Commission on Improving the Status of Children in Indiana

December 11, 2013

Agenda

- Welcome
- Introduction of Guests

Introduction of Guests

- Judge Charles Pratt, Allen Superior Court
- Don Travis, Deputy Director Juvenile Justice Initiatives and Support, Indiana Department of Child Services
- Julie Whitman, Vice President of Programs, Indiana Youth Institute
- Christopher Waldron, Director, Public Health Geographics, Indiana State Department of Health
- Barry Salovitz, Senior Director Strategic Consulting, Systems Improvement, Casey Family Programs
- Senator Carlin Yoder, Chair, Child Services Oversight Committee

Agenda

- Approval of Minutes from the October 16, 2013 Meeting
- Presentation by Commission Members- Agency Organizational Structure

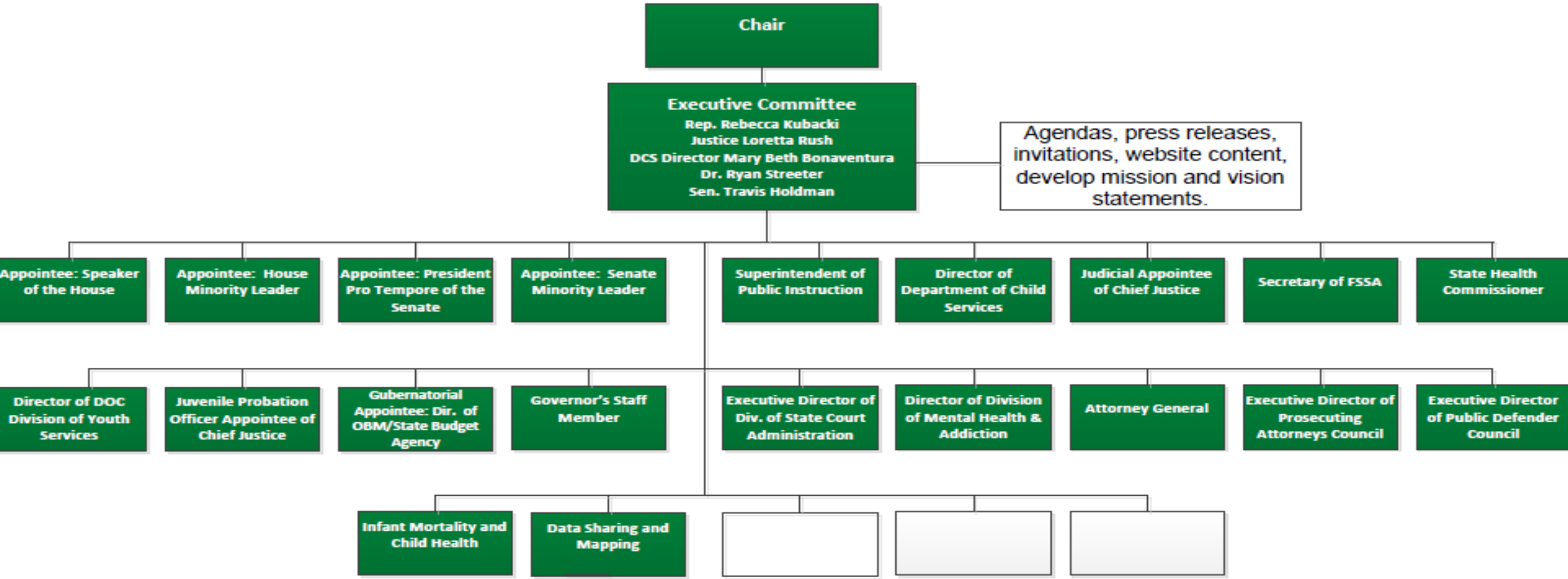
Statutory Requirements

- The commission shall do the following:
  - Study and evaluate the following:
    - Access to services for vulnerable youth.
    - Availability of services for vulnerable youth.
    - Duplication of services for vulnerable youth.
    - Funding of services available for vulnerable youth.
    - Barriers to service for vulnerable youth.
    - Communication and cooperation by agencies concerning vulnerable youth.
    - Implementation of programs or laws concerning vulnerable youth.
    - The consolidation of existing entities that serve vulnerable youth.
    - Data from state agencies relevant to evaluating progress, targeting efforts, and demonstrating outcomes.

