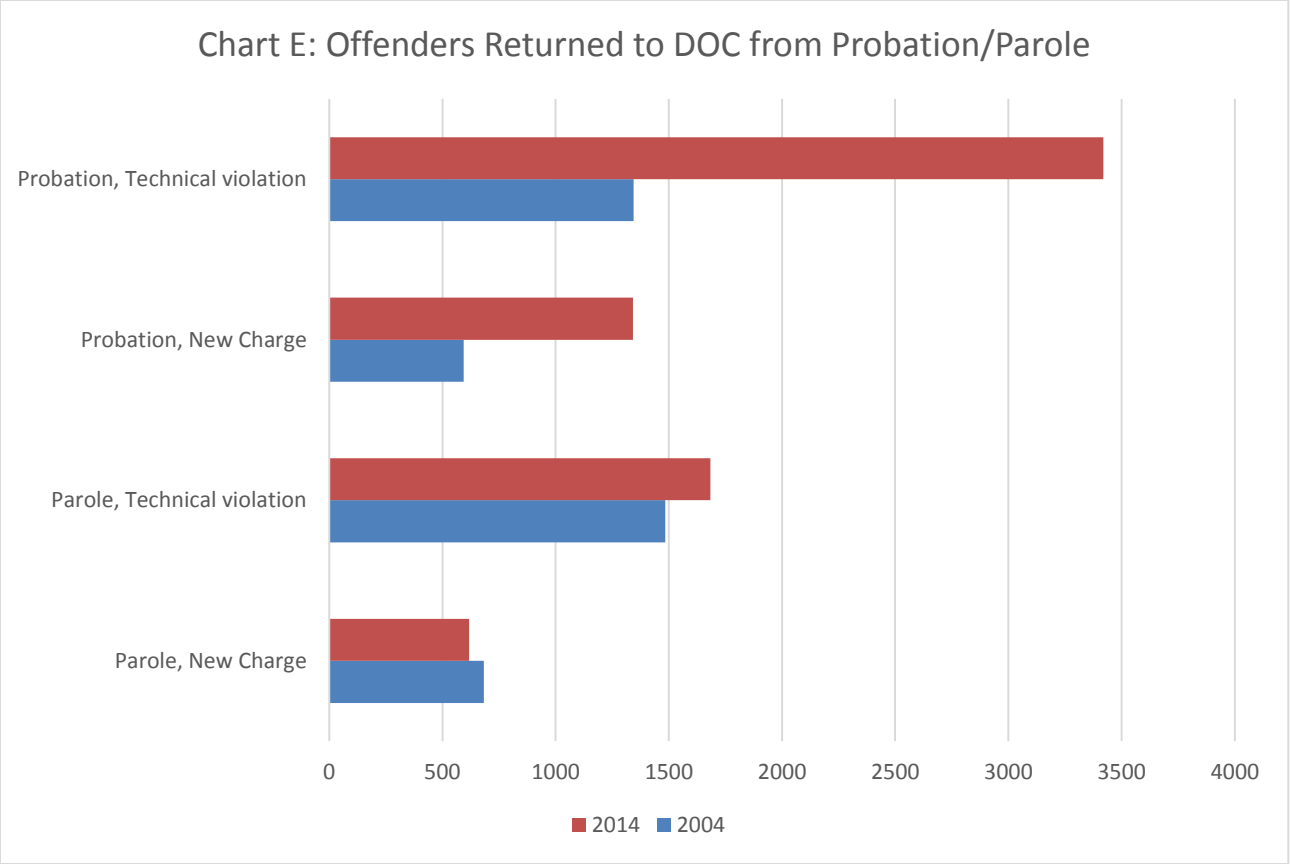

Chart C2
Level of Security, 2014
1353
2999
13164
5733
6041
Minimum
Medium
Medium-High
High
Jails

The prison population was overwhelmingly male, a commonality in prisons throughout the country. In a state where 86.1% of the civilian population is white, 60.4% of the prison population was white. Most incarcerated persons were serving time for nonviolent crimes as opposed to violent or sex crimes, and in 2014, about half were within the lightest two levels of security. Most prisoners lived in medium-security conditions.

The next step is to examine the population characteristics of those on probation or parole. Chart D illustrates how many offenders were on probation or parole in 2004 and 2014.

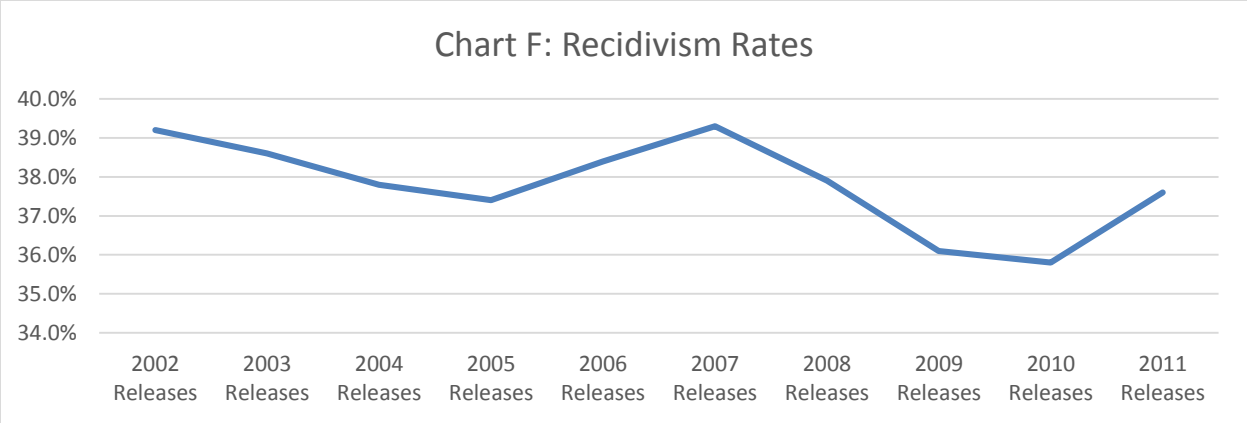


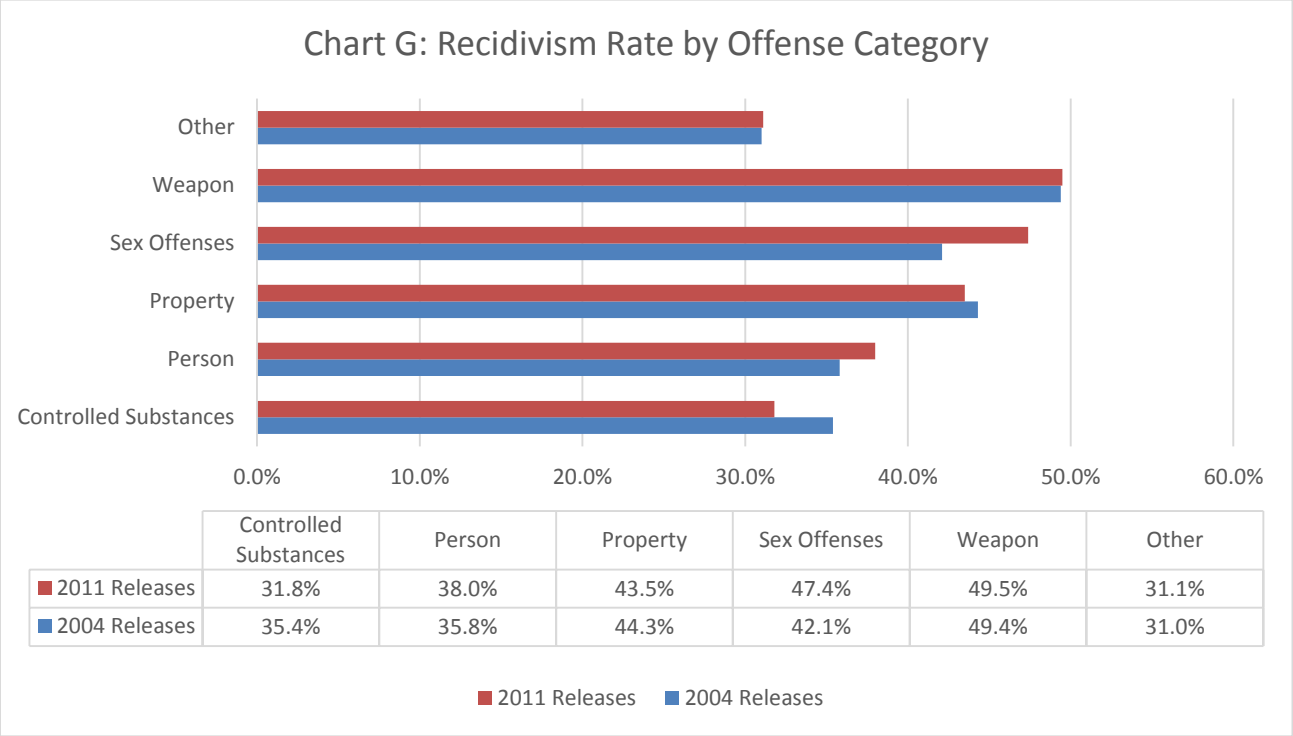
When offenders on probation or parole commit a new crime or fail to meet a requirement of their probation or parole, their status may be revoked, in which case they may be required return to the Department of Correction. In 2004, 38.5% of those on probation or parole were recommitted to the Department of Correction, and in 2014 that number was much higher at 61.3%. Many probationers and parolees were recommitted on technical violations as opposed to new crimes. The Chart E below illustrates the number of offenders recommitted to the Department of Correction and why.



One of the key measures of a state's criminal justice system is its recidivism rate – how likely an offender is to re-offend after being released. The Department of Correction defines recidivism as "a return to incarceration within three years of the offender's date of release from a state correctional institution."[9] Therefore, an individual who is rearrested but not reincarcerated is not considered a recidivist, and neither is an individual reincarcerated after four years. In Indiana, recidivism rates have seen a general decrease since 2002, although even at its most dramatic point the change is less than 5%. The charts below show overall recidivism rates, as well as recidivism rates for individual offense categories.

[9] Indiana Department of Correction, 2015 Adult Recidivism Rates (available at http://www.in.gov/idoc/files/2015_Adult_Recidivism_Summary.pdf) (last visited June 21, 2016).





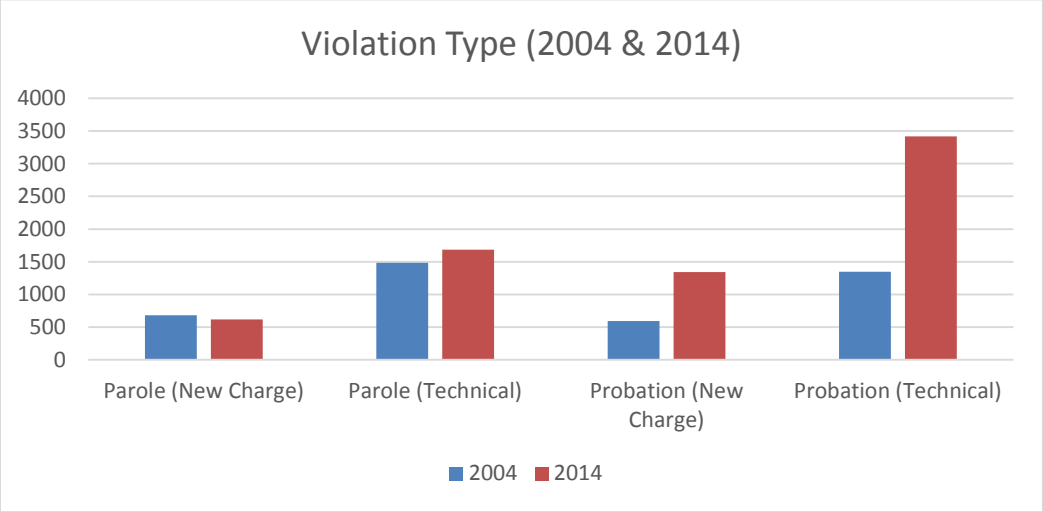
	Controlled Substances	Person	Property	Sex Offenses	Weapon	Other
2011 Releases	31.8%	38.0%	43.5%	47.4%	49.5%	31.1%
2004 Releases	35.4%	35.8%	44.3%	42.1%	49.4%	31.0%

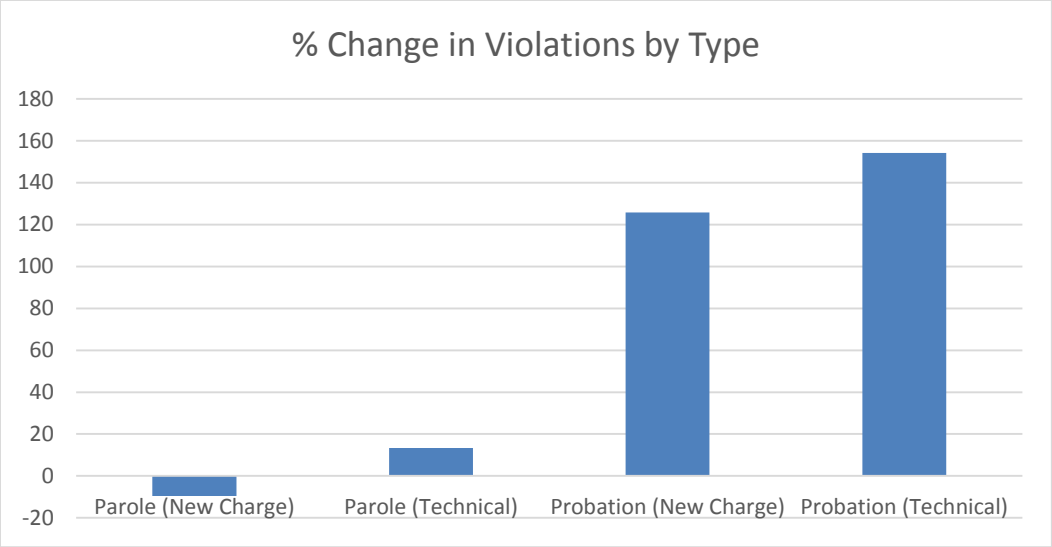
Overall, in 2004 and 2014, males and minorities were overrepresented in the prison system, parole and probation violations were increasing, and recidivism was too high. In 2004, Indiana spent $548,229,424.00 on corrections, and in 2014, this number increased to $707,926,551.00, a spending increase of $440.80 per capita.

Finally, there is the compositional question of parole violations. Obviously, reduction in parole violations should always be a goal of criminal justice reform, but in order to successfully achieve this end, we must understand the causes of the violations. To that end, we can examine baseline trends in probation and parole violations, checking

to see how many were due to new charges versus how many were due to technical violations prior to 2014. The data for this can be seen below:

Violation Type	2004	2014	Change (2004-2014)	% Change
Parole (New Charge)	683	618	-65	-10
Parole (Technical)	1,485	1,684	199	13
Probation (New Charge)	594	1,341	747	126
Probation (Technical)	1,345	3,419	2074	154





As can be seen from the above charts and table, the baseline data suggest that in 2014, the most problematic violations were probation violations, given that from 2004 to 2014, probation violations (both due to new charges and technical violations) had skyrocketed, both seeing a more than 100% increase in that ten-year period, as compared to a much lower increase in parole violations (mostly technical). A few conclusions can be drawn from this.

First, it would appear that technical violations are the most important target of reform, as there were more technical violations in the case of both parole and probation violations, and in both cases, technical violations saw a greater spike from 2004 to 2014. Also, it appears that probation violations were experiencing the greatest increase from 2004-2014, further pointing to probation as a sector worthy of targeting for reform. As will be discussed later in our report, we believe that many initiatives exist or are currently in their pilot stage that could help to specifically target controlling the burgeoning probation violations, especially specifically technical violations, seen leading up to 2014.

IV. Where We Are Now: The Status of Emerging Trends

From the data available last year, it appeared that five trends were emerging. First, the number of offenders that were charged and sentenced under the revised criminal code was growing steadily, while offenses under the old code were diminishing in number.

Second, sentencing patterns suggested a diversion of felony offenders away from incarceration at the Department of Correction. Third, the goal of the criminal code reforms to revise property and substance offenses sentences appeared to be paying dividends, as the number of offender-days at the Department of Correction for property offenders was falling. Fourth, the number of probation revocations showed some signs of decreasing under the revised criminal code. Finally, perhaps in part due to the increase in suspendible sentences, the number of executed days in average sentences appeared to be falling.

As discussed in greater detail below, the data available this year seems to confirm that each of these trends is continuing. The data also suggest three additional trends. The first new trend, like the first trend last year, is obvious and expected: due to the change in the law requiring Level 6 offenders to stay at county jails (except in very limited circumstances), the population of Level 6 offenders at the Department of Correction is falling rapidly. Second, Level 6 offenders appear to be receiving shorter sentences than Class D offenders. Third, several interrelated trends are emerging due to the sentencing modifications of HEA 1006: (a) thanks largely to the new seventy-five percent time-served requirement under HEA 1006, executed days are higher on new Level felonies, and (b) substance offenders are increasingly being sentenced under lower Level felonies, meaning that substance offenders will, as a whole, spend less time incarcerated.

Thus, in greater detail, the five trends from last year and the three new trends from this year are as follows.

1. Offenders are Increasingly Being Charged and Convicted under the New Felony Classifications.

The first trend last year was completely expected – offenders were being charged, convicted, and sentenced under the new felony classification and sentencing scheme. This trend has obviously continued. Since July 2014, there has been a steady increase in F1-F6 cases on aggregate since their inception in July of 2014. While F1-F5 cases have grown concomitantly with F6 cases, the magnitude of F6 case growth has outpaced the growth in F1-F5 cases, with 2,212 F6 cases in April of 2016, as compared to only 653

F1-F5 cases in that same month. Conversely, the number of FA-FC and FD cases has steadily declined since July 2014, when there were 2878 registered FD cases and 1195 FA-FC cases. The continuous decline in FD and FA-FC cases since July 2014 appears to be relatively linear in nature, and the most recent data from April 2016 shows 428 FA-FC cases and 517 FD cases to be greatly reduced since July 2014. Convictions for F6 offenders rose from 895 in February 2015 to 2,212 in April 2016. Meanwhile, the number of FD convictions fell from 1,470 in February 2015 to 517 in March 2016. *See Chart 1 and Table 1.*

In terms of macro-level trends regardless of case type, there appears to be little difference in the total number of cases between April 2015—in which there were 3,719 total—and April 2016—in which there were 3,810. The variance between monthly grand totals of all cases regardless of case-type also appears to remain stable. The one potential exception is the large drop in total cases between October of 2014 and November of 2014, in which the grand total of cases went from 4,116 (October) to 3,027 (November)—this being the most drastic intra-monthly change in the entire spread from 2014-2016.[10]

[10] This year, Sagamore delved into deeper statistical analysis of the available data than last year, including tests for statistical significance, more robust trend-checks, and additional efforts directed at more effective data visualization. As such, in all tables we included custom formatting with proportional bar charts, trend-lines, correlation coefficients and Sparkline graphs, along with both 1 and 2-tailed p-values.

As can be seen, the table data are separated from the statistical information by an orange separator labeled "Statistical Tests and Sparkline Graphs." Below the R value is the R^2 value for each of the respective columns, color coded by relative strength of correlation. The color coordination is done with a red/yellow/green spectrum, with the more vibrant red indicating the strongest correlation, whereas the lighter green represents the weakest correlation.

Below the R and R^2 values are standard Sparkline graphs for each column's data, in most cases corresponding to the variable represented in the column over time (i.e. the number of F6 Abstracts each month over the time period for which data is available). These Sparkline Graphs are meant to provide the reader with a general notion of the directionality of any trends apparent in the data.

Finally, below the Sparkline Graphs are the p-values (both 1 and 2-tailed) for each column's data. Given the relative paucity of available data in some cases, we opted for the most restrictive confidence interval selection—0.01 p-value threshold for statistical significance. As such, the p-values are color-coded based on whether we were able to reject the null hypothesis, with those p-values shaded in red indicating that the correlation identified above is, in fact, statistically significant.

Chart I:
All Abstracts 2/1/2015-3/31/2016

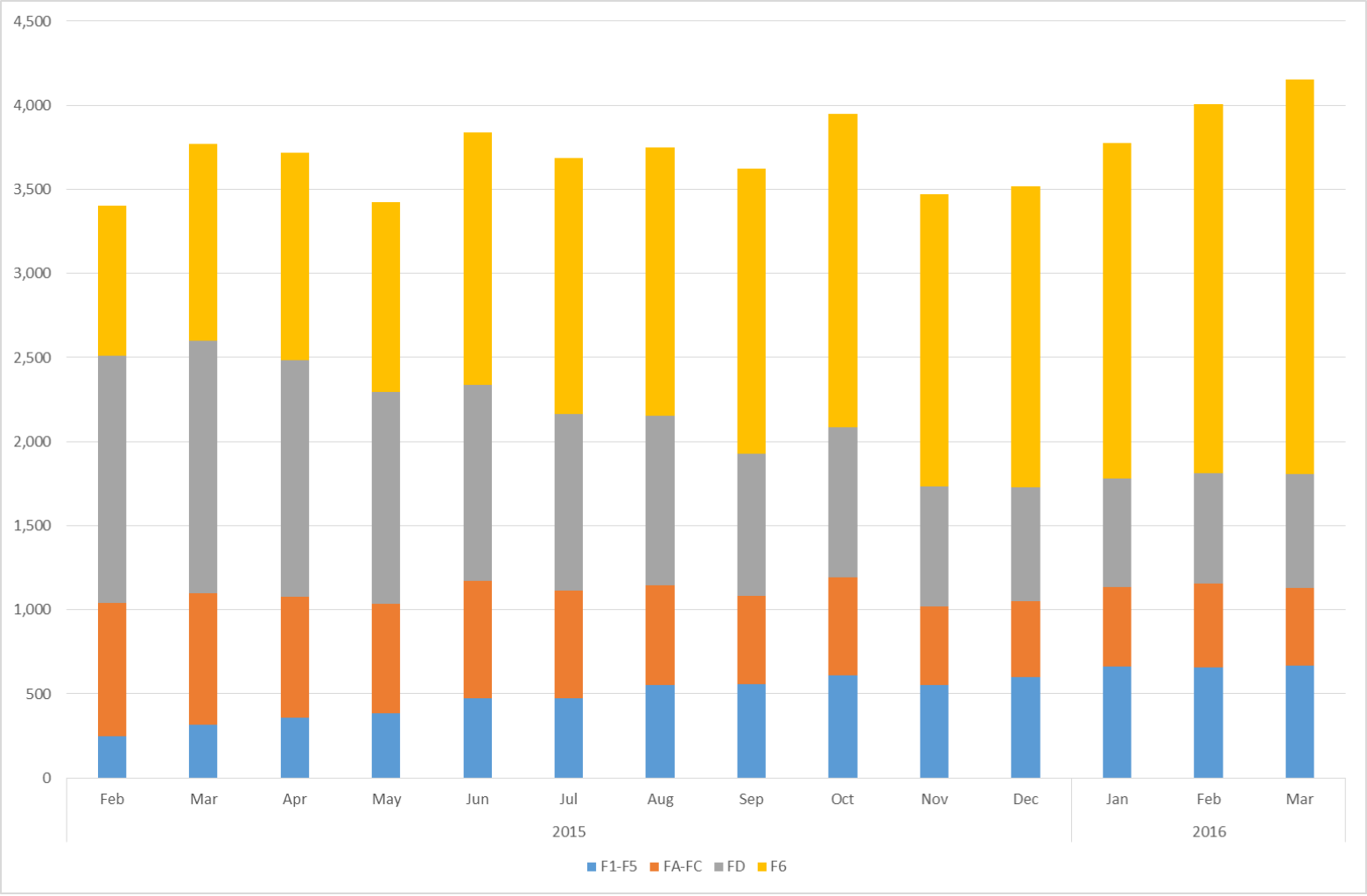


TABLE 1: Count of All Abstracts (March 2015 - April 2016)					
	FA-FC	F1-F5	FD	F6	Grand Total
Month					
Mar-15	783	314	1,504	1,166	3,767
Apr-15	724	356	1,402	1,237	3,719
May-15	652	385	1,258	1,128	3,423
Jun-15	697	475	1,167	1,499	3,838
Jul-15	639	474	1,051	1,517	3,681
Aug-15	596	551	1,008	1,593	3,748
Sep-15	528	556	843	1,693	3,620
Oct-15	584	609	892	1,862	3,947
Nov-15	470	551	711	1,737	3,469
Dec-15	456	597	676	1,788	3,517
Jan-16	472	661	646	1,995	3,774
Feb-16	495	659	658	2,198	4,010
Mar-16	460	671	683	2,350	4,164
Apr-16	428	653	517	2,212	3,810
Grand Total	7,984	7,512	13,016	23,975	52,487
Statistical Tests and Sparkline Graphs					
R value	-0.944937646	0.949895653	-0.966249945	0.967208957	0.398964922
R^2 value	0.892907155	0.902301751	0.933638957	0.935493166	0.159173009
Sparklines					
1 tail p-value	0.00000018	0.0000001	0.00000001	0.00000001	0.07881495
2 tail p-value	0.00000036	0.00000021	0.00000002	0.00000002	0.1576299

Chart 1 and Table 1 show the total number of abstracts completed by month from 3/1/2015 to 4/31/2016. The columns are divided into sections representing combined FA, FB, and FC cases; FD cases; F1, F2, F3, F4, and F5 cases; and F6 cases. The graph shows the new "level" felonies overtaking the old "class" felonies as a percentage of cases disposed.

Although the number of FD abstracts has been relatively stable for the past several months, over 65% of the D Felony abstracts and 63% of the A through C Felony abstracts in March 2016 were Revocation abstracts. Chart 2 and Table 2 (below) show only original abstracts, which is a better indicator of how the remaining old felony cases are moving through the system.

Chart 2:
Original Abstracts 2/1/2015 – 3/31/2016

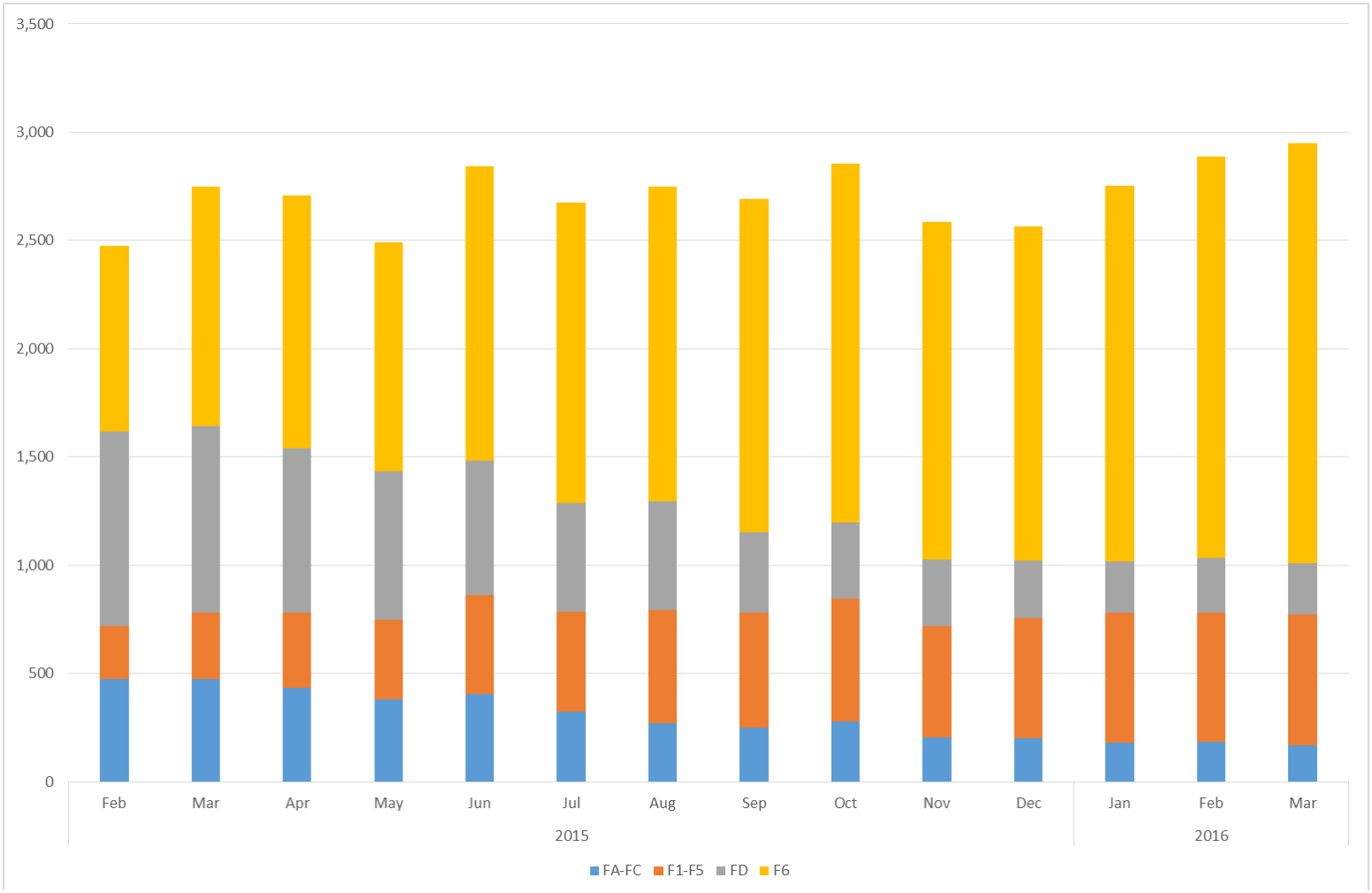


TABLE 2 : Count of Original Abstracts (March 2015 - April 2016)

Month	FA-FC	F1-F5	FD	F6	Grand Total
Mar-15	474	306	860	1107	2,747
Apr-15	434	348	757	1167	2,706
May-15	382	368	683	1057	2,490
Jun-15	406	457	620	1358	2,841
Jul-15	323	458	503	1388	2,672
Aug-15	271	519	505	1452	2,747
Sep-15	252	526	374	1537	2,689
Oct-15	280	566	349	1659	2,854
Nov-15	206	515	305	1560	2,586
Dec-15	201	554	263	1545	2,563
Jan-16	182	599	237	1734	2,752
Feb-16	183	595	255	1855	2,888
Mar-16	167	607	239	1945	2,958
Apr-16	162	589	182	1855	2,788
Grand Total	3923	7007	6132	21219	38,281
Statistical Tests and Sparkline Graphs					
R value	-0.959981686	-0.939904233	-0.962296213	0.957935595	0.381028105
R^2 value	0.921564838	0.883419966	0.926014001	0.917640605	0.145182417
Sparklines					
1 tail p-value	0.00000003	0.00000062	0.00000002	0.00000004	0.08945782
2 tail p-value	0.00000006	0.00000125	0.00000004	0.00000007	0.17891563

Chart 2 shows original abstracts from 2/1/2015 – 3/31/2016. It is formatted in the same style as Chart 1, but does not include revocation abstracts. In both Tables 1 and 2, a clear inverse relationship exists between the trend in FA-FC Abstracts and F1-F5 Abstracts, with a marked decrease in FA-FC abstracts since March 2015 and, conversely, a periodic increase in F1-F5 Abstracts since March 2015, both to a statistically significant degree. (For a more striking demonstration

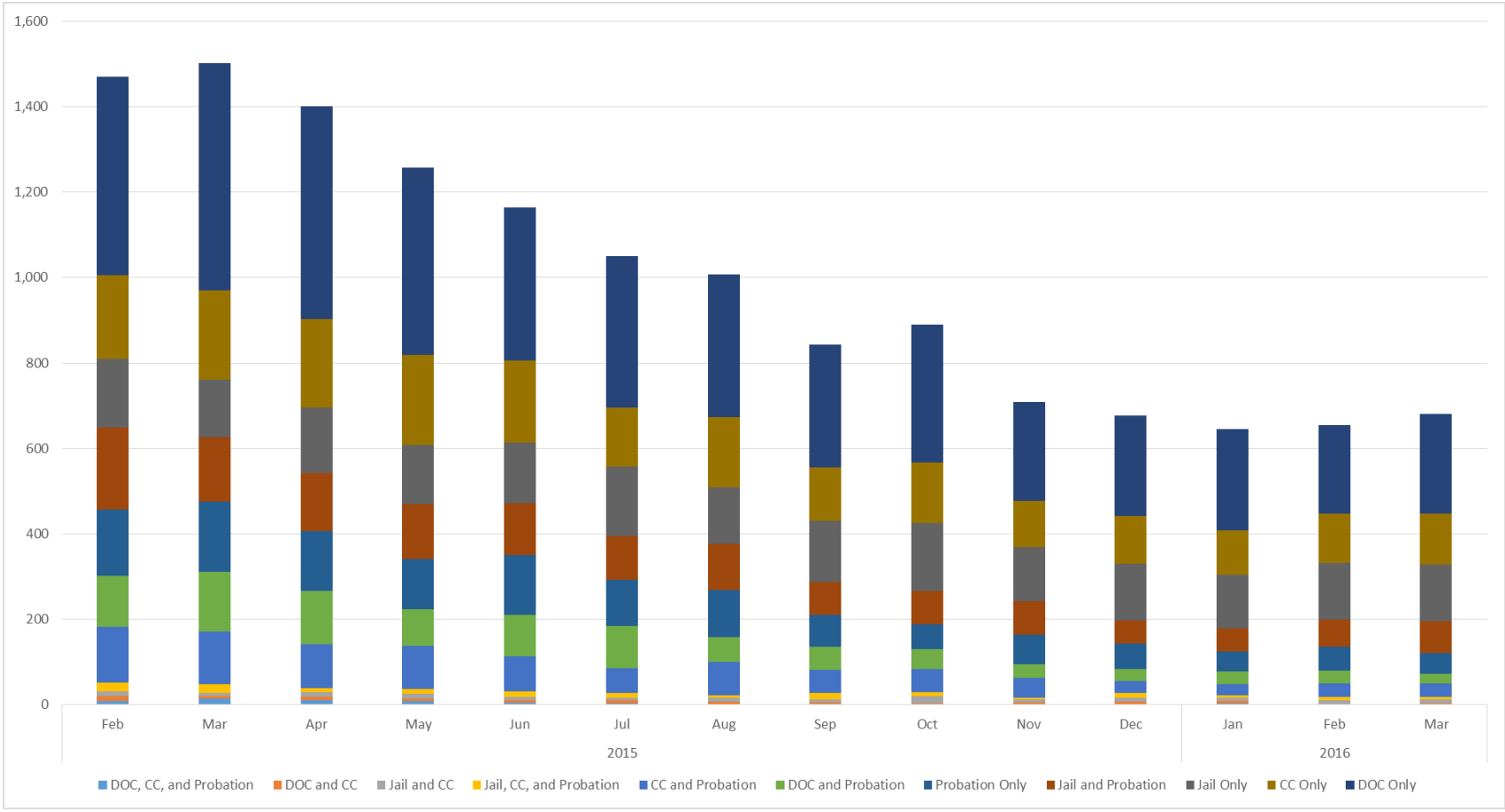
of the fall in FD convictions and placements, and for the increase in F6 convictions and placements, see Charts and Tables 3-6, below.)

2. All Levels of Offenders Are Increasingly Sentenced Away From Department of Correction.

Last year's data from completed abstracts indicated that progress was being made toward one of the goals of HEA 1006: fewer FD and F6 offenders were being placed in the Department of Correction. Instead, more offenders were being placed in local programs, including jail, probation, and community corrections. In the first three months of 2014, an average of 762 offenders was sentenced to the Department of Correction only. In comparison, in the first three months of 2015, an average of 655 offenders was committed to the Department of Correction only – a decrease of 107 offenders per month. Correspondingly, the numbers of offenders committed to community corrections grew: in the same periods, offenders sentenced to jail only grew slightly from 207 to 227 per month, and offenders committed to community corrections grew from an average of 300 to 311.

This trend continued throughout 2015, as the following tables and charts demonstrate. Of course, due to the new requirement that F6 offenders may not be placed in the Department of Correction after January 1, 2016, one would expect a significant drop-off in Department of Correction placements, but the decline in Department of Correction placements identified last year continued steadily even before this deadline. *See Charts 3 through 7 and Tables 3 through 7.*

Chart 3:
FD Abstracts 2/1/2015 to 3/31/2016
Total Placements



Since February of 2015, there is a notable downward trend in total abstracts completed on FD felonies, dropping from 1,470 in February of 2015 to 517 in April of 2016. Commitments solely to the Department of Correction ("DOC Only") spiked in popularity in March 2015 at 532, and have since been on a relatively steady decline, ending at 164 in April of 2016. At the same time, "DOC Only" placements are still the most common, followed by "Jail Only" (127) and commitments solely to community corrections ("CC Only") (91). This order of top 3 most prevalent placement types is a slight deviation from February of 2015, as since February of 2015, "CC Only" placements have gone from the second most popular placement type to the third (now behind "Jail Only"). Finally, whereas in February of 2015 the number of placements into "CC Only," "Jail Only," "Jail and Probation," "Probation Only," "DOC and Probation," and "CC and Probation" were relatively close to one another (all between 119 and 195), this relatively proportional share of placements is no longer as uniform today, with placements into "CC and Probation," "DOC and Probation," "Probation Only," and "Jail and Probation" all decreasing by a great proportion relative to the decrease in "Jail Only," "CC Only," and "DOC Only" placements. This difference is marginal at best, but could be worth exploring further.

No significant outliers appear to exist, although the total FD Abstract Placements have seen a slight and persistent intra-monthly increase since January of 2016, increasing marginally from 645 in January to 658 in February and 683 in March. More data will be needed before determining if this will continue, making January a point of inflection, but this cannot yet be said definitively. That said, this trend is by no means consistent, with a significant decline occurring in April of 2016, in which the FD abstract placements dropped from 683 to 517.

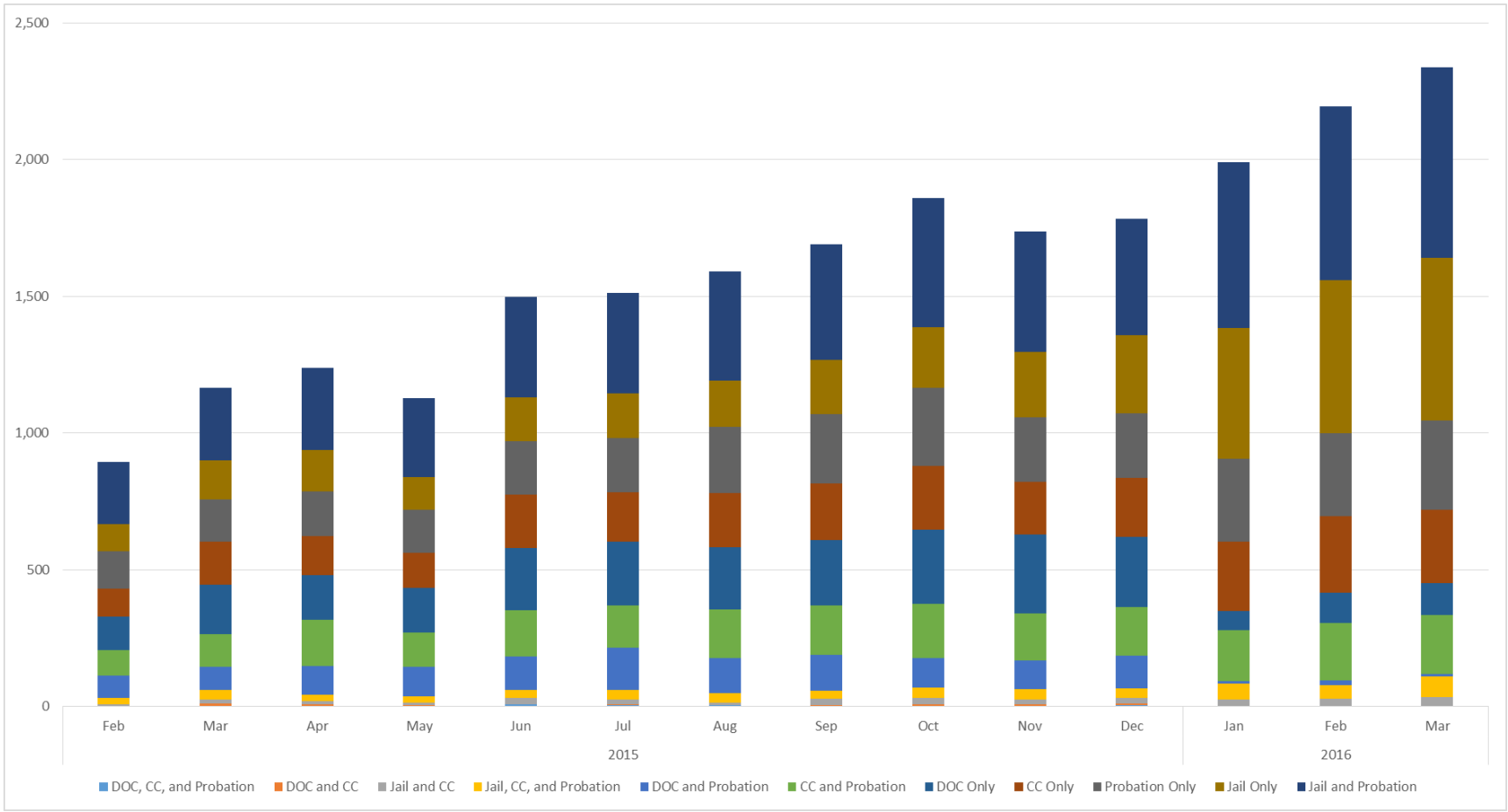
Table 3 (below) shows the total number of abstracts completed on FD felonies each month from 3/1/2015 to 4/31/2016. Because a large percentage of these abstracts are for revocations, Department of Correction commitments may seem overrepresented, since those offenders have already failed community supervision.

TABLE 3: FD Abstracts 3/1/2015 - 4/30/2016

Month	DOC Only	DOC and Probation	DOC and CC	DOC, CC, and Probation	CC Only	Probation Only	CC and Probation	Jail, CC, and Probation	Jail and CC	Jail and Probation	Jail Only	Grand Total
Mar-15	532	140	5	14	208	164	124	20	9	151	134	1501
Apr-15	500	125	7	11	206	140	102	10	11	136	153	1401
May-15	439	87	5	9	212	116	100	11	12	129	138	1258
Jun-15	358	96	6	5	193	140	83	13	7	121	142	1164
Jul-15	356	98	6	4	138	108	58	12	6	103	162	1051
Aug-15	334	57	5	2	166	111	79	6	9	108	131	1008
Sep-15	287	55	3	2	124	74	54	15	7	77	144	842
Oct-15	324	45	4		141	58	55	10	15	79	158	889
Nov-15	231	33	4	1	108	68	46	3	8	79	127	708
Dec-15	235	28	4	2	111	60	28	11	10	54	133	676
Jan-16	237	30	5	3	104	46	27	4	9	55	125	645
Feb-16	207	30	1	1	116	56	34	7	9	63	134	658
Mar-16	234	22	3	1	120	49	32	5	9	75	133	683
Apr-16	164	14	1	1	91	41	29	3	1	45	127	517
Grand Total	4438	860	59	56	2038	1231	851	130	122	1275	1941	13001
Statistical Tests and Sparkline Graphs												
R value	-0.949531	-0.946175	-0.788296	-0.835382	-0.908686	-0.941626	-0.937061	-0.733901	-0.330103	-0.939396	-0.477599	-0.966042
R^2 value	0.901610	0.895247	0.621411	0.697862	0.825710	0.886660	0.878083	0.538611	0.108968	0.882465	0.228101	0.933238
Sparklines												
1 tail p-value	0.000000	0.000000	0.000406	0.000100	0.000003	0.000000	0.000000	0.001404	0.124528	0.000000	0.042110	0.000000
2 tail p-value	0.000000	0.000000	0.000812	0.000200	0.000007	0.000001	0.000001	0.002808	0.249057	0.000001	0.084219	0.000000

Table 3 above shows an obvious and statistically significant downwards trend in total FD Abstracts from 3/1/2015 to 4/30/2016. The only cases where statistically significant trends aren't visible are in "Jail and CC" and "Jail Only" FD Abstracts.

Chart 4:
F6 Abstracts 2/1/2015 to 3/31/2016
Total Placements



Since February 2015, the grand total of abstracts completed on F6 felonies has been steadily on the rise, going from 895 in February 2015 to 2,337 in March of 2016. The increase appears relatively linear and constant over that range, with brief dips between April 2015 and May 2015, and again between October 2015 and November 2015. "Jail and Probation" is still the most common placement (with 696 placements in March 2016), shortly followed by "Jail Only" (596 in March 2016). The increasing preponderance of "Jail Only" placements is a visible trend since February 2015. *See Chart and Table 4.*

Table 4 shows the total number of abstracts completed on F6 felonies each month from 2/1/2015 to 3/31/2016. In previous documents, the FD and F6 abstracts were combined on one slide; in this document they are separated into two slides.