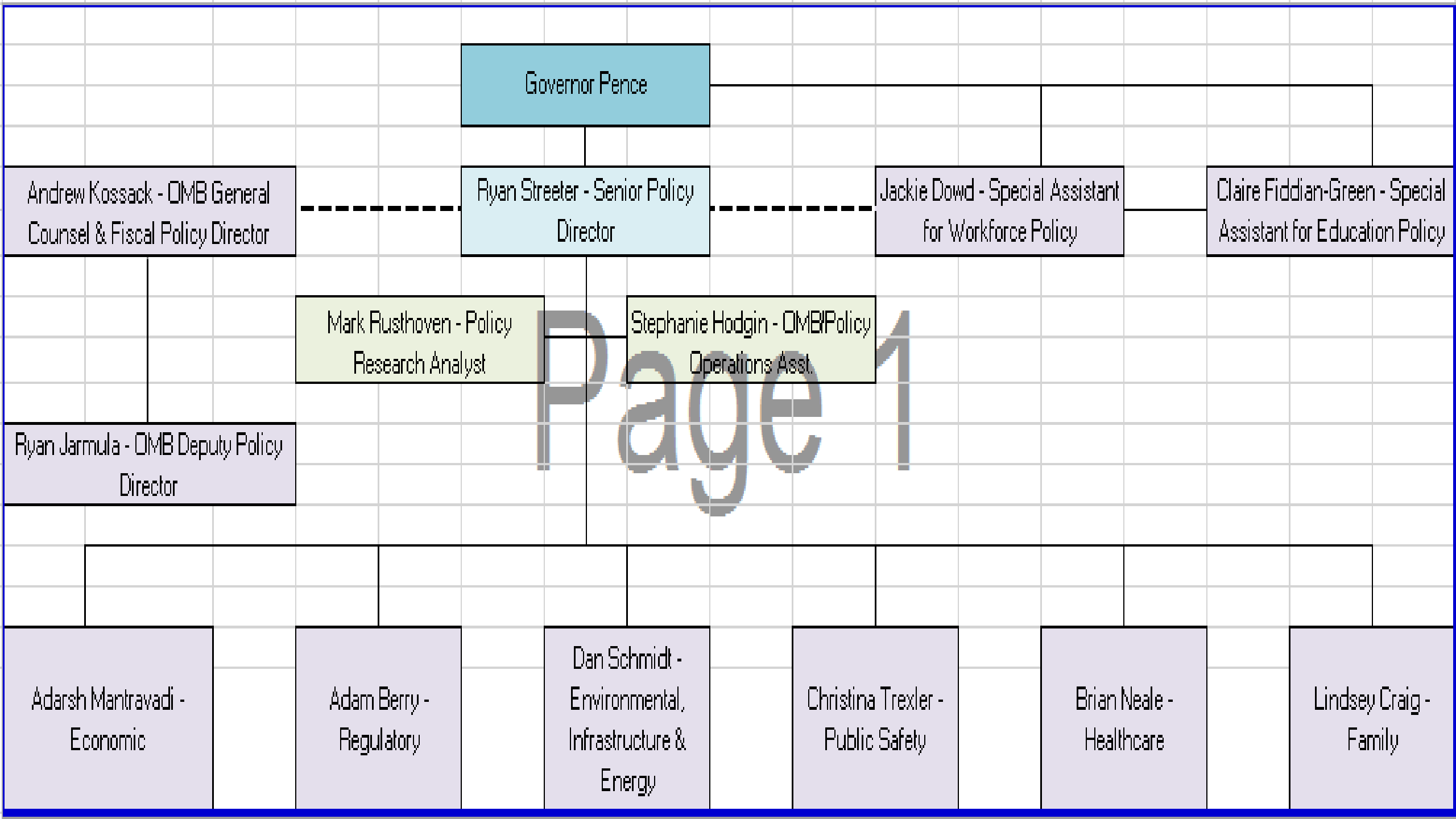
Statutory Requirements

- Review and make recommendations concerning pending legislation.
- Promote information sharing concerning vulnerable youth across the state.
- Promote best practices, policies, and programs.
- Cooperate with:
  - other child focused commissions;
  - the judicial branch of government;
  - the executive branch of government;
  - stakeholders; and
  - members of the community.
- Submit a report not later than July 1 of each year regarding the commission's work during the previous year. The report shall be submitted to the legislative council, the governor, and the chief justice of Indiana. The report to the legislative council must be in an electronic format under IC 5-14-6.

COMMISSION ON IMPROVING THE STATUS OF CHILDREN IN INDIANA



- Each task force/working group will engage in interagency coordination, communication, and data sharing.
- Each task force/working group will make proposals for improvement to the Commission for its consideration and approval, and for eventual inclusion in the annual report.


Governor Pence
Andrew Kossack - OMB General Counsel & Fiscal Policy Director
Ryan Streeter - Senior Policy Director
Jackie Dowd - Special Assistant for Workforce Policy
Claire Fiddian-Green - Special Assistant for Education Policy
Mark Rusthoven - Policy Research Analyst
Stephanie Hodgin - OMB/Policy Operations Asst.
Ryan Jarmula - OMB Deputy Policy Director
Adarsh Mantravadi - Economic
Adam Berry - Regulatory
Dan Schmidt - Environmental, Infrastructure & Energy
Christina Trexler - Public Safety
Brian Neale - Healthcare
Lindsey Craig - Family
Page 1

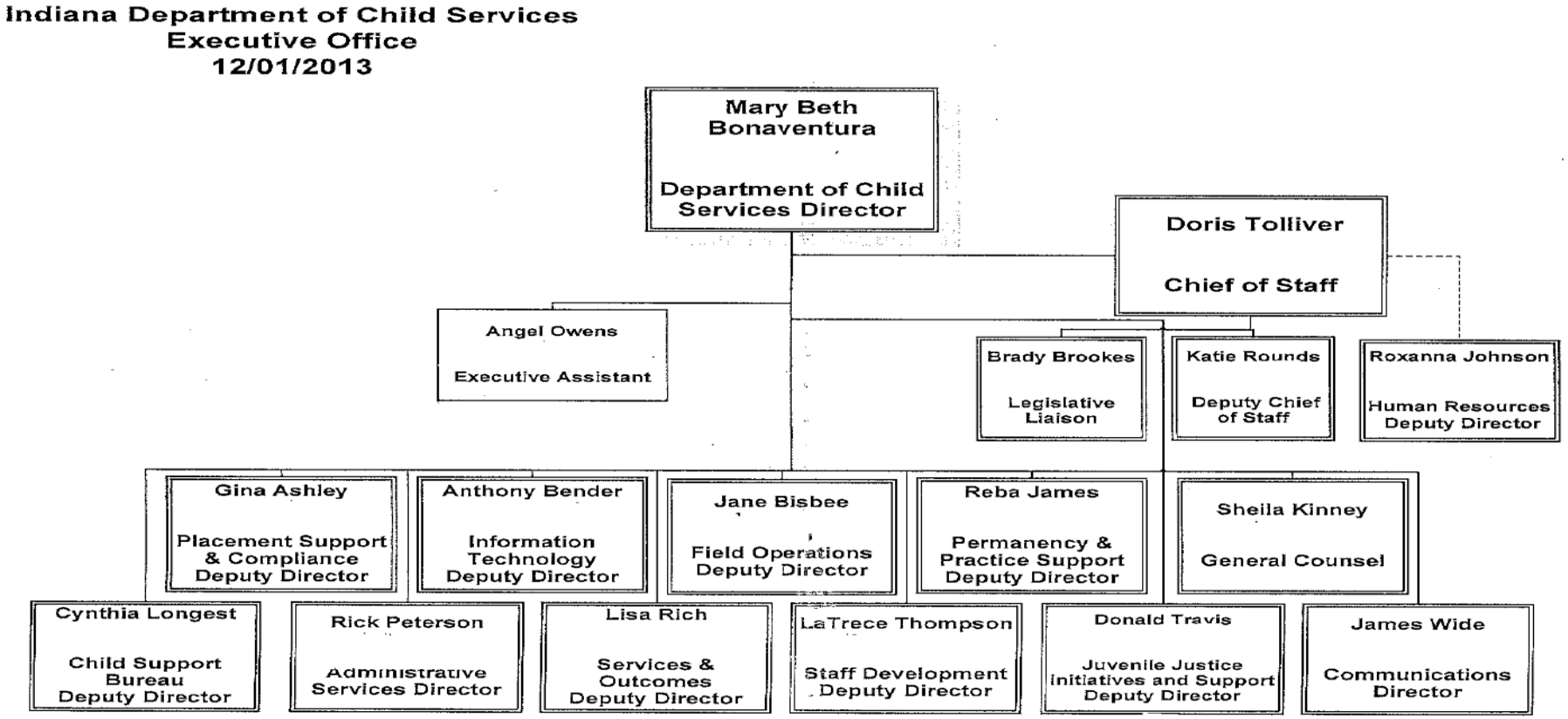
The Indiana Department of Child Services: Organizational Structure