TABLE 4: F6 Abstracts 3/1/2015 - 4/30/2016

Month	DOC Only	DOC and Probation	DOC and CC	DOC, CC, and Probation	CC Only	Probation Only	CC and Probation	Jail, CC, and Probation	Jail and CC	Jail and Probation	Jail Only	Grand Total
Mar-15	181	85	7	3	158	155	119	35	15	267	141	1166
Apr-15	165	107	5	3	143	161	167	24	10	298	154	1237
May-15	164	108	3	3	129	155	125	23	8	287	122	1127
Jun-15	227	123	1	7	196	196	168	28	24	366	162	1498
Jul-15	233	155	1	6	180	199	155	33	19	368	163	1512
Aug-15	226	128	1	4	200	242	178	35	9	399	169	1591
Sep-15	240	131	3	2	206	253	180	31	22	424	198	1690
Oct-15	271	108	5	3	236	285	197	39	22	472	221	1859
Nov-15	287	105	6	2	193	236	173	39	16	440	240	1737
Dec-15	256	119	5	5	215	238	177	35	22	428	286	1786
Jan-16	70	8		1	253	303	184	61	23	606	481	1990
Feb-16	112	17	3		280	305	210	51	24	633	558	2193
Mar-16	117	9	2		269	326	215	76	33	700	598	2345
Apr-16	87	11			269	318	167	51	29	729	544	2205
Grand Total	2636	1214	42	39	2927	3372	2415	561	276	6417	4037	23936
Statistical Tests and Sparkline Graphs												
R value	-0.387866	-0.695613	-0.135788	-0.284482	0.918674	0.942746	0.726744	0.798684	0.756421	0.952031	0.898358	0.967191
R^2 value	0.150440	0.483877	0.018438	0.080930	0.843963	0.888770	0.528157	0.637897	0.572172	0.906363	0.807046	0.935459
Sparklines												
1 tail p-value	0.085332	0.002869	0.321842	0.162198	0.000002	0.000000	0.001618	0.000307	0.000871	0.000000	0.000006	0.000000
2 tail p-value	0.170665	0.005737	0.643684	0.324395	0.000004	0.000000	0.003237	0.000613	0.001743	0.000000	0.000013	0.000000

Chart 5: FD Abstracts 2/1/2015 to 3/31/2016
Original Abstracts

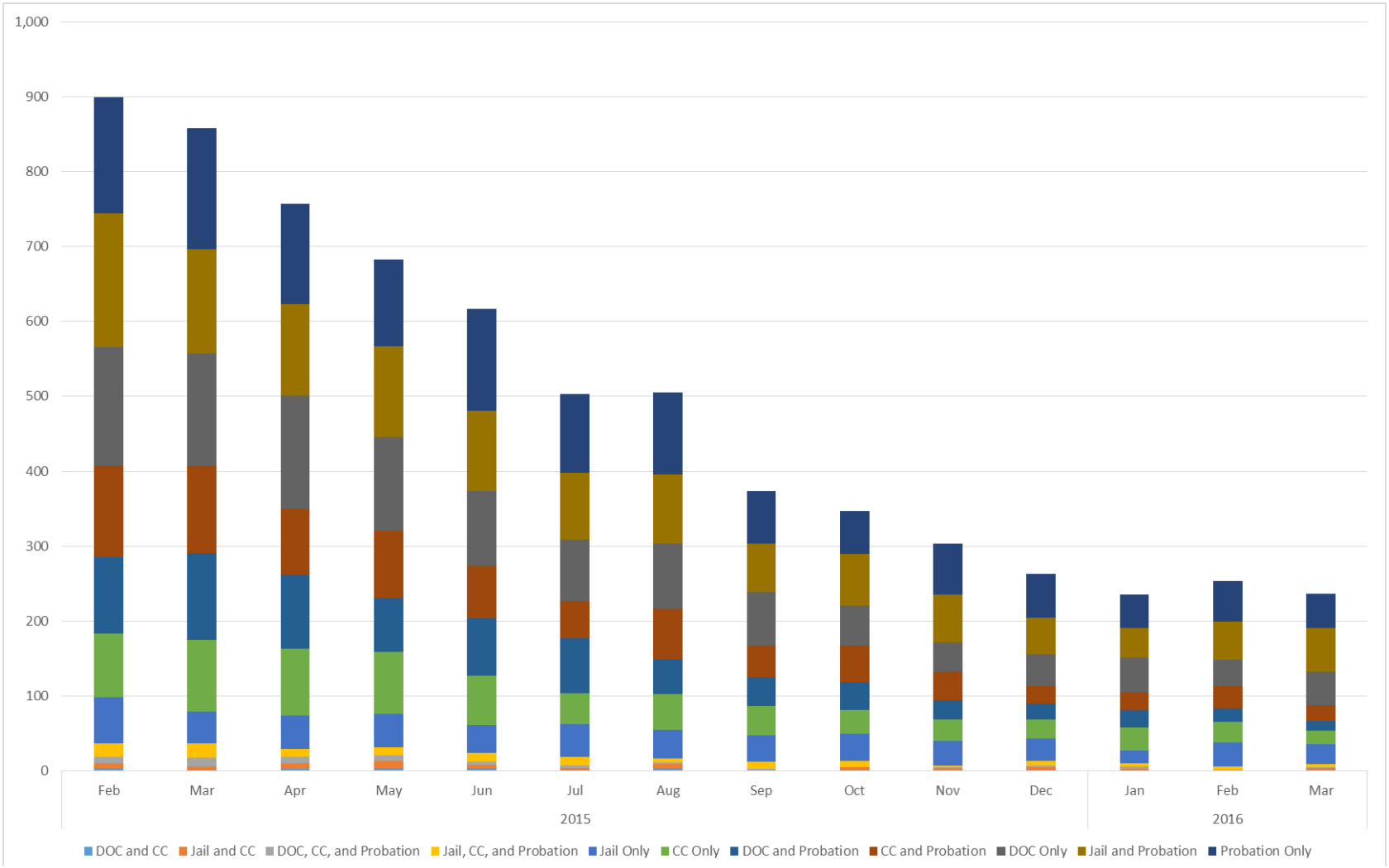
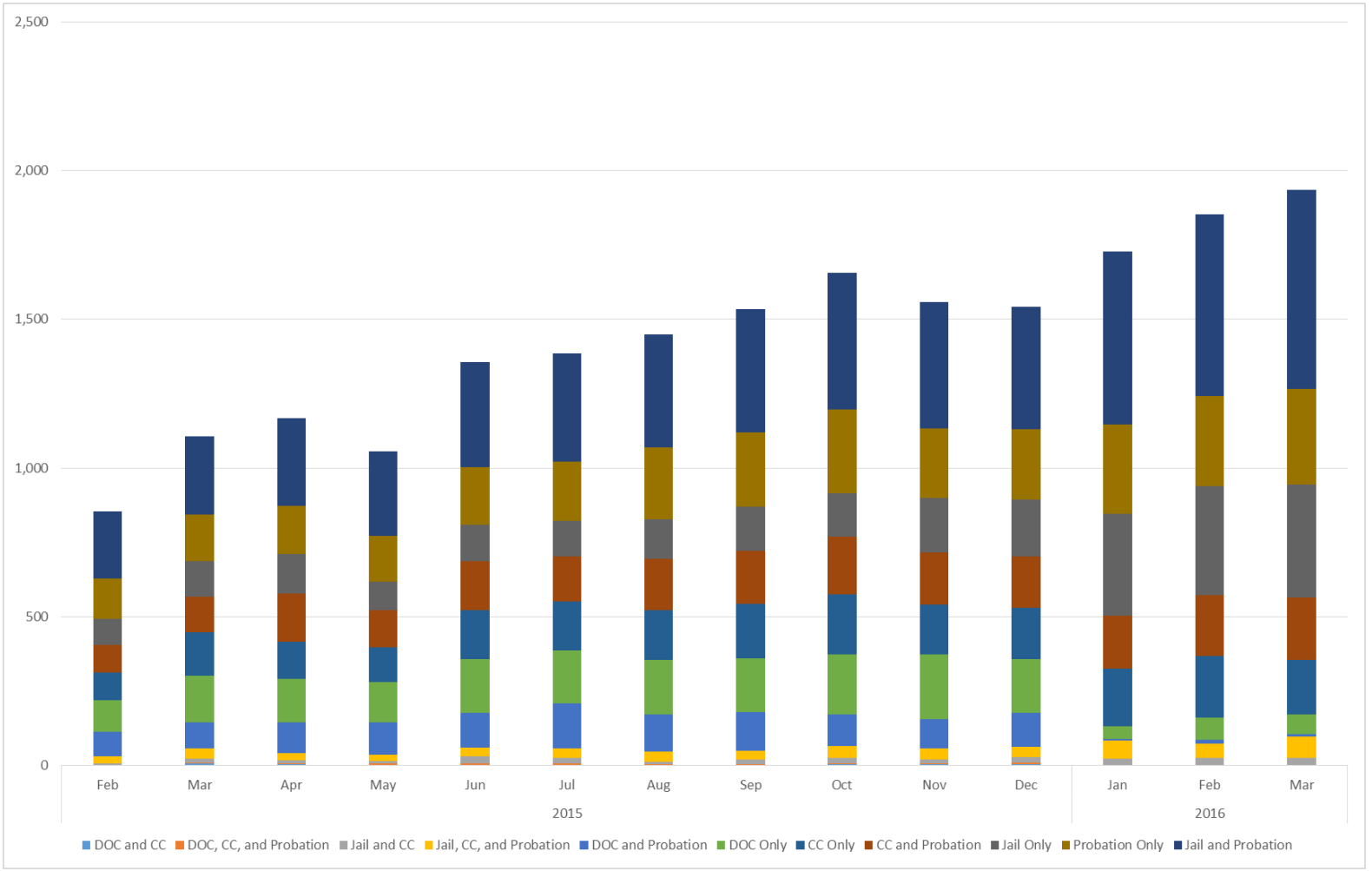


Table 5

Count of Abstracts	DOC and CC	Jail and CC	DOC, CC, and Probation	Jail, CC, and Probation	Jail Only	CC Only	DOC and Probation	CC and Probation	DOC Only	Jail and Probation	Probation Only	Grand Total
2015												
Feb	4	6	9	18	61	85	102	123	158	178	155	899
Mar	2	4	12	19	42	96	116	117	149	139	162	858
Apr	3	7	9	10	45	89	99	88	151	122	134	757
May	4	10	7	11	44	83	72	89	126	121	116	683
Jun	4	4	4	12	37	66	77	70	100	107	136	617
Jul	2	2	3	12	43	42	73	50	82	89	105	503
Aug	4	5	2	6	38	48	46	67	87	93	109	505
Sep		1	2	9	36	39	38	43	71	64	71	374
Oct	2	3		9	36	31	38	49	53	69	57	347
Nov	1	3	1	2	33	29	25	38	40	64	67	303
Dec	1	4	2	6	30	26	21	23	43	49	58	263
2016												
Jan	1	2	3	4	17	31	24	23	47	39	45	236
Feb		1	1	4	32	28	18	29	35	51	54	253
Mar	1	3	1	4	27	18	13	21	44	59	46	237
Grand Total	**29**	**55**	**56**	**126**	**521**	**711**	**762**	**830**	**1,186**	**1,244**	**1,315**	**6,835**

Chart 6: F6 Abstracts 2/1/2015 to 3/31/2016
Original Abstracts

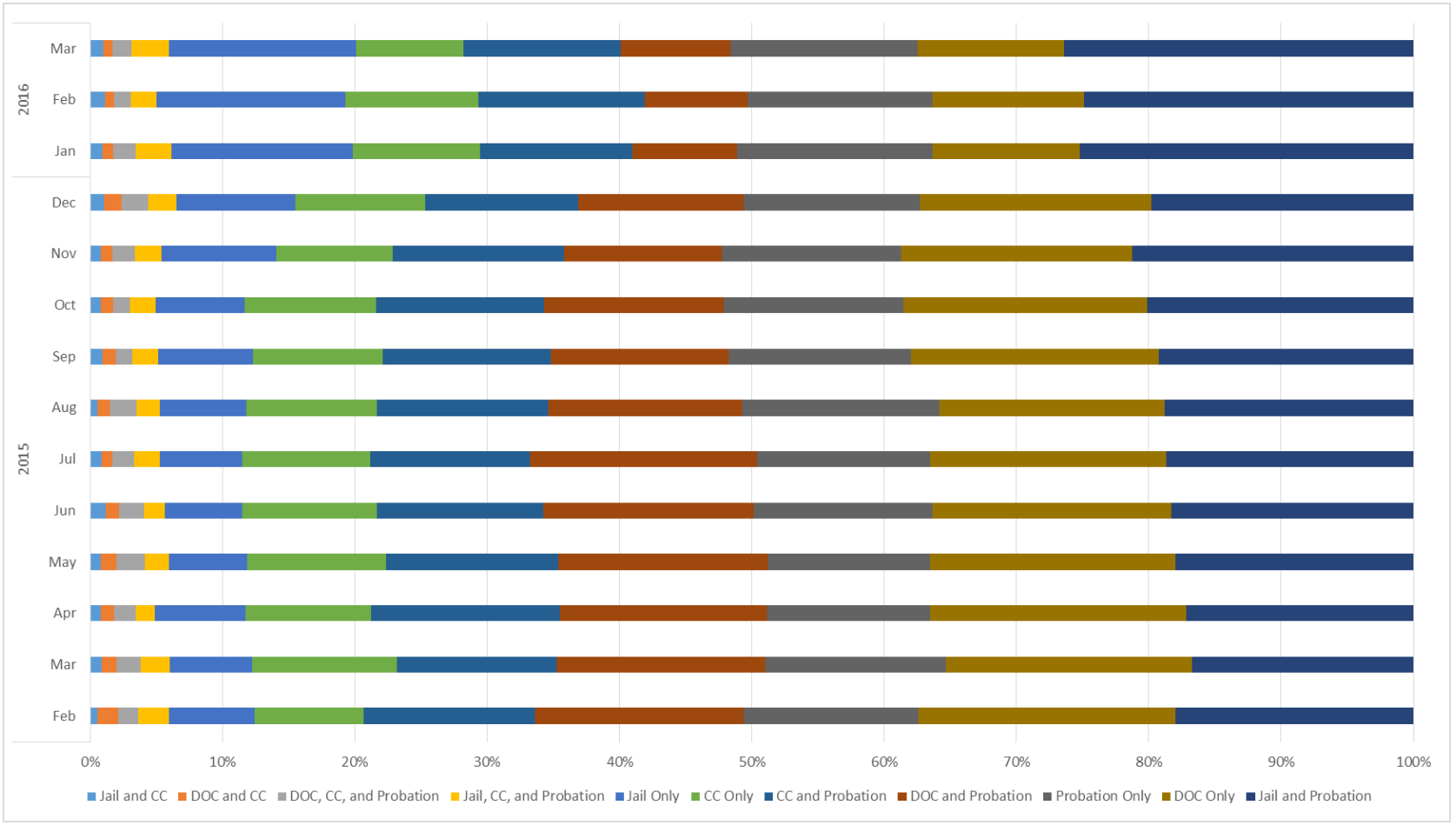


Tables 5-6, along with their corresponding charts, show the confirmation of the trends previously identified—a concomitant increase in non-Department of Correction placements / abstracts and a decrease in most commitments involving a Department of Correction placement. This trend is substantiated in Tables 5-6 across total and original abstracts.

Table 6

Count of Abstracts	DOC and CC	DOC, CC, and Probation	Jail and CC	Jail, CC, and Probation	DOC and Probation	DOC Only	CC Only	CC and Probation	Jail Only	Probation Only	Jail and Probation	Grand Total
2015												
Feb		1	6	25	82	106	92	93	89	134	227	855
Mar	6	3	15	35	85	157	148	119	120	155	264	1,107
Apr	4	3	10	24	104	147	123	163	134	161	294	1,167
May	3	3	8	23	108	137	115	125	96	155	283	1,056
Jun	1	7	24	28	118	180	164	164	122	196	353	1,357
Jul	1	6	18	33	152	178	163	153	119	199	362	1,384
Aug	1	4	8	35	125	181	167	175	131	242	381	1,450
Sep	2	2	17	30	128	182	183	178	148	250	415	1,535
Oct	4	3	19	39	107	202	202	192	146	284	458	1,656
Nov	5	2	13	37	98	218	169	173	183	236	425	1,559
Dec	5	5	19	35	113	180	174	172	191	237	412	1,543
2016												
Jan		1	21	61	6	42	194	179	343	300	582	1,729
Feb	2		23	49	14	73	207	204	368	303	609	1,852
Mar	2		24	71	8	66	184	210	380	322	667	1,934
Grand Total	**36**	**40**	**225**	**525**	**1,248**	**2,049**	**2,285**	**2,300**	**2,570**	**3,174**	**5,732**	**20,184**

Chart 7:
2/1/2015-3/31/2016 Original Abstracts
Percentage of Placements



Last year's report observed an "increase in the placements in all categories not involving a [Department of Correction] placement, and a decrease in most commitments involving a [Department of Correction] placement." The continuation of this trend appears substantiated in the data we have presented here as well. What can be said for certain is that the "DOC and Probation" abstract count has dropped significantly from a high point of 17.13% in July of 2015 to 8.28% in March of 2016, with the significant drop occurring at the turn of the 2016 New Year (as one would expect with the full implementation of the provision that the Department of Correction may not accept F6 offenders after January 1, 2016). For the same reasons, there was a large drop in "DOC Only" abstract count at the turn of the New Year (17.52% in December 2015 to 11.14% in January of 2016), and a large uptick in "Jail and Probation" abstract count at the same time (from 19.77% in December of 2015 to 25.21% in January of 2016), as can be seen in Chart 7 and Table 7.

Table 7 (below) represents data for all felonies, including FD/F6. On the preceding page each bar represents 100% of the abstracts completed in that month, and shows the percentage of each placement type. Fewer people are going to the Department of Correction and more are placed locally. From Table 7, we see a visible and statistically significant downwards trend in "DOC Only" and "DOC and Probation" percentage share of placements, tracking inversely against a concomitant periodic increase in "Jail and Probation" and "Jail Only's" percentage share of placements. In both cases, the most drastic acceleration of the respective trends occurred at the turn of the 2016 New Year. A statistically significant downward trend for all Department of Correction related placements would likely have been visible were it not for the outliers clustered at and around December 2015.

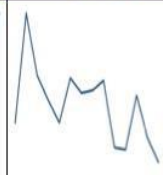
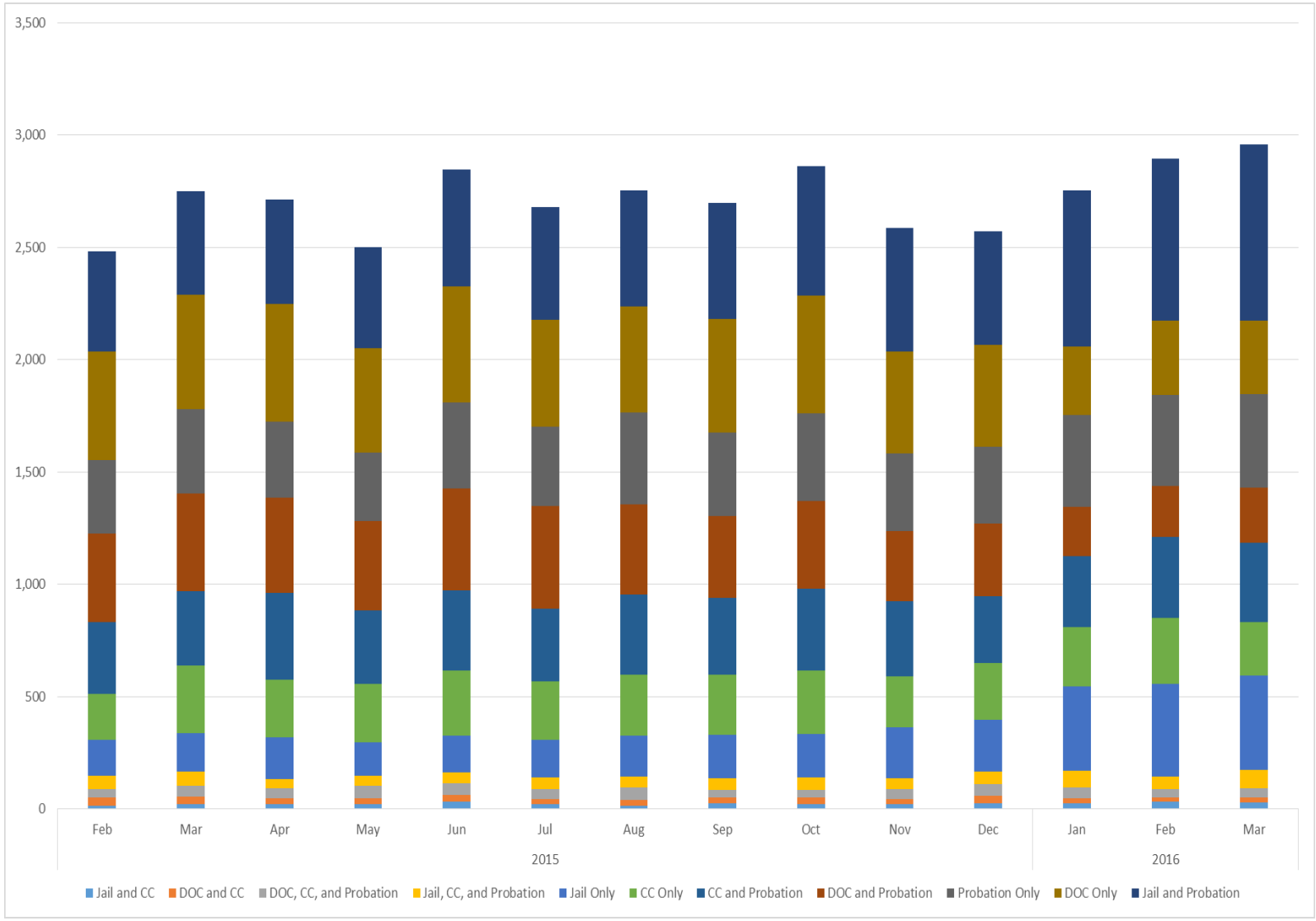
TABLE 7: 3/1/2015-4/30/2016 Original Abstracts (Percentage of Placement)											
Month	DOC Only	DOC and Probation	DOC and CC	DOC, CC, and Probation	CC Only	Probation Only	CC and Probation	Jail, CC, and Probation	Jail and CC	Jail and Probation	Jail Only
Mar-15	18.58%	15.78%	1.13%	1.82%	10.94%	13.63%	12.07%	2.25%	0.84%	16.76%	6.22%
Apr-15	19.36%	15.63%	0.96%	1.66%	9.51%	12.35%	14.27%	1.44%	0.81%	17.15%	6.86%
May-15	18.52%	15.88%	1.16%	2.16%	10.44%	12.24%	13.04%	1.80%	0.80%	18.00%	5.96%
Jun-15	18.05%	15.91%	0.98%	1.90%	10.22%	13.52%	12.54%	1.62%	1.16%	18.30%	5.80%
Jul-15	17.86%	17.15%	0.86%	1.61%	9.68%	13.04%	12.07%	1.94%	0.82%	18.72%	6.24%
Aug-15	17.01%	14.65%	0.98%	2.00%	9.85%	14.90%	12.98%	1.78%	0.51%	18.79%	6.54%
Sep-15	18.77%	13.46%	0.96%	1.30%	9.79%	13.76%	12.69%	1.93%	0.93%	19.25%	7.16%
Oct-15	18.43%	13.53%	0.98%	1.26%	9.93%	13.64%	12.73%	1.92%	0.77%	20.10%	6.71%
Nov-15	17.50%	11.97%	0.85%	1.70%	8.81%	13.48%	12.94%	2.01%	0.81%	21.28%	8.65%
Dec-15	17.57%	12.51%	1.32%	2.06%	9.76%	13.33%	11.58%	2.10%	1.01%	19.78%	8.98%
Jan-16	11.14%	7.91%	0.80%	1.74%	9.61%	14.76%	11.50%	2.68%	0.91%	25.24%	13.71%
Feb-16	11.48%	7.81%	0.73%	1.28%	9.99%	14.00%	12.62%	1.94%	1.07%	24.85%	14.24%
Mar-16	11.12%	8.25%	0.77%	1.42%	8.02%	14.15%	11.79%	2.86%	0.94%	26.52%	14.15%
Apr-16	10.22%	7.96%	0.65%	1.15%	9.18%	14.99%	11.26%	2.33%	0.90%	28.65%	12.73%
Grand Total	16.03%	12.68%	0.93%	1.64%	9.69%	13.72%	12.43%	2.05%	0.88%	21.04%	8.92%
Statistical Tests and Sparkline Graphs											
R value	-0.836029997	-0.918430134	-0.585002944	-0.540375723	-0.654525093	0.646866169	-0.595725404	0.637203371	0.274885872	0.926206286	0.868536632
R^2 value	0.698946155	0.843513912	0.342228444	0.292005922	0.428403098	0.41843584	0.354888757	0.406028135	0.075562243	0.857858085	0.754355881
Sparklines											
1 tail p-value	0.00009768	0.00000178	0.01399196	0.02304205	0.00554603	0.00620532	0.01229184	0.00712305	0.17077345	0.00000099	0.00002791
2 tail p-value	0.00019536	0.00000357	0.02798392	0.04608409	0.01109206	**0.01241065**	0.02458367	0.01424609	0.3415469	0.00000199	0.00005583

Chart 8: 2/1/2015 – 3/31/2016 Placements, All Felonies, Original Sentence



There appears to be no significant trend (upwards or downwards) in the data behind Chart 8 which continuously spans from January 2014-March 2016 (*see* Chart 9, p. 33, 2015 Report, in conjunction with Table 8 below), *with one exception*. There is no marked alteration in the compositional breakdown and the total felonies appear to remain constant as well, oscillating around a rough (estimated) baseline of 2,500. The most notable outlier appears to be the drop that occurred in all felony placements between October of 2015 and November 2015, but such a large intra-month change has not occurred again since then; hence, it could be said that the 2015-2016 was less erratic in its intra-monthly oscillations.

The exception to the otherwise unremarkable trends is that in each category of placement where the Department of Correction is one of or the only placement, placements have fallen between February 2015 and March 2016. Thus, this Chart and Table also reinforce the general movement away from Department of Correction placements when other options are available.

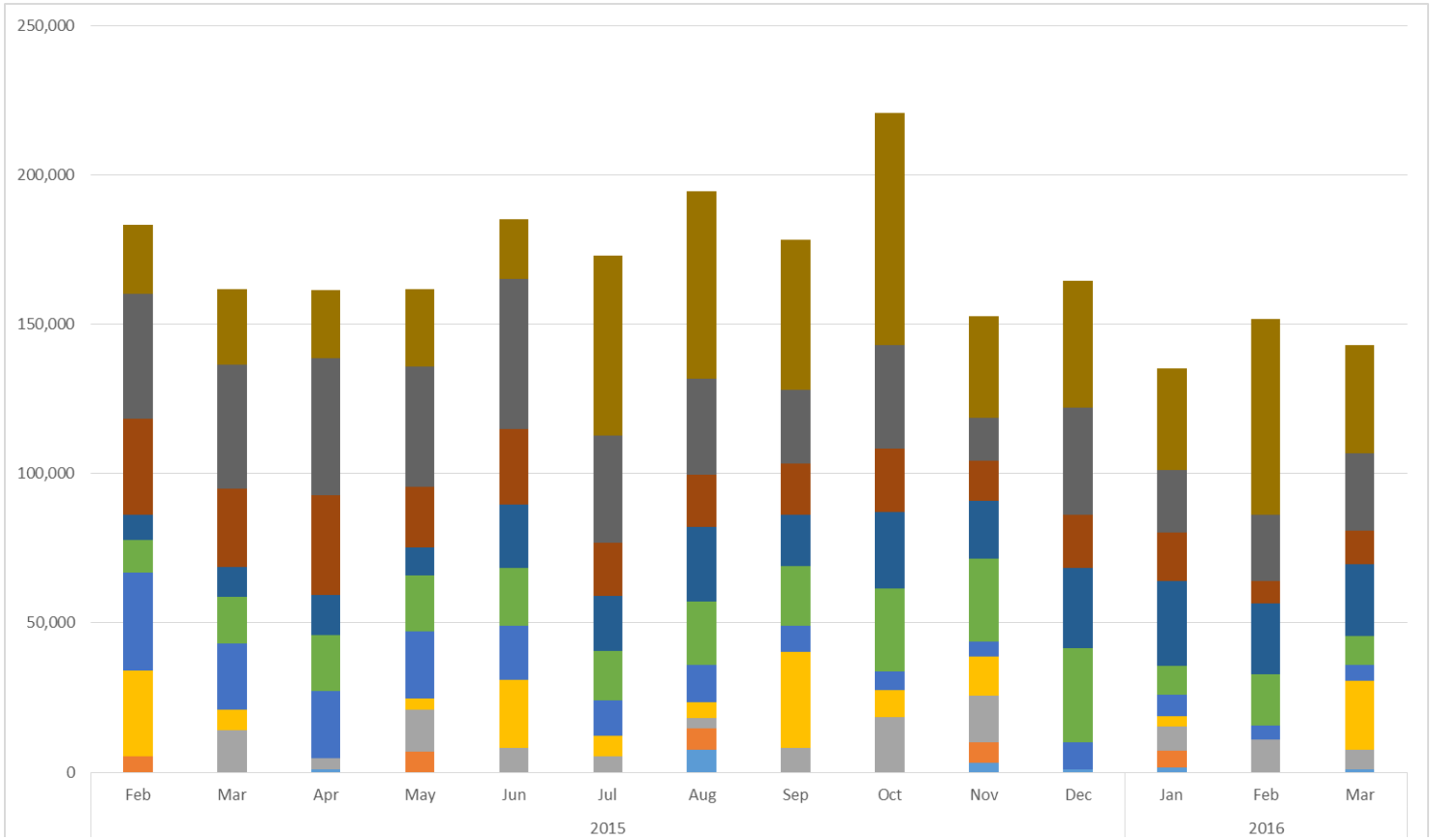
Table 8

Number of Abstracts	Jail and CC	DOC and CC	DOC, CC, and Probation	Jail, CC, and Probation	Jail Only	CC Only	CC and Probation	DOC and Probation	Probation Only	DOC Only	Jail and Probation	Grand Total
2015												
Feb	14	38	38	57	162	204	320	392	328	482	446	2,481
Mar	23	31	50	62	170	301	332	434	376	511	461	2,751
Apr	22	26	45	39	186	258	387	424	335	525	466	2,713
May	20	29	54	45	149	261	326	397	306	463	449	2,499
Jun	33	28	54	46	165	290	357	453	385	514	521	2,846
Jul	22	23	43	52	167	260	324	459	350	478	500	2,678
Aug	14	27	55	49	180	271	357	403	410	469	517	2,752
Sep	25	26	35	52	193	266	342	363	372	506	519	2,699
Oct	22	28	35	56	192	284	365	387	390	527	575	2,861
Nov	21	22	44	51	224	228	335	310	349	453	550	2,587
Dec	25	34	53	54	232	252	298	322	343	451	507	2,571
2016												
Jan	25	22	48	74	375	266	317	218	407	307	695	2,754
Feb	31	21	37	56	413	291	363	225	404	332	720	2,893
Mar	28	22	42	83	419	239	352	245	418	327	782	2,957
Grand Total	**325**	**377**	**633**	**776**	**3,227**	**3,671**	**4,775**	**5,032**	**5,173**	**6,345**	**7,708**	**38,042**

3. As Intended, Property and Substance Offenders Are Receiving Shorter Sentences.

One of the key efforts of HEA 1006 was an effort to sentence property crimes more proportionally and to reduce the penalty for many substance-related crimes. Initial results last year suggested that due to sentencing changes for burglary and theft, there would be a significant decrease in the number of total offender-days sentenced to the Department of Correction.

Chart 9: Property Offense Original Abstracts 2/1/2015-3/31/2016
Total Offender-Days sentenced to Department of Correction
Broken down by Offense Level, Adjusted to reflect Credit Time



This trend may continue this year, but additional data is needed. *See Chart and Table 9.*

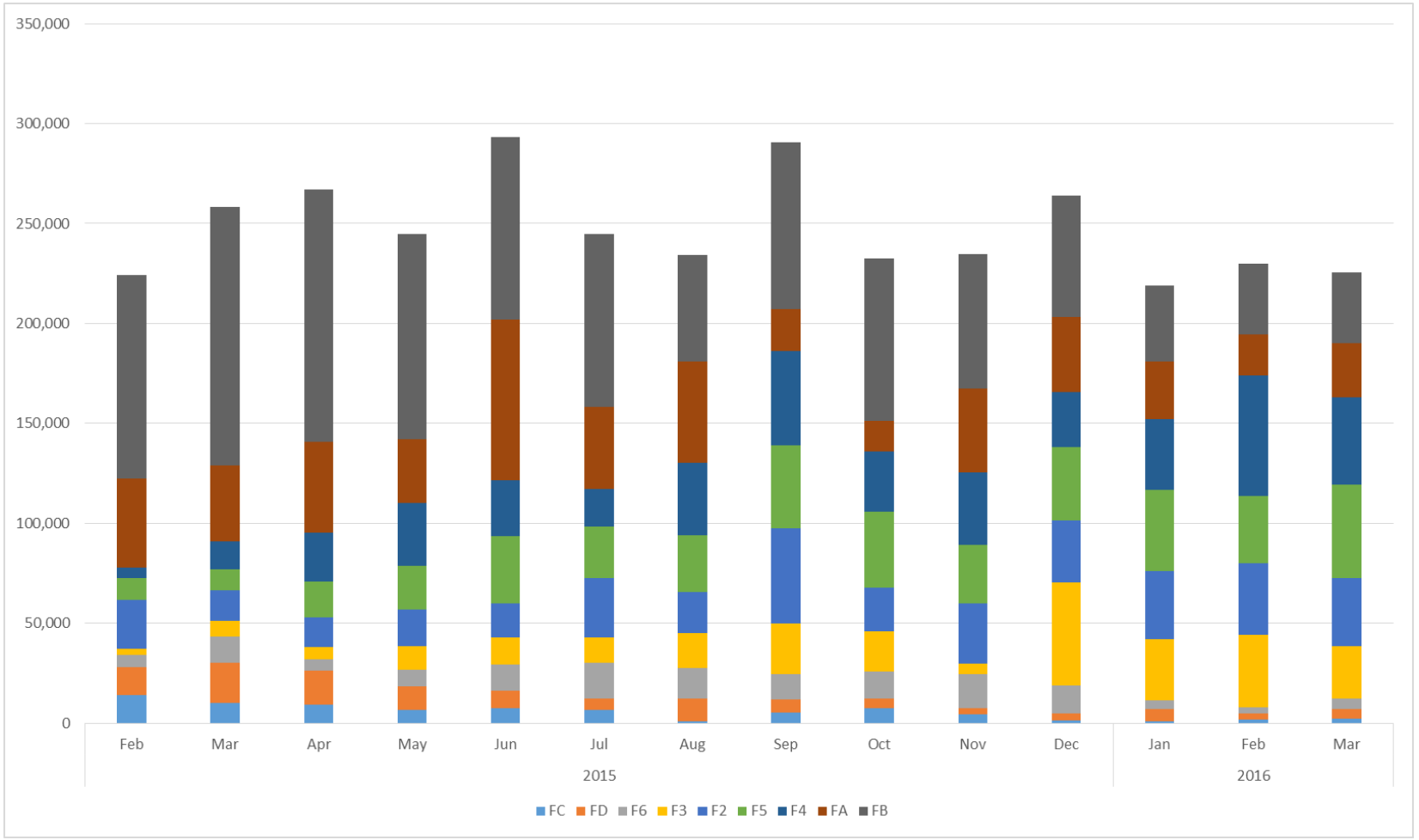
Oscillations in total offender-days sentenced to the Department of Correction are visible in numerous categories (FA, F1, F2, F3) in Table 9, below. At the same time, a statistically significant downwards trend appears in FB, FC, and FD offender-days, tracing inversely against a statistically significant increase in F5 Total Offender Days to the Department of Correction. It would appear that FB offender-days were replaced by F4 offender-days as most prevalent type between June and July of 2015, but aside from this, little else seems remarkable.

TABLE 9: 3/1/2015-4/30/2016 Total Offender-Days Sentenced to DOC Broken Down by Offense Level Adjusted to Reflect Credit Time

Month	FA	FB	FC	FD	F1	F2	F3	F4	F5	F6	Grand Total
Mar-15	6,940	41,633	26,103	22,144	0	13,970	0	25,245	9,862	15,800	161,697
Apr-15	0	45,745	33,422	22,449	0	3,561	1,096	22,941	13,352	18,930	161,498
May-15	3,652	40,083	20,218	22,484	6,848	14,244	0	26,159	9,388	18,777	161,854
Jun-15	23,193	50,000	25,500	18,107	0	8,218	0	20,081	21,166	19,167	185,432
Jul-15	6,757	35,792	17,804	11,952	0	5,479	0	60,418	18,281	16,566	173,050
Aug-15	5,479	32,141	17,368	12,428	7,122	3,287	7,670	62,704	24,952	21,199	194,351
Sep-15	32,141	24,471	17,348	8,696	0	8,218	0	50,397	16,958	20,044	178,272
Oct-15	9,131	34,697	21,152	6,109	0	18,353	0	77,748	25,514	27,925	220,629
Nov-15	13,149	14,608	13,185	5,148	6,574	15,340	3,287	33,901	19,498	27,668	152,359
Dec-15	0	35,976	17,895	9,214	0	0	858	42,494	26,843	31,317	164,596
Jan-16	3,468	21,001	16,091	7,255	5,479	8,218	1,644	33,850	28,460	9,559	135,024
Feb-16	0	22,188	7,406	4,717	0	10,957	0	65,761	23,654	17,162	151,845
Mar-16	22,828	25,930	11,134	5,392	0	6,574	1,096	37,958	24,009	10,129	145,048
Apr-16	0	5,752	13,861	5,620	0	25,202	1,096	50,228	30,360	8,481	140,599
Grand Total	126,736	430,019	258,488	161,714	26,023	141,622	16,746	609,886	292,296	262,724	2,326,253
Statistical Tests and Sparkline Graphs											
R value	-0.039506974	-0.810849438	-0.820474339	-0.903263428	-0.074220362	0.229295309	0.074656871	0.404646228	0.828633015	-0.231000822	-0.409910437
R^2 value	0.001560801	0.657476811	0.673178141	0.81588482	0.005508662	0.052576339	0.005573648	0.163738569	0.686632674	0.05336138	0.168026567
Sparklines											
1 tail p-value	0.4466749	0.00022247	0.00016459	0.00000481	0.40048464	0.21519355	0.39989224	0.07562725	0.00012503	0.21343042	0.07275234
2 tail p-value	0.8933498	0.00044494	0.00032919	0.00000961	0.80096927	0.43038711	0.79978447	0.15125449	0.00025005	0.42686084	0.14550467

Chart 10 and Table 10 represent Burglary and Theft offenses. Penalties were reduced for both under HEA 1006. The number of days sentenced for Level felonies exceeded the number of days for Class felonies in July 2015 with a large increase in the number of F4 sentences accompanied by a large decrease in the number of FB sentences.

Chart 10:
Substance Offenses Original Abstracts 2/1/2015-3/31/2016
Total Offender-Days sentenced to Department of Correction
Broken down by Offense Type, Adjusted to reflect Credit Time



These data display downwards and statistically significant trends in FB and FD Offender Days, as well as upwards and statistically significant trends visible in F2, F3, F4, and F5 Offender Days, with a notable spike occurring in F2 Offender Days and plummet in FC and F6 Offender Days at the turn of the 2016 New Year.. On the whole, the data indicate that Offender Days Sentenced to the Department of Correction are decreasing to a statistically significant degree (p-value 0.005).

TABLE 10: Original Abstracts 3/1/2015-4/30/2016 Total Offender-Days Sentenced to DOC by Offense Type Adjusted to Reflect Credit Time

	FA	FB	FC	FD	F2	F3	F4	F5	F6	Grand Total
Month										
Mar-15	38,167	127,138	12,794	20,558	9,922	7,942	13,955	10,483	12,794	253,753
Apr-15	45,290	126,096	6,032	16,881	9,163	6,026	24,602	17,786	6,032	257,908
May-15	31,774	102,691	8,422	11,622	6,574	12,053	31,715	21,569	8,422	234,842
Jun-15	80,361	91,130	13,028	8,909	7,305	13,660	28,350	33,545	13,028	289,316
Jul-15	41,150	86,719	17,904	5,594	6,757	12,601	18,462	25,838	17,904	232,927
Aug-15	51,122	53,259	15,134	11,386	1,103	17,256	36,019	28,304	15,134	228,717
Sep-15	20,819	83,424	12,899	6,260	5,478	25,058	47,252	41,554	12,899	255,642
Oct-15	14,956	81,398	13,478	4,980	7,395	19,858	30,543	37,851	13,478	223,936
Nov-15	42,003	67,385	16,738	3,400	4,289	5,479	36,251	29,178	16,738	221,460
Dec-15	37,435	60,880	14,179	3,508	1,278	51,356	27,347	36,819	14,179	246,981
Jan-16	29,032	37,964	1,096	5,931	34,241	30,318	35,331	40,569	4,474	218,955
Feb-16	20,453	35,517	1,780	3,207	35,608	36,430	60,209	33,950	3,141	230,295
Mar-16	27,028	35,578	2,374	4,697	34,041	26,297	43,598	46,819	5,113	225,544
Apr-16	37,254	20,670	1,461	2,889	29,265	24,652	43,443	33,602	4,577	197,815
Grand Total	516,843	1,009,848	65,975	109,819	380,365	288,987	477,074	437,867	147,914	3,434,692
Statistical Tests and Sparkline Graphs										
R value	-0.412494701	-0.943410053	-0.518111791	-0.837968964	0.671475742	0.663505573	0.70940947	0.774203173	-0.431254918	-0.660160062
R^2 value	0.170151879	0.890022527	0.268439828	0.702191985	0.450879672	0.440239645	0.503261796	0.599390552	0.185980804	0.435811308
Sparklines										
1 tail p-value	0.07141175	0.00000021	0.02885747	0.00009148	0.00427924	0.00483997	0.00224537	0.00057657	0.06185609	0.00509803
2 tail p-value	0.14282351	0.00000042	0.05771494	0.00018296	0.00855849	0.00967994	0.00449073	0.00115314	0.12371217	0.01019606

Penalties were reduced across the board for substance abuse offenses. All minimum sentences for these offenses may be suspended. In August 2015 the number of days executed for Level felonies exceeded the number of days sentenced for Class felonies. The FB and FA column numbers should continue to drop significantly as these offenses wash out of the system.

4. Impact on Probation Revocations

Last year it was observed that Indiana's criminal code sentencing reforms seemed to be influencing probation revocations. When the court revokes a placement on any type of community correction on a felony case, a revocation abstract is completed. The abstract revocation data last year indicated that since January 2014, there were several sharp reductions in the percentage of revocations resulting in commitments to the Department of Correction, countered by corresponding increases therein. Charts and Tables 11 through 14 below indicate a reduction in revocations leading to placement at the Department of Correction, but additional study is required to draw any further effective conclusions on the impact of probation revocations under HEA 1006. In all likelihood, more time must pass for further data collection and a larger sample size.