Commission on Improving the Status of Children

December 11, 2013

Mary Beth Bonaventura, Director

DCS Divisions

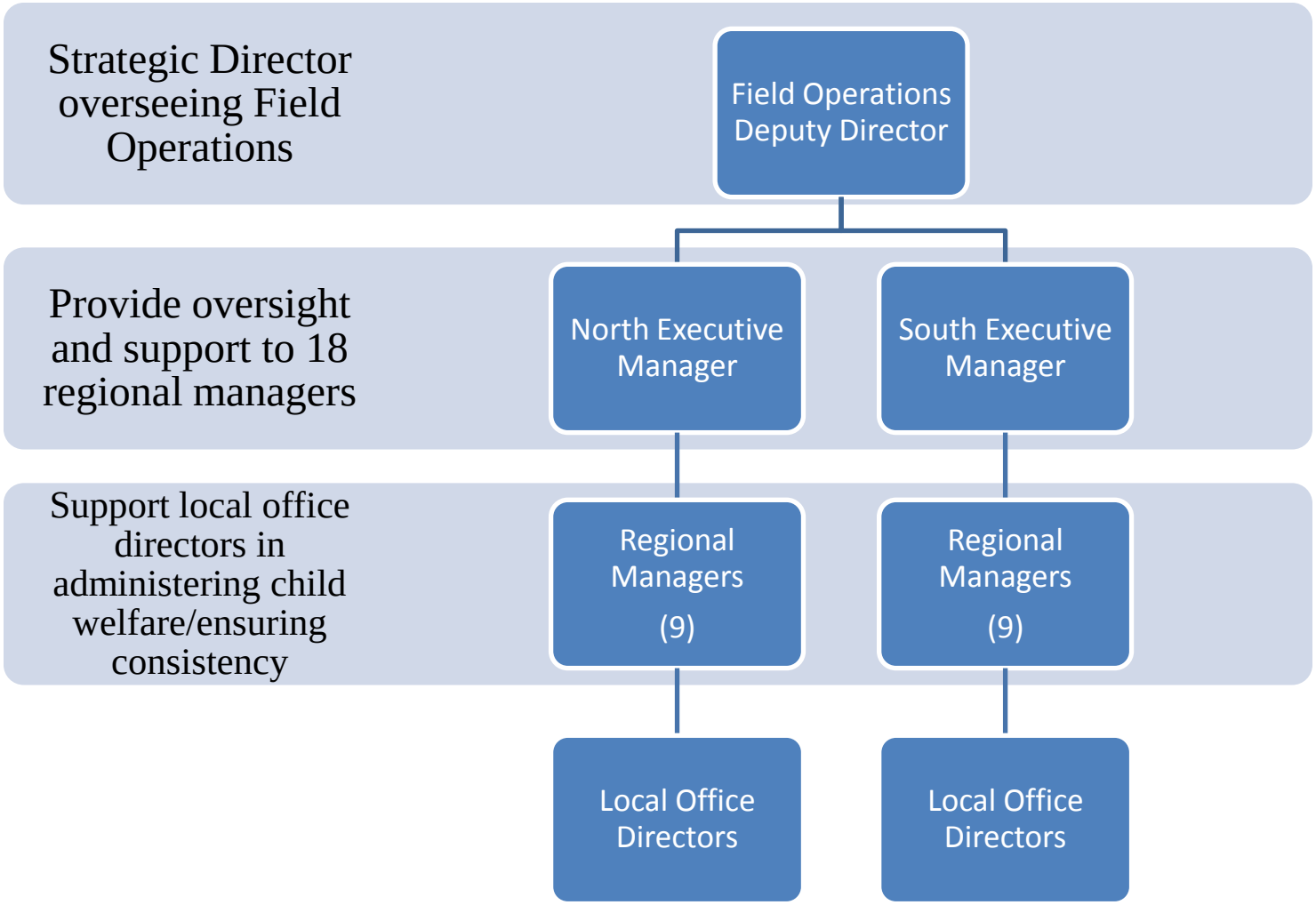


DCS Field Operations

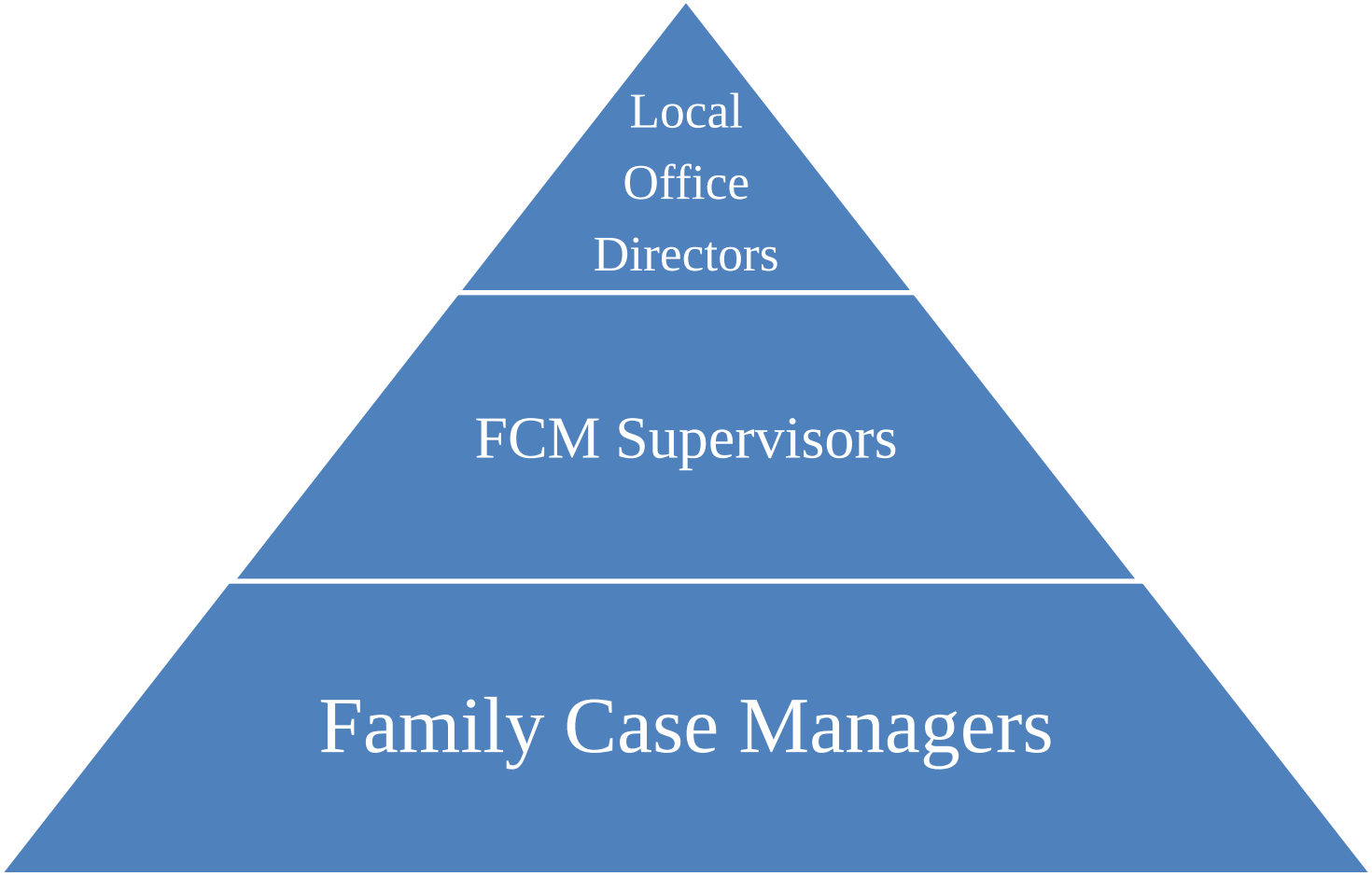
Field Operations

- Includes all field staff in 92 counties that receive reports of child abuse or neglect, complete assessments, and manage on-going CHINS cases.