Chart 11:
Total D Felony Abstracts Completed on Revocations for Technical Violations
2/1/2015-3/31/2016

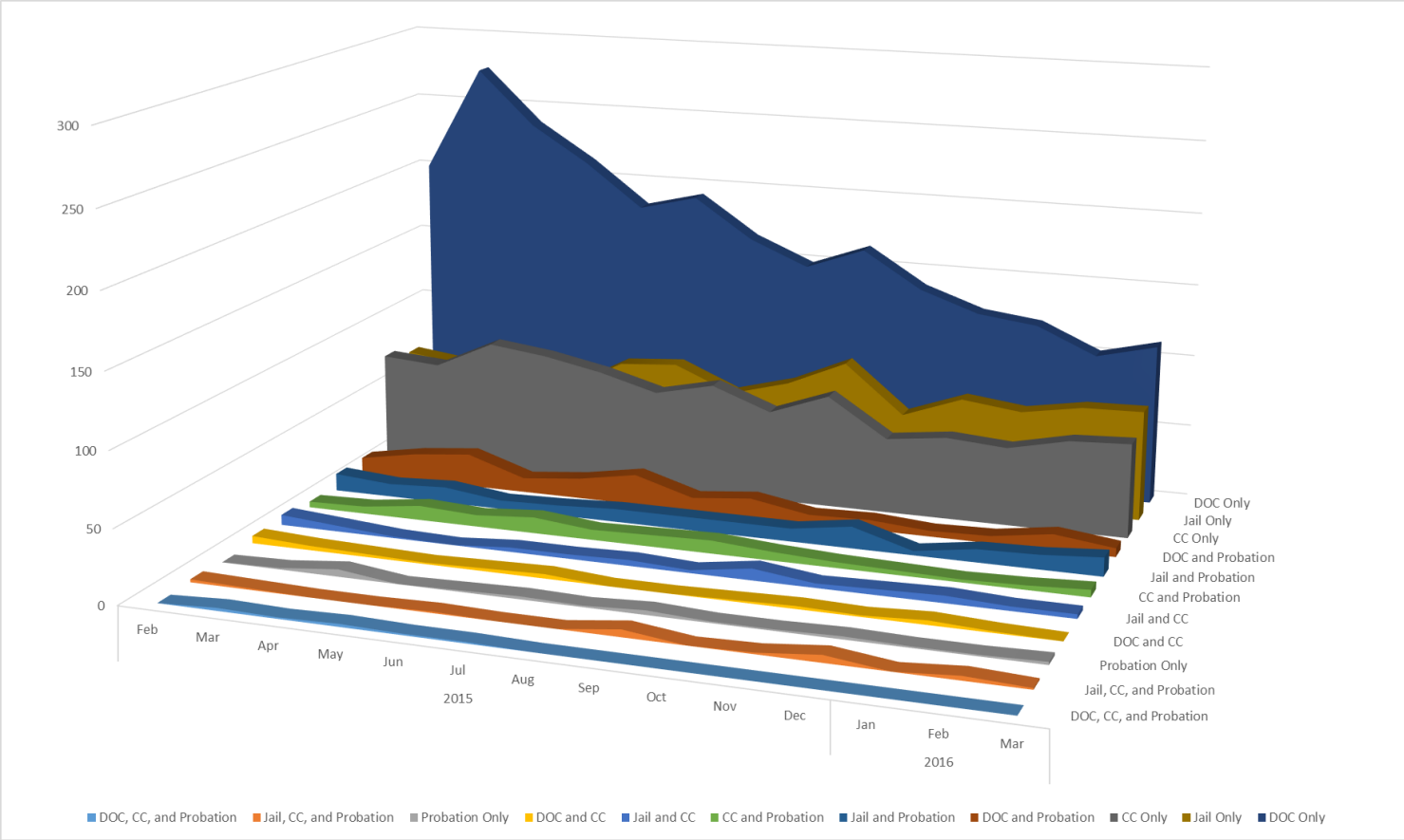


Table 11

Number of Abstracts	DOC, CC, and Probation	Jail, CC, and Probation	Probation Only	DOC and CC	Jail and CC	CC and Probation	Jail and Probation	DOC and Probation	CC Only	Jail Only	DOC Only	Grand Total
2015												
Feb		2		5	7	4	12	12	77	70	202	391
Mar	2	1	1	3	4	5	9	19	74	65	275	458
Apr	1		5	2	1	10	11	23	93	75	237	458
May	2			1		8	6	10	88	54	212	381
Jun	1	1	1	2	3	11	7	14	80	76	182	378
Jul	1		2	3	3	7	9	21	69	79	192	386
Aug			1		4	8	9	9	78	62	165	336
Sep		5	3		2	9	9	13	63	73	148	325
Oct			1	1	8	6	9	6	78	91	163	363
Nov		1	1	2	3	4	15	7	52	58	138	281
Dec		5	2	1	4	3	3	4	57	73	124	276
2016												
Jan			1	3	5	2	9	5	54	68	119	266
Feb		3	1	1	3	3	10	11	63	75	101	271
Mar		1	2		3	5	13	6	65	76	111	282
Grand Total	**7**	**19**	**21**	**24**	**50**	**85**	**131**	**160**	**991**	**995**	**2,369**	**4,852**

Chart 12
Revocation Abstracts 2/1/2015 – 3/31/2016

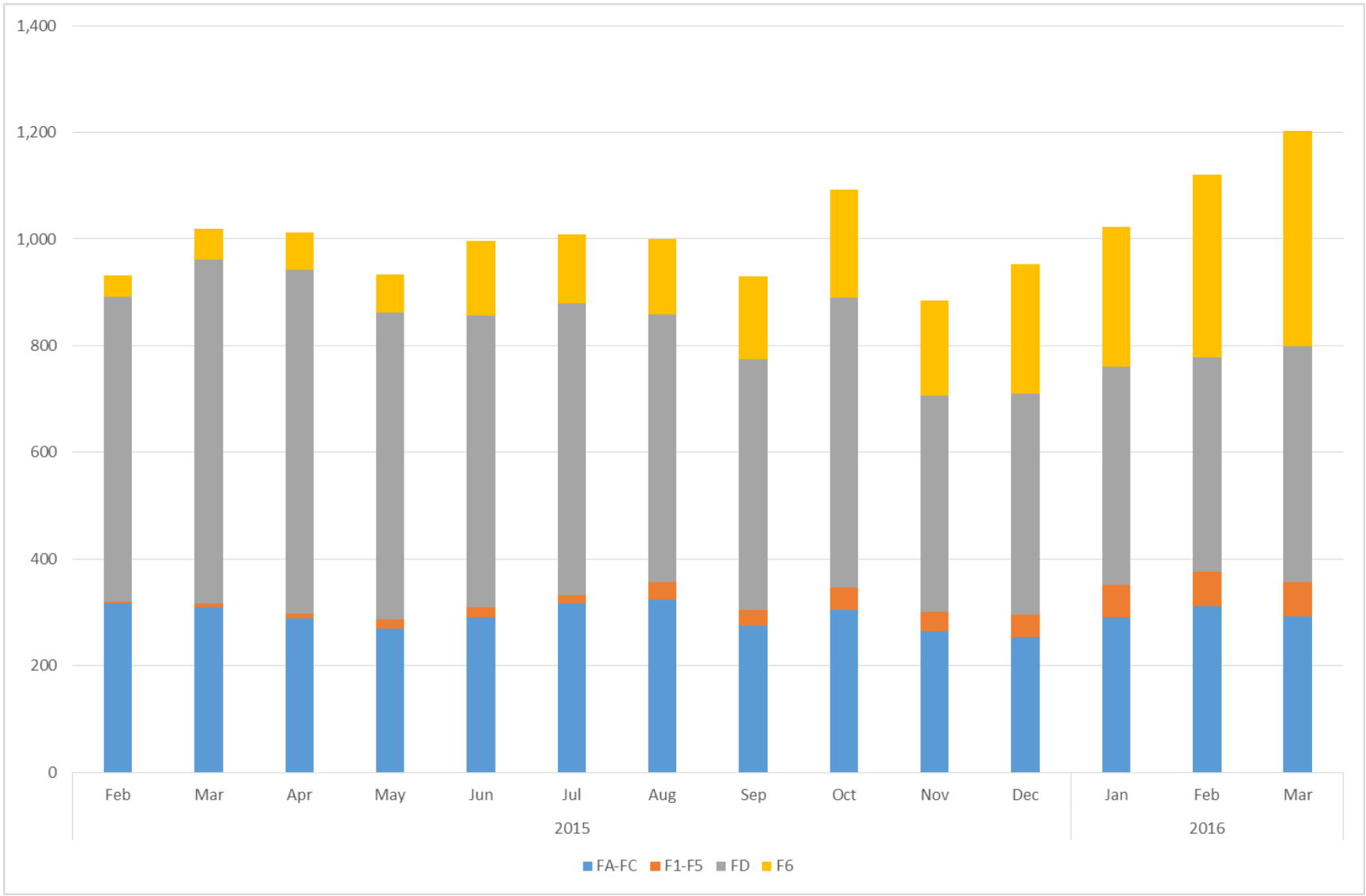


Table 12

Count of Abstracts	FA-FC	F1-F5	FD	F6	Grand Total
2015					
Feb	316	4	571	40	931
Mar	309	8	644	59	1,020
Apr	289	8	645	70	1,012
May	270	17	575	71	933
Jun	291	18	547	141	997
Jul	316	16	548	129	1,009
Aug	324	32	503	141	1,000
Sep	275	30	469	156	930
Oct	304	43	543	203	1,093
Nov	264	36	407	177	884
Dec	253	43	413	243	952
2016					
Jan	290	62	409	261	1,022
Feb	312	64	402	343	1,121
Mar	292	64	443	403	1,202
Grand Total	**4,105**	**445**	**7,119**	**2,437**	**14,106**

Chart 13
FD Abstracts 2/1/2015 to 3/31/2016
Revocation Abstracts

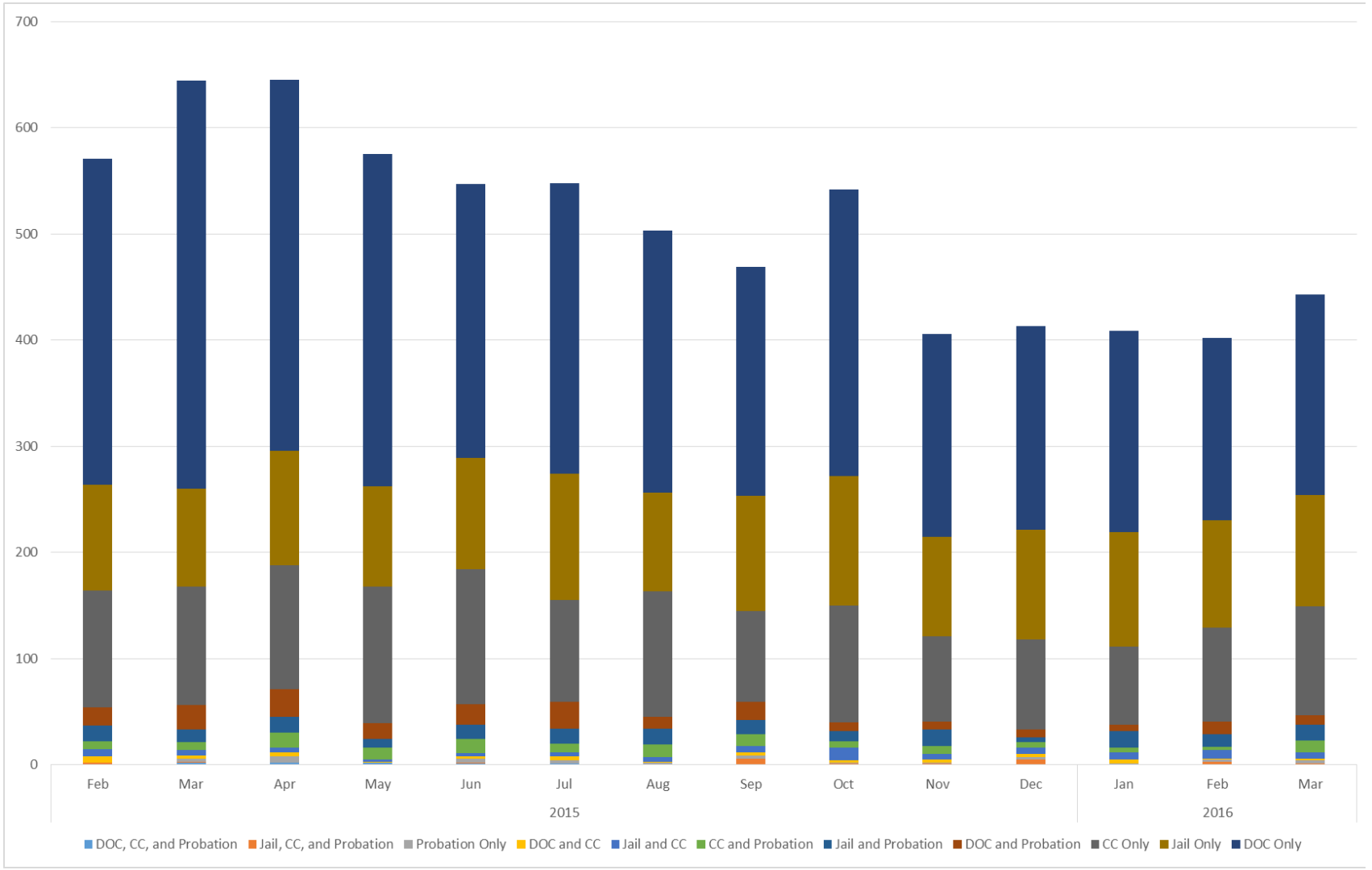


Table 13

Count of Abstracts	DOC, CC, and Probation	Jail, CC, and Probation	Probation Only	DOC and CC	Jail and CC	CC and Probation	Jail and Probation	DOC and Probation	CC Only	Jail Only	DOC Only	Grand Total
2015												
Feb		2		6	7	7	15	17	110	100	307	571
Mar	2	1	3	3	5	7	12	23	112	92	384	644
Apr	2		6	4	4	14	15	26	117	108	349	645
May	2			1	2	11	8	15	129	94	313	575
Jun	1	1	4	2	3	13	14	19	127	105	258	547
Jul	1		3	4	4	8	14	25	96	119	274	548
Aug			2	1	4	12	15	11	118	93	247	503
Sep		6	3	3	6	11	13	17	86	108	216	469
Oct		1	1	2	12	6	10	8	110	122	270	542
Nov		1	1	3	5	8	15	8	80	94	191	406
Dec		5	2	3	6	5	5	7	85	103	192	413
2016												
Jan			1	4	7	4	16	6	73	108	190	409
Feb		3	2	1	8	3	12	12	88	101	172	402
Mar		1	3	2	6	11	15	9	102	105	189	443
Grand Total	**8**	**21**	**31**	**39**	**79**	**120**	**179**	**203**	**1,433**	**1,452**	**3,552**	**7,117**

Chart 14
F6 Abstracts 2/1/2015 to 3/31/2016
Revocation Abstracts

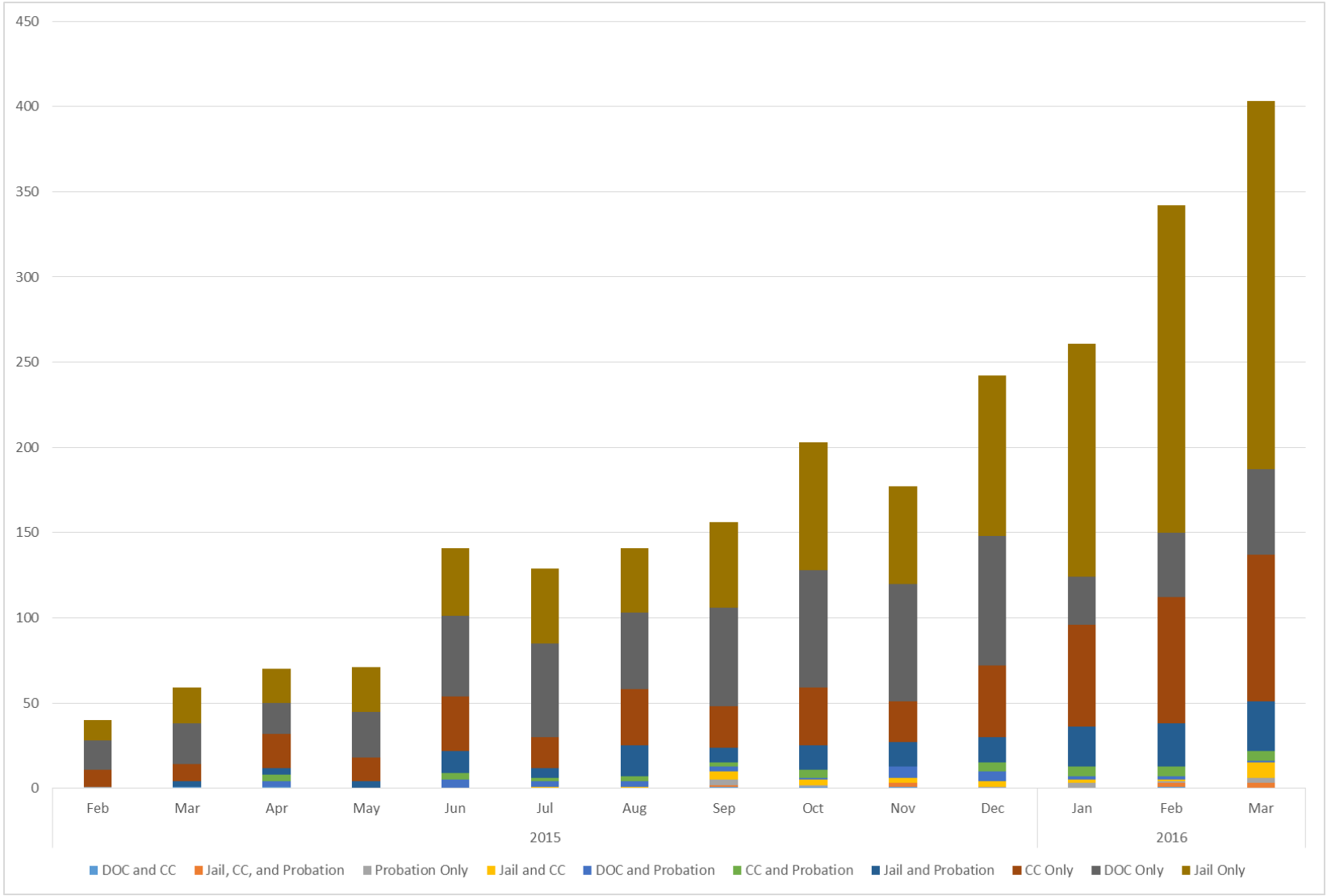


Table 14

Count of Abstracts	DOC and CC	Jail, CC, and Probation	Probation Only	Jail and CC	DOC and Probation	CC and Probation	Jail and Probation	CC Only	DOC Only	Jail Only	Grand Total
2015											
Feb			1					10	17	12	40
Mar	1						3	10	24	21	59
Apr	1				3	4	4	20	18	20	70
May							4	14	27	26	71
Jun					5	4	13	32	47	40	141
Jul				1	3	2	6	18	55	44	129
Aug				1	3	3	18	33	45	38	141
Sep	1	1	3	5	3	2	9	24	58	50	156
Oct	1		1	3	1	5	14	34	69	75	203
Nov	1	2		3	7		14	24	69	57	177
Dec			1	3	6	5	15	42	76	94	242
2016											
Jan			3	2	2	6	23	60	28	137	261
Feb	1	2	1	1	2	6	25	74	38	192	342
Mar		3	3	9	1	6	29	86	50	216	403
Grand Total	**6**	**8**	**13**	**28**	**36**	**43**	**177**	**481**	**621**	**1,022**	**2,435**

5. High Percentages of Offenses Continue to be Suspendible Offenses.

Another significant feature of HEA 1006 is that many offenses that were formerly non-suspendible may now be suspended. By way of background, once an offender is convicted, a probation officer prepares a pre-sentence investigation report (PSI) before the offender is sentenced. The probation officer indicates whether the offense is non-suspendible.[11] If an offense is non-suspendible, the court may suspend only that portion of the sentence that is in excess of the minimum; in other words, the court must sentence the person to at least the minimum amount of executed time. HEA 1006 eliminated many situations in which an offense is non-suspendible.

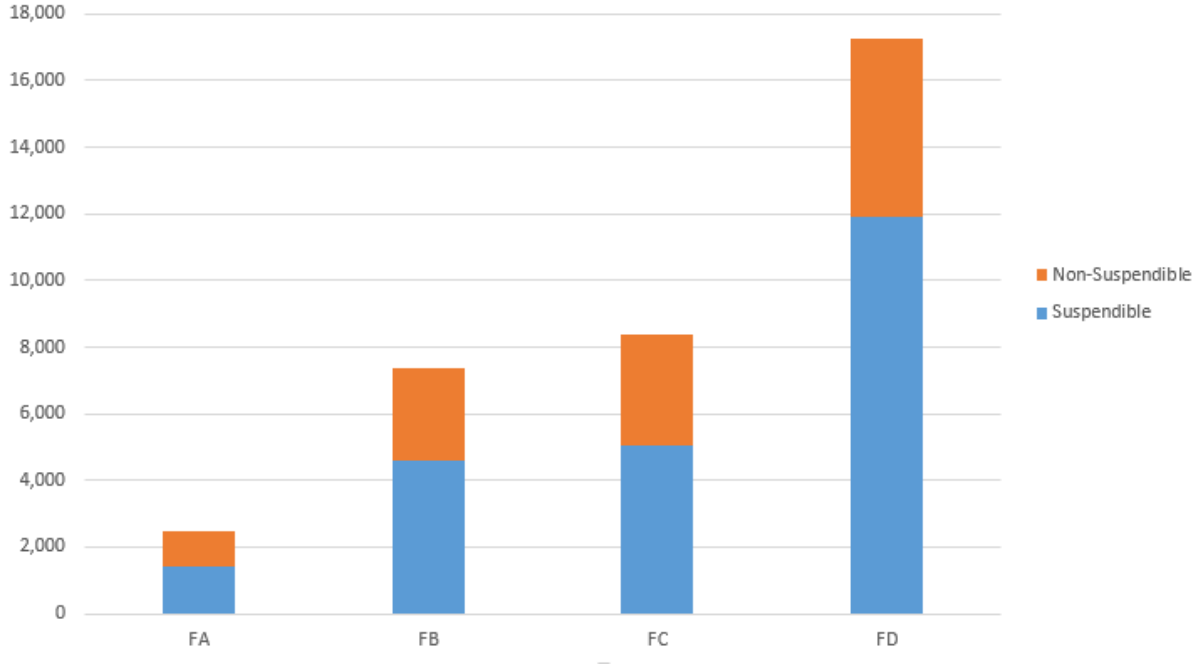
[11] An offense may be non-suspendible under one of three statutes: Indiana Code §§ 35-50-2-2, 35-50-2-2.1 or 35-50-2.2.

An analysis of the pre-sentence reports completed between July 1, 2012 and May 28, 2015 was recently completed, with the results in the charts and tables below. Most striking is the contrast between the percentage of sentences before and after July 1, 2014, when HEA 1006 took effect. This difference suggests that courts may be much more likely to suspend sentences of all types, not just the lower-level F6 felonies, and that as a result incarceration rates may be shorter, as the following charts and tables illustrate.

Chart 14 and its accompanying table illustrate the *number* of suspendible versus non-suspendible sentences from January 2012 through June 2013, broken down by felony type.

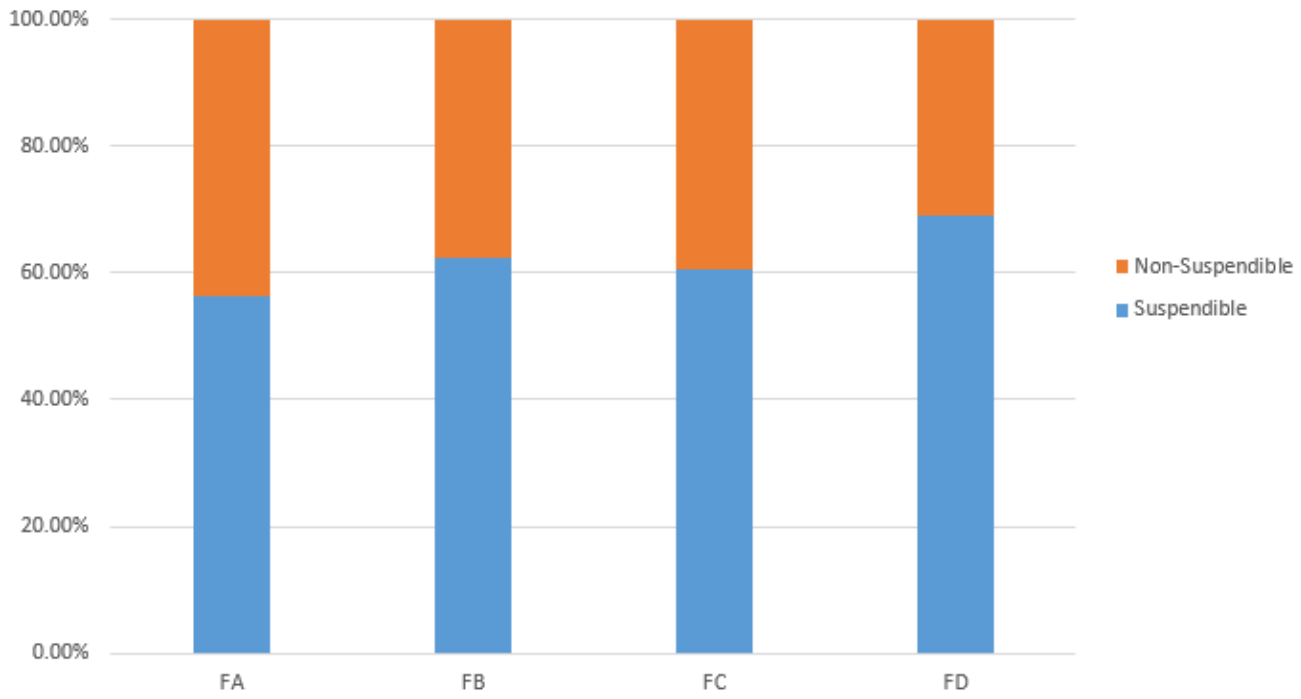
Chart 15 and its accompanying table cover the same amount of time, but illustrate and document the *percentages* of suspendible versus non-suspendible.

Suspendible v. Non-Suspendible Sentences,
January 2012 through June 2013
Chart 14



Count of PSIs	Suspendible	Non-Suspendible	Grand Total
FA	1,398	1,084	2,482
FB	4,579	2,778	7,357
FC	5,058	3,302	8,360
FD	11,917	5,362	17,279
Grand Total	**22,952**	**12,526**	**35,478**

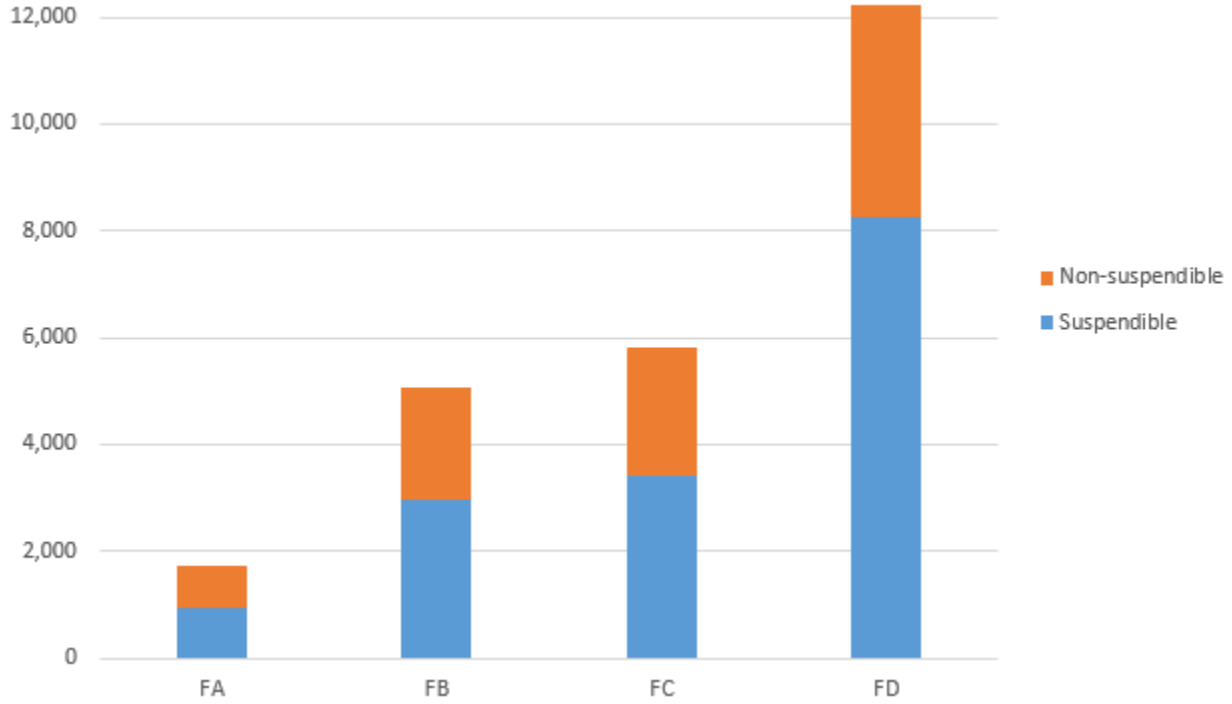
Suspendible v. Non-Suspendible Sentences,
January 2012 through June 2013
Chart 15



	Suspendible	Non-Suspendible	Grand Total
FA	56.33%	43.67%	100.00%
FB	62.24%	37.76%	100.00%
FC	60.50%	39.50%	100.00%
FD	68.97%	31.03%	100.00%
Grand Total	**64.69%**	**35.31%**	**100.00%**

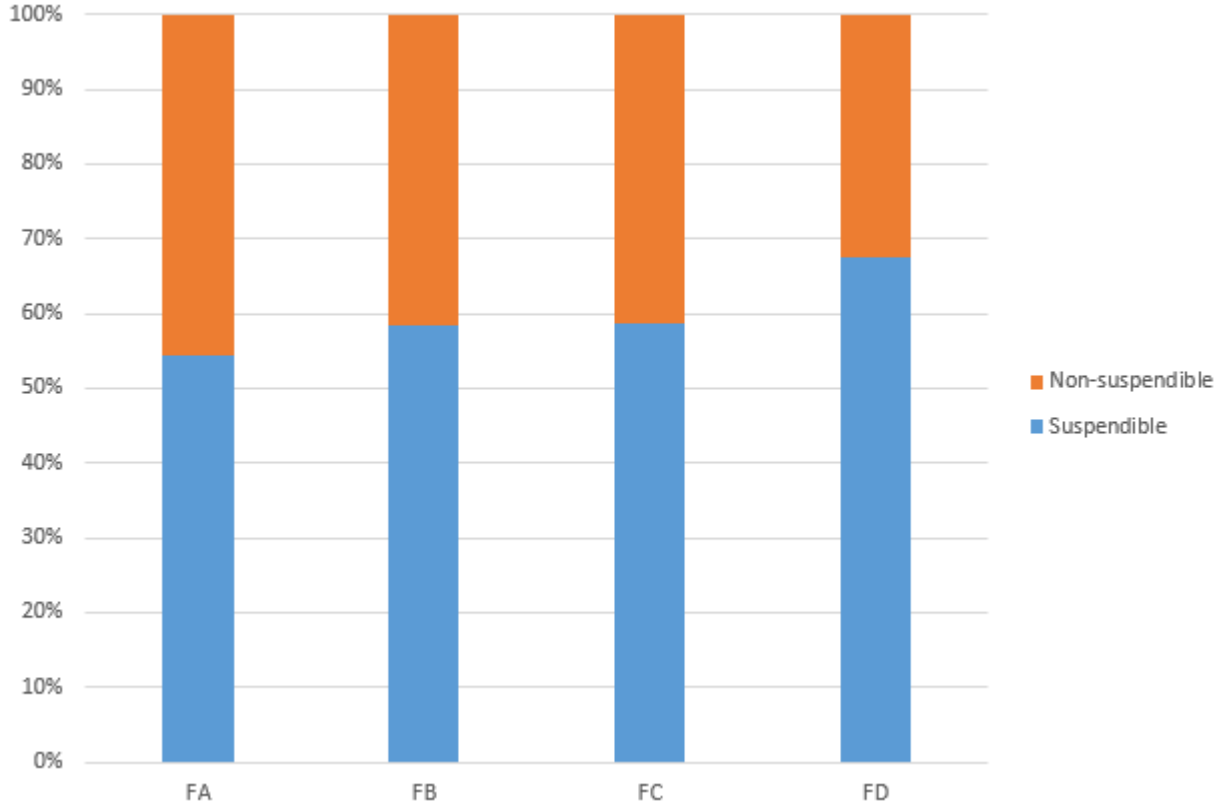
Charts 16 and 17, below, provide suspendibility numbers that are very similar to the numbers (adjusted for differences in time) and percentages to Charts 14 and 15 above. Indeed, the percentages between Charts 15 and 17 are all within four percentage points or less of each other.

Chart 16: Suspendibility, July 2013 through June 2014



Count of Cases	Suspendible	Non-suspendible	Grand Total
FA	929	782	1,711
FB	2,960	2,108	5,068
FC	3,419	2,397	5,816
FD	8,253	3,971	12,224
Grand Total	**15,561**	**9,258**	**24,819**

Chart 17: Suspendibility, July 2013 through June 2014, Percentages



Percent of Cases			
	Suspendible	**Non-suspendible**	**Grand Total**
FA	54.30%	45.70%	100.00%
FB	58.41%	41.59%	100.00%
FC	58.79%	41.21%	100.00%
FD	67.51%	32.49%	100.00%
Grand Total	**62.70%**	**37.30%**	**100.00%**

In Chart 18, however, which covers June 1, 2015, to March 31, 2016, the difference is readily apparent, both between types of offenses and between the first four charts in this section.

Chart 18: Suspendibility post HEA 1006
6/1/2015 – 3/31/2016

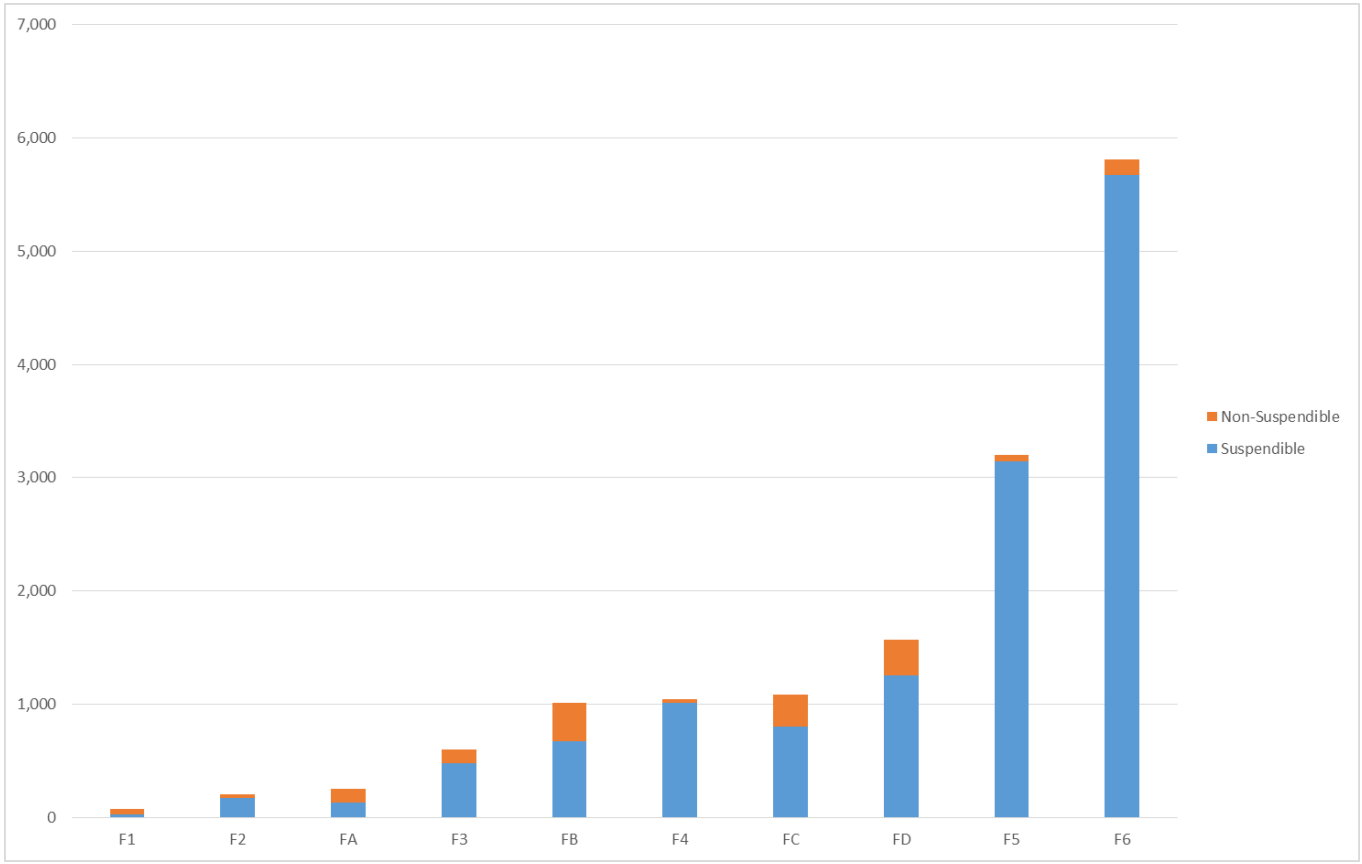


Table 18

Count of Cases	Suspendible	Non-Suspendible	Grand Total
F1	29	43	72
F2	174	27	201
FA	132	116	248
F3	477	125	602
FB	673	342	1,015
F4	1,013	32	1,045
FC	797	287	1,084
FD	1,255	311	1,566
F5	3,141	60	3,201
F6	5,674	140	5,814
Grand Total	**13,365**	**1,483**	**14,848**

Chart 19: Suspendibility post-HEA 1006, Percentages
6/1/2015 – 3/31/2016

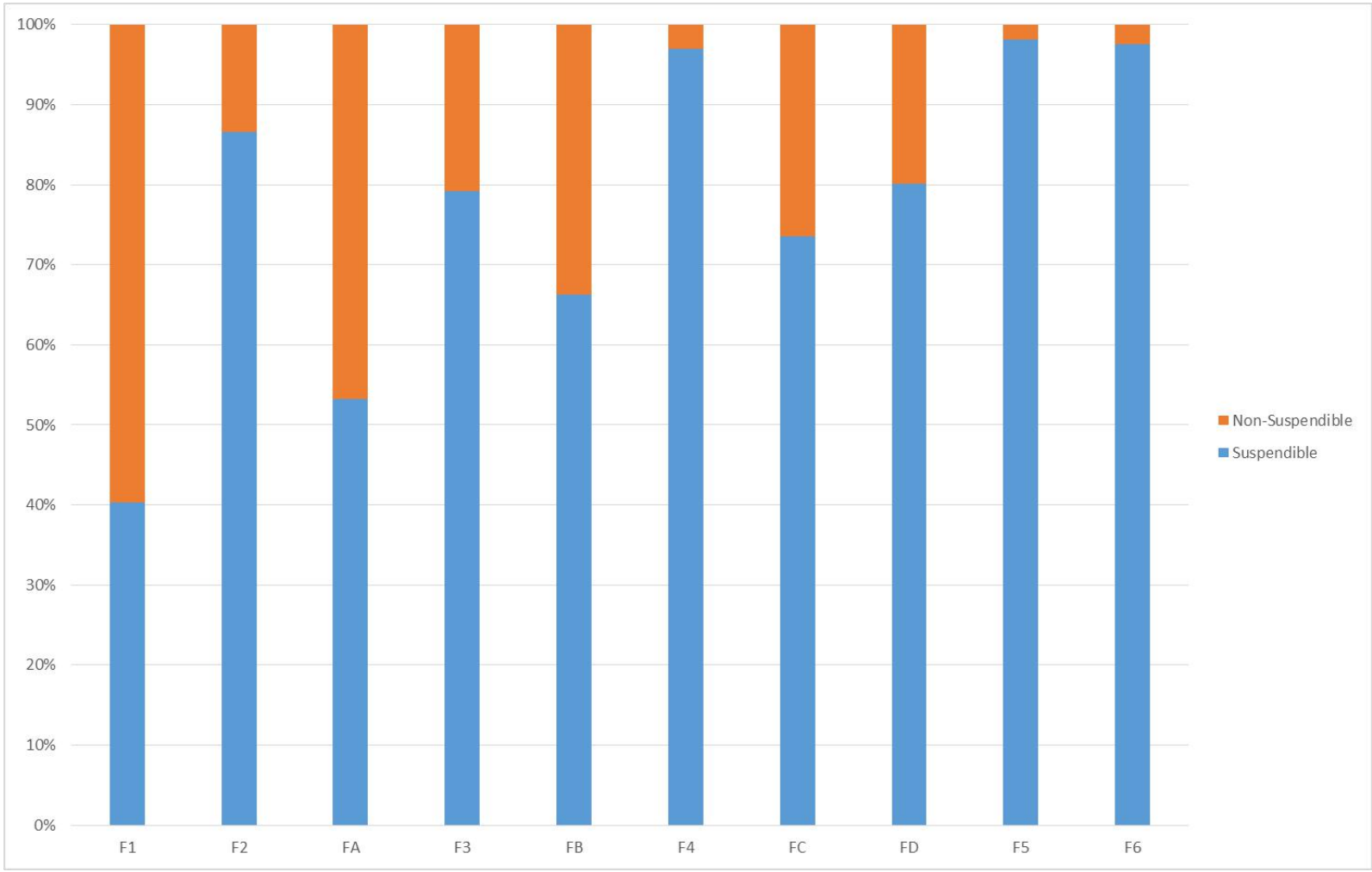


Table 19

Count of Cases	Suspendible	Non-Suspendible	Grand Total
F1	40.28%	59.72%	100.00%
F2	86.57%	13.43%	100.00%
FA	53.23%	46.77%	100.00%
F3	79.24%	20.76%	100.00%
FB	66.31%	33.69%	100.00%
F4	96.94%	3.06%	100.00%
FC	73.52%	26.48%	100.00%
FD	80.14%	19.86%	100.00%
F5	98.13%	1.87%	100.00%
F6	97.59%	2.41%	100.00%
Grand Total	**90.01%**	**9.99%**	**100.00%**

Chart 19 shows the same data as Chart 18, but depicts percentages instead of numbers. What is less obvious – and more important – is how much of an impact the increase of suspendible sentences will have. Chart 20 compares the average sentences between suspendible and non-suspendible sentences for offenders committed to the Department of Correction. As would be expected, sentences that are suspendible are shorter on average than those that are not. Further study will be required, however, to ascertain how frequently and to what extent courts post-HEA 1006 actually suspend sentences compared to pre-HEA 1006.

Chart 20: Average Sentences (Executed Days in DOC/Jail adjusted for Credit Time)
6/1/2015 – 3/31/2016

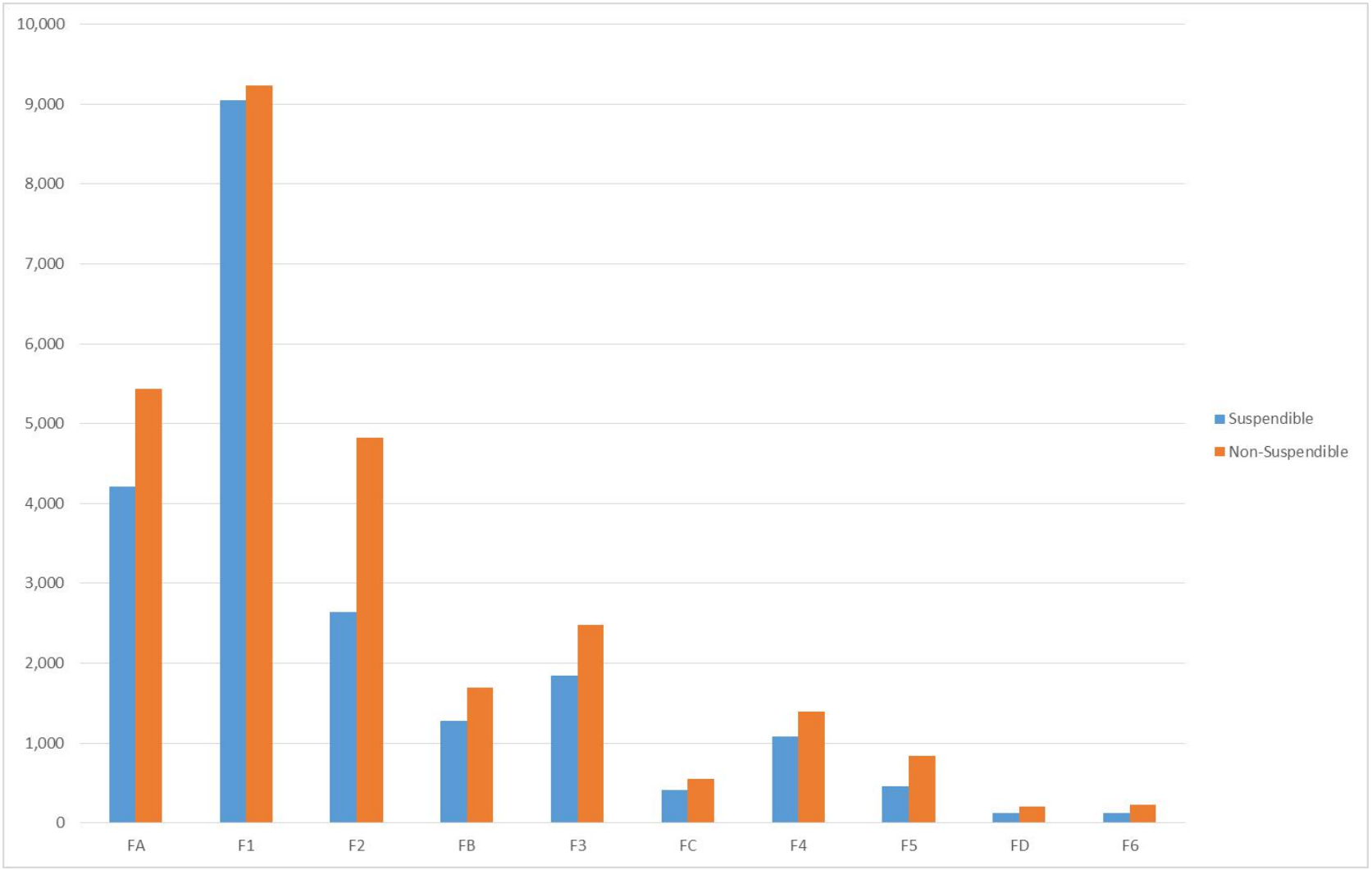


Table 20

Average Executed Days	Suspendible	Non-Suspendible
FA	4,215	5,437
F1	9,054	9,237
F2	2,641	4,818
FB	1,276	1,698
F3	1,844	2,480
FC	409	556
F4	1,087	1,395
F5	458	841
FD	129	200
F6	121	228
Grand Total	**504**	**1,616**

Chart and Table 20 show the average sentences on cases that had PSIs completed from June 1, 2015, to March 31, 2016, and original abstracts with Department of Correction commitments. The "Grand Total" is the average sentence length of all sentences in each column.