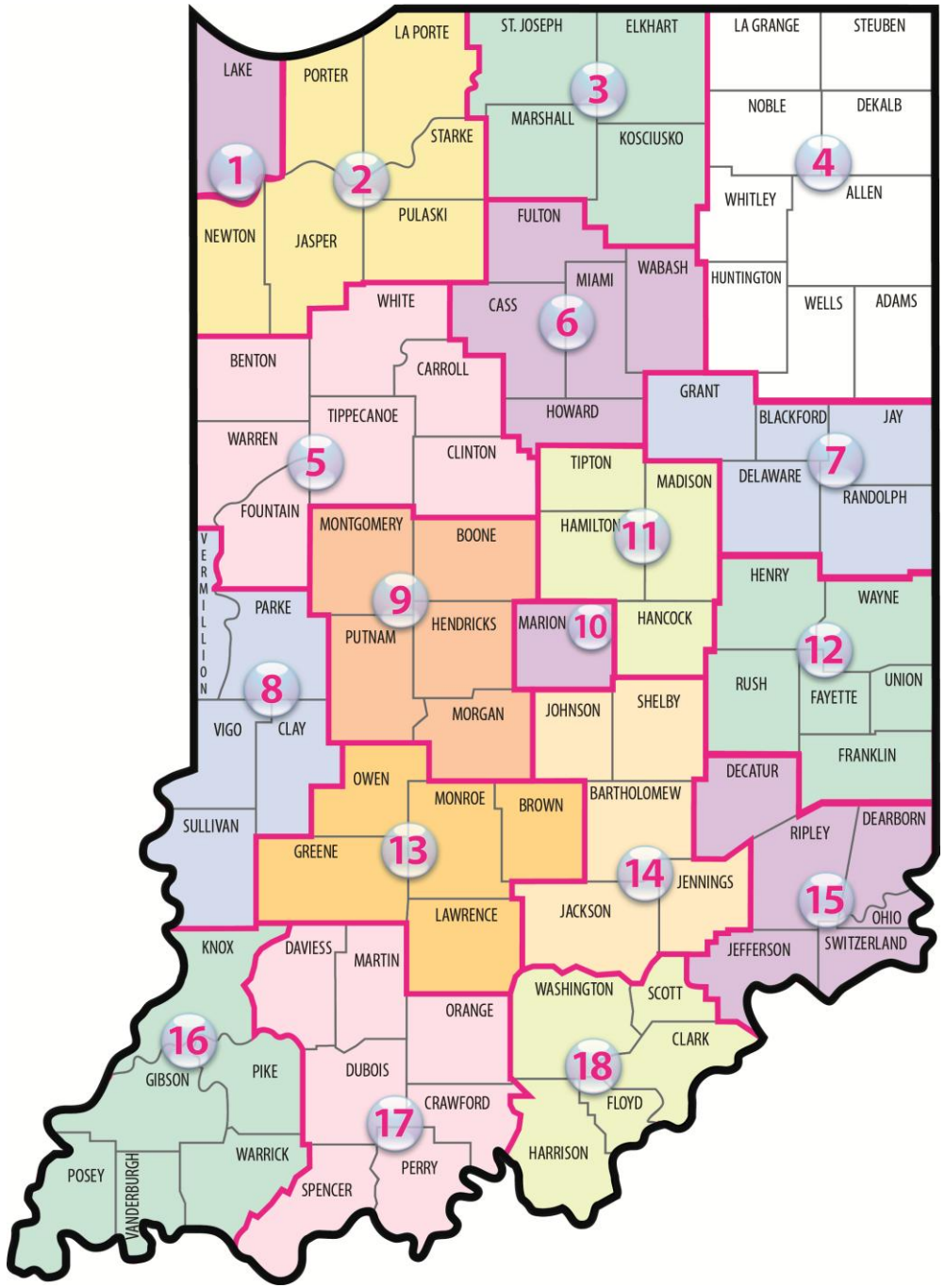
DCS Field Operations



DCS Field Operations: Local Offices



INDIANA DEPARTMENT OF CHILD SERVICES



DCS Divisions

Permanency and Practice Support

- Policy development, and permanency support.

Services and Outcomes

- DCS and provider outcomes, and services offered to families.

Placement Support and Compliance

- Licensing of foster homes and residential facilities, and foster care and relative support services.

DCS Divisions

Staff Development

- Training for staff, foster parents and adoptive parents.

Legal Operations

- Local office attorney's, contracts, and administrative appeals.

Communications

- Manages the Agency's internal and external communications.

DCS Divisions

Juvenile Justice Initiatives and Support

- Focuses on initiatives where the child welfare and juvenile justice system intersect, including supervision of DCS probation services consultants and providing support to courts and probation departments.

Child Support Bureau

- Administer the Title IV-D Child Support Program in Indiana. The Program is administered by the State and enforced locally by the County Prosecutors.

DCS Divisions

Information Technology

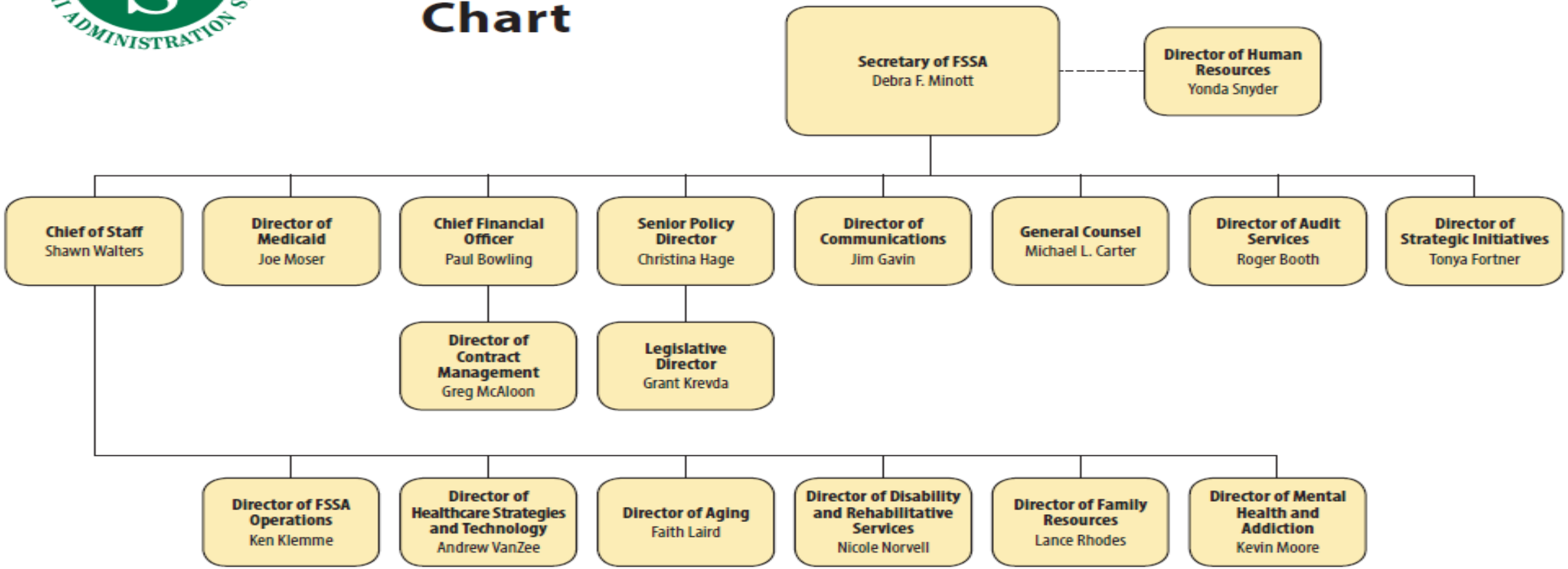
- Maintenance of DCS computer systems.

Finance

- Manage fiscal operations.