6. Many Fewer Level 6 Offenders Are Going to Department of Correction.

Turning to the three new trends that may be observed this year, one of the standout reforms of HEA 1006 is its requirement that low-level offenders remain in their communities instead of being sent off to a Department of Correction facility. The latest iteration of HEA 1006 mandated that starting January 1, 2016, all individuals convicted of a Level 6 offense would remain in their respective communities and be sentenced to the county jail, community corrections, work release, probation, or some combination thereof.

Chart and Table 21 show the total number of Class D and Level 6 abstracts completed from 3/1/2015-4/30/2016. They also display the adjusted number of offender-days associated with these abstracts. On Chart 21, the total number of abstracts is shown by the orange line with the Y axis displayed on the right; the number of offender-days adjusted to reflect credit time is shown by the blue columns with the Y axis displayed on the left. Table 21 provides the numbers from which Chart 21 was drawn.

Chart 21: 3/1/2015-4/30/2016 FD and F6 Abstracts with DOC Commitment
Total Abstracts and Number of Offender-days

Adjusted to reflect credit time

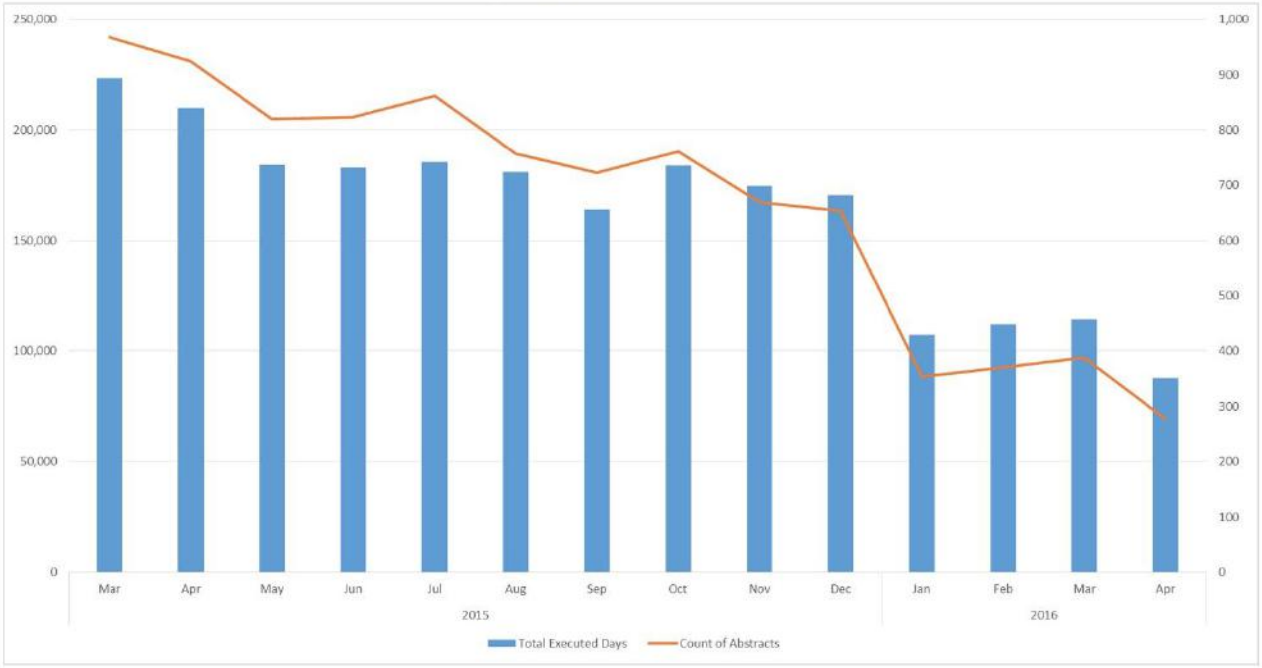
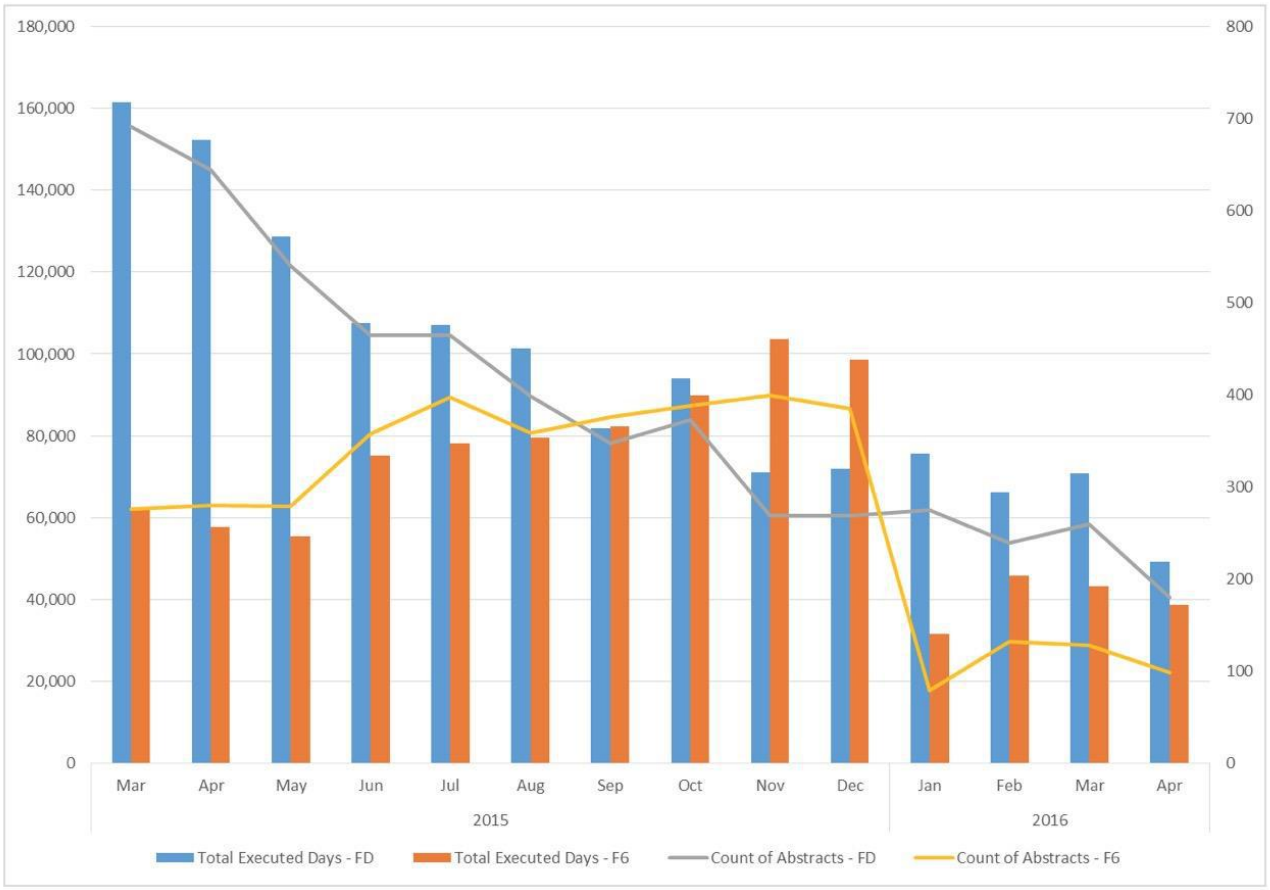


TABLE 21:	3/1/2015-4/30/2016 FD and F6 Abstracts with DOC Commitment	
	Total Executed Days	Count of Abstracts
Month		
Mar-15	223,495	967
Apr-15	210,002	924
May-15	184,105	819
Jun-15	182,827	823
Jul-15	185,421	862
Aug-15	181,124	757
Sep-15	164,042	723
Oct-15	183,803	761
Nov-15	174,562	669
Dec-15	170,598	654
Jan-16	107,160	354
Feb-16	112,006	371
Mar-16	114,225	388
Apr-16	87,863	278
Grand Total	2,281,234	9,350
Statistical Tests and Sparkline Graphs		
R value	-0.911469992	0.984745043
R^2 value	0.830777546	0.969722799
Sparklines		
1 tail p-value	0.00000288	0
2 tail p-value	0.00000576	0

Chart 22 and Table 22 show the same trend—an obvious decrease in total executed days and count of FD and F6 Abstracts with Department of Correction Commitment since March 2015 to April 2016, statistically significant to greatest degree—but with FD and F6 abstracts separated to illustrate the change in F6 destinations. On Chart 22, the influence of the change in the law is easily visible between December 2015 and January 2016 – both the number of F6 abstracts and the number of F6 offender-days plummet, with a drop of more than seventy-five percent. Table 22 provides the numbers from which Chart 22 was drawn.

Chart 22: 3/1/2015-4/30/2016 FD and F6 Abstracts (separated) with DOC Commitment Total Abstracts and Number of Offender-days

Adjusted to reflect credit time



As can be seen from the above chart, as well as Table 22, below, there is a noticeable plummet in F6 Abstracts and Total Executed Days, again at the turn of the 2016 New Year. We can furthermore discern a steady and statistically significant decline in FD Abstracts and Total Executed Days since March 2015.

TABLE 22: 3/1/2015-4/30/2016 FD and F6 Abstracts (separated) with DOC Commitment (Total Days and Abstracts)				
	Total Executed Days		Count of Abstracts	
	FD	F6	FD	F6
Month				
Mar-15	161,535	61,960	691	276
Apr-15	152,319	57,684	644	280
May-15	128,766	55,339	540	279
Jun-15	107,646	75,181	465	358
Jul-15	107,139	78,282	465	397
Aug-15	101,469	79,655	398	359
Sep-15	81,804	82,238	347	376
Oct-15	94,011	89,792	373	388
Nov-15	70,945	103,616	269	400
Dec-15	72,070	98,529	269	385
Jan-16	75,611	31,548	275	79
Feb-16	66,181	45,826	239	132
Mar-16	70,903	43,323	260	128
Apr-16	49,204	38,659	180	98
Grand Total	1,339,602	941,632	5,415	3,935
Statistical Tests and Sparkline Graphs				
R value	-0.940437627	0.040137724	-0.956625068	-0.54510765
R^2 value	0.88442293	0.001611037	0.91513152	0.29714235
Sparklines				
1 tail p-value	0.00000028	0.44582892	0.00000004	0.02190669
2 tail p-value	0.00000057	0.89165785	0.00000009	0.04381338

7. Level 6 Offenders Are Receiving Shorter Sentences than Class D Offenders.

As the number of offenders sentenced under the revised sentencing scheme grows with each passing month, the number of abstracts and total executed time necessarily grows. Chart 23 visually displays this steady growth, along with the similar decrease in FD abstracts and total executed time.

What is more interesting is a trend not available in Chart 23 but illustrated in Table 23, which includes a different calculation: the difference between average sentence length of Class D felony sentences and Level 6 sentences. The average sentence length of a class D felony in April 2016 was 135.2 days, while the average sentence length of a level 6 felony was 87.9 days – around 2/3 the time.

Chart 23: 3/1/2015-4/30/2016 FD and F6 Abstracts (separated)
Total Abstracts and Number of Offender-days
Adjusted to reflect credit time

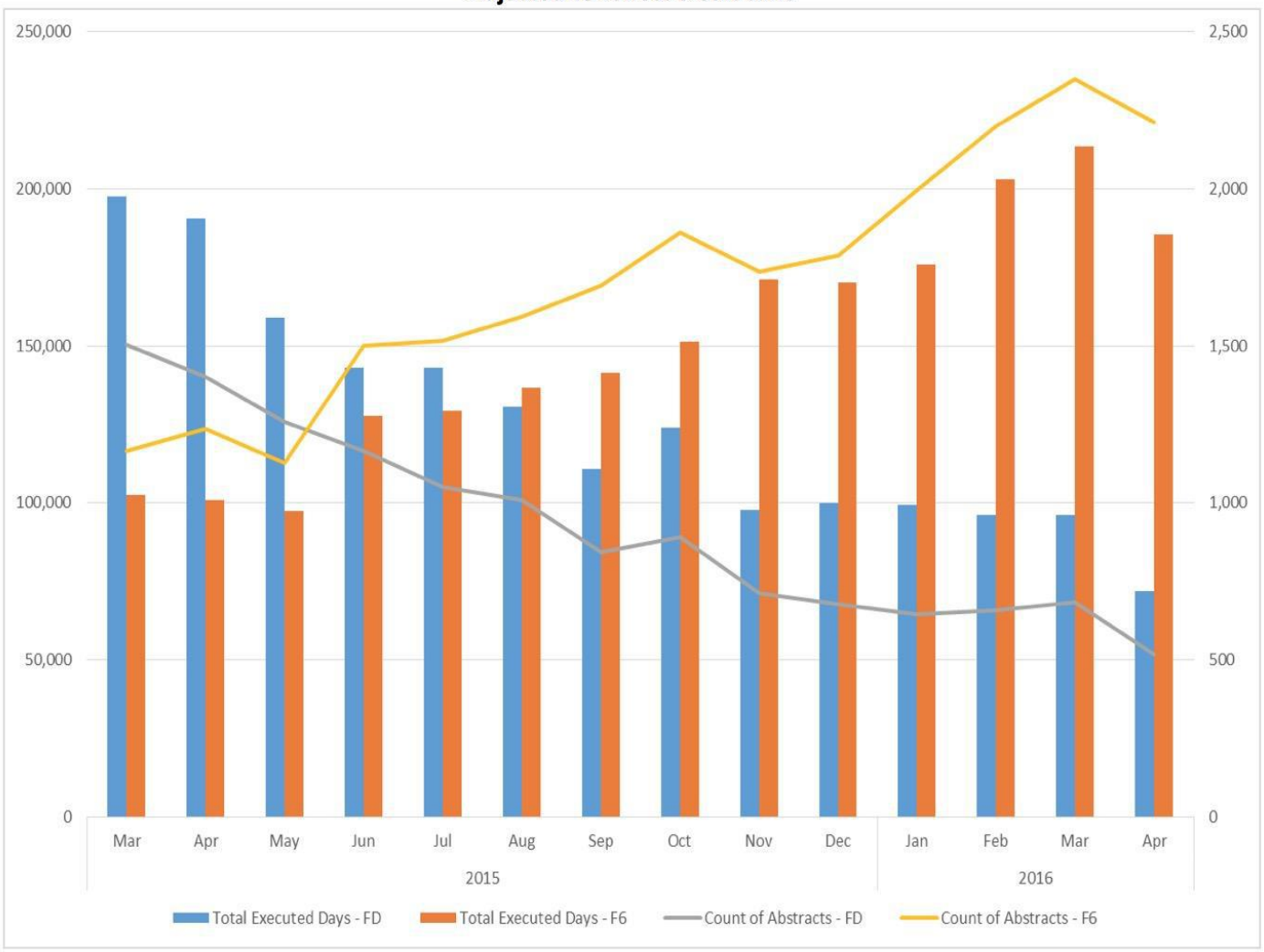
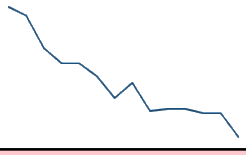
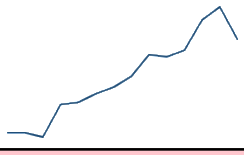
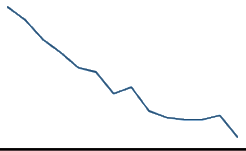
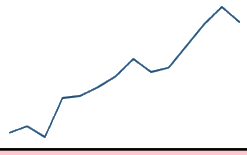


TABLE 23: 3/1/2015-4/30/2016 Total FD and F6 Abstracts and Offender-Days Adjusted to Reflect Credit Time					Average Length	
	Executed Days		Count of Abstracts		FD	F6
	FD	F6	FD	F6		
Month						
Mar-15	197,609	102,358	1,504	1,166	131.4	87.8
Apr-15	190,393	100,879	1,402	1,237	135.8	81.6
May-15	158,982	97,560	1,258	1,128	126.4	86.5
Jun-15	143,146	127,695	1,167	1,499	122.7	85.2
Jul-15	143,116	129,247	1,051	1,517	136.2	85.2
Aug-15	130,700	136,560	1,008	1,593	129.7	85.7
Sep-15	110,677	141,523	843	1,693	131.3	83.6
Oct-15	123,870	151,440	892	1,862	138.9	81.3
Nov-15	97,761	171,178	711	1,737	137.5	98.5
Dec-15	100,121	170,253	676	1,788	148.1	95.2
Jan-16	99,311	175,740	646	1,995	153.7	88.1
Feb-16	96,264	203,082	658	2,198	146.3	92.4
Mar-16	96,051	213,431	683	2,350	140.6	90.8
Apr-16	71,826	185,306	517	2,212	138.9	83.8
Grand Total	1,759,825	2,106,252	13,016	23,975	135.2	87.9
Statistical Tests and Sparkline Graphs						
R value	-0.947558732	-0.890616829	-0.966249945	0.967208957	0.68019685	0.495485613
R^2 value	0.897867551	0.793198336	0.933638957	0.935493166	0.462667755	0.245505993
Sparklines						
1 tail p-value	0.00000013	0.00000974	0.00000001	0.00000001	0.00371586	0.03580129
2 tail p-value	0.00000027	0.00001948	0.00000002	0.00000002	0.00743173	0.07160259

From Table 23, above, we can discern a steady and statistically significant decrease in FD Executed Days and FD Count of Abstracts adjusted to reflect credit time, with the converse trend—statistically significant increase—seen in F6 Abstracts and Executed Days since March 2015. Average Length of both FD and F6 sentences appear stagnant, with a weak but still statistically significant upwards trend in FD sentence average length, perhaps attributable to the spike around January 2016.

8. Credit Time and Proportionality

Once again, Chart 24 and Table 24 portray both obvious and less obvious trends. In Chart 24, growth of abstracts in the new felony level system is clearly demonstrated by the rising, gray, count of abstracts line, as well as by the rise of the blue felony-level executed days. Conversely, the decline of the felony class abstracts and executed days is also evident.

CHART 24: 3/1/2015-4/30/2016 F1-F5 and FA-FC Abstract (separated) with DOC Commitment Total Abstracts and Number of Offender-days Adjusted to reflect credit time

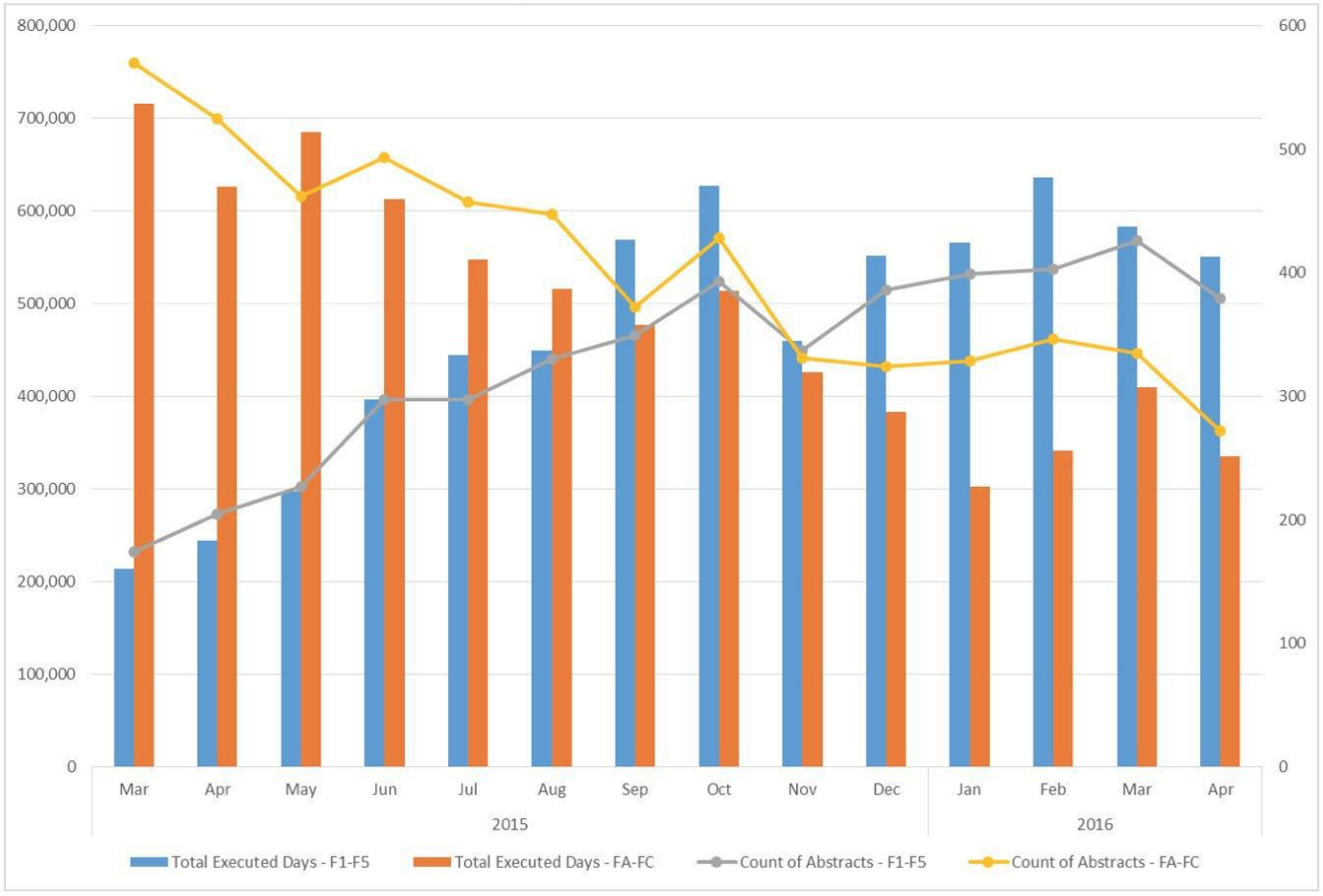


Table 24, however, reveals additional information. Most obviously from the table itself, sentences for F1 to F5 level offenses seem to be increasing in length, and this is especially noticeable in comparison to average lengths of sentences for FA-FC felony sentences. In March 2015, the average length of an FA-FC sentence was 1257 days, versus 1226 for a F1-F5 sentence. The next month, the average length was only one day different. Since then, however, FA-FC sentences have been shorter, and the difference has been increasing by a marginally statistically significant degree (p-value 0.009).

TABLE 24: 3/1/2015-4/30/2016 F1-F5 and FA-FC Abstracts (separated) with DOC Commitment Adjusted to Reflect Credit Time										
	Executed Days		Count of Abstracts		Average			Total Executed Days	Total Count of Abstracts	Average
	FA-FC	F1-F5	FA-FC	F1-F5	FA-FC	F1-F5	F1-F5 Shorter By			
Month										
Mar-15	716,300	213,277	570	174	1257	1226	31	929,577	744	1249
Apr-15	625,609	244,128	525	205	1192	1191	1	869,737	730	1191
May-15	685,534	297,090	462	227	1484	1309	175	982,624	689	1426
Jun-15	612,460	396,715	493	297	1242	1336	-93	1,009,175	790	1277
Jul-15	547,066	444,628	457	297	1197	1497	-300	991,694	754	1315
Aug-15	515,663	449,083	447	330	1154	1361	-207	964,746	777	1242
Sep-15	477,403	569,057	372	349	1283	1631	-347	1,046,461	721	1451
Oct-15	513,421	627,555	428	393	1200	1597	-397	1,140,977	821	1390
Nov-15	425,700	459,330	331	337	1286	1363	-77	885,030	668	1325
Dec-15	382,757	551,245	324	386	1181	1428	-247	934,002	710	1315
Jan-16	303,034	566,220	329	399	921	1419	-498	869,254	728	1194
Feb-16	341,627	636,246	346	403	987	1579	-591	977,873	749	1306
Mar-16	409,501	583,405	335	426	1222	1369	-147	992,905	761	1305
Apr-16	334,739	550,909	272	379	1231	1454	-223	885,648	651	1360
Grand Total	6,890,814	6,588,888	5,691	4,602	1211	1432	-221	13,479,702	10,293	1310
Statistical Tests and Sparkline Graphs										
R value	-0.94331754	0.859674699	-0.943576886	0.915533734	-0.452461518	0.528789122	-0.614076356	-0.081782415	-0.239350044	0.141817062
R^2 value	0.889847981	0.739040587	0.890337339	0.838202019	0.204721425	0.279617935	0.377089771	0.006688363	0.057288443	0.020112079
Sparklines										
1 tail p-value	0.00000021	0.00004046	0.00000021	0.00000218	0.05216509	0.02594134	0.00974945	0.39063817	0.20497735	0.3143382
2 tail p-value	0.00000042	0.00008092	0.00000042	0.00000436	0.10433018	0.05188269	0.0194989	0.78127635	0.40995471	0.62867639

Dave Williams, Project Manager for Court Technology, provides additional information not evident from but related to the information in this table:

> We see higher totals of executed days with the new Level felonies, which is to be expected because the offenders are serving 75% of their sentences instead of 50% with the old Class felonies. . . . Breaking these levels down further, over the past 14 months the average sentence to the DOC for a Class A Felony was 4,331 days compared to 4,855 days for Level 1 and 2 felonies; the average sentence to the DOC for a Class B Felony was 1,246 days compared to 1,797 days for Level 3 and 4 Felonies; the average sentence for Class C Felonies was 596 days compared to 776 days for Level 5 felonies; and the average DOC sentence for Class D Felonies was 246 days compared to 233 days for Level 6 felonies.

Id. Mr. Williams identifies another gem in his analysis of the composition of the higher-level felonies, pre- and post-HEA 1006 implementation. One of the reforms of HEA 1006 decreased the severity of many offenses, particularly with regard to substance abuse. Thus, he finds that:

> The effect of downgrading substance offenses is striking: in 2014, 57% of all A Felony convictions and 51% of all B Felony convictions were substance related, while in 2016, only 2% of F2 and 7% of F3 and F4 convictions were substance related. These convictions are now found in the lower level offenses: 12% of F5 offenses and 51% of F6 offenses were substance related in 2016.

Although it is still very early in the process, these trends begin to suggest what impact the new sentencing laws will have on the Department of Correction.

V. Expanding Our View: Eleven Key Areas for Evaluating Our Reforms

As the Introduction to this report notes, the 2014 legislation following HEA 1006 required the collection and evaluation of information about the code reform and its effects. Indiana Code § 5-2-6-24 highlights eleven key areas for review, which are analyzed and summarized below.

1. Local Units of Government

The General Assembly enacted certain provisions pertaining to local units of government, including but not limited to the following. Legislation appropriated grant funding and other resources from the Department of Correction to local counties to establish and operate community corrections programs and court supervised recidivism reduction programs, with a particular focus on programs that provide alternative sentencing projects for persons with mental illness, addictive disorders, intellectual disabilities, and developmental disabilities (Ind. Code §§ 11-12-2-1; 11-12-2-4; 11-12-2-5). Another statute permitted the judicial conference of Indiana to arrange conferences or workshops to assist in education, coordination, and delivery of probation and community corrections services, and permitted the county to pay for the related expenses of community corrections officers and employees (Ind. Code § 11-13-1-10). Finally, the Legislature enacted a provision providing that money in a county's extradition and sheriff's assistance fund shall remain in that fund at the end of a calendar year (Ind. Code § 35-33-14-4). Because most, if not all, of these provisions, however, are discussed elsewhere in this Report, no further elaboration or analysis is necessary at this point.

2. Department of Correction

A. General Provisions

As enumerated in the section above regarding local government funding, the General Assembly enacted provisions affecting the Department of Correction by appropriating grant funding and other resources from the Department of Correction to local counties. And once again, as in Subsection 1, these provisions apply more specifically and are discussed in greater detail in further sections below.[12]

B. Diversion of F6s away from the Department of Correction

One of the HEA 1006's reforms has had a profound impact not only on low-level offenders and their respective counties, but also on the Department of Correction. As of January 1, 2016, no F6 offenders may be incarcerated at the Department of Correction, with limited exceptions. Instead, such offenders must remain at the county level.

In fact, fewer offenders truly are being committed to the Department of Correction. In the early spring 2016, drug crime admits to the Department of Correction were down 27% and drug dealing sentences were reduced 38%. Furthermore, current inmate levels were down 25% since the year before.[13]

C. Increased Costs

The authors and supporters of HEA 1006 hoped that allowing low-level offenders to remain at the county level would decrease the costs of incarceration. According to Department of Correction officials, however, this has not been the case, for several reasons. The average cost for the Department of Correction to incarcerate an individual is about $55 per day. Overhead costs, such as paying for guards, for heat or cooling, and for the facility itself consume about $45 of that $55. Thus, when the Department of Correction "loses" an F6 offender to the county, the Department of Correction saves about $10 per person per day.

---

[12] See Part V, 3.B., below.

[13] "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.sent

Nevertheless, the Department of Correction must pay the county a per diem of $35 per day while the county incarcerates the individual. The Department of Correction must also pay any medical expenses the person incurs while he is staying at the county jail. This latter expense can quickly accumulate; while inmates are at the Department of Correction, they are covered by a flat-rate, $8 per day agreement that the Department of Correction has negotiated with a medical provider. Once the individual stays at the county, any expenses he incurs will quickly far surpass the medical rates the Department of Correction would otherwise have paid.[14]

At some point, when enough individuals convicted of F6s no longer need to be housed by the Department of Correction, it should be able to close a facility and increase its savings, such as it was recently able to do with its Henryville facility in Clark County.[15] Department of Correction officials stated that the move would save the State about $2.25 million dollars.[16] How soon additional closures could occur or how much could be saved is not known and has not yet been calculated, according to Department of Correction officials. Nevertheless, other states such as Michigan have seen their prison population fall without a significant savings, so Indiana should be careful not to follow a similar path.[17]

3. Judicial Center

The legislature rightly recognized that the Indiana Judicial Center is one of the key players in the Indiana criminal justice system, with its leaders and staff involved both in the day to day promotion of justice as well as justice reforms. Two of the Judicial Center's key projects are the Indiana Evidence-Based Decision Making Committee and the Justice Reinvestment Advisory Council.

---

[14] "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.
[15] Madeline Buckley, "Closing Indiana Prison to Save $2.25M, Officials Say," Courier Journal, June 1, 2016 (available at http://www.courier-journal.com/story/news/local/indiana/2016/06/01/henryville-correctional-facility-close/85256156/) (last visited June 21, 2016).
[16] *Id*.
[17] See "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.

A. Evidence-Based Decision Making Committee

Evidence-Based Decision Making is one of the many projects that The National Institute of Corrections is responsible for overseeing.[18] The National Institute of Corrections is a federal intergovernmental agency within the U.S. Department of Justice Federal Bureau of Prisons. It provides federal, state, and local level correction agencies with training, information, services and assistance related to program or policy development. The National Institute of Corrections awards grant funding for initiating their programs.

The national Evidence-Based Decision Making program was launched in 2008. Its initiatives focus on improving correctional methods based on twenty years of research. The National Institute of Corrections' intent is to provide clear evidence-based recommendations to local criminal justice policy makers. Local communities armed with information from evidence-based research will have the tools to interrupt the cycle of repeat offenders and deter the initial conviction of crimes.

Notably, Grant County is one of seven sites participating in the fifth phase of the national Evidence-Based Decision Making initiative, which Grant County commenced in August 2010.[19] (The other six national sites are located in five different states.) In addition, the Indiana Judicial Center sponsors the Evidence-Based Decision Making Committee in Indiana, which is led by Justice Steven H. David. This team focuses on criminal justice policies both state-wide and in the following counties: Bartholomew County, Hamilton County, Hendricks County, Jefferson County, Porter County, Tipton County, and Grant County.

B. Justice Reinvestment Advisory Council

The Indiana General Assembly established the Justice Reinvestment Advisory Council ("the Council") during the 2015 legislative session, effective July 1, 2015 (Ind.

---

[18] "What is EBDM?" *National Institute of Corrections*, 2016, http://nicic.gov/ebdm.
[19] "Grant County Community Corrections: Annual Report," 2009-2010, http://communitycorrections.grant.in.datapitstop.us/DATA/REPORTS/FLD00001/00001492.PDF; "Grant County, Indiana," *Evidence-Based Decision Making in Local Criminal Justice Systems Initiative*, last visited June 9, 2016, http://ebdmoneless.org/grant-county-indiana/.

Code § 33-38-9.5). The members of the Council include professionals from all branches of government, as well as the community corrections and probation officer professional associations. The Council's purpose is to develop incarceration alternatives and recidivism reduction programs at the county and community level. The Council achieves these goals by promoting the development of probation services, problem solving courts, mental health treatment, substance abuse treatment, programs providing for court supervision, probation, or pretrial diversion, community corrections, evidence-based recidivism reduction programs for currently incarcerated persons, and other alternatives to incarceration. The Council conducts state level reviews of local corrections programs, county jails, and probation services. It also reviews the processes that the Department of Correction and the Division of Mental Health and Addiction use to award grants. Therefore, the Council has a significant voice in ensuring that evidence-based practices are being applied across the state. Additionally, these funding approvals empower counties to reduce recidivism and improve community corrections and reentry procedures.

The Council received $10 million and $20 million new dollars in 2015 and 2016 respectively[20] to award to local community corrections, and approves Department of Correction-recommended grants. In their April 22, 2016 meeting, the Council reviewed grant recommendations for 77 requests representing 156 county programs for a total of $29.1 million.[21] In making these recommendations, the Department of Correction considered readiness, capacity, and a funding formula based on county population. The Department of Correction used a fixed salary of $35,000 plus benefits when granting funds for new positions, so some counties received more funds than requested.[22] It also earmarked $500,000 to train prosecutors in evidence-based practices and appropriate target populations, $2,000,000 for new work release programs, and $700,000 for home

[20] "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.
[21] Jennifer Bauer, "Meeting Minutes," *Justice Reinvestment Advisory Council*, April 22, 2016, http://www.in.gov/justice/files/jrac-2016-0422-minutes.pdf
[22] *Id.*

detention in Marion County.[23] Detailed information about the Department of Correction's recommendations can be found below.

Figure 1. Additional Funding Requested Under HEA 1006[24]

Eligible Entity	Number of Applicants	Total Amount Requested
Community Corrections	69	$18,246,280.76
Jail Treatment	*25*	*$2,411,496.00*
Probation	42	$5,641,306.61
Prosecutor's Diversion	6	$638,038.24
Court Recidivism Reduction Program *Includes 3 Veteran Court Programs*	14	$2,204,224.00
Total	**156**	**$29,141,645.55**

Figure 2. Total Amount Awarded[25]

Eligible Entity	Number of Applicants	Total Amount Awarded
Community Corrections	112	$8,526,416.00
Jail Treatment	*16*	*$1,638,062.00*
Probation	50	$3,436,200.00
Prosecutor's Diversion	3	$213,000.00
Court Recidivism Reduction Program	19	$1,258,423.00
Total	200	$16,707,163.00

Figure 3. Example Breakdown for Eligible Entity[26]

[23] "FY2017 HEA 1006 Grant Funding Distribution," *Indiana Department of Correction*, accessed June 17, 2016, http://www.in.gov/justice/files/jrac-2016-grant-summary.pdf
[24] "FY2017 HEA 1006 Grant Funding Distribution," *Indiana Department of Correction*, accessed June 17, 2016, http://www.in.gov/justice/files/jrac-2016-grant-summary.pdf.
[25] *Id.*
[26] *Id.*

Probation		
New Staff:		
Probation Officers		48
Part Time (Position to be determined by agency based on priority)		2
	Total:	50
	Total Amount Recommended for Probation:	**$3,436,200.00**

All Department of Correction grant recommendations were approved by the Council and subsequently by Department of Correction Commissioner Bruce Lemmon. To review a complete list of all individual grants approved, please see Appendix A.

4. County Jails

All but one of the 92 Indiana counties have a county jail run by the county sheriff. Because HEA 1006 requires F6 offenders to be placed in either the county jail or on community corrections, probation, or work release, the county jail has a very important role under HEA 1006.

A. Data

The Department of Correction conducts annual jail inspections of each of the state's county jails and provides this information to the Indiana Sheriff's Association. A count of jail beds and populations is taken during the inspection. The most recent inspections yield the data in the table on the following two pages, which consists of each county jail's capacity and available beds, along with other inmate statistics, such as gender, and jail information, such as how many inmates are waiting for transfer to the Department of Correction or being held for the Federal Government or U.S. Immigration and Customs Enforcement. This collection of jail inspections reveals that although the State had about 4,778 unoccupied beds, out of a total of 20,825, about thirty jails were either at or above capacity or were at or above ninety percent capacity. Fifteen more jails were at or above eighty percent of all their beds being filled.

The jail inspection table on the pages 81-82 also indicates whether the jail has GED programs, substance abuse programs, or special education services. According to the Inspection data, 64 jails offer GED programs, 80 offer substance abuse assistance, and 89 offer special education.

On page 83 is a second table of information about the Indiana jails. In addition to the jail inspection surveys, this year the Indiana Sheriff's Association coordinated with the Indiana Criminal Justice Institute to complete a more thorough survey of Indiana's jails. The Indiana Sheriff's Association and the Indiana Criminal Justice Institute worked together to create a survey inquiring about more than ninety types of information. As of this writing, the Indiana Sheriff's Association has received about fifty responses to the survey. Certain parts of the survey, relevant to jail population and composition, are excerpted from that survey and reproduced in the table on page 83.

CO #	COUNTY	GEN POP BEDS	% OF BEDS FILLED	TOTAL INMATES	AVAIL BEDS	ADULT MALE	ADULT FEM	SENT TO CO TIME	SENT TO WR	DOC BED AGRMT	DOC HELD	TO DOC AWAIT TRANS	FED/ ICE Inmates	GED	SUB ABUS	SPEC ED SVCS
1	ADAMS	60	108%	65	-5	47	18	21	0	0	0	3	1	N	Y	Y
2	ALLEN	741	90%	668	73	578	90	68	0	0	0	8	83	N	Y	Y
3	BARTHOLO.	362	43%	157	205	126	31	0	0	0	5	5	1	Y	Y	Y
4	BENTON	54	43%	23	31	21	2	10	3	0	0	0	0	N	N	N
5	BLACKFORD	80	28%	22	58	20	2	5	0	40	12	0	0	Y	Y	Y
6	BOONE	222	57%	126	96	106	20	15	7	0	0	4	2	Y	Y	Y
7	BROWN	117	31%	36	81	31	5	11	4	0	4	0	0	Y	Y	Y
8	CARROLL	34	109%	37	-3	28	9	3	0	0	0	2	0	N	Y	Y
9	CASS	208	68%	142	66	121	21	34	0	5	2	1	0	Y	Y	Y
10	CLARK	482	89%	427	55	347	80	0	0	90	31	31	10	Y	Y	Y
11	CLAY	170	73%	124	63	109	15	0	0	12	11	0	57	Y	N	Y
12	CLINTON	222	60%	133	89	114	19	18	9	35	36	30	0	Y	Y	Y
13	CRAWFORD	81	47%	38	43	33	5	3	0	50	11	0	0	Y	Y	Y
14	DAVIESS	218	46%	101	117	81	20	17	41	30	4	0	0	Y	Y	Y
15	DEARBORN	424	60%	254	170	187	67	24	3	0	0	30	0	N	Y	Y
16	DECATUR	66	108%	71	-5	57	14	0	0	0	0	5	0	Y	N	Y
17	DEKALB	105	70%	73	32	57	16	35	0	0	2	2	0	Y	Y	Y
18	DELAWARE	221	106%	234	-13	194	40	18	0	0	0	0	2	Y	Y	Y
19	DUBOIS	84	93%	78	6	66	12	29	0	0	0	0	0	N	Y	Y
20	ELKHART	1002	59%	591	411	518	73	0	0	250	9	0	0	N	Y	Y
21	FAYETTE	114	117%	133	-19	114	19	8	0	0	0	9	0	Y	Y	Y
22	FLOYD	234	118%	275	-41	226	49	33	0	0	0	8	6	Y	Y	Y
23	FOUNTAIN	25	80%	20	5	18	2	2	0	0	0	1	0	N	Y	Y
24	FRANKLIN	75	21%	16	59	12	4	1	1	0	0	0	0	N	Y	Y
25	FULTON	88	80%	70	18	59	11	2	0	10	0	2	0	Y	Y	Y
26	GIBSON	120	81%	97	23	82	15	62	0	14	2	0	1	N	N	Y
27	GRANT	274	88%	241	33	212	29	39	2	0	0	4	0	N	N	Y
28	GREENE	84	89%	75	8	67	8	26	0	15	11	0	0	Y	Y	Y
29	HAMILTON	296	102%	302	-6	245	57	77	0	0	0	37	0	Y	Y	Y
30	HANCOCK	157	84%	132	25	99	33	62	0	0	1	0	0	N	Y	Y
31	HARRISON	175	70%	123	52	97	26	11	3	0	0	4	0	N	Y	Y
32	HENDRICKS	252	100%	253	-1	210	43	39	0	0	0	13	0	Y	Y	Y
33	HENRY	116	60%	70	46	58	12	8	0	35	3	0	0	Y	Y	Y
34	HOWARD	364	94%	342	22	267	75	28	0	0	9	6	1	N	Y	Y
35	HUNTINGTON	99	125%	124	-25	92	32	105	0	0	8	3	0	Y	Y	Y
36	JACKSON	172	116%	200	-28	151	49	41	0	0	0	4	1	Y	Y	Y
37	JASPER	120	46%	55	65	46	9	12	0	0	6	2	0	Y	Y	Y
38	JAY	140	52%	73	67	52	21	25	0	25	1	1	0	Y	Y	Y
39	JEFFERSON	109	91%	99	10	82	17	1	0	0	0	2	0	Y	Y	Y
40	JENNINGS	122	105%	128	-6	100	28	21	11	0	0	6	0	Y	Y	Y
41	JOHNSON	322	92%	295	27	214	81	54	0	0	0	8	0	N	Y	Y
42	KNOX	214	79%	169	45	144	25	40	0	47	0	0	0	Y	Y	Y
43	KOSCIUSKO	331	88%	290	41	246	44	150	50	0	2	15	0	Y	Y	Y
44	LAGRANGE	242	32%	77	165	66	11	19	8	85	8	2	0	Y	Y	Y
45	LAKE	1009	70%	711	298	637	74	19	0	35	19	19	32	Y	Y	Y
46	LAPORTE	368	88%	323	45	277	46	64	28	0	0	14	0	N	Y	Y
47	LAWRENCE	168	82%	137	20	95	42	0	0	30	2	0	0	Y	Y	Y
48	MADISON	207	83%	171	36	120	51	14	5	0	0	0	0	Y	Y	Y

CO #	COUNTY	GEN POP BEDS	% OF BEDS FILLED	TOTAL INMATES	AVAIL BEDS	ADULT MALE	ADULT FEM	SENT TO CO TIME	SENT TO WR	DOC BED AGRMT	DOC HELD	TO DOC AWAIT TRANS	FED/ ICE Inmates	G E D	SUB ABUS	SPEC ED SVCS
49	MARION	1135	90%	1021	114	802	219	82	0	0	9	46	31	Y	Y	Y
49a	MARION II	1030	107%	1103	-73	1103	0	0	0	0	0	0	0	N	Y	Y
50	MARSHALL	239	52%	125	114	90	35	8	0	0	18	18	0	N	N	N
51	MARTIN	60	92%	55	5	45	10	0	0	30	3	0	0	Y	N	Y
52	MIAMI	240	45%	109	131	86	23	0	0	20	2	2	0	N	Y	Y
53	MONROE	287	92%	263	24	230	33	13	0	0	0	7	0	Y	Y	Y
54	MONTGOM.	224	82%	183	41	145	38	15	3	45	11	8	1	Y	Y	Y
55	MORGAN	439	68%	297	142	243	54	88	10	10	15	12	0	Y	N	Y
56	NEWTON	77	51%	39	38	30	9	5	0	10	1	1	0	Y	Y	Y
57	NOBLE	263	32%	85	178	79	6	17	1	55	12	12	3	Y	Y	Y
58	OHIO															
59	ORANGE	92	66%	61	31	54	7	0	8	8	9	0	0	Y	N	Y
60	OWEN	72	89%	64	8	57	7	2	0	8	6	0	0	Y	Y	Y
61	PARKE	92	67%	62	30	57	5	41	0	30	4	0	0	Y	Y	Y
62	PERRY	143	34%	48	95	42	6	0	0	0	2	0	0	Y	Y	Y
63	PIKE	74	49%	36	26	27	9	10	0	40	3	0	0	Y	Y	Y
64	PORTER	449	91%	410	39	345	65	58	0	0	9	9	40	N	Y	Y
65	POSEY	62	81%	50	12	40	10	18	0	21	3	0	0	Y	Y	Y
67	PULASKI	128	48%	61	67	59	2	35	17	60	0	0	0	Y	Y	Y
66	PUTNAM	155	61%	94	61	78	16	0	0	80	24	0	0	N	Y	Y
68	RANDOLPH	77	110%	85	-8	72	13	45	18	0	0	1	1	N	Y	Y
69	RIPLEY	124	62%	77	47	61	16	27	3	45	10	0	0	N	Y	Y
70	RUSH	46	74%	34	12	23	11	5	0	6	3	0	0	N	N	Y
72	SCOTT	64	167%	107	-43	76	31	8	0	0	0	2	0	Y	Y	Y
73	SHELBY	203	81%	165	38	119	46	14	2	20	2	0	0	Y	N	Y
74	SPENCER	71	96%	68	3	53	15	3	0	30	0	0	0	Y	Y	Y
71	ST JOSEPH	829	68%	564	265	503	61	135	0	0	0	17	80	Y	Y	Y
75	STARKE	148	55%	81	67	63	18	0	0	0	0	4	0	N	Y	Y
76	STEUBEN	175	52%	91	84	79	12	28	0	14	6	3	0	Y	Y	Y
77	SULLIVAN	56	61%	34	22	29	5	10	3	0	0	2	0	Y	Y	Y
78	SWITZER.	60	77%	46	14	41	5	0	2	0	0	4	0	N	Y	Y
79	TIPPECANOE	553	63%	349	204	289	60	22	0	90	33	33	0	Y	Y	Y
80	TIPTON	27	130%	35	-8	29	6	6	0	0	0	0	0	Y	Y	Y
81	UNION	10	170%	17	-7	12	5	0	0	0	0	0	0	N	Y	Y
82	VANDERB.	553	114%	631	-78	535	96	48	0	0	0	56	0	Y	Y	Y
83	VERMILLION	74	104%	77	-3	70	7	0	4	30	7	0	0	Y	Y	Y
84	VIGO	267	86%	230	37	209	21	0	0	0	0	3	0	Y	Y	N
85	WABASH	72	124%	89	-17	69	20	18	0	0	0	8	0	Y	Y	Y
86	WARREN	42	14%	6	36	6	0	1	0	16	0	0	0	Y	Y	Y
87	WARRICK	126	62%	78	48	68	10	15	1	55	8	0	0	Y	Y	Y
88	WASHING.	258	40%	103	155	93	10	0	0	0	0	5	0	N	N	Y
89	WAYNE	416	53%	219	197	174	45	31	0	20	20	0	0	Y	Y	Y
90	WELLS	94	90%	85	9	68	17	22	1	30	1	0	3	Y	Y	Y
91	WHITE	165	65%	108	57	92	16	34	32	25	6	4	1	Y	Y	Y
92	WHITLEY	104	97%	101	3	76	25	18	0	15	0	0	0	Y	Y	Y
	TOTAL	20825.0	~	16047	4771	13450	2597	2156	280	1621	426	538	357	64	80	89

Jail Capacity										
County	Jail Capacity	Total Number of Inmates (12/31/15)	How many level 6 sentenced ?	How many level 6 awaiting trial?	How many have applied for medicaid?	How many are probation violations?	How many are failure to appear?	How many are misdemeant ?	How many are civil commitment ?	DOC Inmates Held
Adams	60									
Benton	50		7	1	0	9	0	2	0	2
Blackford	80		6	12		3	0	3	0	6
Brown	117									
Carroll	34	26	3	3	20	6	2	12	0	2
Cass	208		UNK	UNK	UNK	UNK	UNK	UNK	none	
Dekalb	105	96	15	19	96	13	5	12	1	
Dubois	84	62	14	8	22	6	1	17	1	0
Elkhart	1050	672	2	105	n/a	2	N/A	63	18	16
Fayette	114		3	3		21		12	0	11
Floyd	234	8	0	UNK	UNK	0	UNK	0	0	
Fountain	75	31			25					12
Fulton	87	67	4	55	20	10	5	0	3	8
Gibson	120	99	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
Grant	274	278	12	68	0	97	23	7	6	5
Greene	84	66	2	21	3	14	1	6	1	2
Hamilton	296	233	36	75	1	29	17	65	2	35
Hancock	157	167	26	4	?	67	11	112	?	2
Hendricks	250	236	26	55		40	30	28	11	18
Henry	110		1	38	25	8	5	38	0	1
Jasper	120	68								0
Johnson	322	284	17	35	0			122	0	3
Knox	225	204	9	9	102	46	22	95		7
Kosciusko	305									
Laporte	368	328	16-Jail	65	65	103	28	42	0	7
Lawrence	168	110	8	28	25	18	8	17	1	2
Madison	207	225	1		85	16	0	8	1	6
MarionII										
MarionI		106	4	27		1		9	1	6
Marshall	239						1			
Monroe		224	20	81	197	67		135	9	12
Montgomery		343	13	22	0	79	21	146	8	3
Morgan		38	2	12	18	2	75	6	0	0
Newton	77	102	10	9	N/A	29	3	20	30	10
Noble	262						4			
Perry	132	36	1	10	55	0	7	10	0	1
Pike	74		6	8	5	5	6	6	0	0
Porter	449	376								10
Putnam	155	103			ALL					5
Randolph	107	94	8	18	0	9	10	6	0	
Ripley	102		6							2
Scott	117									
Shelby	203						273			0
Spencer			11	156	193	430		1049	11	3
Steuben	178						8			
St. Joseph		1095	16	31	0	16		33	7	0
Tipton	27	21	4	6	0	2	5	4	0	0
Vanderburgh	512		29	94	0	35	14	45	1	
Wabash	72	82	11	34	0	UNK	UNK	UNK	UNK	5
Warrick	126	79	4	29	27	3	3	4	0	6
Wells	94		4							2
Whitley	104	186	UNK	UNK	0	26	UNK	69	1	1
Total	8334	6145	341	1141	984	1212	588	2203	113	211

B. Committee to Study Evidence-Based Pretrial Release

Although not a direct responsibility of the county jail or its sheriff, the work of the Committee to Study Evidence-Based Pretrial Release has a very significant impact on the county jail. Under the current system, data regarding the status of jail inmates are not easily established. Nevertheless, some estimates place the number of individuals incarcerated in a local jail who are awaiting trial – and thus presumed innocent – to be as high as forty percent. This has ramifications not only for the presumed-innocent individual but also for the offenders who may be placed at the jail to serve out their sentences.

The purpose of the Evidence-Based Pretrial Release Committee is to examine risk-assessment tools used by courts around the country in order to determine which defendants should be released before trial, thereby freeing up beds in the county jail. The primary reason for this initiative is to retain the judiciary's decision-making ability regarding pretrial release (i.e., releasing defendants on their own recognizance) in light of several attempts to change how judges handle pretrial release and bail. A second reason for the initiative is to conform to the foundational principle that defendants are "innocent until proven guilty" and therefore should not remain in jail longer than necessary. The Committee to Study Evidence-Based Pre-trial Release was founded by former Chief Justice Dickson in December 2013.

C. Healthy Indiana Plan (HIP 2.0)

HIP 2.0 is Governor Pence's extension of the original HIP that has been in operation since 2008. In January 2015, Indiana was federally approved for three years to implement HIP 2.0, a public health care. For those that are not disabled, HIP 2.0 replaces traditional Medicaid because it is for lower income adults aged 19-64 ("lower income" here being 100-133% of the Federal poverty level).

The program takes shape in one of three different plans: (1) a plan that relies on employer contribution; (2) a cost share program that allows access to dental and vision services and; (3) a basic plan that mandates co-payments for all services and requires a

monthly contribution of $1-$25 into a Personal Wellness and Responsibility (POWER) account. Hospital assessment fees, cigarette taxes, and federal funds mostly fund HIP 2.0.

HIP 2.0 is applicable to county jails in that it can be effectively used to help cover the medical expenses of jail inmates. As part of entry processing, offenders are either assisted with or taught how to apply for HIP 2.0 benefits.[27]

5. Community Correction Programs

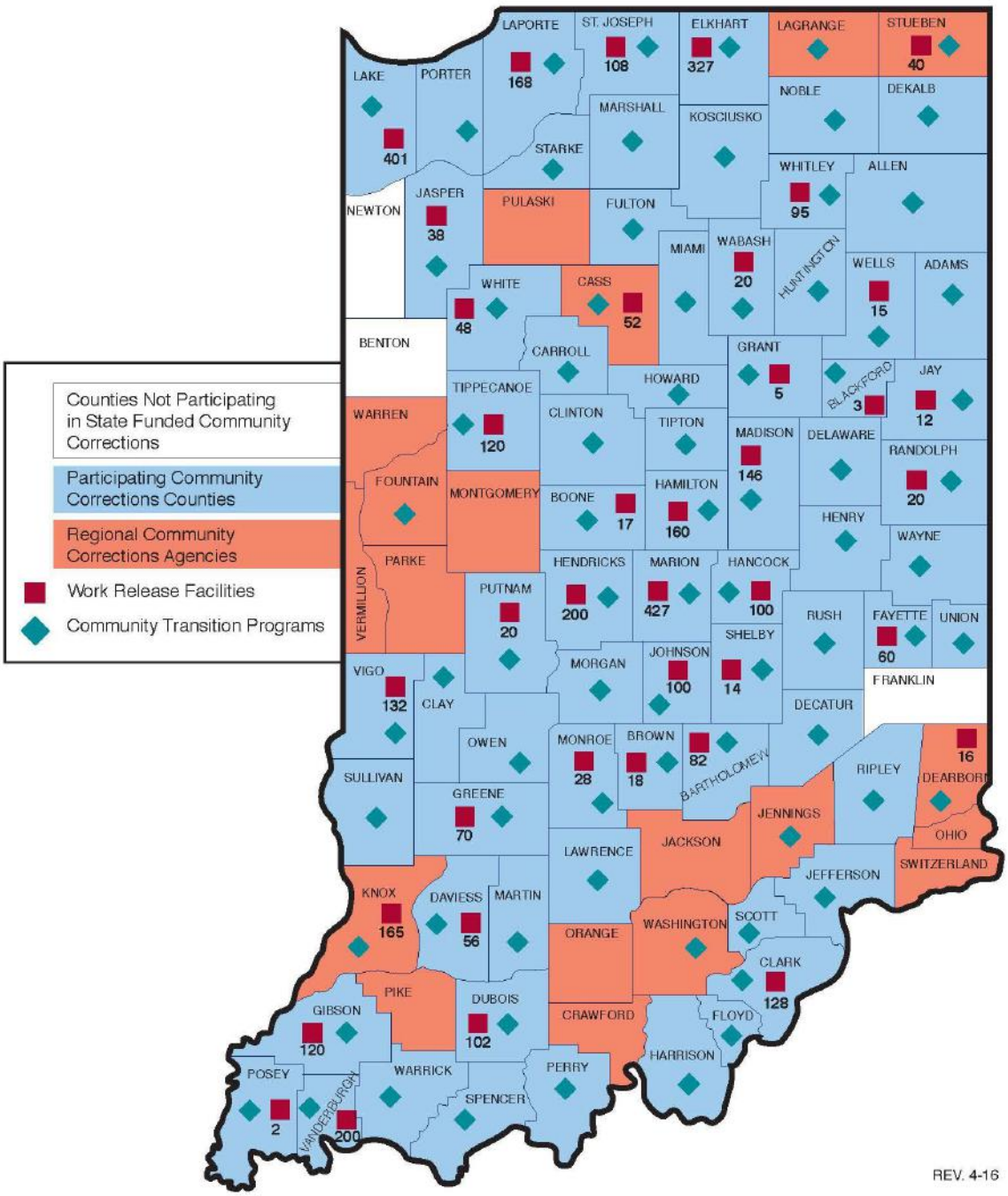
Community corrections programs take many forms, from work release programs to more standard probation or parole systems to halfway houses. The following illustration depicts which counties have community correction and work release facilities. The numbers vary slightly from those seen in the "Jail Inspection" chart above on pages 81-82 due to the fact that the "Jail Inspection" chart reports all community corrections programs, whereas the map below shows only programs with a physical location in the county.

[27] Letter to Mr. Joseph Moser from the Department of Health and Human Services (Jan. 27, 2015) available at http://www.in.gov/fssa/hip/files/IN_HIP_2.0_CMS_Approval_Ltr_1_27_15.pdf; *Inmates will be Signed Up for Medicaid*, WBIW.COM (July 29, 2015), http://www.wbiw.com/local/archive/2015/07/post-227.php; "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.

Community Corrections Agencies

County Program Participation Map

April, 2016



http://www.in.gov/idoc/2320.htm

6. Probation Departments

Along with county jails, probation departments are one of the parties significantly affected by the emphasized goal of HEA 1006 that low-level offenders stay in their communities after conviction, either to be placed in the jail or to be supervised by their county probation department. As described above (see Charts and Tables 11-14 and accompanying text discussing probation revocations), probation departments must supervise offenders who are either directly placed on probation or who have been placed on probation following another placement. Probation departments will continue to see an increased workload, requiring additional resources and efficient structures.

A. Probation Incentives and Violation-Related Sanctions

One such structure involves probation incentives and violation sanctions, which are two key strategies to both reducing prison population size and recidivism. Often, probation officers are required to begin the revocation process immediately upon noticing a technical violation, a contributing factor to the high percentage of technical violators sent back to state prison. Instead, violation sanctions, such as increased time on probation, increased officer contact, or overnights in county jails, provide officers flexibility to respond to their probationer's needs appropriately, reducing the likelihood of prison return.[28] Probation incentives encourage probationers to meet their requirements through possibilities of reduced time on probation, less frequent officer contact, transportation or drug test vouchers, and other such bonuses. Research shows that integrated use of sanctions and incentives (at a ratio of 1:4 to provide sufficient positive reinforcement) reduces recidivism, [29] and thus the potential implementation of a similar combination should play a role in criminal justice reform discussions.

Indiana law has made significant strides in the pursuit of such concomitant use of sanctions and incentives. To assist with probation officers' challenging work, the

[28] Tony Fabelo, Geraldine Nagy, and Seth Prins, "A Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism," *Justice Center: The Council of State Governments and Bureau of Justice Assistance*, 2011, p. 26-27, https://issuu.com/csgjustice/docs/a_ten-step_guide_to_transforming_probation_departm?layout=http://skin.issuu.com/v/light/layout.xml&showFlipBtn=true&e=2448066/1639277

[29] *Id.*

Probation Incentives and Violations Sanctions Project was created in 2012 and began as a pilot program in 2013, funded by the Indiana Criminal Justice Institute. The pilot program is a collaboration between the University of Cincinnati and a work group comprised of Indiana probation officers, public defenders, prosecutors, and judges. In the pilot program, probation officers are given the ability to limit a nonviolent offender's time in jail. The goal is to make room in prisons for criminals that are larger threats to the public, to reduce the costs for corrections, and to reduce recidivism. The Project occurs in two phases. Phase one included Allen, Lawrence, and Pulaski counties. Phase two includes Bartholomew, Hamilton, Miami, Marion (juvenile), Wabash, and Wayne counties. The pilot locations are using evidence-based methods in determining what incentives and sanctions to use for each offender.

Furthermore, the Indiana Judicial Conference (IJC)[30] is charged with creating a "schedule of progressive probation incentives and violation sanctions, including judicial review procedures" under Indiana Code § 11-13-1-8. A complete schedule such as the one the Code suggests has significant benefits, the greatest being accountability and standardization within the flexibility sanctions and incentives provide officers.[31] By legislating such an initiative, Indiana recognizes the value of sanctions and incentives in reducing both recidivism and prison populations.

This creation of the aforementioned schedule has not yet been achieved, but marked steps are being taken by the IJC with an eye towards this goal. Sagamore spoke with staff at the IJC and was told that, pursuant to the directive in Indiana Code § 11-13-1-8, the IJC established a relatively small 10-county pre-pilot project for developing and implementing the sanctions and incentives schedule targeted by the Indiana Code provision. This pre-pilot project then continued with the solidification of a 6-county pilot program, involving the probation departments of Wabash, Wayne, Hamilton,

[30] The Indiana Judicial Conference "of all full-time judges, both trial and appellate, as voting members, and magistrates, senior judges, and retired judges who serve as special judges as non-voting members." 2015 Staff Agency Report, Judicial Conference of Indiana (available at http://www.in.gov/judiciary/center/files/2015-center-agency-report.pdf).
[31] *Id.*

Bartholomew, Miami, and Marion Juvenile. The goal of the pilot program is thus to train various stakeholders at the county level—judges, prosecutors, etc.—in the importance of comprehending the principles of behavioral modification and the critical value of positive reinforcement. Then, after data collection and thorough analysis of the research yielded by the pilot program, IJC intends to establish a set of principles—just as directed by Indiana Code § 11-13-1-8—which would then be applied to all counties. This does appear to be relatively far off, and Sagamore was told that the pilot program has been collecting data for about 5 months, with the grant funding the project ending soon. Furthermore, it appears as though they will continue collecting more data into the summer, and a final report from the researcher should be complete in August.

After August 2016, the goal then becomes to expand the program incrementally. As we discovered, the training involves almost all stakeholders in the probation department, and while this means that more groups are involved, thus increasing the odds of a successful implementation, it also means that implementation takes longer, making for a slower process, and explaining in part why the explicit directive of Indiana Code § 11-13-1-8 has yet to be met. Finally, we were told that at this point it is too early to say what exactly this program needs in order to accelerate and see wider implementation. Further resourcing could prove a boon, but we believe that waiting until the initial report is complete in August 2016 is the most appropriate recommendation moving forward, as anything else would be speculation.

In summary, while initial steps have been taken by the IJC towards the completion of a schedule of sanctions and incentives to be implemented state-wide as per their directive in Indiana Code § 11-13-1-8, much more has yet to be done. First, a graduated sanction and incentive schedule has not been created. Even as of 2014, the IJC's Probation Standards include no mention of a uniform platform detailing sanctions or incentives, with no future date set for establishing one.[32] Second, without uniform sanctions and incentives, the Probation Incentives and Violation Sanctions Project's two

[32] "Indiana Probation Standards," *Indiana Judicial Center*, March 7, 2014, http://www.in.gov/judiciary/probation/files/prob-standards-standards.pdf.

pilot programs have little practical use, as they are designed to practice the theory. In the realm of probation incentives and violation sanctions, Indiana has not finished the process it began, but the aforementioned IJC pilot program is a heartening beginning.

B. Risk Assessment

An important aspect of reducing recidivism and improving public safety involves matching state resources with offenders' needs. Research on how to best use limited state resources within the criminal justice system developed the "Risk-Needs-Responsivity" principle, which determines that those with higher risk of recidivating and those with the greatest needs are most responsive to each dollar of state resources, so state resources should be allocated towards higher-risk individuals.[33] In order to follow this principle, Indiana implemented a risk-needs assessment in 2010-2011, the Indiana Risk Assessment System (IRAS) and the Indiana Youth Assessment System (IYAS).[34] This comprehensive risk assessment tool evaluates adult offenders or juveniles throughout the criminal justice process, and an online database (called INcite) stores information from structured interviews, allowing for consistent information to follow an offender throughout the process.[35] The goal of the tool is to assess an offender's likelihood to recidivate, so that more resources can be directed towards higher-risk offenders. A 2013 review of the assessment validated the predictive power of the model in all categories examined.[36]

Currently, the IRAS/IYAS is administered at five distinct points through different mechanisms, three of which are relevant to probation and parole: **a Community Supervision Screener** to filter low-risk offenders and determine if a full risks assessment

---

[33] Pamela M. Casey, Roger K. Warren, and Jennifer K. Elek, "Using Offender Risks and Needs Assessment Information at Sentencing: Guidance for Courts from a National Working Group," *National Center for State Courts*, 2011, p. 4-6, http://www.ncsc.org/~/media/Files/PDF/Services%20and%20Experts/Areas%20of%20expertise/Sentencing%20Probation/RNA%20Guide%20Final.ashx

[34] Michelle Goodman and Lisa Thompson, "Indiana's New Risk Assessment Tools: What You Should Know," *Indiana Court Times*, April 13, 2011, http://indianacourts.us/times/2011/04/risk-assessment/

[35] "Indiana Justice Model: Indiana Risk Factor Assessment & Case Plan Component," *Indiana Department of Correction*, accessed June 17, 2016, https://secure.in.gov/idoc/2900.htm

[36] Edward Latessa, Brian Lovins, and Matthew Makarios, "Validation of the Indiana Risk Assessment System: Final Report," *University of Cincinnati School of Criminal Justice*, April 2013, https://secure.in.gov/judiciary/pscourts/files/prob-risk-iras-final.pdf.

is necessary; a **Community Supervision Tool** applied every twelve months to determine eligibility for and requirements of community supervision based on risk to re-offend; and a **Reentry Tool** to evaluate risk to re-offend immediately prior to release from prison (the other two assessment mechanisms are a **Pre-Trial Tool** to evaluate an offenders' risk of re-offending pre-trial or failing to appear in court and a **Prison Intake Tool** to identify risk to re-offend and criminogenic needs upon prison admittance).[37] These assessment tools point towards high-risk offenders who need more intensive probation or parole requirements, and low-risk offenders who need less. Overall, Indiana houses an effective, helpful risk assessment tool to use state resources towards the offenders who have the most to gain.

C. Smartphone Monitoring

For low-risk offenders, intensive probation requirements can actually lead to increased technical violation compared to less intensive requirements. [38] For this reason, research into less intensive probationary monitoring methods can have a significant financial payoff. For example, recent innovations in cell phone monitoring are promising, making use of technology with which offenders are likely already familiar.[39]

Cell phone monitoring programs hope to replace older methods of surveillance and monitoring such as the ankle bracelet. [40] Initial scholarly research supports the notion that cell phone integration into the probationary process reduces recidivism,[41] showing a

---

[37] "Indiana Risk Assessment System," *University of Cincinnati*, April 23, 2010, http://www.pretrial.org/download/risk-assessment/Indiana%20Risk%20Assessment%20System%20(April%202010).pdf

[38] Petersilia, Joan, and Susan Turner. "Comparing intensive and regular supervision for high-risk probationers: Early results from an experiment in California." *Crime & Delinquency* 36, no. 1 (1990): 87-111.

[39] Two examples of companies offering such technology are Outreach Smartphone Monitoring (http://www.osmnow.com/) and SCRAM Systems (https://www.scramsystems.com/programs/community-supervision/probation/).

[40] Morse, Julie. "Wearing An Electronic Monitoring Device Might Be Worse Than Jail Time — Pacific Standard". 2015. *Medium*. Accessed June 17 2016. https://psmag.com/wearing-an-electronic-monitoring-device-might-be-worse-than-jail-time-5ed65f503b2d#.x8twm5ozc.

[41] Burraston, Bert O., David J. Cherrington, and Stephen J. Bahr. "Reducing Juvenile Recidivism With Cognitive Training and a Cell Phone Follow-Up An Evaluation of the RealVictory Program." *International journal of offender therapy and comparative criminology* 56, no. 1 (2012): 61-80.

51% lower re-arrest rate in those who used cell-phone monitoring. In Indiana, companies have begun testing precisely such technology. Several pilot programs have begun testing such practices in Indiana. This kind of technology is still relatively new, and thus replete with potential pitfalls that have yet to be comprehensively identified, so the pilot programs should be followed closely in order to ascertain whether or not such theoretically beneficial monitoring systems are cost-effective, accurate, and efficacious in practice.

Such programs help reduce the stigma of outdated technology for monitoring probationers. They provide offenders with a resource that they can carry with them all the time (a smartphone application—Android and iOS) to notify them of drug tests, court dates, therapy or class appointments as well as provide positive reinforcement when they are being compliant. This type of mobile monitoring technology has the ability to more closely evaluate an offender's progress and make adjustments as needed. Companies that provide these technologies and services have been recognized multiple times by the American Bar Association Journal,[42] the *Denver Post*,[43] and more. The primary reasons for optimism at this time are scalability and customizability, cost-effectiveness, innovative positive reinforcement techniques, future biometric integration, and rehabilitative features.

In terms of scalability, some such technology is software-based, including both a mobile phone application for probationers and a web application for probation officers and other monitoring parties. This allows for a high degree of scalability and the ability to work with thousands of offenders without significant cost. The needed hardware is readily available at most electronics stores. Such systems are also readily customizable, providing individual probation officers significant flexibility in interacting with and

[42] Dysart, Joe. 2016. "Drug-Offender Monitoring Comes To The Smartphone," *ABA Journal*. Accessed June 17 2016. http://www.abajournal.com/magazine/article/drug_offender_monitoring_comes_to_the_smartphone.
[43] Phillips, Noelle. 2015. "Monitoring Ex-Cons After They Get Out Of Jail? There's An App For That". *The Denver Post*. Accessed June 17 2016. http://www.denverpost.com/2015/07/03/monitoring-ex-cons-after-they-get-out-of-jail-theres-an-app-for-that/.

managing their assigned probationers. At the same time, the probation office can delegate some supervisory tasks to the technology company as desired, reducing labor-intensity. The cost-effectiveness of such technology is quite staggering in theory; because the supplying companies can provide as little as the software alone, and do not typically produce their own proprietary hardware, thus ensuring that their price point remains low. In some evaluations, supplying companies are able to provide services markedly below even the lowest average daily costs of surveillance programs that include ankle-bracelets.

Another intriguing feature of such technology is the integration of positive reinforcement methods that are fully customizable by the probation officer. Point values (both positive and negative) can be assigned to various events, such as missing a deadline or check-in (negative) or attending a counseling meeting, an Alcoholics Anonymous event, etc. (positive). The accrual of such points over time leads to a points balance for the offender, which—while psychologically reinforcing good behavior—can also be redeemed for rewards such as groceries coupons, bus passes, etc., at the discretion of the probation officer. The customizability of these features is an avenue for exciting future expansion, but more time is needed to analyze the data from pilot programs to ensure the effects of such positive reinforcement on recidivism and other key metrics are largely positive.

Furthermore, such technology appears to be ready-made for integration with future advancement in biotechnology—a burgeoning sector as of late. As an example, one company employing such technology is currently planning the incorporation of a biometric smart-wristband—technology which, at present, is used for identification and remote tethering of the individual to their smartphone, but in the future, could also be used to test the individual for various substances such as illicit drugs and prescription medication. These kinds of technologies could reduce accountability concerns over whether individuals use the application appropriately.

Finally, such technology integrates with other rehabilitative features. The application includes GPS locations and directions to, for example, nearby shelters, and is again fully customizable by the probation officers and any other administrative

monitoring party. As such, a whole host of resources—from job skills training to shelters of diverse types—can be consolidated in one location for probationers to access whenever they need.

Mobile monitoring technology it is still relatively new; the earliest filing date for a patent pertaining to such technology dated only back to 2002. This patent belonged to Gold Post Technologies, Inc., a Las Vegas-based company who pioneered the notion of remote monitoring systems for probation surveillance and other criminal justice applications. Gold Post Technologies (GPT) and their monitoring system, Probesmart, present an informative case study of the implementation of such remote monitoring systems. Glenn Rouse, GPT's Vice President of Sales, discussed in an interview with Sagamore just how difficult the implementation of such technology had proven. At present, GPT's remote monitoring system is not active anywhere in the US, which Rouse attributed to the widespread failure of most probation offices across the US to keep up with trends such as digitalization, pointing to a surprising preference still to this day for pen-and-paper recording. The other problem Rouse identified was that of sunk cost biases amongst those who managed a state's criminal justice IT systems: once they implement a new type of database or system, they are reluctant to invest in new technology for fear of disrupting the status quo. In short, remote monitoring systems can be incredibly effective if the original system is adequately modernized and if the administration in charge is not tethered to the status quo due to perceived sunk costs.

7. Courts

Although all Indiana criminal courts are widely impacted by the reforms of HEA 1006, this report focuses on the impact that problem-solving courts may have on these reforms. Problem-solving courts began to be used nationally in the 1990s to accommodate offenders with specific needs and problems that were not or could not be adequately addressed in traditional courts. In 2010, Indiana enacted Indiana Code Section 33-23-16-8, which defines problem-solving courts as ones that "provid[e] a process for immediate and highly structured judicial intervention for eligible individuals. Such courts employ certain features, including:

(1) Enhanced information to improve decision making,

(2) Engaging the community to assist with problem solving,

(3) Collaboration with social service providers and other stakeholders,

(4) Linking participants with community services based on risk and needs,

(5) Participant accountability, and

(6) Evaluating the effectiveness of operations continuously.[44]

Problem-solving courts promote outcomes benefiting the offender, the victim, and society. Early results from studies analyzing problem-solving courts strongly suggest that such courts are having a positive impact on the lives of offenders and victims and in some instances are reducing jail and prison costs. In general, problem-solving courts share the following elements:

• **Focus on Outcomes**. Problem-solving courts are designed to provide positive case outcomes for victims, society and the offender (e.g., reducing recidivism or creating safer communities).

• **System Change**. Problem-solving courts promote reform in how the government responds to problems such as drug addiction and mental illness.

• **Judicial Involvement**. Judges take a more hands-on approach to addressing problems and changing behaviors of defendants.

• Collaboration. Problem-solving courts work with external parties to achieve certain goals (e.g., developing partnerships with mental health providers).

• **Non-traditional Roles**. These courts and their personnel take on roles or processes not common in traditional courts. For example, some problem-solving courts are less adversarial than traditional criminal justice processing.

[44] Ind. Code 33-23-16-8

• **Screening and Assessment**. Use of screening and assessment tools to identify appropriate individuals for the court is common.

• **Early identification of potential candidates**. Use of screening and assessment tools to determine a defendant's eligibility for the problem-solving court usually occurs early in a defendant's involvement with criminal justice processing.

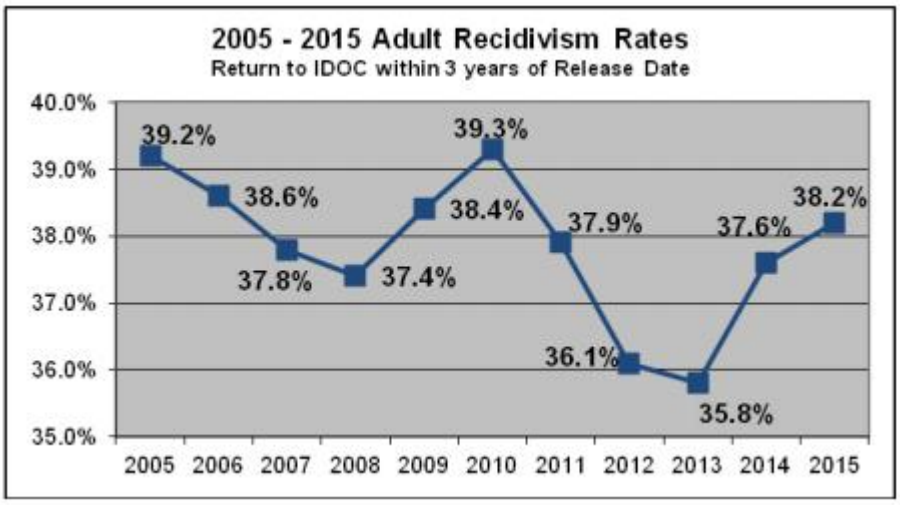
The Indiana Judicial Center certifies all problem-solving courts established under Indiana Code Chapter 33-23-16, including drug courts, reentry courts, mental health courts, family dependency treatment courts and veterans' courts. The purpose of the certification process is to ensure the courts are operating in accordance with state statutes, and evidence-based practices. Indiana Judicial Center staff conducts certification reviews every three years; the reviewers analyze case files, interview the problem-solving court team members, conduct a focus group of participants, and observe the team staffing and court sessions. Through the review process, Indiana Judicial Center provides the courts assistance in obtaining compliance with the problem solving court statutes, rules and evidence-based practices.

Indiana currently has 70 certified problem-solving courts, about half of which are adult drug courts. The problem-solving court rules are developed by the Judicial Conference Problem Solving Courts committee and are adopted by the Judicial Conference Board of Directors.[45]

8. Recidivism Rates

As discussed above, the Department of Correction defines recidivism as "a return to incarceration within three years of the offender's date of release from a state correctional institution."[46] In the Department of Correction's most recent study of offenders, the 2015 recidivism rates increased slightly, as depicted in the following chart:[47]

[45] For more information, see *About PSCs*, IN.GOV, http://www.in.gov/judiciary/center/2330.htm.
[46] Indiana Department of Correction, 2015 Adult Recidivism Rates (available at http://www.in.gov/idoc/files/2015_Adult_Recidivism_Summary.pdf) (last visited June 21, 2016).
[47] *Id*.



Thus, for offenders who were released in 2012, 38.2% were reincarcerated at a Department of Correction facility within three years of their release date for either a new conviction or for a violation of the terms of their post-release conditions (a technical violation).[48]

The 2015 Department of Correction Recidivism report also includes the following observations:

- Male offenders had a higher recidivism rate when compared to female offenders. Of male offenders released in 2012, 39.8% returned to the Department of Correction, versus 28.9% of female releases.
- The recidivism rate for African American offenders decreased to 40.2%, compared to 38.2% for Caucasian offenders and 19.4% for Hispanic offenders, both of which increased slightly.
- The younger the offender is at the time he/she is released, the more likely they are to return to the Department of Correction. Also, offenders serving less than 5 years with Department of Correction represent over 90% of all recidivists.
- Of all offenders who recidivated, approximately 50.1% returned to Department of Correction for the commission of a new crime, compared to approximately 49.9% for a technical rule violation of post-release supervision.
- Offenders who had zero conduct violations during their incarceration period were over 26.4% less likely to recidivate

[48] *Id.*

when compared to offenders who had at least one conduct violation.

- Offenders who received visits from family or friends while incarcerated were 16.3% less likely to recidivate compared to those offenders who did not receive any visits.
- Those offenders who participated in a work release program were more than 37% less likely to return to prison when compared to offenders who did not partake in a work release program.[49]

Addressing recidivism is a significant priority for the Department of Correction. Some of its re-entry programs have proven to be successful at reducing recidivism. For example, the Rockville Correctional Facility (a female facility) provides a twelve-week re-entry class to all inmates prior to their release which focuses on securing employment, GED assistance, information on health issues, and information about dealing with technology. Graduates of the program have proven to have lower rates of recidivism.

Another program focusing on teaching offenders life- and work-skills is also proving successful at reducing recidivism rates. The Prison Enterprise Network (PEN) Programs provide jobs to Indiana offenders while they are detained. Offenders produce goods or provide services while in the confines of a Department of Correction location. PEN provides services to private companies that have company products manufactured, refurbished, or packaged within the correctional facility by offenders. Offenders are paid the state minimum wage for their work for private organizations. The PEN program's graduates have a 24.2% recidivism rate, while the Department of Correction as a whole has a significantly higher recidivism rate.

9. Reentry Court Programs

This report has discussed the problem that a significant portion of offenders returned to the Department of Correction -- 37% in 2014[50] -- are not arrested on a new charge, but rather for a technical violation of their probation or parole requirements. While technical violations sometimes signal a true regression on the part of the offender,

[49] *Id.*

[50] "Criminal Justice in Indiana: Impact of 2006," *Indiana Prosecuting Attorneys Council*, presented by David N. Powell, Spring 2016.

such as a drug test coming back positive, structural issues are much more likely to lead to broken probation/parole.[51]

First, probation and parole are expensive endeavors for an offender. Requirements often include regular drug tests (which cost the offender around $13 each)[52], soft costs like transportation to visit a parole officer, and larger costs like child support, which is commonly a probation requirement. Second, compounding this issue, ex-offenders often have a difficult time finding employment. Most private employers require applicants to disclose previous felonies, immediately almost if not entirely disqualifying ex-offenders' applications. Additionally, offenders who have served a long sentence or were incarcerated at a young age lack necessary job skills. Even if hired, frequent drug tests, meetings with probation officers, required attendance at recovery programs, and other time commitments make it extremely difficult to keep a traditional job. These factors and more make it difficult for many ex-offenders to pay for probation fees and costs, leading to technical violations and reentry into the prison system.

Thus, individuals who have been incarcerated and who start out on probation frequently find themselves in a never ending loop where the only way out is reincarceration. This leads to high recidivism rates and significant taxpayer expenses (some estimates say that the average cost of reincarceration for offenders with technical violations is around $33,800 per offender).[53] Not only is reincarceration expensive for the taxpayers, but also it is poor for community and individual health, as repetitive destructive cycles inhibit progressive growth and flourishing.

Indiana's court systems, however, are beginning to respond with innovative solutions that break down the cycle of prison and probation through employment. One such initiative, RecycleForce, works with county, state and federal courts to help

---

[51] Peggy B. Burke, John P. Bellassai, and Mary A. Toborg, "Parole Violation and Revocation: Lessons for Policy Development," *Center for Effective Public Policy*, January 1992, http://static.nicic.gov/Library/010447.pdf

[52] Susan Brin Hyatt, "Closing Recidivism's Revolving Door: Year One of Work Court at RecycleForce," *RecycleForce,* May 2015, p. 10.

[53] Qtd in Susan Brin Hyatt, "Closing Recidivism's Revolving Door: Year One of Work Court at RecycleForce," *RecycleForce*, May 2015, p. 8.

individuals emerging from incarceration. RecycleForce is a "unique social enterprise focused on job creation through recycling to effectively reduce the return to prison rate through employment."[54] RecycleForce recognizes the difficulty of moving straight from prison to permanent employment in the private sector, so it provides transitionary employment through a 16-week alternative program for ex-offenders. Rather than returning to prison, ex-offenders recycle old mechanical equipment for precious metals, learning valuable job skills and benefitting from peer-mentoring and other social support. RecycleForce has repeatedly proved to be an effective means to break the reimprisonment cycle and reduce recidivism by attacking its root causes.

Other programs like RecycleForce run throughout Indiana. Blue Jacket, an organization based out of Fort Wayne, hosts a Career Academy which ex-offenders attend to learn job skills. This 40-hour, two-week long, rigorous program expects participants to wear business attire, arrive punctually, and complete assignments. The organization provides tools like a professional clothes bank to lower barriers for participation, and it connects graduates with employers who see their skills hands-on.[55] Similarly, Goodwill Industries of Central Indiana's New Beginnings Program places ex-offenders in a six-month paid internship, complete with training, full-time work days, mentorship, monthly evaluations, and transition to full-time employment at Goodwill or elsewhere.[56]

Keys to Work is an organization that connects returning citizens with temporary or full-time work through both direct hire and temp-to-hire avenues, focusing on positions in administration, light industrial work, sanitation, and hospitality.[57]The Indy Ten Point Coalition works more broadly in crime prevention through relationship-building, homicide support, and crime-scene intervention. However, their staff is composed of ex-

[54] RecycleForce: Return to Prison and Employment Outcome Report, p. 1.
[55] "Training," *Blue Jacket*, accessed June 18, 2016, http://www.bluejacketinc.org/training.
[56] "New Beginnings," *Goodwill Industries of Central Indiana*, accessed June 18, 2016, http://www.goodwillindy.org/employment-services/#newbeginnings.
[57] "For Job Seekers," *Keys to Work*, accessed June 18, 2016, http://keystowork.com/2013/job_seekers.html.

offenders, providing not only a reliable job, but meaningful work restoring their community and "fixing up what they once messed up."[58]

By directing offenders towards organizations like these, courts facilitate training and connecting returning citizens towards employment. The incentive to return to crime is greatly reduced and each individual has the chance to build society upward and propel it forward.

10. Availability and Effectiveness of Mental Health and Addiction Programs

The public is starting to understand something that criminal justice insiders have long recognized: treatment, not incarceration, is what those with addiction and mental health disorders need. Such treatment not only more effectively helps these individuals, but it also reduces incarceration numbers and related costs.[59] Treating, as opposed to merely incarcerating, those with mental health needs and addiction problems reduces recidivism in Indiana by 20%,[60] so providing mental health and addiction programs has a significant benefit.

The benefits of such programs are compounded by the large percentage of Indiana prisoners who experience such difficulties. Compared to 5.4% of the general public who are considered to be "seriously mentally ill," 14.5% of men and 31% of women in jails, 16% of people in prison, 9% of those on probation, and 7% of those on parole are classified to be "seriously mentally ill."[61] Addiction is an even greater concern, experienced by 53% of state and 45% of federal prisoners, 75% of recidivists, and 68% of jail inmates, compared to only 8.8% of the general public.[62] In order to appropriately address the pervasive problems of drug addiction and high rates of recidivism, Indiana has established several programs for further research and treatment implementation.

---

[58] "What We Do," *Ten Point Coalition Indianapolis*, accessed June 18, 2016, http://www.indytenpoint.com/#!faith-walk---programs/cee5.
[59]Jessica M. Eaglin, "Neorehabilitation and Indiana's Sentencing Reform Dilemma" (2013), *Articles by Maurer Faculty*, Paper 1664, htt://www.repository.law.indiana.edu/facpub/1664.
[60] *Id.*
[61] "[Division of Mental Health and Addiction] Presentation for Criminal Justice Providers," *Indiana Association of Community Corrections Act Counties*, presented by Sara Cozad and Angela Boarman, September 15, 2014, http://iaccac.net/web_documents/cj_providers.pdf.
[62] *Id.*

i. Governor's Task Force on Drug Enforcement, Treatment, and Prevention

In September 2015, Governor Pence established the Governor's Task Force on Drug Enforcement, Treatment, and Prevention by executive order. Governor Pence was motivated to eliminate the rise in overdose-related incidents that has occurred in the last decade. Therefore, the purpose for this group of experts is to evaluate the rising drug problems in Indiana. These experts are assessing available resources in three areas: law enforcement, drug treatment resources, and preventative programs of drug abuse. They are working to identify effective policies and programs, any holes in these areas, and possible improvements that can close these gaps.

The Task Force is comprised of twenty-three professionals who were appointed by the Governor, including law enforcement, legal practitioners, medical practitioners, and elected legislative members from across Indiana.[63] This Task Force has remained committed, meeting every month at different locations around Indiana to discuss different series of specific mental health or addiction programs, either in operation in Indiana or as examples for possible implementation in the future. All past meetings, including their presentations, agendas, and video recordings, can be found on the Drug Enforcement Treatment and Prevention webpage.[64]

ii. Indiana Attorney General's Prescription Drug Abuse Prevention Task Force

Alongside Governor Pence's far-reaching research effort, the Indiana Attorney General's Prescription Drug Abuse Prevention Task Force was established in 2012, by Indiana Attorney General Greg Zoeller. The task force's mission is to significantly reduce the abuse of controlled prescription drugs and to decrease the number of deaths associated with these drugs in Indiana. The task force consists of about 100 members including state legislators, law enforcement, health and medical professionals, pharmacists, federal, state and local government agencies, educators, advocates, and treatment providers. In addition, a significant number of working-group volunteers have

[64] See http://www.in.gov/gtfdetp/2409.htm

contributed to the efforts of the task force. The task force is composed of the following core committees: Education, Enforcement, INSPECT, Take Back, and Treatment & Recovery.

1. The *Education* committee's objective is to develop materials about appropriate prescribing practices and appropriate use of controlled substances for medical providers and the public. Dr. Deborah McMahan developed a set of best practices in 2013 to help medical providers, which includes guidelines on compliance with Indiana laws governing the prescribing of opioids to manage chronic non-terminal pain patients. In addition, the Education committee engages in outreach and aids in public awareness.
2. The *Enforcement* committee's goals are to target the criminal prescribing and diversion of prescription drugs that occurs through doctor shopping and illicit drug prescribing clinics. Furthermore, this committee was involved with updating Senate Enrolled Act 227: Enhanced Lifeline Law, which removed legal barriers for first responders to have the ability to utilize the antidote to save patients' lives. It also helped pass Senate Bill 406: Aaron's Law, which allows the general public to administer naloxone to a friend or family person who is experiencing an opioid overdose.
3. The *INSPECT* Committee works to ensure sustainability and access to Indiana's Prescription Drug Monitoring Program. The Medical Licensing Board's chronic pain rules require a physician to run an INSPECT report at the onset of a treatment plan and annually thereafter. Further studies should be done to evaluate the feasibility of requiring practitioners to use INSPECT to check for patient controlled substance prescription histories before generating any prescriptions for such substances, every time they are prescribed.
4. The *Take Back* committee increases the availability of disposal sites for unused controlled substances. One initiative that this committee participates in is the Yellow Jug Old Drug program, which allows for safe disposal of unwanted drugs.

5. The *Treatment & Recovery* committee works to improve access to treatment and recovery for those suffering from addiction. It does so by addressing the workforce shortage of addiction treatment professionals and lack of adequate insurance coverage for addiction treatment services and medications.[65]

Building upon the Prescription Drug Abuse Prevention Task Force's goals to decrease the prevalence of drug abuse and drug overdoses, Indiana has also implemented two addiction programs, Medication Assisted Therapy and Syringe Access Programing(SAP), that specifically work to reduce both overall drug abuse and deaths caused by dangerous methods of drug intake.

iii. Medication Assisted Therapy

Medication Assisted Therapy (MAT) is defined as the use of medication (e.g., methadone) and behavioral therapy to treat substance abuse. It is used to treat those addicted to opioid-type narcotics that are not made with opium. Other MAT drugs that are commonly used are suboxone, Vivitrol, and subutex.

MAT is an FDA approved treatment. Its implementation falls under Federal Title 42(1)(A)§8 Certification of Opioid Treatment Programs (OTP). Organizations that operate an OTP must also follow state laws. Non-profit or State programs can administer an OTP, but all organizations must submit an application to Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA also monitors OTP organizations to ensure compliance.

In order to qualify as a MAT patient, a person must meet criteria under the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV) and have an addiction to an opioid drug for at least one year, although the required one year may be waived if a patient was released from corrections in the past six months or the patient is pregnant. In most clinics the patient pays or the cost is submitted to insurance for payment.

OTP was developed in 1962 in New York by Dr. Vincent P. Dole, a specialist in metabolism. Dr. Doles' development was based on another doctor's research. The research determined that those suffering from opioid addictions would relapse despite

[65] See http://www.in.gov/bitterpill/about.html

any detoxification or other treatment techniques unless they continued with a small dosage of the opioids. This is how methadone was created, a commonly used drug in MAT.

There is both national and worldwide controversy in the medical field about this type of treatment. For instance, some medical professionals feel that MAT is only regulating an addict's use and not solving it because they are still addicted to an opioid drug, although a legal one. There is also some concern about the long-term effects. However, there are many in the medical field who believe MAT increases an addict's quality of life and provides other benefits to society. Namely, the externality of reduced recidivism could be a precipitate of MAT as many abusers could kick crime-inducing, opioid-type narcotics addictions in favor of more mild and regulated MAT drugs.

MAT is one of many treatment resources listed on BitterPill, an Indiana initiative towards reducing prescription drug abuse.[66] This website is provided by the State of Indiana and associated with the Prescription Drug Abuse Prevention Task Force mentioned above.

iv. Syringe Exchange Programs (SEP) or Syringe Access Programing (SAP)

While MAT works to fight drug abuse, the Syringe Access Programing focuses its efforts on reducing deaths caused by hazardous drug intake processes. This type of program has been in use for a number of years, in many other areas of the country, with the positive result of lowering the spread of Human immunodeficiency virus (HIV) and Hepatitis C (HEP C). The program typically allows persons to exchange used needles for new ones in a safe manner, and receive information on available drug resources and on drug overdose prevention, often manifesting into lowered recidivism stemming from the program's emphasis on pursuing drug abuse prevention education.

Indiana Code §16-41-7.5 provides that a county may implement a syringe exchange program where a state declaration of a public health emergency has occurred. The emergency must be based on an HIV or a HEP C epidemic caused by the sharing of

[66] See http://www.in.gov/bitterpill/resources.html

needles in drug use. This declaration must be renewed yearly. Indiana legislation passed this law in 2015, but it expires July of 2019.

In general, Indiana counties must seek permission from the Indiana Department of Health before beginning a needle exchange program, but they do not get state funds to buy needles for this type of program. However, the process begins at the county level, where a county's individual conditions indicate a need for SEP. Non-profit or governmental entities may begin the program, but they must work with either a local health department established by Ind. Code § 16-20 or a health and hospital corporation established by Ind. Code § 16-22-8.

The director of either the local health department or health and hospital corporation must declare that there is an epidemic of HEP C or HIV to the county executive body or the municipal legislative body. Then the legislative or executive body must hold a public hearing and officially adopt the declaration. Next, this local governmental body must notify the state health commissioner of their actions and request a state declaration of a public health emergency. If the request for a declaration is approved, the local entity may begin the process of developing a program that must then also be registered with the state health department.

Scott County is the first location in Indiana to be approved and to implement the program. Madison County is the only other county that has been approved thus far. Madison County had plans to implement four locations beginning August 5, 2015. Fayette and Clark Counties have approved SAP in their counties, but are in the process of acquiring state approval. There are at least fourteen other counties in Indiana that are working towards possible SAP implementation.

In coordination with addiction focused programs, other innovations and programs, namely Electronic Remote Accountability Monitoring (ERAM) and the Marion County Mental Health Project aim to attack high recidivism rates by focusing on ex-offender accountability and the provision of mental health services instead of prosecution.

v. Electronic Remote Accountability Monitoring (ERAM)

Engineered to better enforce medication intake by patients (ex-offenders), ERAM is technology that captures pupil response to light to help diagnose drug or alcohol use. An operator on the other side of the ERAM camera watches and documents the person taking the medication. This helps ensure critical doses are not skipped, effectively preventing overdosing or abuse.

ERAM is produced by ABK, a company in Evansville, Indiana. Jake Hillgoth, from ABK, states that this technology will both enhance efficiency in probation offices and increase the accountability of ex-offenders. Hillgoth asserts that ERAM will reduce recidivism and aid re-entry because it makes ex-offenders more accountable.[67] In an Evansville Courier and Press article, Hillgoth also stated that the program costs $15-18 per day and will not be available to the general public except through a hospital or other organization.[68]

vi. Marion County Mental Health Project

The Marion County Mental Health Alternative Court (MHAC) is a Voluntary diversion program implemented in January of 2015 to help defenders with mental health issues to engage in treatment services instead of prosecution. The MHAC is run by a board of legal, criminal, and mental health professionals under the leadership of Judge Barbara Crawford. The MHAC operates in a non-adversarial specialty court setting designed to overcome the barriers inherent in traditional systems and traditional professional training. It is overseen by an advisory council, consisting of upper-level criminal justice administrators, law enforcement, and community shareholders.

The unique program provides eligible defendants (felony offenders with a moderate to high Indiana Risk Assessment Scores and a verified mental illness diagnosis) with a series of rewards and sanctions during a minimum of 12 months to motivate

---

[67] *Corrisoft and ABK Remote Drug Testing INC. Partner to Create New Mobile Technology for Remote Drug and Alcohol Testing a Winning Combination for Offender Monitoring*, PDF. Lexington: Corrisoft, November 18, 2014.

[68] Richard Gootee, "ABK Announces Tracking Program for Medication," *Evansville Courier & Press*, August 24, 2015, accessed June 20, 2016, http://www.courierpress.com/news/local/326006841.html?d=mobile.

behavioral change. Rewards often take the form of personalized gifts or gift certificates and reduced court attendance, while sanctions include increased court appearances, jail days, and termination from the program for repeated noncompliance.

MHAC was implemented quickly over a period of eight months with the help of funding from the Indiana Judicial Center and the Indiana Department of Correction. The aforementioned Advisory Council was formed in part by the United Way of Central Indiana and Mental Health America for Greater Indianapolis. Of the 12 eligible defendants who opted in to the program, only one had been rearrested for a new crime as of September 2015.

Offenders with mental health issues are over-represented in the criminal justice system. They are "frequent flyers" who take up a disproportionate amount of criminal justice resources. A cautious estimate of MHAC predicts that a 70% recidivism rate would result in about $1.5 million in savings while a 30% recidivism rate would result in about $3.5 million in savings.

vii. Summary

Detailed explanations of Indiana's presently employed and future addiction and mental health programs serve to provide an account of the state's unified efforts to enhance the infrastructure of the Indiana drug prevention system, to strategically align Indiana's drug prevention efforts with national initiatives, and to seriously reduce the prevalence of drug abuse and resultant rates of recidivism and overdoses.

11. Requests for Sentence Modification

Among the particular judicial events the legislature required this report to monitor is "the number of requests for sentence modification that are set for hearing by the court, including the relief granted by the court, if any." Ind. Code § 5-2-6-24(e)(2). The data to complete this task, however, are not readily available for several reasons. First, although the software used to track "events" such as a request for or an order granting a motion to modify includes "modification" events, there are close to a dozen options from which a person can select when recording such an event. Moreover, the person entering the information could also simply select a standard "motion" or "order" event and no

information about the modification would be entered at all. Additionally, not all Indiana counties currently use or have access to the software that would record the modification.[69]

With these caveats, however, this author worked with the data specialist at the Supreme Court's Office of Court Technology to obtain the data to create the following Table and Chart. Approximately 15 counties were selected and the events meeting the specified "modification" criteria are listed here. As more counties adopt appropriate software and more individuals are trained to use the software, the reliability and completeness of this data will hopefully improve.

[69] For example, in Table 21 below, Marion County did not record any data in 2013 or in the first half of 2014.

Table 21: Selected Indiana County Modification Events

Modification Event ID	Motion to Modify Filed	Order Granting Motion to Modify	Order Denying Motion to Modify	Motion to Modify Sentence Filed	Order Granting Motion to Modify Sentence	Order Granting Motion to Approve Agreement to Modify	Order Denying Motion to Modify Sentence	Motion to Modify Probation Filed	Order of Probation Modification	Grand Total
2013	**94**	**46**	**21**	**759**	**82**	**12**	**270**	**156**	**435**	**1875**
Allen	15	6	5	196	32	11	130	10	322	727
DeKalb	3			64			40	28		135
Elkhart	28		4	214	12		11	4	12	285
Floyd	13	9		48	5		10	12	9	106
Grant	8	5	1	44	1			2	1	62
Greene	6	2	5	27	4		16			60
Hendricks							1			1
Monroe	11	22	1	54	6		22	94	91	301
Porter	1	1	2	34	5	1	29	1		74
Steuben	9		2	50	2		5	5		73
Blackford		1	1	28	15		6			51
2014	**264**	**108**	**82**	**1032**	**158**	**7**	**390**	**364**	**566**	**2971**
Allen	9		4	182	19	6	89	10	272	591
DeKalb	5			61			33	14		113
Elkhart	39		11	177	3		44	12	2	288
Floyd	16	6		35	9		7	9	1	83
Grant	4	1		50	5					60
Greene	2	1	2	46	4		17			72
Hendricks	1									1
Marion	132	80	46	223	60	1	99	258	245	1144
Monroe	21	13	4	83	3		45	54	37	260
Morgan	3	2	5	27	5		14		1	57
Porter	1	1		49	12		31		1	95
Steuben	16	1	4	48	8		1	7	5	90
Blackford	2		1	25	16		3			47
Vanderburgh	13	3	5	26	14		7		2	70

	Motion to Modify Filed	Order Granting Motion to Modify	Order Denying Motion to Modify	Motion to Modify Sentence Filed	Order Granting Motion to Modify Sentence	Order Granting Motion to Approve Agreement to Modify	Order Denying Motion to Modify Sentence	Motion to Modify Probation Filed	Order of Probation Modification	Grand Total
2015	**499**	**132**	**112**	**1073**	**204**	**1**	**457**	**311**	**706**	**3495**
Allen	8			115	30		48	1	294	496
DeKalb	4		1	39			17	3		64
Elkhart	23		2	165	3		31	14	2	240
Floyd	17	4	2	30	4		8	3		68
Grant	3		1	36	1	1				42
Greene	6	1	5	60	8		30	1		111
Hendricks		1			4					5
Marion	353	108	56	261	59		185	249	374	1645
Monroe	10	4	4	53	3		42	31	17	164
Morgan	7	1	26	49	16		29	1	15	144
Porter	5	1	5	41	8		45	5		110
Steuben	15	1		110	6		4	1		137
Blackford		1	1	26	13		7			48
Vanderburgh	48	10	9	88	49		11	2	4	221
2016	**162**	**44**	**30**	**439**	**81**	**1**	**170**	**124**	**223**	**1274**
Allen	3		1	52	15		33	2	88	194
DeKalb	1			14	1		2			18
Elkhart	5			51	2		5	6		69
Floyd	9	7		7			1	1		25
Grant	1	1		32	3	1	9			47
Greene	2		1	39	4		5	2		53
Hendricks	5			9				1		15
Marion	104	24	22	101	17		65	97	124	554
Monroe	4	5		28	4		10	12	10	73
Morgan	2	2	3	19	11		15		1	53
Porter		1	1	24	3		16	2		47
Steuben	4			31	5		1	1		42
Blackford				5	2		4			11
Vanderburgh	22	4	2	27	14		4			73
Grand Total	**1019**	**330**	**245**	**3303**	**525**	**21**	**1287**	**955**	**1930**	**9615**

VI. Progress or Not: The Status of 2015's Recommendations

Last year's inaugural report made four recommendations based on research and analysis of available data. The following sections summarize each of the four recommendations and briefly comment on the extent to which they have been implemented.

1. Data Collection, Management, and Sharing

In researching and preparing this report, one major area of difficulty is obtaining the relevant data. The data necessary to analyze the HEA 1006 criminal code revisions is scattered amongst multiple agencies, three branches of government, dozens of case management systems, hundreds of law enforcement bodies, and numerous other sources, with few if any of these data sources communicating easily with one another. Because of the fragmented nature of Indiana's criminal justice data, Indiana agencies cannot readily access the data they need to obtain a more complete picture of the criminal justice system. Time-related inefficiencies tend to occur as agencies spend valuable hours collecting similar information, not realizing it may be already collected and accessible in another system. In addition, cost inefficiencies occur as each organization spends separate IT funds on its own management system, rather than using one system that can be accessed by multiple bodies.[70] While there are obvious reasons for which certain sources want to retain total autonomous control of their information – confidentiality, control, processes specific to an organization, and concerns over proprietary data – other sources of information are willing to share, but do not have the ability to easily propagate the data to parties interested in receiving it. In light of these inefficiencies, the 2015 Report recommended that more be done to facilitate and encourage the sharing of data between all interested and relevant stakeholders, and that the concept of a centralized data system be at least considered.

[70] "Indiana Data Exchange Return on Investment," *Crowe Horwath,* October 2011, http://www.it.ojp.gov/documents/d/idex%20return%20on%20investment%20analysis%20(2011-10)final.pdf

Indiana's Evidence-Based Decision Making Committee has begun considering what an integration process could look like for Indiana. It is currently in the brainstorming phase, designing and proposing a logical model for what the state wants to see accomplished. The Committee has applied for additional technical assistance to assess current and future capabilities, and hopes to connect non-confidential data to Indiana's Management Performance Hub, an open-data initiative out of the Governor's Office of Management and Budget. Indiana is also pursuing a multi-agency, multi-jurisdiction interoperable Computer Aided Dispatch/Records Management System (CAD/RMS) to serve as a central data backbone, where various agencies "buy in" to the central software as a means of reducing individual IT costs. The CAD/RMS will be first available to dispatch centers of the Indiana State Police, and possibly expand outwards from there. Recognizing the need for a central data hub, the Evidence-Based Decision Making Committee is recommending that the Indiana Criminal Justice Institute serve as a central regulatory body. In this capacity, the Indiana Criminal Justice Institute could either serve as a "go-to agency," managing data requests between state agencies and keeping track of who stores which data, or as a data hub, housing some centralized data of its own for all agencies to more easily access. In the process of data integration, the Evidence-Based Decision Making Committee should continue pursuing these options with the support of other key government agencies.

As the Evidence-Based Decision Making Committee and the Indiana Criminal Justice Institute consider the path forward toward greater data integration, the example of several of Indiana's sister states may be instructive. Over the last decade, many other states implemented these systems and provided useful feedback on how to best begin the data integration process. First, most states with integrated Criminal Justice Information Systems have some kind of organization in charge of data integration. Currently, federally-supported but locally-managed organizations called Fusion Centers work to manage criminal intelligence, focusing on reducing violent extremism but with

capabilities for all kinds of crime and public safety functions.[71] While Indiana has a Fusion Center, its specific role and utilities are unclear.[72] Furthermore, few states use Fusion Centers as a primary base for their criminal justice data integration, preferring instead to create new bodies dedicated solely to information-related functions. For example, before integration, Minnesota had two information management bodies which merged into a single entity with a single executive director.[73] Minnesota stresses the importance of a single entity for this role, as inefficient overlap occurred even with two bodies. The more developed state of Tennessee contains one central Criminal Justice Information Systems divided into three subgroups: Tennessee Information Enforcement Systems (TIES) focused on data sharing amongst various stakeholders, the Audit, Compliance, & Sharing department ensuring and building crime reporting systems, and the Statistical Analysis Center conducting specialized research studies.[74] To house an effective Criminal Justice Information Systems, Indiana would likely need to create an entity charged specifically with data integration rather than attempting to build into current structures.

Second, other states emphasize that in creating such a body, states must work closely with possible data customers and system stakeholders to design a system that meets their needs. Michigan's integration process involved a site visit to the Criminal Justice Information Systems Policy Council as well as meetings with criminal justice

[71] "Guidelines for Establishing and Operating Fusion Centers at the Local, State, Tribal, and Federal Level: Law Enforcement Intelligence Component," *Bureau of Justice Assistance, US Department of Homeland Security, US Department of Justice*, July 2005, http://www.it.ojp.gov/documents/20050822_fusion_center_guidelines_v1.pdf

[72] "Indiana Intelligence Fusion Center," *Indiana Department of Homeland Security*, accessed June 14, 2016, https://secure.in.gov/dhs/2444.htm#

[73] Robert Johnson, Jerry Olson, Kris Rush, David Johnson, Oded Galili, Dana Gotz and Robert Sykora, "Improvement and Reorganization of the BCA's Criminal Justice Information and Integration Functions: Findings and Recommendations," April 23, 2008, https://www.leg.state.mn.us/docs/2010/other/100627.pdf

[74] "Criminal Justice Information Services (CJIS) Support Center," *Tennessee Bureau of Investigation*, accessed June 14, 2016, http://www.tn.gov/tbi/article/criminal-justice-information-services-cjis-support-center

constituents,[75] and Iowa created an Advisory Board with members from all branches of government and the bureaucracy.[76] Allowing each body to voice their needs and hear each other's needs fosters an innovative environment, clear mission, and commitment to the implementation process. Iowa emphasizes integration as an "enterprise-wide issue" rather than an issue each organization attacks alone, and so asks each participatory organization to agree to some basic ground rules or expectations about system use.[77] Minnesota accentuates the importance of a "strong strategic direction for the new organization" and shapes stakeholder expectations towards recognizing integration as an ongoing process with immense value but no direct solution.[78] Integration is not an easy process, and it is imperative for all parties to be on the same page. Involving stakeholders' various requirements from a Criminal Justice Information System helps the process run smoothly and clearly.

Third, North Dakota provides clear action steps on how to begin the integration process. North Dakota's detailed report suggests a needs assessment on the functional application, technology infrastructure, information sharing capabilities, and other factors of the current information system, followed by strategic issue analyses of the participatory groups involving commitment, willingness to participate, and key needs from the developing system.[79] North Dakota recommends a technical review detailing how technological systems could integrate and an analysis of how technology goals can support strategic goals.[80] By beginning with an analysis of the current situation and clearly defining future goals, North Dakota fostered agreement amongst stakeholders on

[75] "History of Michigan Criminal Justice Information Systems (CJIS) Policy Council – TA Abstract," *IJIS Institute*, August 11, 2005, https://ijis.get-traction.com/traction#/single&proj=Public&rec=696&drafts=f
[76] "State of Iowa Criminal Justice Information System Integration Plan," *URL Integration, Maximus*, August 26, 2005, https://humanrights.iowa.gov/sites/default/files/media/Iowa%20CJIS%20Plan%20v%200%201%200.pdf
[77] *Id.*
[78] Robert Johnson, Jerry Olson, Kris Rush, David Johnson, Oded Galili, Dana Gotz and Robert Sykora, "Improvement and Reorganization of the BCA's Criminal Justice Information and Integration Functions: Findings and Recommendations," April 23, 2008, https://www.leg.state.mn.us/docs/2010/other/100627.pdf
[79] "State of North Dakota: Criminal Justice Information Sharing Project Implementation Plan," *MTG Management Consultants*, April 17, 2002, https://www.nd.gov/cjis/about/docs/strategic-plan.pdf
[80] *Id.*

what the needs, concerns, and opportunities actually were, creating a strong foundation on which to move forward. As Indiana looks to integrate criminal data to increase efficiency, it should begin with a needs assessment like that conducted in North Dakota.

Finally, reports by these various states make other miscellaneous recommendations worth considering. Most states partnered with a management consulting group, who carried out the research, needs analysis, and proposals documented in the cited reports. Iowa suggests documenting existing information exchanges to identify current workflow, gaps in procedure, and places where automation could improve.[81] North Dakota and Minnesota both used a phased-in implementation scheme where, for example, Minnesota refused to accept any new projects for a period while they loaded current information into the new system.[82] As Indiana investigates a Criminal Justice Information Systems, helpful ideas such as these and beyond will inform system implementation.

Overall, Indiana is one of a few states without a Criminal Justice Information System, resulting in both time and cost inefficiencies. Other states provide relevant models on how to integrate a large number of systems into a streamlined database while protecting sensitive information and civil rights. First, Indiana should hire a consulting group to perform current systems analysis, discuss vision and goals with various stakeholders, and draw up a proposal for Criminal Justice Information Systems. It should be a new body or part of the Indiana Criminal Justice Institute, having the ability to communicate between existing systems, consolidating information while allowing parties to retain their own process documents and protected systems. With the adoption of a

[81] "State of Iowa Criminal Justice Information System Integration Plan," *URL Integration, Maximus*, August 26, 2005, https://humanrights.iowa.gov/sites/default/files/media/Iowa%20CJIS%20Plan%20v%200%201%200.pdf
[82] Robert Johnson, Jerry Olson, Kris Rush, David Johnson, Oded Galili, Dana Gotz and Robert Sykora, "Improvement and Reorganization of the BCA's Criminal Justice Information and Integration Functions: Findings and Recommendations," April 23, 2008, https://www.leg.state.mn.us/docs/2010/other/100627.pdf; "State of North Dakota: Criminal Justice Information Sharing Project Implementation Plan," *MTG Management Consultants*, April 17, 2002, https://www.nd.gov/cjis/about/docs/strategic-plan.pdf

Criminal Justice Information Systems, Indiana's criminal justice code reform can have increasing impact and increasing benefit to all Indiana citizens.

2. Assignment of Offender Numbers

Indiana also has a veritable problem when it comes to the assignment of various offender numbers at different stages of the offender's path through the justice system. Over the course of an offender's processing, he/she will be assigned: a transaction control number (TCN), a state identification number (SID), and a Department of Correction number. These offender numbers, however, do not always follow the offender throughout the entirety of the system, leading to inefficiency and potential confusion—for example, the courts do not receive the SID number from either the Indiana State Police or prosecutors. To aid in identification, to help measure recidivism, and to assist with crime reporting statistics, the previous report recommended that an individual's SID follow an individual and be used at every step of the process. The SID should be used at an individual's arrest and booking (if an SID has already been assigned from a previous arrest), charging, prosecution, conviction, and commitment, regardless of whether the individual is sentenced to the Department of Correction, probation, community correction, or work release.

In the year since the report's publication, this question has not been addressed in a substantial manner. Indiana's Evidence-Based Decision Making Committee has focused its identification efforts towards improving the accuracy and completeness of criminal history information using the SID. It has not explored how other agencies could adopt use of this number, though indicated this could be a goal sometime in the future. While it would appear that a more widespread use of the SID (or another standardized identification number) would be of significant benefit to the criminal justice system as a whole, as well as those studying the system and its reforms, it does not appear that integration will happen immanently unless stakeholders deem it a priority.

3. Pretrial Jail Use Reduction

Last year's report made several suggestions pertaining to reform of Indiana's inefficient pretrial jail use, with an eye towards reducing pretrial jail use, including:

increased use of bail, increased probationary measures, as well as release on one's own recognizance. For many offenders, pretrial supervision can be the difference between incarceration and probation at the time of their sentencing, and focusing on supervised release rather than pretrial detention allows the state to save significant resources. We suggested that Indiana follow the example of Washington D.C., where the Pretrial Services Agency for the District of Columbia has emerged as a national leader in establishing effective polices to reduce pretrial jail use and financial bail, while insuring that defendants attend court appearances and promoting public safety. The Indiana Supreme Court likewise hoped to see the establishment of a program like that of Washington, DC., with a focus on pretrial release and reduction of monetary bail use.[83] In addition to pretrial jail detention, Indiana should also reconsider use of its jails for non-criminal detention. We suggested that reducing pretrial jail detention and civil incarceration may be an excellent means to free Indiana's jails. By allowing more offenders to be released under supervision, the State should see reduced recidivism, a lowered strain on resources, and an increased ability to concentrate on high-risk offenders.

Last year's report suggested that Indiana explore the possibility of pretrial jail detention reform more thoroughly. We reported that the Supreme Court Committee was requested by the Indiana Supreme Court to conduct an evaluation of possible pretrial release programs in December 2014. Some noteworthy progress towards the exploration of pretrial release programs and other innovations that help reduce pretrial jail detention has been made in the recent year.

The Supreme Court Committee to Study Evidence-Based Pretrial Release was tasked with the development and implementation of one or more pilot projects to assess

[83] Chief Justice Loretta Rush, Indiana Supreme Court, *Order on Pretrial Release* (2014) (available at http://www.in.gov/judiciary/files/order-other-2014-94S00-1412-MS-757.pdf; last visited June 8, 2015).

the feasibility, efficacy, economics and methodologies of establishing an evidence-based system for pretrial release decisions in Indiana.[84]

Originally, ten counties were interested in participating in a pilot project: Allen, Bartholomew, Hamilton, Hendricks, Jefferson, Monroe, Porter, St. Joseph, Stake and Tipton. These ten counties attended a workshop in November that introduced them to the evidence-based pretrial released system. While no official start date has been set definitively as of yet, the Supreme Court Committee to Study Evidence-Based Pretrial Release was assigned the job of establishing guidelines for the study, and was scheduled to report to the court by February 19, 2016. Every county but Porter County remains on a list of counties interested in the pilot project.

Allen Superior Judge John Surbeck, chairman of the Committee to Study Evidence-Based Pretrial Release, recently stated that the nine interested counties will begin the implementation of the Indiana Risk Assessment System, Pretrial Assessment Tool (IRAS-PAT) in order to evaluate arrestees as soon as they can. It appears as though the formal commencement of the pilot programs has yet to begin, as the interested counties await final directions from the state as to what data they should collect and submit. Another final hurdle to full implementation of the pilot program is the Supreme Court's consideration of a proposal regarding the inmate assessment process, specifically what information from said assessment may be used by the prosecution. We hope to see these hurdles to full implementation of the pilot program cleared as soon as possible in the near future, and look forward to watching the pilot program closely so as to ascertain the effectiveness of the IRAS-PAT, and the process of pretrial release more broadly.

4. Jail Data Collection

Finally, we highlighted the relative paucity of reliable jail data available in Indiana, which is a significant hindrance in the evaluation of policy and the formation of apposite recommendations. Due to varying methods of counting jail beds, and the lack of uniformity in how individual jails may define beds, we recommended that a survey

[84] See Supreme Court Cause No. 94S00-1312-MS-909 and No. 94S00-1412-MS-757 (issued December 22, 2014).

counting Indiana jail beds—such as the one being conducted by the Indiana Sheriff's Association—should be implemented as soon as possible. This recommendation is in the process of being fully completed.

VII. Moving Forward: Key Priorities

1. Probation and Parole Reform

Three key recommendations on probation and parole reform refer to the three areas of reform previously discussed. First, in the area of sanctions and violations, the Indiana Judicial Conference should create a progressive schedule for incentives and violations. The addition of a uniform schedule would prevent jail return for technical violations, reducing both jail population size and recidivism rate. In order to encourage the creation of the foundational uniform schedule, the Indiana General Assembly should step in, either to codify the schedule itself or to urge the IJC to do so immediately.[85] Second, regarding risk assessments, Indiana's current structure is well-developed and well-researched. Continuing to encourage and incentivize the habitual use of the system, including the online INcite program, will help improve the implementation and accurate use of risk assessments. Additional grant funding to train probation officers in how to complete the assessment will also increase its effectiveness in appropriately matching probation supervision with each offender's unique risks and needs. Finally**,** cell phone monitoring programs are promising, but only if certain concerns are addressed by continuing research. Indiana has the unique opportunity to participate and innovate, and pilot programs such as those in Marion County should be further examined.

2. Jail Inspections and Data Storage

As discussed above, the recommendation that more detailed jail data be collected by the Indiana Sheriff's Association is in the process of being completed. Moreover, it is conferring with the Indiana Criminal Justice Institute regarding the possibility that the

[85] Drew Kirages, "Reentry Reform in Indiana: HEA 1006 and Its (Much Too Narrow) Focus on Prison Overcrowding," *Indiana University McKinney School of Law*, 2015, https://mckinneylaw.iu.edu/ilr/pdf/vol49p209.pdf

Indiana Criminal Justice Institute would serve as the central repository for the jail data the Indiana Sheriff's Association collects. Each of these steps appear to be important and necessary for the State to effectively measure and evaluate the significant growth of offender populations at the county level due to the reforms of HEA 1006.

Two further changes should also be made. First, as stated above, by statute the Department of Correction is required to complete yearly inspections of all Indiana jails. The Indiana Sheriff's Association and the Department of Correction Department of Correction have discussed re-allocating this responsibility to the Indiana Sheriff's Association. It is in the best interest of the jails, which are managed by the county sheriff, to have an inspection conducted by the Indiana Sheriff's Association, since the it is interested in serving its members as well as possible. It does not appear that the Department of Correction is opposed to this plan. As such, legislation should be drafted either re-allocating this responsibility or permitting the Indiana Sheriff's Association to carry out the inspections instead of the Department of Correction.

Second, the Legislature should also allocate the relatively small funding necessary for the Indiana Criminal Justice Institute to store the collected jail data for the Indiana Sheriff's Association. This has two benefits: it saves the Indiana Sheriff's Association from having to maintain a significant amount of data, but more importantly is centralizes additional data with the Indiana Criminal Justice Institute that will be very important for evaluating Indiana's criminal justice reforms in the future.

3. Re-Entry Reform

While HEA 1006 emphasizes a reduction in recidivism, it could do more with regard to helping ex-offenders re-enter civil society. This report earlier discussed the importance of helping ex-offenders make the transition from incarceration to private life, and many organizations in Indiana work with ex-offenders to find jobs and help them back to their feet. As offenders increasingly remain in their local communities and fewer dollars are spent on prisons, funds can and should be transferred to local programs to help ex-offenders make the transition from incarceration to employment. Because "work is therapy," in the words of one re-entry leader, and because studies demonstrate that ex-

offenders who find and maintain gainful employment are much less likely to recidivate, reentry programs with proven success rates should receive additional funding to most effectively use state dollars towards reducing recidivism.

RecycleForce (RF) is one such program, reducing recidivism and aiding reentry by providing transitionary employment for the weeks and months immediately after release from prison. Offenders are initially assigned to RecycleForce for 120 days (4 months), but most stay longer thanks to monthly extensions. Employees work 30 hours per week where possible, and consistent work at RecycleForce provides ex-offenders with reliable income to pay some of the immediate fees of probation/parole. In fact, RecycleForce found in 2014 that about 37% of its employees were paying child support, and in two and a half years, ex-offenders paid over $300,000 to their families.[86] This not only allows some ex-offenders to meet the terms of their probation/parole, but also to find meaning and build social capital by supporting their families. Furthermore, RecycleForce has the express purpose of hiring those transitioning out of the prison system, so stigmatization against ex-offenders is not an issue. Finally, RecycleForce provides job training with the opportunity for certificates in areas such as warehouse safety and forklift operator licenses.[87] Ex-offenders leaving RecycleForce have gained valuable skills as they search for employment elsewhere, providing financial security and community participation that enables and encourages meeting probation/parole requirements and prevents recidivism.

RecycleForce supports ex-offenders meeting their probation/parole requirements. First, they are able to create flexible work hours that work with their employees' other commitments. One employee, Charles Neal, says, "RecycleForce has the opportunity for that type of flexibility. When a person has to go for [drug testing], to make payments, going out looking for a job, RecycleForce is the type of environment where you can allow people to do that kind of thing."[88] Second, RecycleForce is extremely

[86] RecycleForce: Return to Prison and Employment Outcome Report, p. 13.
[87] Susan Brin Hyatt, "Closing Recidivism's Revolving Door: Year One of Work Court at RecycleForce," *RecycleForce,* May 2015, p. 17.
[88] Susan Brin Hyatt, "Closing Recidivism's Revolving Door: Year One of Work Court at RecycleForce," *RecycleForce,* May 2015, p. 12.

understanding of workers who may have difficulty during this time of transition. RecycleForce doesn't "give up" on anyone – workers are only released for violence on the floor. Tasks like "brooming," or sweeping the floor of the facility, are assigned as discipline for other behavioral issues, and forgiveness is a rhythm of life at RecycleForce. Third, RecycleForce is open for many who may not have a place elsewhere. Indeed, sex offenders have proven to be some of the best workers.

Perhaps most valuably, RecycleForce works to connect its employees with alternative staffing employment, or long-term jobs with companies who also understand their position. Some employees continue to work at RecycleForce – in fact, all of its permanent floor staff are graduates of the program. Others go to G15, a temporary work agency that is a sister organization to RecycleForce. In 2013, 165 RecycleForce employees found long-term employment through alternative staffing.[89] By providing a flexible working environment and connecting employees to these environments long-term, RecycleForce allows ex-offenders to support the expenses and expectations of probation/parole with a stable job, preventing prison reentry.

Behind all of the theory and structure of the organization, RecycleForce greatly improves reentry in practice. This report previously detailed Indiana's recidivism rate; for reference, the lowest recidivism rate in 2013 was 35.8%. In 2014, RecycleForce reported a three-year recidivism rate of 31.79%, four percentage points lower than the state's record. This is even more impressive when compared to more specialized data. RecycleForce's workers are 79% African-American, and in 2013, the statewide African-American recidivism rate was 40.7%, a ten-point recidivism rate decrease for RecycleForce. RecycleForce is located in Marion County, which since 2008 has seen recidivism rates between 50.1% and 45.9%, giving RecycleForce an edge of fifteen to twenty percentage points. These numbers are significant if not unprecedented, and bode well for the future of RecycleForce as it continues to support ex-offenders' reintegration.

Other organizations, such as Blue Jacket's Career Academy, are experiencing similar results. Located in Fort Wayne, graduates of Blue Jacket's Career Academy

[89] RecycleForce: Return to Prison and Employment Outcome Report, p. 12.

recidivated at a rate of only 9% in 2012, and 66% were employed three months after graduation.[90] Other organizations such as Goodwill Industries of Central Indiana and Keys to Work have not conducted or published studies on their programs' recidivism rate.

Reentry is a difficult process—both financially and socially difficult—and too often leads returning citizens right back to prison. Recent initiatives like RecycleForce, Blue Jacket, and others discovered ways to step into this cycle and support reintegration, providing ex-offenders with stable jobs that provide financial resources as well as community support and the hope to move forward. These programs are effective, providing personal skills and stable income that allow returning citizens to meet their probation and parole expectations while contributing to public welfare through taxes, employment, and positive community engagement. Unfortunately, inconsistent funding plagues these organizations and reduces the impact of their work. Due to their immense public benefit, reentry initiatives should receive increased state funding to expand as an important aspect of a criminal justice system that pursues true restoration.

VIII. Conclusion

The Second Annual Evaluation of Indiana's Criminal Code Reforms (2016) opened with the legislative history and context of House Enrolled Act 1006, Indiana's step towards a more reformative justice system that reduces recidivism, prison population, and taxpayer cost. This report establishes a baseline for the system before the reforms took effect. While recognizing that less than two years' worth of data makes it very difficult to state the impact of the criminal code reforms, this Report analyzes some of the developing trends in the two short years since the reforms took effect. It finds increased use of the new felony levels rather than the former felony classes, a general movement away from incarceration in the Department of Correction for all felonies,

[90] "Organization Helps Decrease Number of People Returning to Jail," *Blue Jacket*, August 13, 2014, http://www.bluejacketinc.org/news/organization-helps-decrease-number-of-people-returning-to-jail

shorter sentences for low level offenders under the new system, and more offender-days imposed for higher-level felonies.

The report examines eleven key areas of criminal justice reform as enumerated by the Indiana Code, emphasizing judicial departments, probation reform, problem-solving courts, reentry programs, and mental health and addiction services. A review of last year's recommendations on data integration, offender identification, pretrial release, and jail data collection finds slight progress, though not as much as hoped, and further recommendations are made for this upcoming year. Indiana should continue to pursue centralized data management, set a uniform probation incentive and violation sanction schedule, continue researching programs like cell phone monitoring, and increase funding for proven reentry programs. These lofty goals require participation from all actors – prosecutors, defenders, local and state police, court systems, executive offices, the General Assembly, researchers, not-for-profits, communities, and above all, citizens. Through communication, research, and humility, much can be done to keep Indiana safe while supporting second chances – in short, working towards true reformational justice.

Scott.A.Milkey

From: Gilson, Katie
Sent: Friday, July 01, 2016 11:09 AM
To: Vincent, Micah;Espich, Jeff;Atterholt, Jim;Pitcock, Josh;McGrath, Danielle;Brookes, Brady;Davis, Bridget M (GOV);Triol, Shelley;Lloyd, Matthew;Jarmula, Ryan L
Cc: Gilson, Katie
Subject: [GovClips] Legislative Insight
Attachments: 7-4-16 Legislative Insight.pdf

Katie Gilson, *Staff Assistant*
Office of Governor Mike Pence
KGilson@gov.in.gov
Phone: (317) 232-1198
Fax: (317) 232-3443



INDIANA LEGISLATIVE INSIGHT

07/04/16
Volume 28, No. 28

Box 383 Noblesville, IN 46061-0383
317/817-9997 FAX 317/817-9998
IN GROUP

Gulf dead zone may shrink IN size

New state nutrient reduction strategy to cut ag contaminant runoff

Several years ago, we were first in Indiana to tell you about concerns that had been raised in other states about Indiana's major contribution to the ≈ 5,900 square-mile "dead zone" approximately the size of Connecticut in the Gulf of Mexico. This area of low oxygen that cannot support aquatic life was attributed in no small part to nitrogen and phosphorus entering the Mississippi/Atchafalaya River Basin from septic systems, combined sewage overflow, residential and commercial fertilizer runoff, livestock waste, and agricultural applications in Indiana . . . with an emphasis on the agricultural end of contributions to the problem.

Years later, the Indiana State Department of Agriculture and the Indiana Department of Environmental Management have officially responded with an "Indiana Nutrient Reduction Strategy" – a detailed framework that represents the state's commitment to reduce both sediment and nutrient runoff into Indiana's waters from point and non-point sources. The new strategy also addresses the Western Lake Erie Basin (the extensive contamination had been blamed in part on Indiana ag runoff) and the Lake Michigan Basin into which some of Indiana's watersheds drain. The objectives of this strategy include acknowledgment of the challenges facing the improvement of Indiana's impaired waters; involvement and engaging of stakeholders in the state's efforts to reduce nutrient loads; prioritization of 8-digit Hydrologic Unit Code (HUC) watersheds and first-round HUC 12 watersheds; discussion of water quality monitoring and regulatory control of point sources; the inventory and utilization of resources to achieve their highest impact on nutrient reduction; and encouragement of voluntary incentive-based conservation through state and federal water quality related programs.

The Indiana Nutrient Reduction Strategy acknowledges that the reduction of nitrogen and phosphorus entering our waters is dependent upon the cooperation of state, federal, and local organizations and initiatives; positively changing individuals' behavior via understanding their motivations; and "other complex factors, including the location and nature of conservation practices on productive agricultural ground and other rural best management practices (BMPs) such as filter strips buffers and managed drainage. Septic system management, appropriate residential fertilizer applications, erosion control at construction sites, and urban BMPs such as green infrastructure will be key to controlling nutrient runoff." Look for the plan to be updated on a biennial basis.

This Spring, the U.S. Department of Agriculture's Natural Resources Conservation Service announced that it would also invest $41 million in a three-year initiative to support the work of farmers in Indiana, Michigan and Ohio to improve water quality in the Western Lake Erie Basin and protect it from harmful algal blooms. NRCS will target program assistance to reduce sediment loss and protect soil loss on the most vulnerable lands in the watershed. The initiative will help farmers implement science-based conservation measures to reduce runoff from farms entering the region's waterways. With the additional funding, this may also allow farmers to plant cover crops, helping reduce potential phosphorus runoff. The U.S. Geological Services estimated that 146,000 metric tons of nitrate and 20,800 metric tons of phosphorus flowed down the Mississippi and Atchafalaya rivers into the Gulf of Mexico in May 2016. That amount was about 12% higher than the long-term (1980 - 2015) average for nitrogen, and 25% above the long-term average amount for phosphorus.

Time of more econ uncertainty

Brexit to impact pensions, growth, budget

What does Brexit mean for your money . . . and the State's cash stash?

The global sell-off that took place Friday, June 24, in reaction to Britain's decision to leave the European Union resulted in a one-day hit to the Indiana Public Retirement System portfolio of around one percent.

Through May, INPRS had returned - 0.22% for Fiscal Year 2016 versus the target annual return of 6.75 percent. INPRS holdings during the first half of FY 16 were down by 4.1%, but have performed significantly better since February, when energy bottomed out and began to recover, and the dollar came off its high. For the January-May period, INPRS is up 4.0 percent.

No newsletter next week

Next issue: July 18

Private equity, which comprises 13.5% of INPRS investments, has returned 6.23% through the first 11 months of the fiscal year. Over the past five calendar years, private equity has provided double-digit returns every year.

In May, INPRS committed new private equity investments of $56 million with Vista Equity Partners and $75 million with GSO Capital Partners.

Commodities, the lowest-performing asset class for the past three calendar years, have posted a significant negative return (- 22.15%) through the first 11 months of Fiscal Year 2016.

Overall, the market value of the defined benefit portfolio has now risen by $13 billion compared to the low point of the last recession in the first half of 2009.

As for the impact on the state and state revenues . . . we'll turn to IHS Global Insight – the same firm that handles the economic forecasting for the State Budget Committee (although, as we told you last week, that forecast contract is up for bid).

For more, please see the following page . . .

A top economist with IHS Global Insight told the U.S. Conference of Mayors meeting in Indianapolis June 24 that he is ratcheting down his expectations for projected growth on a national basis by three-tenths of one percent (recall, of course, that Indiana's manufacturing- and agriculture-intensive economy render us a unique case . . . which we'll explore with you shortly).

And IHS serves up another troubling note, anticipating that investors will seek refuge in American dollars, shifting their money to "safe assets" such as U.S. Treasury bonds, which will result in our strengthened currency making Hoosier export products more expensive.

"Indiana's economy is dependent on exports to a larger degree than most other states," the Indiana Business Research Center at the Indiana University Kelley School of Business explained fewer than 18 months ago. Indiana ranked 13th among the states in dollar value of 2013 exports. "Only three Midwestern states exceeded Indiana's exports: Illinois, Michigan and Ohio," IBRC researchers found.

Purdue University ag economist Dr. Larry DeBoer, an expert on Indiana's taxation and economy, suggests that Britain's departure from the EU likely would mean that Indiana's economy would "take a hit." Prof. DeBoer believes that such a development "would shave a little bit off our growth."

As one of the country's most manufacturing-intensive states, "Indiana would be facing a less favorable trade environment," Dr. DeBoer finds. "When the value of the dollar rises, Indiana manufacturing and employment growth stall."

Philip Abbott, a Purdue University professor of agricultural economics who researches international trade and agriculture, reminds Hoosiers that a widely held belief in the agricultural industry is that trade and a weak dollar are good for U.S. agriculture.

Prof. Abbott expects that "The effects on agricultural trade will be through the exchange rate mechanism and through any negative business cycle effects involving global demand. How big those are depend on whether this is a temporary or longer-term situation and how long the very recent changes in exchange rates and interest rates persist."

Another Purdue economist, Mike Boehlje, a distinguished professor of agricultural economics, observes that "Generally, agriculture is much more dependent on international trade than other parts of the economy," Boehlje says. "Globalization is important to U.S. agriculture to keep markets open to access."

And if the economy of three neighboring states falters, you can expect ripple effects along those borders, a factor that will only be multiplied should Indiana feel a major impact from export sales declining due to a stronger U.S. dollar.

Beyond the specific impact upon exports, there are also likely to be broader effects of Brexit.

If you believe what some economic analysts are saying, the fallout will reduce economic growth projections for the next one or two years by anywhere from 0.5% to a hefty 2.0% per year, and you can draw a line to state tax revenue and see that the Brexit drive-by may have inadvertently just killed preschool expansion . . . or a package of other smaller programs. Query also whether this might put a temporary damper on plans for a new state international port on the Ohio River near Cincinnati.

There are also those who say that since the recession kicked in during 2008, the nation has become too dependent upon the federal government and central bankers to create a recovery (the stimulus program, in particular) and then artificially prop things up via the ridiculously low interest rates that persist today (the possibility of negative interest rates will remain a huge wildcard) . . . making states and the federal government less incentivized to serve up a real recovery through serious investments in infrastructure spending, tax reform, and major education improvements (Indiana has been an outlier on the latter two, but still recognizes a need to go further, and can't bring about a true Midwest turnaround by its lonesome).

Watch for the Brexit impact to show up in an abundance of caution by legislative leaders this Summer . . . dialed-down expectations (and ramped-up fiscal fact-checking) by candidates for statewide office over the course of the campaign . . . clambering by interest groups to move their favored programs to the top of the funding ladder as quickly as possible . . . and perhaps a more restrained revenue forecast come December.

"At any rate, we are certainly in for months of uncertainty," Purdue's DeBoer – part of the state's economic forecast team – concludes.

IN Politics

Federal Office Races . . .

● Looking for a taste of what U.S. Rep. **Todd Young** (R) might choose to unleash on his U.S. Senate opponent, former U.S. Rep. **Baron Hill** (D)? He lays out a veritable smorgasbord in just two lines of an end-of-the-quarter fundraising request: "My opponent, liberal lobbyist Baron Hill, wants more spending, higher taxes, and burdensome federal regulations that kill Hoosier businesses. Worst still, if Hillary Clinton becomes president, he'd be a rubber stamp for her failed progressive agenda." A Hill funding request a few minutes later blasts Young's support from "Wall Street billionaires" and the owner of the Houston Texans, and lays out national concerns about a "Trumpmare," suggesting "the tide is turning against far-right and out-of-touch politicians like Congressman Todd Young."

□ As television spots in the primary showed Rep. Young (you know, the Marine) outside running, Hill decides to reprise his 1990 U.S. Senate race tactic in which he walked the state from Lake Michigan (Gary) to the Ohio River (and the Sunny Side of Louisville). His "Hoosiers First: Main Street, not Wall Street" 500-mile trek will kick off July 11 in South Bend and traverse 21 counties over some 40 (walking) days before the boots on the ground listening tour ends in Evansville.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● As both CD 08 Democratic primary candidates (and state and national party officials) become more frustrated by the pace of the primary recount – the Recount Commission held the SD 36 recount first – candidates held a conference call Tuesday with the state recount director to discuss a "pre-recount inspection" of the ballots and other voting records to narrow issues in dispute and expedite the process. Former Rep. **Ron Drake** (D) would agree to an inspection only in Clay, Vermillion, and Vigo counties. His opponent (and ostensible election night loser) former Rep. **David Orentlicher** (D) says that his campaign "even offered to extend the inspection to his home county, Sullivan, to save travel time for him, but he refused." The recount gets underway July 7 in Clay County.

● In open seat CD 09, the Blue Dog Political Action Committee endorses **Shelli Yoder** (R) as one of seven candidates who have "shown not only a willingness, but also an enthusiasm to work together." This nod comes with cash.

State Office Races . . .

● On the final day of the half-year campaign finance cycle, Governor **Mike Pence** (R) forwards an email fundraising request from South Carolina Gov. **Nikki Haley** (R-SC), in which she praises him as "a leader who has made promises and gone above and beyond in delivering on them." Gov. Pence, as a House member, campaigned in the Palmetto State for one of her primary opponents in the first Haley bid for governor.

● You've no doubt picked up on the gleeful chatter from the campaign of gubernatorial challenger **John Gregg** (D) that they believe the strong (≈ $1.5 million) Republican Governors Association Right Direction PAC television buy has actually boosted their candidate's name ID. Well, they seem to be right. We've been privy to some partisan polling that shows Gregg's name ID has ramped up by almost fifteen points in just two months (a time that also coincides with his own run of TV spots, which becomes even more important given that his favorables have also grown – albeit more modestly – over pre-primary numbers) . . . and we've also picked up on some new partisan polling for Democrats that purport to show Gregg with a lead, though slight, over the incumbent, with the "time for a new direction message" resonating with Hoosiers.

● Republicans take on gubernatorial nominee **John Gregg** (D) for the free legislative health care deal he helped broker early in the century, and which IndyPolitics.org's **Abdul Hakim-Shabazz** learns has cost Hoosier taxpayers some $200,000 to date for just Gregg and his family and will cost at least $36,000 more this year alone (HEA 1285-2004, legislation that had been passed in 2004 initially made confidential the amount of health care and pension coverage those opting into the plan received, and the specifics were kept under tight wraps from public scrutiny) . . .

● Hoosiers for Freedom, a state political action committee affiliated with the Republican Attorneys General Association, registered June 13 with the Indiana Election Division to make "Contributions in support of the Republican attorney general candidate," and sent a $50,000 contribution June 21 to the GOP nominee, Elkhart County Prosecutor **Curtis Hill, Jr.** (R).

□ This PAC is not the Hoosiers for Freedom PAC, a federal political action committee formed in 2010 whose address is the Schererville home of former Rep. **Dan Dumezich** (R).

● **Jay Kenworthy**'s IndianaExplained.com website finds Superintendent of Public Instruction **Glenda Ritz** (D) walking a fine line by featuring herself in a six-figure radio and digital ad campaign touting the Summer lunch program for young Hoosiers. The rub: state law bars a state official from using his or her "name or likeness in a communication paid for entirely or in part with appropriations made by the general assembly, regardless of the source of the money." IDOE tells the *Fort Wayne Journal Gazette*'s **Niki Kelly** that "the law doesn't apply because the campaign is being paid for by federal Summer Food Service Program funds. And federal dollars aren't appropriated in the state budget."

Legislative Races . . .

● The State Recount Commission affirms the win of **Sean Gorman** (D) over **Jesse Kharbanda** (D) in open seat SD 36. The State Board of Accounts recount report as approved Thursday showed no net vote gain or loss, preserving original results and certifying Gorman as the winner by 37 votes (24 ballots had been challenged) out of ≈ 9,500 votes cast. Gorman will face Indianapolis City-County Councilor **Jack Sandlin** (R) in a race in which voters opted for the two non-slated candidates (more bridges were burned on the GOP side locally than among Ds – although the leadership change may mitigate some of this – and the Marion County Democratic Party is all-in for Gorman).

● America Rising condemns what its PAC press secretary hyperbolically labels as "outrageous, violent rhetoric" by a top-tier Democratic House challenger and tells the Daily Caller that gubernatorial nominee **John Gregg** (D) should denounce it. The flap arose when an America Rising tracker was taping a June Gregg campaign event at which he was joined by HD 44 candidate **Kim Fidler** (D). Fidler took to her Facebook account after someone posted a photo of the tracker and she wrote, "This disgusts me. This person spends her days stalking John Gregg." The Daily Caller picks up the narrative: " 'I'd probably punch her out,' one of Fidler's followers replied. 'I would want to also,' Fidler responded. 'Wanta team up?' the other woman asked. 'Absolutely. We have each other's backs!' said Fidler."

IN Presidential Race . . .

● As we were headed to press Friday, Governor **Mike Pence** (R) was headed out of Indiana to meet with **Donald Trump** (R) about the vice presidential nod. Governor Pence would shore up Trump's right flank, give the ticket some D.C. experience, a job growth narrative, and let Hoosier Repubs pick a candidate for governor who might be in better shape to hold the office . . . and circle July 12 on your calendar for a Trump fundraising event in Indiana that could be a Pence veep tryout of sorts.

● The Prosper Group of Greenwood (which had implemented a pure SMS text donation program for the Cruz presidential campaign and spearheaded digital marketing for the Christie SuperPAC America Leads) signs on with the Trump presidential campaign to boost the Trump online fundraising effort . . . and early word is that their work is paying off big-time.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

IN Political News . . .

● Indiana Democratic Party Chair **John Zody** and Indiana Election Division Democratic Co-Director **Angie Nussmeyer** filed a formal complaint Tuesday with the Federal Election Commission, alleging that the Republican Governors Association Right Direction PAC failed to comply with federal election disclaimer regulations in airing two television spots taking on Democratic gubernatorial nominee **John Gregg** (D). Even though the federal PAC has registered as an Indiana political action committee, Indiana Democrats contend that they "cannot reap the benefits of operating through a federal committee in Indiana without also subjecting themselves to the concomitant obligations under federal law." Democrats contend that the PAC violated federal rules when it failed to have the narrator intone that the "[Committee] is responsible for the content of this advertising," and only included the written version on the screen.

● The Libertarian Party of Indiana State Central Committee elects **Rodney Benker** as vice chair. The LPIN Johnson County chair fills the post vacated by **Karl Tatgenhorst** (L), who resigned to run for lieutenant governor. Look for Benker, digital media director for a large Christian church in Greenwood, to continue the LPIN push on social media to get Libertarian candidates and the Libertarian message in front of as many people as possible. He has also committed to improving the party's organizational structure to enable better internal and external communication.

● The Lake County Democratic Party internecine warfare continues post-primary after a flap over who should be elected as a national party delegate (spoiler alert: Hammond Mayor **Tom McDermott** (D) is headed to Philadelphia and Lake County Sheriff **John Buncich** (D), the county's Democratic Party chair, is staying home). And on his WJOB 1230-AM radio show, Mayor McDermott – after suggesting the Sheriff Buncich would probably have been selected had he not chosen to withdraw – flatly stated, "I'm saying John Buncich will not be re-elected as Lake County Democratic chairman" in next March's local party leadership elections.

● Registering Tuesday with the Indiana Election Division: the Keep Indy Moving Forward PAC, a political action committee affiliated with MIBOR and the Indy Chamber, formed to "Support passage of Indianapolis metro area public transit questions." MIBOR CEO **Steve Sullivan** is the chair, and the Chamber's President and CEO **Mike Huber** is treasurer.

IN Brief

IN Federal Circles . . .

● U.S. Sen. **Dan Coats** (R) quickly responded to the Monday ruling by the Supreme Court of the United States effectively striking down Texas' new abortion clinic regulations. "I am troubled that the Supreme Court ruled against this commonsense Texas statute – potentially jeopardizing the lives of both mother and child," said Sen. Coats. "This Texas state law requires abortion clinics to comply with the same standards as other medical facilities. It is a reasonable requirement that is necessary to ensure the health and safety of women and their children." You may recall that he was among 34 senators signing an amicus brief supporting the Texas law . . . Sen. Coats used a "Waste of the Week" speech on the Senate floor to highlight two examples of what he sees as wasteful spending by the National Science Foundation (NSF) that cost taxpayers over $2 million . . . and one program was a $171,000 NSF grant to study how monkeys gamble. Instead of earning money, the monkeys were rewarded with food. The study found that monkeys tried to get as much food as possible from their "gambling game." He suggests that "it has become clear that NSF has funded some research that truly falls in the category of a waste of taxpayer dollars – either because the research has questionable benefit, or because it is research that should more appropriately be conducted by the private sector."

● U.S. Sen. **Joe Donnelly** (D) was the only Senate Democrat who broke with his party (and just one of four overall – one of whom voted against it to be able to recall it for another vote) on the 52-48 cloture vote (60 votes were needed) under which Senate Democrats worked to block a $1.1 billion Zika virus funding measure (the House-Senate conference report on a military and veterans spending bill), over concerns about "poison pills." U.S. Sen. **Dan Coats** (R) joined Sen. Donnelly in voting for it, saying "The Obama Administration continues to call for a bill with funding to combat the Zika virus, yet Senate Democrats rejected a bill that includes this vital funding as well as important funding for veterans programs." He noted that the Centers for Disease Control called the $1.1 billion "sufficient to respond to this crisis. Instead of politicizing public health, we should be working to provide the money the CDC needs to combat this devastating virus" . . . both of Indiana's senators voted with the majority Wednesday in the 68-30 Senate approval of the financial rescue package for the Commonwealth of Puerto Rico, which faces a $72 billion debt crisis.

● Among the 140 House members signing an amicus brief with the Supreme Court of the United States supporting the Texas abortion clinic standards law struck down 5-3 on Monday: U.S. Reps. **Luke Messer** (R), **Todd Rokita** (R), **Marlin Stutzman** (R), and **Jackie Walorski** (R). Signing on to an amicus brief asking the Court to overturn the law: U.S. Rep. **André Carson** (D). Among the five Hoosier House members who signed onto an amicus brief, only Reps. Messer and Rokita are attorneys.

● U.S. Rep. **Jackie Walorski** (R) teams up with U.S. Reps. **John K. Delaney** (D-MD), **Randy Hultgren** (R-IL), and **Kyrsten Sinema** (D-AZ) in introducing H.R. 5593, bipartisan legislation to protect veterans' credit ratings and prevent unnecessary financial hardship due to delayed payments associated with the Department of Veterans Affairs (VA) Veterans Choice Program. The "Protecting Veterans Credit Act" would create a one-year credit reporting grace period for the resolution of debt from medical services received through the VA's Veterans Choice Program.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● U.S. Rep. **Todd Rokita** (R) responded to Monday's ruling by the Supreme Court of the United States striking portions of a Texas law requiring abortion providers to have admitting privileges at a nearby hospital and meet standards for ambulatory surgical centers, saying that "As a pro-life American, I am deeply disappointed in today's Supreme Court decision. This ruling undoes sensible provisions passed by Texans' elected representatives, and further jeopardizes women's health and the safety of unborn children. As a Member of Congress, I have and will continue to fight for the rights of the unborn" . . . "With 56 days before the 2012 presidential election, it is clear that President Obama and Secretary Clinton were more concerned about their own legacies than getting the facts of the Benghazi attack out to the American people," said Rep. Rokita after the select panel released its report that "finally corrects the record, showing that the administration's claims of there being no military assets that could have gotten to the attack site to be a fallacy. The men on the ground in Benghazi deserved better, and their ultimate sacrifice should be met with our thanks and an honoring of the truth" . . . Rep. Rokita commented on the House Democratic sit-in, and its origins, writing to constituents that "many of my Democratic colleagues engaged in a political stunt advocating for a No Fly, No Buy Bill. Their proposal would prohibit individuals on the federal Do Not Fly List from purchasing firearms. However, the Do Not Fly List is a secret list operated by the government with no oversight or due process. Being removed from the list is so burdensome that there are active lawsuits regarding the process, some of which are being led by liberal groups like the American Civil Liberties Union. A proposal to restrict the rights constitutionally protected by our Second Amendment through a flawed system that lacks due process is a non-starter. Unfortunately, the effectiveness of this proposal is non-existent. The perpetrator of the Orlando shootings was not on the no-fly list, despite being investigated for links to radical Islamic terrorists by law enforcement agencies. Holding a sit-in to demand a vote on an ineffective and unconstitutional proposal amounts to a cheap political stunt .... I have a history of cooperating with my colleagues when they are willing to work toward real solutions. I have worked in a bipartisan fashion on many occasions. If my colleagues are interested in addressing real problems like radical Islamic terrorism and mental health, I would be eager to work with them."

● U.S. Rep. **Larry Bucshon** (R) says that from the draft majority report of the House Select Committee on Benghazi released Tuesday, "It's clear government officials in the White House and the State Department deliberately misled the American people regarding the cause of the attacks and failed to provide necessary security to our men and women on the ground, despite having intelligence reports outlining increased security threats."

● U.S. Rep. **Marlin Stutzman** (R) lamented after Monday's Supreme Court of the United States ruling on the Texas abortion clinic law, "It is a shame people on both sides of the argument can't even agree to basic, noncontroversial health safety standards like those required in Texas."

● U.S. Rep. **Todd Young** (R) said after the Supreme Court of the United States struck down the Texas law regulating abortion clinic standards that the ruling "defies common-sense and puts both mother and child at risk. The safety requirements placed on abortion providers should at the very least match, if not exceed, those of other facilities given the two lives involved."

● U.S. Rep. **Susan Brooks** (R), a member of the House Select Committee on Benghazi, had this to say after the committee's Republican majority released its proposed investigative report (to be voted on July 8): "President Obama has said his worst mistake was 'failing to plan for the day after ... intervening in Libya.' As a result of this 'lead from behind' foreign policy, the Libyan people were forced to make the dismal trade of the tyranny of Qadhafi for the terror of ISIS, Al-Qaeda and others. Although the State Department considered Libya a grave risk to American diplomats in 2011 and 2012, our people remained in a largely unprotected, unofficial facility that one diplomatic security agent the committee interviewed characterized as 'a suicide mission.' " At the nationally televised news conference unveiling the draft report, Rep. Brooks explained that "I've been particularly focused on issues prior to the attack." "This has been an incredible task to undertake," and it unearthed "facts that we did not know before." She noted how the State Department "made a conscious decision to keep the Benghazi compound off the radar and to not provide it with the security that it needed," and that military support pulled out at the last minute due to presidential policy not wanting to have "boots on the ground." Her bottom line: "This was failed American foreign policy from the beginning." Diplomats were sent "to a failed state," and "What is it today? It's a terrorist safe haven .... it is failed American foreign policy." Leaders had not only failed to plan "for an attack like this," there were no plans in place "on – of all days – September 11th." "We were not ready; we were not prepared to respond." She bemoaned the "political spin" that supplanted government telling the truth. Rep. Brooks and the panel chair sat down on Fox News that evening with DePauw University alum **Bret Baier** to review the report.

IN State Circles . . .

● In what comes as no surprise to most, Judge **Tanya Walton Pratt** of the U.S. District Court for the Southern District of Indiana issues a preliminary injunction Thursday blocking HEA 1337-2016, Indiana's new slate of abortion restrictions, from taking effect on the July 1 effective date. *Roe v. Wade*, she explained in her 41-page opinion, "leaves no room for the state to examine the basis or bases upon which a woman makes her choice." As a result, "The woman's right to choose to have an abortion pre-viability is categorical; a State may not prohibit any woman from making the ultimate decision to terminate her pregnancy before viability," Judge Pratt writes, invalidating the provision barring abortion decisions based upon potential or actual fetal genetic abnormalities (or sex, race, or ancestry). She also ruled that the measure's requirement that aborted remains be treated as other human remains (and be buried or cremated) is "a much closer call," but was not justified because "the State's asserted interest in treating fetal remains with the dignity of human remains is not legitimate given that the law does not recognize a fetus as a person."

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

☐ Indiana Right to Life President and CEO **Mike Fichter** labels the ruling by an "activist" judge as "an appalling human rights injustice and we urge the state to appeal." Senate President Pro Tem **David Long** (R) says he's not ready to call for an appeal or not, but adds that "For the Court to equate fetal remains with any other common medical waste is deeply troubling. I hope that will not be the final position taken by the Court," he says, pointing out that "this is a preliminary injunction and not a final decision on the matter."

● Much was made nationally of the Supreme Court of the United States decision Monday in *McDonnell v. United States*, No. 15-474, the 8-0 ruling that narrows what constitutes criminal corruption, and "will significantly limit prosecutors' ability to bring cases against politicians suspected of malfeasance and could spell trouble for the Justice Department in ongoing, high-profile cases,"the *Washington Post* reports. SCOTUS Blog's **Lyle Denniston** explains that *McDonnell* "appears to lift a heavy legal cloud from routine political favors, even if done in return for cash, loans or gifts." So will the ruling mean anything for Indiana? Probably not, given the Indiana Supreme Court's ruling 17 years ago in a case involving the alleged "retainer bribery" of a state legislator.

☐ In *Wurster v. State*, 708 N.E.2d 587, 594 (Ind. App. 1999), *aff'd.* 715 N.E.2d 341 (Ind. 1999), *reh'g denied*, the Supremes unanimously affirmed a portion of a Court of Appeals ruling in the last century that effectively said the same things as the nation's high court did just last week (and pointed out that Indiana law also offers a bit more of a safe harbor for miscreants). From the affirmed intermediate appellate court opinion: "Indiana's bribery statute prohibits public servants from accepting property for the forbidden purpose; however, it specifically exempts 'property the public servant is authorized by law to accept.' Ind.Code § 35-44-1-1(a)(1). [The legislator] was authorized by statute to accept compensation for part-time employment. We hasten to add that there is likely some action in every legislative session that could be characterized as assisting one of our state legislator's part-time employer or spouse's employer. In our state's system of part-time citizen legislators, we must accept and anticipate that these public servants will hold employment outside of the legislature. We must also accept and anticipate that some degree of conflict is inherent in the system."

● The Office of the Attorney General has not made a decision on whether to seek a stay and appeal a Thursday summary judgment ruling against the State in a pair of consolidated cases involving same-sex couples seeking injunctive relief to list both the names of both the birth mother and her same-sex spouse on their children's birth certificates and to have their children recognized as children born in wedlock. They also sought declaratory judgment that certain related state statutes on parental rights were unconstitutional. The ruling, issued by Judge **Tanya Walton Pratt** of the U.S. District Court for the Southern District of Indiana, struck down longstanding state statutes governing parental rights. Judge Pratt found that two of Indiana's statutes involving parental rights violate the equal protection and due process clauses of the 14th Amendment and can't be enforced.

☐ OAG explains that at oral argument in April, the State argued that the legislature created two sources of establishing parental rights: a biological relationship or rebuttable presumption of a biological relationship, or a court-ordered adoption decree. The State contended that such a significant revision of state law to create marriage to a child's mother as a third source of parental rights – as the plaintiffs sought – should be done only through the legislature passing legislation, and ought not to be imposed by a court.

● INDOT crews were working on the Lloyd Expressway Bridge over Pigeon Creek in Evansville last week, jacking-up a portion of the roadway as a temporary fix for slippage discovered on the bridge's bearing pads that resulted in cosmetic cracks on the eastbound span and forced lane closures. INDOT will soon determine what needs to be done in the long-term to shore up the bridge, which sees a traffic load of an estimated 80,000 vehicles per day.

● At least one community is feeling red hot over the all-white 28-member relay team chosen to carry the state's bicentennial torch through town, but rather than experience the blues, Elkhart County minority leaders, upset by the omission of African American and Latino members of the relay team, are working with bicentennial planning officials on "forming an expanded organizational committee that will include minority representation," **Tim Vandenack** reports in the *Elkhart Truth.* The combined black and Hispanic population in the county tops 20 percent.

● We told you about concerns within state government about Peabody Energy's bankruptcy potentially impacting certain obligations including self-bonding of environmental concerns, but last week the Sullivan County Council learned that assorted Peabody entities had not paid 2015 (payable 2016) Spring property tax bills and penalties amounting just a few ticks under $900,000. The county could be taking a 15% hit on its overall annual budget if Fall taxes go unpaid as well, while one township could be out as much as 35% of its take.

● Following four years of review and public discussion regarding the financial risk of INPRS providing annuities internally, the Indiana Public Retirement System Board of Trustees unanimously selected MetLife as its future provider of member annuities. An outsourcing contract is expected to be finalized by the end of January, and the change should take place April 1, 2017. The decision follows legislative enactment of HEA 1075-2014, which set a glide path toward market-rate annuities and allowed the INPRS board to move to a third-party provider in January 2017. "MetLife will provide our members a similar benefit while protecting employers and taxpayers from the risks of managing this program internally," explains INPRS Executive Director **Steve Russo**.

☐ MetLife serves over 3,000 public sector organizations across the country, and more than one-third of state governments across the nation offer MetLife group insurance or annuity benefits. Russo finds that "They manage a more diversified line-up of businesses that uniquely positions them to accept more risk and potential reward than INPRS can."

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

☐ INPRS officials emphasize that use of an outside annuity provider has no impact on the pension benefits of current or future retirees, and affects only retiring members who choose to annuitize money saved in INPRS annuity savings accounts (ASAs). Members of the Teachers' Retirement Fund (TRF) and Public Employees' Retirement Fund (PERF) participate in a hybrid pension plan that includes both a pension plan and a separate ASA. While TRF/PERF pensions provide a specified lifetime monthly benefit (the "defined benefit" plan), members may choose what to do with their ASA funds. Some opt for a lump sum; others leave it invested with INPRS. About 40% convert ASA funds to a monthly annuity benefit payment.

● In *Legato Vapors LLC, et al. v. Cook, et al.*, No. 1:15-cv-00761-SEB-TAB.,Judge **Sarah Evans Barker** of the U.S. District Court for the Southern District of Indiana rules in favor of the State Thursday in a constitutional challenge to Indiana's statute regulating the manufacturers of liquids used in electronic cigarettes and similar devices. Judge Barker denied the plaintiffs' motion for an injunction and motion for summary judgment that would have prevented enforcement of portions of the law involving manufacturers of the e-liquids for refillable or "open system" e-smoking devices. Her 40-page ruling finds "the Act does not violate the Dormant Commerce Clause, Equal Protection Clause, or Indiana Constitution."

☐ A few hours later, in *Goodcat, LLC v. Cook, et al.*, No. 1:16-cv-01514-RLY-DML, Chief Judge **Richard Young** of the U.S. District Court for the Southern District of Indiana takes notice of *Legato Vapors* but issues a temporary restraining order and a preliminary injunction that bars the State from enforcing the law against Goodcat for 14 days. Goodcat "raises at least two issues that were not before the court in *Legato Vapors*: (1) whether the effect of the provisions governing the use of a third-party security firm amounts to unconstitutional discrimination against out-of-state manufacturers, in violation of the Dormant Commerce Clause; and (2) whether [the Federal Food, Drug, and Cosmetic Act] will preempt the security firm requirements as of August 8, 2016 .... Goodcat has a reasonable likelihood of succeeding on the merits," "will likely suffer immediate and irreparable harm," and "permitting Goodcat to continue essentially under the status quo for two weeks does not pose significant harm to the public interest."

● Several more county detention centers across the state reached capacity during June.

● Indiana and Kentucky sign an agreement to launch the I-69 Ohio River Crossing project under which the two states will make a combined commitment of about $17 million in their capital plans to advance development of potential routes to connect existing I-69 sections in each state. They will seek innovations from the private sector in expediting preliminary design and the required environmental review, splitting costs and oversight. The Indiana Department of Transportation will publish a formal RFP this Summer. The environmental review and preliminary design will collect public input and study not only potential connections, but also cost and funding sources (including talk of "modest tolls"). Look for the review process to consume two to three years, with a push for acceleration.

● Indiana is part of a coalition of 12 states, led by the State of Wisconsin, filing a lawsuit Thursday in the U.S. Court of Appeals for the D.C. Circuit challenging part of the Federal Communication Commission's (FCC) recent "Lifeline Reform Order." The Lifeline program provides low-income consumers discounted rates on certain communications services, which, under this Order, now include broadband internet services. The states argue that this violates two laws: the Communications Act and the Administrative Procedure Act. The 12-state coalition objects to the Order's "designation rule" that denies to the states – and assigns to the FCC – primary authority to decide which companies operating within their borders are eligible to participate in the expanded Lifeline program.

● Look for a national think tank to release a report on long-term asset privatization this week that cites several things that the State of Indiana did right with the Indiana Toll Road lease deal that should be emulated as "best practices" nationally.

● The Indiana Utility Regulatory Commission on Wednesday signed off on Duke Energy's settlement agreement with the Office of Utility Consumer Counselor, the Duke Energy Indiana Industrial Group, Companhia Siderurgica Nacional, Steel Dynamics, Wabash Valley Power Association, Indiana Municipal Power Agency, Hoosier Energy Rural Electric Cooperative and the Environmental Defense Fund (all the key industrial and consumer groups save the Citizens Action Coalition), allowing Duke to progress with its seven-year plan to deploy advanced technology and infrastructure upgrades to its aging energy grid to improve service.

☐ The new plan (which followed the Commission's May 2015 rejection of the original proposal) sees Duke Energy trim the level of capital investments recovered through the plan's customer bill tracker from approximately $1.8 billion to about $1.4 billion, with $192 million earmarked for smart meters excised from the plan. Duke, however, retains the ability to pursue the meters and defer some of their costs for consideration in a future rate case rather than through a monthly bill tracker as other items in the plan. Duke also agreed to reduce its return on equity on plan investments from 10.5% to 10% for investments that flow through the plan's bill tracker. This does not affect the company's 10.5% allowed return on equity on its other remaining investments. As a result of the agreement, Duke customers will see a gradual rate increase averaging 0.75% per year between 2017 and 2022.

● The Family and Social Services Administration Office of Medicaid Policy and Planning backs off proposed changes to the reimbursement methodology for Medicaid services provided by enrolled home health agencies. OMPP proposes to hold rates for home health services that were effective July 1, 2015, unchanged through June 30, 2017 "to ensure continuity of member access to home health services." The agency estimates the Medicaid payment increase from the changes will be ≈ $3.9 million for federal Fiscal Year 2016 (federal share of $2.6 million and state share of $1.3 million) and $11.7 million for FFY 2017 (federal share of $7.8 million and state share of $3.9 million). OMPP's originally proposed 2017 reimbursement rates had been based upon three-year-old cost data.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

IN the Economy

● Fitch Ratings reaffirms the State of Indiana's AAA credit rating. Indiana has now held AAA ratings with all three rating agencies since April 2010.

● Dueling university economic development studies have the state's economic development community all abuzz.

□ Ball State University's Center for Business and Economic Research released an analysis earlier this year finding that Tax Increment Financing districts are a popular – but "ineffective" – economic development tool for Hoosier communities, that actually "led to fewer jobs in manufacturing and retailing as well as a slight drop in the number of businesses." And now the Indiana Economic Development Association releases a year-long study conducted by senior economists at the University of Southern Indiana's Center for Applied Research (including the dean of the USI School of Business) that it says benefits from more thorough access to TIF data than has been possible before . . . and concludes that TIF is a beneficial economic tool; has a positive impact on job and wage benefits; and offers a positive impact on the Indiana economy. The USI Team finds that Indiana TIF districts out-perform non-TIF areas (BSU CBER researchers reported that when businesses start up operations or move into the TIF districts, it shifts the number of jobs while others in the region suffer the job-killing effects of higher tax rates), and that Indiana TIF districts provide considerable benefits for place-based economic development (quality of place enhancements). The USI study for IEDA also contends that TIF districts do not simply shift taxable properties from other jurisdictions. IEDA study backers label the USI work as a more nuanced analysis of Indiana TIF impact, and a fuller account of economic effects of the Great Recession.

● A research report released in late June by the Ball State University Center for Business and Economic Research briefly examines the changes to overall economic development policy, with an extended focus on the supply of firms that can be attracted to a region . . . and the findings challenge traditional state economic development strategies in Indiana and across the nation.

□ CBER researchers find that since the mid-1960s, the target of most economic development efforts (so-called "footloose firms") has shrunk considerably, and that number continues to drop. Fewer than one percent of all jobs across the country are likely to pick up and move to another state, and that fewer than 100 factories that employ at least 500 people will open in any given year. At that rate, random distribution of factories will happen in each county every 35 years. Not only can fewer jobs now be attracted to a region, BSU researchers find, those that can be attracted focus most heavily on workforce quality. As a result, "traditional business attraction has largely failed to deliver prospects," and, they believe, "Almost all successful future economic development will have to focus on attracting people, not businesses."

□ "Indiana is not especially lavish with incentives when compared to other states," writes Dr. Michael Hicks, CBER's director, yet "Indiana has reported incentives of more than $2.2 billion since 2010, which are associated with 50,600 jobs (at a putative cost of $43,700 per job)" – even as the average per person income in the state is only $38,812. Dr. Hicks also observes that "homegrown jobs" created by existing firms in Indiana accounted for 84% of new job creation between 1995 and 2013 versus jobs created by new establishments to the state constituting only four percent of jobs (and firms with an Indiana presence opening a second establishment were responsible for 10% of jobs; just two percent of jobs were "relocated" jobs).

● AM General of South Bend is awarded a $66,406,483 modification to an Army Contracting Command sales contract for 356 Humvees for the Iraqi military. Work will be performed in Mishawaka, with an estimated completion date of August 31.

● Brevini Wind will close wind turbine gearbox manufacturing operations in Delaware County at the end of August, ending its 2008 promise of some 450 jobs by 2011 when then-Gov. Mitch Daniels (R) announced with much fanfare on-site that Muncie would be home to Brevini's North American headquarters and manufacturing center. The state offered up to $3.9 million in performance-based tax credits and up to $300,000 in training grants, but when the plant closes next month, only about 20 employees will lose jobs (a Brevini USA subsidiary of Brevini Group's Power Transmission business unit will continue to operate locally for now, with about 40 employees).

● Dana plans to invest $90 million in new equipment at its Fort Wayne axle plant, a move it expects will help retain almost 600 jobs and create 165 new ones by 2020. Dana seeks a 10-year business personal property tax abatement from the Fort Wayne City Council . . . Noblesville plastics manufacturer Metro Plastics Technologies, Inc. (formerly Metro Moldings) plans to invest $6 million in a move to a new headquarters building on 46 acres just a few miles northeast of some increasingly valuable property it will be giving up on 146th Street just west of S.R. 37. MPT will build a 72,000 square-foot HQ and manufacturing facility (with potential expansion by another 48,000 square feet) on 7.3 acres and seek to develop the other acreage. The investment includes $5 million in real property and $1 million more in equipment, and is expected to retain at least 50 jobs. The *Indianapolis Business Journal* reports that an incentive package includes the City of Noblesville designing and building a two-lane access street with sidewalks and installing storm water and sewer infrastructure. "Noblesville also will reimburse Metro Plastics $350,000 for development costs related to excavating a retention pond, installing drainage pipes and providing erosion control. In addition, the city will waive more than $23,000 in planning fees" . . . St. Mary's Health, in partnership with Tri-State Orthopedics, plans to build a new $95 million orthopedic hospital in Warrick County that will provide both surgical and non-surgical care with 48 inpatient rooms and 10 operating suites in a four-floor facility when it opens in 2018 . . . the General Motors plant in Marion is planning to invest $85 million in tooling and equipment modifications over the next two to four years. On Tuesday, the Marion City Council approved a five-year business personal property tax abatement that will help the metal stamping facility retain some 120 jobs . . . the Children's Museum of Indianapolis will build a $35 million sports complex, the Riley Children's Health Sports Legends Experience, on a 7.5-acre parcel on

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

the CMI property . . . student loan provider Sallie Mae plans to invest more than $15.7 million to consolidate and expand its Indianapolis operations (in 75,558 square feet on three floors at Three Woodfield Crossing) to accommodate more than 275 new information technology and customer service positions with salaries 25% higher than the state's average wage. IEDC offers Sallie Mae up to $2.375 million in performance-based tax credits and up to $100,000 in training grants to make Indianapolis its second-largest office location.

IN Transition

● Following a national search assisted by Korn Ferry, **Scott Davis**, CFA, is named chief investment officer for the Indiana Public Retirement System. Davis was previously INPRS' deputy CIO and had served as interim CIO since September 2015. He has also directed debt management activity for the Indiana Finance Authority, and replaces former CIO **David Cooper**, who left INPRS for a similar position at the Purdue Research Foundation.

□ **Bo Ramsey**, CFA, CAIA, director of private equity at INPRS, has been named the system's deputy CIO, reporting to Davis. Ramsey joined INPRS as a senior investment analyst in private equity in 2012, and was quickly promoted to director of private equity. He has worked as an attorney with Ice Miller LLP, and as associate general counsel at a software company.

● The Indiana State Department of Agriculture serves up two promotions within the Indiana Grain Buyers and Warehouse Licensing Agency (IGBWLA). **Ed Sheldon** will be taking on the role of director, and will also chair the Indiana Grain Indemnity Corporation Board of Directors. Before joining ISDA as a field auditor, Sheldon owned and operated a landscape management business for 15+ years, and served as a Purdue Extension Agricultural and Natural Resources educator for two counties . . . **Jacob Frazier** moves up to audit manager, after joining ISDA in 2014 as a field auditor.

● The latest public finance firm to venture into the Hoosier State: Mesirow Financial, which expands its national presence by opening an office in downtown Indianapolis. **Greg Clark**, a former executive director of the Indianapolis Local Public Improvement Bond Bank, will serve as managing director of Mesirow's Public Finance group, and will focus on clients in Indiana and Kentucky.

● Joining the Federal Reserve Bank of Chicago Advisory Council on Agriculture, Small Business and Labor for respective two-year terms are **Brian K. Acton**, president and CEO of BMWC Constructors, Inc. in Indianapolis . . . **Raj Rao**, president and CEO of the Indiana Municipal Power Agency in Carmel . . . and farmer **Larry Wappel, Sr.** of Wappel Grain & Herb LLC in San Pierre.

● After more than 20 years at WIBC 93.1-FM in Indianapolis and Network Indiana, **Taylor Bennett** leaves her post as NI's managing editor to join WFYI 90.1-FM in Indianapolis, where the one-time State House correspondent will serve as a reporter and morning news host during *Morning Edition*.

● The President names **Betty Williams**, a consumer education and training coordinator at The Arc of Indiana, to the President's Committee for People with Intellectual Disabilities.

● The Indiana Supreme Court imposes a suspension of at least two years from the practice of law for former secretary of state **Charlie White** (R) – without automatic reinstatement. He must also bear all costs. The suspension is what White and the Supreme Court Disciplinary Commission proposed after he exhausted all appeals following his conviction on three class D felonies: perjury, voting outside a precinct of residence, and theft.

□ "Viewed by itself," the Per Curiam ruling reads (Justice **Mark Massa** did not participate), "this would be at the low end of the discipline we have imposed in similar cases. We note, however, that Respondent already has been under interim suspension in this matter for over four years, and in conjunction with the parties' proposed final discipline Respondent will have served over six years of suspension before he becomes eligible to petition for reinstatement. Moreover, a petition for reinstatement would be granted only if he is able to prove by clear and convincing evidence his fitness to resume the practice of law, a burden that likely will be particularly steep given the seriousness of Respondent's misconduct."

IN the Lobby

● **John Willey** and his 19th Star State Solutions, LLC become part of the Dentons 50 Team and their team member for Indiana. Denton, the world's first polycentric global law firm, is chaired by former Hoosier politico **Joe Andrew**, and the Dentons 50 50-state government affairs network will connect clients with public policy strategists in statehouses across the United States, leveraging the firm's 33 former elected and appointed officials and advisors from across the U.S. including former mayors, governors, state legislators, state attorney generals, state legislators, and a former U.S. House speaker, among others.

No newsletter next week – *Next issue: July 18*

INDIANA LEGISLATIVE INSIGHT © 2016 by INGroup. ISSN 1076-8661. All rights reserved. Photocopying, FAXing, e-mailing, or reproducing in any form, in whole or in part, is a violation of federal law, and is **strictly prohibited** without publisher's written consent.

Published weekly (44 issues/ year). Printed on recyclable paper; advertising rates available upon request. Base subscription rate for January-December 2016: $395. Additional copy rates and past issues available.

For info, please call **317/817-9997**; FAX **317/817-9998**
E-mail: < info@ingrouponline.com >
Internet: www.ingrouponline.com

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

Scott.A.Milkey

From: Gilson, Katie
Sent: Friday, July 01, 2016 11:08 AM
To: Brookes, Brady;Lloyd, Matthew;Vincent, Micah;Espich, Jeff;Atterholt, Jim;McGrath, Danielle;Davis, Bridget M (GOV);Jarmula, Ryan L
Subject: [Gov Clips] Education Insight
Attachments: 7-4-16 Education Insight.pdf

Katie Gilson, *Staff Assistant*
Office of Governor Mike Pence
KGilson@gov.in.gov
Phone: (317) 232-1198
Fax: (317) 232-3443



INDIANA EDUCATION INSIGHT

07/04/16
Volume 20, No. 14

Box 383 Noblesville, IN 46061-0383
317/817-9997 FAX 317/817-9998

IN GROUP

Should State bail out poor Gary?

Unabated enrollment declines threaten GCSC fiscal death spiral

Michigan's governor and legislature in June pushed through a $617 million bailout and restructuring of the Detroit Public Schools . . . and drastic and expensive action may also be necessary to rescue the debt-ridden Gary Community School Corporation.

As soon as late July and into August and September – when the $15 million state Common School Fund loan runs out, and bills from critical vendors for energy, water, and insurance come due – there likely won't be sufficient cash flow to meet payroll.

"Professionally, I can't spend money that's designated for debt service on payroll, so the money is going to have to go to pay the bills for which it was intended to pay," says state-appointed emergency financial manager Jack Martin. "And the old position to pay payroll and forget everything else is not going to occur. So when we can't make payroll, we can't make payroll."

About 195 people will come off the payroll by the end of July, including 45 RIFed teachers. Four buildings should be recommended for closure, but there's little reason to believe that the Gary school board has the political will. Enrollment has plummeted by half over the past seven years, and yet another steep decline is expected this Fall.

"If you can't pay people, they are not going to work," says Martin. "And my position is that I'd like to raise that flag and say 'We can't pay you in mid-September, and basically, ideally, State of Indiana, what are you going to do?' We'll have to find something. The kids – I think the state has an obligation to educate these kids."

Martin, who was appointed in 2013 by the State of Michigan to manage the cash-strapped Detroit Public Schools, says that if GCSC could add 1,500 students, its fiscal problems would be solved.

"Enrollment is the key in Detroit. It's the key in other places where I've worked," said Martin. "You can't maintain fixed costs, pension benefits, and all these other things, obligations, with declining enrollment. You can't maintain your buildings. You can't do anything. So that's the big bogeyman in the room, and to the extent that you can stem enrollment declines, that mitigates in favor of saving the school corporation."

Forty percent of public school students in Gary attend a charter school, the sixth-highest charter market penetration in the country.

The Gary district receives only $1.8 million in property tax revenue for capital projects.

Martin explains, "I think if we didn't have heating, boiler problems, leaking roofs in many of our building, we probably would lose fewer kids to charter schools. I think if I'm a parent, walking into a building, and I see the roof collapsing, and I have the option to send my kid up the street to a building that looks a little more wholesome, that's what I would do."

Martin finds that Gary's problems put it in a class all its own. "In my many years in this business, I've seen a lot throughout the country and its territories, but Gary schools is kind of at the top of the list, from an administrative standpoint, at the top of the list in terms of dysfunction."

For more, please see the following page . . .

Shocking lack of PK seats?

Capacity issues hinder expansion hope

Data from the Indiana Association for Child Care Resource and Referral (IACCRR) illustrates the huge statewide need for additional high-quality preschool capacity.

Indiana has 258,489 children between the ages of 3 and 5. Almost one-half (47%) are low-income (below 185% of the federal poverty line), and 161,730 come from families where all parents work.

High-quality providers – defined as Paths to QUALITY Level 3 or 4 programs, approved On My Way PreK providers, and nationally accredited programs – have the capacity to serve 43,627 preschool-age children.

Only 28,646 preschool-age children are currently enrolled in a high-quality program.

IACCRR estimates that an unmet need exists for 118,103 high-quality preschool seats statewide.

There are only approximately 501 known preschool programs operating in Indiana – regulated or unregulated.

Astonishingly, there are only 100 preschool programs in the entire state that meet the definition of high quality.

Many believe that if a reliable state funding stream were created, existing high-quality providers would quickly scale up capacity to meet demand and dozens of Level 1 and 2 providers would invest in improvements to make the jump to Level 3 and 4.

More than half of the 100 identified high-quality preschool programs are located in only two counties: Marion County (37) and Allen County (16).

There's still an unmet need for 15,871 high-quality preschool seats in Marion County and 6,242 high-quality seats in Allen County.

The capacity of high-quality preschool providers in Marion County and Allen County needs to grow by 50% to satisfy each county's respective unmet pre-K demand.

Statewide, Indiana needs to increase the number of high-quality preschool seats by 270% to meet the unmet demand as estimated by IACCRR.

Almost every administrative position in the Gary Community School Corporation is vacant and has been for a while.

It's difficult to find people who want to live in the City of Gary, said Martin bluntly, adding that the school corporation has a reputation regionally that makes it difficult to recruit.

Gary's antiquated financial and information technology systems are in desperate need of an upgrade, but "We would not recommend making any significant investment in any IT systems at the school corporation based on the fact that we don't know if right now the school corporation is sustainable," says Martin.

Are you more optimistic now than when you took this job a year ago? "No, no I'm not," he says.

In February, Martin's team counted the number of paychecks issued each pay period and found that it's about one paycheck for every five or six kids.

"There are a great number of substitutes," says Martin. "There's a lot of time taken off, and so they've got substitutes for everything. I've never seen anything like it in any other place that I've done work where you've got substitute bus drivers, substitute everything. So people aren't coming to work, in our view, like they should."

Martin and his accounting firm also noticed that payroll costs were not going down commensurate with the people being laid off, and that's because of generous severance payments.

When the HR director left, he took a $20,000 check for severance. For teachers, depending on experience, the average severance payout might be six or seven thousand dollars per employee, said Martin.

IN Elementary & Secondary Ed

IN General . . .

● Economic analysts have forecasted in the wake of the Brexit vote that global economic growth projections for the next 1-2 years may need to be revised downward by 0.5% - 2.0% each year, and if you translate that into state tax collections, you might as well forget about statewide preschool expansion in the next state budget cycle that begins on July 1, 2017.

□ Using numbers from a late June IHS Global Insight presentation to the U.S. Conference of Mayors (the firm is the same one the State of Indiana retains to prepare its annual economic outlooks to guide state budget discussions), our sister newsletter, **INDIANA LEGISLATIVE INSIGHT**, lays out the bad news in the current issue, also explaining why Indiana may take a bigger hit than other states.

● Democratic gubernatorial nominee John Gregg and Superintendent of Public Instruction Glenda Ritz (D), speaking during a media event at Amy Beverland Elementary School in the Metropolitan School District of Lawrence Township, provided detailed evidence to illustrate how Indiana can afford to pay for a statewide preschool program.

□ The Demo duo proposes $150 million annually to start it off. The funding would be appropriated as a grant to school corporations. To be eligible, school corporations would have to form coalitions with high-quality public or private preschool providers in their area. The Gregg/Ritz team envisions a program that would immediately reach up to 20% of four-year-olds. Their goal is to enroll 50% of four-year-olds by 2020. This is roughly similar to the phase-in schedule adopted in leading states like Oklahoma. They indicate that roughly one-third of the money that would be needed is already appropriated annually in the state budget via the On May Way Pre-K pilot, early education matching grant program, and other early ed programming. Another one-third would come from a pot of approximately $53 million in agency reversions for child-related programs. This includes unspent money from the Indiana Department of Education for the Non-English Speaking Grant program, alternative education program, and traffic safety; dollars reverted by the Indiana Department of Corrections for Pendleton and Camp Summit; money returned by the Indiana Department of Health for newborn screenings; and $66,000 left unspent by the Department of Homeland Security from the Indiana Safe Schools Fund. Any savings gained by replacing ISTEP+ with an off-the-shelf assessment would be funneled to preschool, as would the $2 million annually that pays for IREAD-3. They would seek to restrict participation in the school voucher program to students who have previously attended a public school for one year, returning the program to its original design before state lawmakers expanded eligibility through additional pathways. The change would free up about $40 million a year, according to IDOE estimates. Preschool funding would also come from the federal grant that Gov. Mike Pence (R) recently said he would pursue.

□ Since children who attend preschool are better prepared for kindergarten, the Gregg/Ritz campaigns predict that preschool expansion may reduce or eliminate the amount of money Indiana spends each year on retaining and remediating kindergartners. Between 2014-2015 and 2015-2016, Indiana schools retained 4,800 students in kindergarten at a cost of $32 million. In all, Gregg and Ritz identified $240 million for a program they estimate would cost $150 million a year to start.

□ A Gregg campaign official told your favorite education newsletter after the event, "We realize it's the legislature's call to make. We just wanted to prove there is enough money out there to start the program and grow it for quite some time."

● The annual median earnings for Indiana's preschool workforce are so low that they qualify a worker with a family of three for food stamps, according to a new report *High-Quality Early Learning Settings Depend on a High-Quality Workforce* from the U.S. Department of Health and Human Services and the U.S. Department of Education. The annual median salary of preschool teachers in Indiana in 2015 was $24,530 (barely 50% of the annual median for elementary school teachers of $48,710).

● Look for the Indiana Department of Workforce Development on Friday, July 1, to release an occupational demand forecast that will be shared with secondary and post-secondary educators to inform curriculum alignment.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Preliminary 2016 Spring IREAD-3 results show a statewide passage rate of 83.8%, down slightly from 84.2% one year ago. The official rate will be finalized after the Summer retest.

● The Indiana FFA Foundation will develop an agricultural science and business certificate for secondary students to be rolled out statewide for the 2017-2018 school year. The Indiana State Department of Agriculture has provided a $54,000 grant to Indiana FFA to support the initiative. The program may be modeled in part on the Kansas Agriculture Skills & Competencies Certificate. As currently envisioned, the certificate program would combine career development events, classroom training, leadership skills, a Supervised Agricultural Experience (SAE), and integrated assessments.

● *Superintendent & Principals: Partners in Success*, the third in a series of research reports on school counseling commissioned by the Indiana Chamber Foundation, explores the attitudes and perceptions of school administrators related to school counseling roles and responsibilities. Dr. Brandie Oliver, associate professor in the Butler University College of Education (and past president of the Indiana School Counselor Association), and Fleck Education Services used surveys and focus groups to gather data. Report recommendations include a standardized school counselor evaluation rubric.

● Indiana is the only state that uses the percentage of students receiving free textbooks as an indicator of at-risk status, according to *The Importance of At-Risk Funding*, a new research paper from the Education Commission of the States.

IN Administration . . .

● Servers and computers in the Southwestern Jefferson County Consolidated School Corporation were infected by a nasty ransomware virus that locked down all files and demanded a payment of $3,000 to restore access. The school district declined to pay up. The servers that were held hostage will be rebuilt using offline backups, but seven teacher workstations were wiped out completely.

● The June 22 meeting of the North Judson-San Pierre School Corporation Board of School Trustees had to be relocated from the administration building to the high school cafeteria after more than 150 people showed up to hear what board members had to say about a proposal to convert the board from an appointed to an elected entity. The board agreed to sit down with those leading the charge for change.

● The Franklin County Community School Corporation Board of School Trustees will conduct community meetings in September at both Laurel School and Mt. Carmel School to discuss declining enrollments in the 7th and 8th grades.

IN Budgets & Finance . . .

● The Muncie Community Schools will outsource school nursing services to Interim HealthCare for a savings of approximately $300,000.

● The Franklin Township Community School Corporation outlines pressures facing the general fund as administrators prepare the 2017 budget:

- Starting teacher salaries are under $40,000
- Hourly rates for technology, nutrition, custodial, and instructional assistants need to grow to closer to the market average
- Counselors at all levels have very high case loads
- Principals are seeking additional support for teacher observations and evaluation
- Athletics needs a second trainer and seeks additional coaching staff
- Extra and co-curricular groups have requested that transportation fees and custodial and police fees be reduced or dropped
- An additional elective is needed for the middle school
- Performing arts has requested another 1.5 FTE
- Parents are asking to eliminate pay-to-participate fees for athletics
- 100% of building maintenance and improvement expenses must come from the General Fund due to increasing technology needs
- Class sizes in some elementary schools are at 30 students
- Acton Elementary School will reopen this Fall, adding $700,000 to $800,000 in expenses each year
- Middle school principals want to eliminate the trimester schedule for performing arts, putting all courses on a five-day-per week schedule
- There have been limited to no funds devoted to professional development outside of the district

● A State Board of Accounts audit of the Attica Consolidated School Corporation in Fountain County for July 1, 2013, to June 30, 2015 identified $940,000 in missing federal funds, including $414,113 unaccounted for in the National School Lunch Program and a $337,415 shortage in Title I dollars. "With the continued cuts in state funding, it is hard for a small school corporation to comply fully with segregation of duties," the school corporation treasurer wrote in a corrective action plan . . . but she's not talking except through her attorney now.

□ Parents and community members packed a school board meeting Monday night, and weren't satisfied with what they perceived as a lack on answers and accountability about what was seen as a high number (10) of violations of federal law and the large dollar amounts involved in a comparatively small school district. Many questioned why, if the blame was largely being placed on a bank and outside food service contractor, the district was apparently not being made whole.

□ Following a June 29 school board executive session, a July 6 public meeting has been scheduled at which more information is promised to be shared.

● The Madison-Grant United School Corporation School board approves service agreements with Administrator Assistance, LLC and Educational Services Company to work with the district on issues related to its finances.

IN School Choice . . .

● IFF, the largest nonprofit community development financial institution in the Midwest, announces that it is providing financing and real estate services to support the opening of nine new charter schools serving 3,600 students in high-priority areas of Indianapolis by 2018.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Herron High School hopes to raise $7.5 million to renovate the historic and distinctive Naval Armory building by Riverside Park in Indianapolis.

□ The *Indianapolis Business Journal* reports, "The college preparatory charter school received approval June 9 to rezone the 4.6-acre site on the White River at West 30th Street and hopes to welcome its first freshman class in the fall of 2017. Riverside High School would start with 200 freshmen – twice the size of Herron's first class in 2006 – to ease a waiting list at Herron that is approaching 500 students. The high demand to enroll at the high school occupying the former Herron School of Art & Design building on East 16th Street is mostly driven by a rigid core curriculum of math, science, social studies, English and Latin. It's responsible for a graduation rate of 98 percent and a senior class this year that earned $16 million in scholarships .... The building has been vacant since the departure of Navy and Marine Corps reserve units in early 2015. The city inherited the site after the state found no interest in the property from its agencies. In October, the Indianapolis Department of Public Works voted to put the armory under the control of Indiana Landmarks to preserve the property. The not-for-profit either will give the building to Herron or sell it at a nominal price ...."

● The Ball State University Office of Charter Schools removes the 21st Century Charter School in Gary from probationary status. BSU officials find that the GEO Foundation has taken steps to correct several special education deficiencies that we've detailed for you in these pages.

● Mind Trust Innovation Fellow Sheila Dollaske presented her proposal for a new middle school within the Innovation Network to the Indianapolis Public Schools Board of School Commissioners. Westside Community Middle School would be chartered through the Indianapolis Mayor's Office with Goodwill Education Initiatives, and will enroll a total of 360 students (120 each in grades six, seven, and eight). A location has not been determined.

□ IPS is returning to standalone middle schools after concluding that the community high school experiment has been a bust.

● The Friedman Foundation for Educational Choice is out with a new report called *Why Parents Choose* based on a survey conducted between January and April of more than 2,000 Indiana private school parents.

□ Friedman researchers find that a majority of school choice parents (54%) were satisfied with the school they left, and a majority (83%) said they were easily able to navigate the school choice landscape. The most important qualities school choice parents list for choosing their current schools are also the most important reasons they left their former schools. The top three reasons listed for choosing their current private school are religion (39%), academics (20%), and moral instruction (19%). On the flip side, the top three reasons for leaving their former school are academic quality (15%), religion (13%), and moral instruction (six percent).

● For the second year in a row, 100% of scholars at the Phalen Leadership Academy's inaugural school passed the IREAD-3.

IN Contracts & Compensation . . .

● The Indiana Education Employment Relations Board (IEERB) issues a Nonrule Policy Document (NPD) affecting the process for making changes to a bargaining unit. Whether initiated by a school employer, a school employee organization, or both, all changes must be submitted to and approved by IEERB, under the NPD provisions. IEERB staff will issue guidance on changing the bargaining unit – including a sample notice for agreed-upon changes – by the beginning of July.

● The Indiana Education Employment Relations Board votes on June 13 reduced the number of prior-approval school districts from 10 to four, and increased the number of compliant collective bargaining agreements to 19.

● The member school corporations of the Hancock Madison Shelby Educational Services (HMSES) agree to dissolve the special education interlocal as of July 1, 2017, and to make structural changes for the 2016-2017 school year in preparation for the dissolution, including shifting several HMSES positions to member district employment. The Indiana Education Employment Relations Board voted in June to allow HMSES and its member schools to bargain Memoranda of Understanding outside the formal bargaining timeframe to address the issues related to the pending dissolution.

● Thirty-six teachers employed through the Wabash-Miami Area special education cooperative will shift to their home school districts beginning July 1.

● The North Montgomery School Corporation school board approves pay raises for non-certified employees. Each NMSC non-certified employee will receive a 35¢/hour raise, while the district's salaried non-certified employees will receive a $600 raise. All non-certified North Montgomery employees will also receive a $1,000 stipend in May 2017.

IN Programs & Curriculum . . .

● The Clark County Special Education Co-operative will dissolve after the 2016-2017 school year.

● The Indianapolis Public Schools offers all Indiana high school students an opportunity to attend Virtual Summer School. The IPS program utilizes Edgenuity and costs $99 per class. The district claims that "Credits earned through these courses will be accepted by any Indiana high school."

● Twenty teachers and their students in the Muncie Community Schools will each receive a Chromebook next school year as part of a pilot project. At the end of the year, MCS will survey the teachers and students about their experiences in order to inform a potential school board vote on whether or not to roll out Chromebooks for all middle and high school students or remain an iPad district.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● With the Madison Consolidated Schools looking to move fifth grade to the middle school, administrators invited representatives from the Clarksville and New Albany-Floyd County school districts to share their experiences with the MCS school board.

□ The *Madison Courier* reports, "Clarksville Superintendent **Kim Knott** said creating the fifth- through eighth-grade program was the best solution when it became necessary to close one of the district's two elementary schools. 'We had a very large middle school that used to be the high school, so it made sense,' she said. The district of 1,400 students has a kindergarten through fourth-grade elementary and a ninth- through 12th-grade high school. At about the same time, New Albany Floyd County Consolidated Schools created a similar program after a failed referendum forced the district to close four elementary schools. 'I was honestly not sure it was the best thing to do, but we literally did not have a choice,' said **Rhonda Roos**, the district's director of middle school education. 'We had to cut millions (from the budget) and this was a way to not cut teaching staff, because we had room for the fifth grade in all three middle schools.' Both administrators said they faced a lot of opposition from parents and the public, who all had similar fears that Madison parents have about taking fifth-graders out of the elementary schools and putting them in with older students."

● The Richmond Community Schools cancels the Chinese language program due to low student interest . . . while the Madison Consolidated Schools Board of School Trustees votes to renew the Chinese guest-teacher program at the junior high school as a new teacher from China will be assigned to the school to continue the Exploratory Chinese program.

● Low-income families in Jackson County can register for backpacks and free school supplies by calling United Way 2-1-1 by July 15.

● The Walker Career Center construction trades program in the Metropolitan School District of Warren Township has built 27 houses since 1976.

IN Policy . . .

● The Center Grove Community School Corporation will form a study group of stakeholders to examine the feasibility of implementing later school start times at the middle school and high school.

● The Franklin Community School Corporation selects adidas as its exclusive athletic uniform provider for the next three years.

● The East Allen County Schools approves spending $81,235 for the NWEA web-based Measures of Academic Progress (MAP) formative assessments in math, reading, and language arts. The cost for grades 3-10 will be reimbursed by the State through the Formative Assessment Grant program, and EACS will pay $17,820 out of its general fund for the assessments in grades 11 and 12. For grades K-2, EACS teachers will administer mCLASS.

● The Indianapolis Public Schools amends the dress code to allow female students to don multicolored tights.

IN Referenda . . .

● The Monroe County Community School Corporation school board approves a November referenda to renew the operating levy in place since 2011. MCCSC will ask for 11.5¢ this time around, down from the current 14¢.

□ A poll of 400 constituents conducted on behalf of the corporation found that about 70% favored continuing the referendum at the same or lower rate. When respondents were read a detailed description on how the additional property tax revenue would be spent, support jumped to 85 percent.

● As expected, the School City of Mishawaka school board approves a dual referendum for November – one to raise $1.8 million annually for seven years for operations, and the other to pay for $13 million in facility improvements.

□ A popular former Mishawaka mayor – now the local chamber of commerce top exec – is active in the pro-referenda political action committee.

IN Construction & Facilities . . .

● The Crown Point Community School Corporation agrees to donate 2.3 acres of land to the City of Crown Point, and in exchange, the redevelopment commission will annually provide the district with $100,000 for education and training programs.

● The Wawasee Community School Corporation goes to market later this month with $19.845 million in lease obligation and refunding bonds to finance $1.9 million in improvements to North Webster Elementary School and refund a 2005 bond issue. The North Webster project is slated to begin in Spring 2017 and end in December 2017.

□ City Securities Corporation is the lead manager, and Ice Miller LLP is bond counsel.

● Athletic renovations should be a high priority for the South Montgomery School Corporation, argued a school board member during a June work session to review a feasibility study. The *Crawfordsville Journal Review* reports that the school board member warned, "I'm telling you, we're going to get sued. We're not ADA compliant. You can't set an ADA-compliant outhouse out there and call our facilities ADA compliant. It's ugly. It's embarrassing when schools come out here and you have to give them a Porta Pot to use. We have talked and talked about enrollment. There's a reason it's going down. It's ugly outside. Academically, we can hold our ground. We, at some point, have to take the bull by the horns and say, 'This is not an acceptable toilet for people to use.'"

□ Grandma can't attend volleyball matches "because we can't get her wheelchair there," complained one mother in the audience.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

- Preliminary drawings for a brand new high school have been unveiled for Columbia City High School. Tentative plans call for groundbreaking on the $77.7 million project in 2017.

- The Greater Jasper Consolidated School Corporation schedules a public discussion later this month to talk about the need to build a new elementary school.

- The Bartholomew Consolidated School Corporation receives a facilities assessment showing that BCSC will soon need to start planning for construction of a 12th elementary school, and that doesn't even take into consideration the potential for a state-funded expansion of preschool.

- MSD of Mount Vernon plans to enter into a partnership with Indianapolis-based Performance Services as part of a three-year "Guaranteed Energy Efficiency"project which is expected to significantly improve energy efficiency at all of the district's schools. The project – slated for implementation in 2018 - 2019 – will include the replacement of aging and outmoded equipment including chillers and boilers, classroom HVAC units, and water pumps, as well as window replacements and LED lighting upgrades.

IN Transition . . .

- The House members who will serve on the Interim Study Committee on Education are:

Rep. **Bob Behning** (R) of Indianapolis – Chair
Rep. **Mike Braun** (R) of Jasper
Rep. **Tony Cook** (R) of Cicero
Rep. **Dale DeVon** (R) of Granger

Rep. **Terri Austin** (D) of Anderson
Rep. **Sue Errington** (D) of Muncie
Rep. **Vernon Smith** (D) of Gary

- Reappointed to the Indiana Career Council are Reps. **Ben Smaltz** (R) of Auburn and **Terri Austin** (D) of Anderson . . . House Education Chair **Bob Behning** (R) of Indianapolis has been re-appointed to the Education Commission of the States . . . re-appointed to the board for the Indiana School for the Deaf is Rep. **Ed Clere** (R) of New Albany.

- Director of Operations and Strategic Initiatives **Sarah Rossier** leaves the staff of the State Board of Education to accept a position in the private sector.

- The Indianapolis Public Schools hires **Revonda Johnson** as director of principal development . . . **Troy Nolan-Watkins** as principal of the Sidener Academy . . . and **Douglas Kowalski**, an attorney in the administration of former Indianapolis mayor **Greg Ballard** (R), as a risk manager.

- The Medora Community School Corporation hires **Austin Absher** as principal. She has been an English teacher in the district since 2013.

- The next superintendent of the M.S.D. of Wabash County will be Assistant Superintendent of Finance **Mike Keaffaber**.

- The Fremont Community Schools anoints **William Stitt** as interim superintendent, his third such stint, and one that the school board hopes will not need to last past October 1.

- The Washington Community Schools hires **Steve Peterson** as principal of Washington High School. He most recently worked at East Noble High School.

- The new chief academic officer of the Fort Wayne Community Schools will be **Clare Lutgen**.

- The School City of Mishawaka will hire Dr. **Mike Pettibone** on a part-time contract as coordinator of special initiatives from July 1, 2016, through June 30, 2017. Some of his responsibilities will include coordinating a science initiative.

- Fairview Elementary School Principal **Justin Hunter** leaves to become principal of Skiles Test Elementary School in the Metropolitan School District of Lawrence Township.

- The North Judson-San Pierre School Board hires **Jim Polite** as the new principal of the junior/senior high school. He has been assistant principal at Kankakee Valley High School and principal at Thomas Jefferson Middle School in Valparaiso. He will be paid $86,000 per year.

- Assistant Principal **Jody French** has been promoted to principal of Perry Central High School to replace **Seth Clark**, who becomes technology director for the Perry Central Community Schools.

- The Culver Community Schools extends the employment contract for Interim Superintendent **Chuck Kitchell** for one additional year.

- The Indianapolis office of Teach for America names **Amar Patel** as the new executive director. He comes from Chicago.

- **Glenn Weil** has been appointed director of the North Lawrence Career Center. His public school experience includes work in Jasper, Lebanon, Winchester, Perry County, and the Central Nine Career Center.

- The new principal of Wawasee High School will be **Kim Nguyen**, the current director of the Wawasee Area Career and Technical Cooperative. **Jon Everingham** will replace him as the career center leader.

- The Franklin Township Community School Corporation employs **Haley Mulligan** as superintendent of data analytics and assessment.

IN Government . . .

- The Indiana Department of Education will spend about $150,000 on radio and digital ads airing in seven counties to raise awareness about the Summer food service program, and the ad campaign has generated some controversy in political circles.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

□ Superintendent of Public Instruction **Glenda Ritz** (D) says "many families face the issue of how to feed their children when school is not in session," and the ads then direct listeners to find out more information at the Indiana Department of Education website. "Four months from the election, Glenda Ritz is getting air time on WIBC without dipping into her campaign coffers," notes former Republican staffer **Jay Kenworthy**, who brought the matter to light on his IndianaExplained.com website. While state law prohibits a state official from using his or her "name or likeness in a communication paid for entirely or in part with appropriations made by the general assembly, regardless of the source of the money," the Indiana Department of Education tells **Niki Kelly** of the *Fort Wayne Journal Gazette* "the law doesn't apply because the campaign is being paid for by federal Summer Food Service Program funds. And federal dollars aren't appropriated in the state budget."

● The Indiana Republican Party calls on the state's Office of the Inspector General to launch a full investigation into the allegations reported by **Brian Slodysko** of the Associated Press that the former communications director for the Indiana Department of Education pushed IDOE to enter into a $500,000 contract with a private entity that he then went to work for a few months later after having reportedly obtained informal ethics sign-off for the new job.

● U.S. Reps. **Luke Messer** (R) and **Todd Rokita** (R) send a letter to U.S. Department of Education Secretary **John King** asking for approval of the Indiana Department of Education's waiver request to allow schools impacted by the IDOE's "flawed" Title I funding allocation to carry over unspent funds into the next fiscal year. "Student instruction will suffer if schools aren't allowed to carry over these funds into next year," said Rep. Messer, founder of the Congressional School Choice Caucus. "Our most vulnerable public school students should not be penalized because the Indiana Department of Education made errors in the Title I allocation process."

□ The U.S. Department of Education informed IDOE in September that its method for calculating Title I disbursements was "inconsistent with statute and regulation." IDOE was found to have incorrectly applied the hold harmless provision to charter schools, depriving many of the most disadvantaged children of over $2 million in school funding. Rep. Messer notes that IDOE allowed six months to pass before correcting the misallocation, but by then, it was too late in the school year for the funds to be functionally expended.

● The Indiana Department of Education announces an Every Student Succeeds Act (ESSA) statewide listening tour to gather input for Indiana's upcoming ESSA plan. The tour will stop in nine cities during September and October. IDOE anticipates providing a draft plan for statewide stakeholder review by January 2017. IDOE invited all school superintendents to an ESSA informational conference on June 27 in Indianapolis co-hosted by the Council of Chief State School Officers (CCSSO). IDOE has even rolled out its own "Every Student Succeeds Act The Indiana Plan" logo.

● The State Board of Education plans to re-adopt the administrative rules governing virtual charter schools before the rules expire in January.

● Schools could serve canned, frozen, and dried food as part of the Fresh Fruit and Vegetable Program, under the school meal bill authored by U.S. Rep. **Todd Rokita** (R) and approved by the U.S. House Education and Workforce Committee. "You talk to companies like (tomato processor) Red Gold who say, 'We make a perfectly good product, and we should be able to sell that product to meet these standards, and we can do it in a much more economical way than fresh fruits and vegetables,' " explains Rokita, in a story by Gannett Washington correspondent **Maureen Groppe**. A representative for Indiana-based tomato processor Red Gold, is quoted saying, "We don't think it's the role of government to make decisions between one form or another, given that nutritional standards are met." About 127 schools will receive federal funding in the upcoming school year to participate in the Fresh Fruit and Vegetable Program.

□ Rep. Rokita has been the target of news articles that link his initiative to campaign contributions from Red Gold and other potential vendors, but in a Wednesday email from his campaign, he takes on his critics directly, writing "In recent weeks you have all seen the relentless attacks by the liberal media about my work in Congress. These false narratives may make for catchy headlines and easy talking points for my opponent, **but we have the facts on our side.**"

● The State Board of Education at its July 6 meeting (at Ball State University) will consider for the second year in a row "Online and Paper Pencil Mode Adjustments" for Spring 2016 ISTEP+ Grade 3-8.

● The Indiana Advisory Committee of the U.S. Commission on Civil Rights will meet on Wednesday June 20, from 10:00 a.m. to 11:00 a.m., to discuss findings and recommendations regarding the school to prison pipeline and school discipline policies and practices that facilitate disparities in juvenile justice and youth incarceration rates.

● The Indiana Oversight Committee on Public Records voted in June to update the records retention schedule for all educational institutions. Notable retention requirements in the eight-page document include:

- newsletters must be permanently retained in all formats including written and electronic and including "official announcements made on a social media platform."
- student email account contents can be destroyed six months after the close of the academic year in which the email was sent or received.
- school premises video surveillance must be retained for at least 30 days.

● As we were heading to press with this issue on the evening of June 30, we were learning about a new wrinkle in ISTEP+ test scores.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

□ While ISTEP+ results were to have been made available through Pearson's Parent Portal beginning June 30, parents who sought access instead found this message: "Spring 2016 ISTEP+ student results for grades 3 through 8, due to be posted on June 30, will now be available on July 5. At that time, you will be able to create a new Parent Portal account and log in to access your child's results, using the Claim Code provided to you by your child's school. We regret any inconvenience this may cause." State law requires that test scores be reported to the Indiana State Board of Education by July 1 in the year in which the test was taken.

□ Dr. **Jennifer McCormick** (R), Yorktown Community Schools superintendent and the newly minted Republican nominee for superintendent of public instruction, issued a statement late Thursday:

Hoosier students, parents and families deserve a full accounting for why ISTEP+ test scores have been delayed without warning and with little communication other than a small notice on the Parent Portal. It is unfortunate the burden fell onto local districts, at the last minute, to communicate the Indiana Department of Education's delay in the release of test scores.

School district superintendents like me are frustrated, and like the students, parents and families we serve in our communities, we deserve answers, too.

The Superintendent of Public Instruction and the Department of Education are directly responsible for managing the ISTEP+ program and the program's vendors. Delaying scores and defying state law to post scores by July 1 is unacceptable. We need a Superintendent and a Department that can successfully manage Indiana's statewide assessment system.

IN Courts & Conduct . . .

● The American Civil Liberties Union of Indiana sues Delta High School in Muncie to stop the distribution of Bibles to graduating seniors at a mandatory pre-graduation luncheon and to block prayer at future graduation ceremonies. The suit was filed in federal court in Indianapolis.

● The search and seizure warrant served on the Vigo County School Corporation by the FBI during the June 8 raid covered well over 100 items between three buildings, including "information about ESG Energy Systems Group, **Steve Weatherford** Foundation, Vigo County Aquatic Center, ... the Vigo County Educational Foundation files, along with documents pertaining to oil and gas leases" and various records covering administrators in the central office, including documents related to the contract and retirement benefits for Superintendent **Danny Tanoos**, and the Tanoos Education Leadership Scholarship, reports the *Terre Haute Tribune-Star*.

● A former instructional assistant in the Maconaquah School Corporation alternative education program pleads guilty to child seduction and unlawful transfer of a handgun and will be sentenced in September. She was accused of having sexual relationships with two 17-year-old students and buying them thousands of dollars in gifts, guns, alcohol, and cars.

□ **Michelle Ladd** would be sentenced to six years each on the two felony charges, but the two sentences would run together, and four years of the sentence would be suspended. A second count of child seduction, two other charges of unlawful transfer of a handgun, and a charge of furnishing alcohol to a minor will all be dropped.

● Indianapolis Public Schools Principal **Bill Jensen** is battling to keep his job, as IPS seeks to hold employees responsible for failing to timely report sexual allegations involving students to Child Protective Services. Jensen's attorney, **Kevin Betz**, tells WRTV-TV *rtv6* in Indianapolis that Jensen adhered to IPS policy by calling the head of human resources about the allegations. According to WXIN-TV *Fox59*, "Jensen, who has been employed with the district for over 40 years, was the first person to take a report in February from a parent who said counselor **Shana Taylor** was having sex with her son. Taylor was later charged with multiple counts of child seduction. Jensen, according to court paperwork, called his superior, and then Human Resources Director **Tina Hester**. Detectives said Hester told Jensen not to involve police. No one in the district reported the alleged abuse until almost a week later."

● A former Seymour Middle School math teacher has been sentenced to 21 years in prison for molesting a 12-year-old student he met at school and tutored in math. He voluntarily surrendered his teaching license.

● As Mt. Vernon Middle School Principal **Scott Shipley** headed to a Thursday hearing in Hancock County Superior Court on a single misdemeanor count for failure to report allegations of child abuse involving a former teacher's aide and substitute teacher in his school, his attorney was preparing raise a new argument for dismissal of the charges. He was asserting that Shirley didn't have a legal obligation to report because the student who allegedly was abused was 18 years old when the principal first learned of the allegations.

□ Indianapolis attorney **John Tompkins** argued that the statutory duty to report only arises when the alleged victim is a minor at the time the school official learns of any alleged abuse. "If the potential victim is an adult at that time the potential abuse or neglect is discovered, it is unreasonable to impose any duty to report under Indiana's comprehensive statutory scheme governing the reporting and investigation of child abuse or neglect," Tompkins argued on Shirley's behalf.

IN Higher Education

IN General . . .

● The ShanghaiRanking Global Rankings of Academic Subjects lists Purdue University as tops in the world for civil engineering, 21st for chemical engineering, and 27th for mechanical engineering. The global rankings are based on research productivity, research quality, research citations, and international and corporate research collaborations.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● Purdue University enrolled 3,518 new resident undergrad students in Fall 2015, up from 3,300 in Fall 2014. The upcoming Fall 2016 class, if everyone shows up, will have 275 more resident undergraduate students than last year. So over the last two years, West Lafayette will have added around 500 undergraduate resident students. Still, almost half of all freshmen (48%) in Fall 2015 hailed from another state or country, up from 38% in Fall 2008. Bolstering the bottom line: out-of-state tuition and fees will be nearly three times that for in-state students in Fall 2016 ($28,804 vs. $10,002).

● The Indiana University Bicentennial Committee recommends that a new museum be established on the Bloomington campus chronicling the history of IU.

● Vincennes University is bracing for a steep decline in the number of incoming freshmen on campus this Fall . . .

● ISM Education Loans makes a $1 million commitment to the Purdue University Back a Boiler income share agreement program.

IN Administration . . .

● The Purdue University Board of Trustees votes to renew for five years the agreement with Indiana University for the management of Indiana University-Purdue University Fort Wayne (IPFW). A revised governance structure will be presented to IU and Purdue trustees at their December 2016 meetings. Mike Berghoff, chair of Purdue's Board of Trustees, says both universities understand the importance of bringing stability and closure to the IPFW community. He hints that the December revisions will involve a special funding request to the state legislature for the FY 2017-18 biennium that would assist in the transition to new organizational arrangements. Trustees and administrators of both Purdue and IU agreed that the primary objective of ongoing discussions would be to achieve realignment of the academic missions, whereby IU would focus primarily on its health sciences initiative and Purdue would be the governing entity of IPFW, responsible for the remaining programs and any future programs.

IN Programs & Policy . . .

● Indiana Wesleyan University receives accreditation from the Higher Learning Commission for the Emmaus Biblical Seminary located in Haiti.

● Indiana University's South Bend campus receives approval from the Higher Learning Commission for distance education courses and programs.

● Ancilla College plans to create an on-campus center for autism education. Advocates praised Ancilla for setting a standard for all colleges and universities to follow in providing students with Asperger's and autism extra support academically and with social and life skills.

● Inmates at the Westville Correctional Facility and Indiana Women's Prison can qualify for Pell grants to pay for degree programs offered through Holy Cross College.

□ Holy Cross is one of 67 higher education institutions nationwide participating in the U.S. Department of Education's new Second Chance Pell Program.

● Trine University launches a second men's ice hockey program that will compete in the Great Midwest Hockey League (GMHL) as a member of the American Collegiate Hockey Association Division II. Trine is also adding NCAA Division III men's and women's hockey teams.

□ Construction begins this Summer on the $7.2 million, 1,000-seat Thunder Ice Arena, which will house all three hockey programs. Regional Cities funding will cover $2.8 million in construction costs. Trine will be the eighth member of the GMHL, which also consists of Indiana University, Davenport University, Ferris State University, Grand Valley State University, Miami (Ohio) University, Michigan State University, and the University of Michigan.

● Ivy Tech Community College Bloomington will seek approval from the Indiana Commission for Higher Education to offer an Optometric Technology Technical Certificate and Associate of Applied Science.

● Goshen College receives a $3 million bequest, largely in the form of farmland, from the estate of long-time GC supporter Milo Albrecht to fund scholarships, primarily to benefit nursing students.

IN Construction & Facilities . . .

● The Indiana Finance Authority authorizes the sale of up to $1.655 million in bonds for Martin University to refund in whole the educational facilities revenue bonds issued in 2001 in the original amount of $3.5 million to finance a two-story, 48,600-square-foot educational center.

● Ivy Tech Community College will pay $20,000 per year for the next two years to Franklin Community High School in a rental arrangement that provides Ivy Tech with for access to five classrooms.

● The Ivy Tech Community College State Board of Trustees approves a renovation of the first floor of the main building on the Kokomo campus. The work to remodel classrooms and create a student commons is slated for completion in April 2017.

● The Ivy Tech Community College Terre Haute region plans to remodel existing equipment and warehouse space owned by the Ivy Tech Foundation to accommodate the Precision Ag and Diesel Mechanic programs.

● Ivy Tech Community College Central Indiana will purchase the former Double 8 Grocery Store property at the corner of 28th Street and Capitol Avenue in Indianapolis – the final piece that Ivy Tech needed to complete its Fall Creek Campus real estate acquisition plans. Ivy Tech has pined for the property for many years, but the owners have always asked an unreasonable price.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

IN Research & Technology . . .

- The first recipient of funding from Indiana University's $300 million Grand Challenges Program will be a precision health initiative led by School of Medicine Executive Associate Dean for Research Affairs **Anantha Shekhar**. The goals of the initiative include curing one cancer, curing one childhood disease, discovering a way to prevent one chronic illness, and discovering a way to prevent one neurodegenerative disease. "Precision health and person-centered approaches to patient care will be the next paradigm shift for health care delivery, and likely the dominant new forces in training the next generation of graduates from health sciences schools," Shekhar says. The precision health team expects to hire 22 new full-time faculty members at the IU School of Medicine, 15 at IU Bloomington, and two at IUPUI.

IN Transition . . .

- Indiana University South Bend names **Philip Iapalucci, Jr.** vice chancellor of administration and finance. He has 25+ years of financial management experience, most recently as controller/consultant for Marvista Entertainment, based in Los Angeles. He worked at the University of Notre Dame as a chief audit executive from 1998 to 2008, as vice president and chief financial officer at Southwestern Michigan College from 2009 to 2011, and as director of audit/advisory services for the University of South Carolina system from 2011 to 2014.

- Dean of Experiential Learning **Rajesh Bellani** departs DePauw University to become assistant to the president for strategic initiatives at Denison University.

- Provost **Lawrence Schovanec** is the lone finalist to be the next president of Texas Tech University. He earned a doctorate in mathematics from Indiana University.

- Reappointed to the Midwestern Higher Education Commission is Rep. **Wendy McNamara** (R) of Mt. Vernon.

- Reps. **Terri Austin** (D) of Anderson and **Richard Hamm** (R) of Richmond have been reappointed to the State Workforce Innovation Council.

- **D. Mark McCoy**, president-elect of DePauw University, has appointed alumnus **Alan P. Hill** to serve as vice president for student academic life and dean of experiential learning. He spent a decade at DePauw in several key administrative roles, including director of financial aid, dean of students and assistant to the provost and later spent 14 years working at Franklin College, where he was vice president of enrollment and student affairs and later named vice president for enrollment and marketing. For the past year, he has been dean for professional development at Wabash College.

- Trine University appoints **Timothy Tyler** as dean of the Allen School of Engineering & Technology. Tyler has served as a faculty member in the civil engineering department at Trine University for 21 years, chairing the department for three years. Prior to working at Trine, Tyler was a project engineer for consulting firms in Virginia and North Carolina.

- The Lumina Foundation hires **Domy Raymond** as strategy director. She previously worked at USA Funds and Complete College America.

- Dr. **Tracy Pierner**, vice president of academic affairs at Henry Ford College in Dearborn, Michigan, takes over as president of Blackhawk Technical College in Wisconsin on a two-year contract. Dr. Pierner earned his doctorate in Technology Management-Manufacturing Systems from Indiana State University in 2006.

- **Paul Ferguson**, the former Ball State University president who came to the post for a short-lived stint from the presidency of the University of Maine, lands a new job as founding dean of the School of Science, Technology and Health at Biola University in California, helping to mitigate some of the financial obligations that Ball State continues to bear over his still-unexplained departure.

- **John H. Schnatter** of Louisville – the Ball State University alum who is the founder of Papa John's – had reportedly been eyed as a desired potential BSU trustee in the short term . . . but the governor of Kentucky disbanded and reorganized the University of Louisville board of trustees in June and named the pizza magnate to the new U of L board for a term that expires in 2021.

- Purdue University appoints **Frederick R. Davis** as the **R. Mark Lubbers** Chair in the History of Science. Davis comes to Purdue from Florida State University, where he has been a professor of history. Davis will join the Purdue faculty in August and will spend the academic year as a Fulbright Scholar at the Chinese University of Hong Kong.

- Trine University names **Anthony Kline** as interim dean of the Franks School of Education. Kline has held the position of assistant professor since 2013 and previously worked at Ball State University and The Orchard School.

- Reappointed to the Bloomington regional board of trustees for Ivy Tech Community College are **Connie Ferguson, Carven Thomas**, and **Jim Touloukian** for terms to expire June 30, 2019.

- Incoming Bartholomew Consolidated School Corporation Superintendent **James S. Roberts** has been appointed to the Columbus regional board of trustees for Ivy Tech Community College through June 30, 2019.

- **Joseph Gasparino** has been appointed to the North Central regional board of trustees for Ivy Tech Community College to serve through June 30, 2019.

- **David G. Deddens** joins the Southeast regional board of trustees for Ivy Tech Community College through June 30, 2019.

- New members joining Ivy Tech Community College's Southwest regional board of trustees are **Scott E. Lobel** and **Philip Rawley**.

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!

● The Indiana University Kelley School of Business Indianapolis on the IUPUI campus names **Kenneth A. Carow** as associate dean for faculty and research and **Philip T. Powell** as associate dean of academic programs. Powell had been overseeing MBA programs for the Bloomington campus. The changes come as **Philip L. Cochran** steps down after nine years as the school's executive associate dean.

IN Government . . .

● The Purdue University Board of Trustees approves a $2.2 million down payment to the Public Employees' Retirement Fund (PERF) to cover 10% of the unfunded pension liability that was created in 2013 when Purdue decided to no longer enroll new employees in the PERF-administered plan. Effective September 2013, all new Purdue employees are enrolled in a defined contribution fund. That decision was based on an analysis that the university's contributions would be reduced from PERF's 14.2% to 8.0% . . . while still delivering a comparable benefit to Purdue employees.

● The Indiana Public Access Counselor determines in an official opinion that Indiana University - Purdue University Fort Wayne (IPFW) did not violate the Access to Public Records Act when it denied a request to release all meeting memoranda from the University Strategic Alignment Process (USAP) steering committee, facilitation team and task force. IPFW claimed the records were exempt from disclosure as intra-agency advisory or deliberative materials. The Public Access Counselor writes in his opinion that the USAP committees do not meet the relevant legal definition of a governing body, since its members were not appointed by the Purdue University Board of Trustees (the governing body of IPFW). "Likewise based on the information provided, it does not appear as if any of the members of USAP are Board members or sitting members of any other governing body. They are faculty and staff only with no authority to bind the university to any initiative or action. Nor was any official executive function regarding public business outsourced. The task force's charter is clear it is only to provide data and information to the Chancellor. As it is not a sub-set or delegation of a governing body authorized by the Board of Trustees, it cannot take official action on public business."

● The Indiana Public Access Counselor exonerates Indiana University in a formal complaint challenging as improper IU's denial of a request for a count of sexual harassment claims against IU employees. "Your request for the number of sexual harassment claims against IU employees is an information request and not a records request," writes Counselor **Luke Britt**. "It is an information request because you are asking IU to extrapolate data from the actual records and provide you with pieces of information in a form which does not already exist. The APRA does not extend to requests for information and therefore the university's denial was proper."

● The U.S. House Committee on Education and the Workforce advances H.R. 3179, the "Empowering Students Through Enhanced Financial Counseling Act." Co-sponsored by U.S. Reps. **Todd Rokita** (R) and **Luke Messer** (R) – both members of the panel – the bill aims to enhance the timing, frequency, and content of financial literacy counseling for all recipients of federal financial aid.

● The Indiana Commission for Higher Education will soon begin the formal process of adopting new administrative rules to govern student financial aid.

□ You may recall that in 2012 ICHE merged with the State Student Assistance Commission of Indiana (SSACI), and in 2013 ICHE allowed the existing SSACI rules to lapse.

● The Indiana Department of Workforce Development receives a $200,000 grant from the U.S. Department of Labor through the ApprenticeshipUSA State Accelerator Grant program to expand apprenticeships to new sectors and new populations, conduct outreach and work with employers to start new programs, promote greater inclusion and diversity in apprenticeship, and implement state incentives and system reforms.

● The Indiana Commission for Higher Education collected data on veteran enrollment in Indiana public institutions for the first time for Fiscal Year 2015.

□ ICHE found 13,618 enrolled veterans, including 7,423 at public two-year colleges (54.5%) and 6,195 in the four-year public sector (45.5%). IUPUI serves twice as many veterans as any another four-year campus (1,539).

IN Courts & Conduct . . .

● The Indiana University female student who accused classmate **John Enochs** of rape during a 2015 fraternity party has filed a Title IX lawsuit against IU and Delta Tau Delta, claiming officials were indifferent to the notice of the sexual assault and condoned Delta Tau Delta in fostering an environment of illegal and dangerous activity and sexual assault. Enoch was sentenced to one year of probation after pleading guilty to a misdemeanor count of battery with moderate bodily injury after the Monroe County Prosecutor's Office acknowledged the difficult standard of proof in the matter. The lawsuit claims IU fosters "an environment of foreseeable, rampant, and unpunished sexual assault." The suit also specifically claims that despite multiple infractions against DTD for alleged narcotics, assault, and harassment, IU continued to allow the fraternity to remain on campus and throw parties.

INDIANA EDUCATION INSIGHT © 2016 INGroup. All rights reserved. Photocopying, FAXing, or reproducing in any form, in whole or in part, is a violation of federal law, and is **strictly prohibited** without the publisher's written consent.

Subscriptions available via FAX and e-mail. Published biweekly. Printed on recyclable paper; advertising rates available upon request. Base subscription rate for January-December 2016: $335. Additional copy rates and past issues available.

For subscriptions: call **317/817-9997**; FAX **317/817-9998**.
Editorial offices: call **317/955-9997**; FAX **317/955-9998**.
E-mail: < info@ingrouponline.com >
Internet: < www.ingrouponline.com >

Copying, FAXing, or e-mailing without written publisher's permission violates federal law!