Human Resources

FSSA Organizational Chart

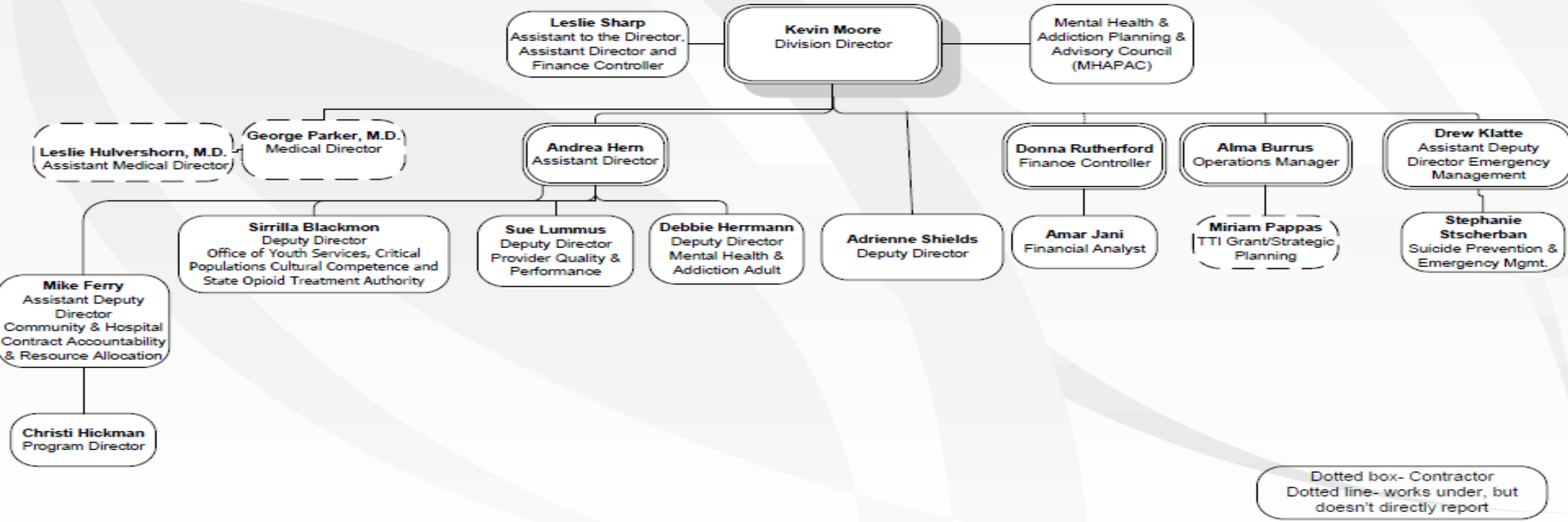


November 18, 2013
#5468

Family & Social Services Administration

DIVISION OF MENTAL HEALTH & ADDICTION

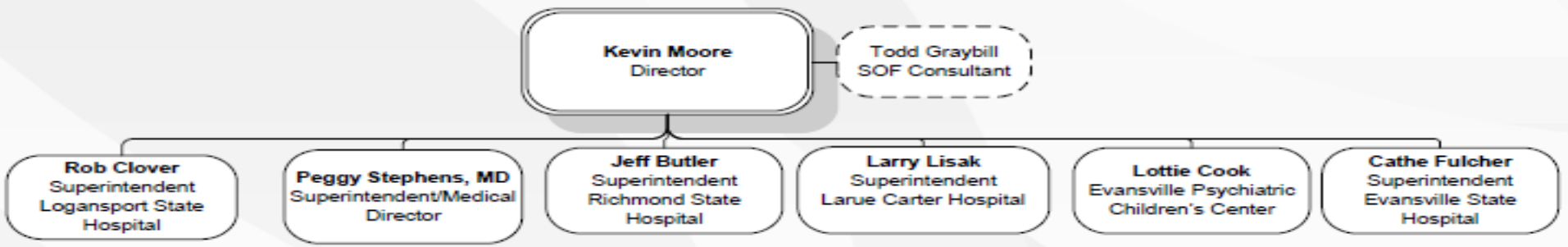
November 1, 2013



Family & Social Services Administration

DIVISION OF MENTAL HEALTH & ADDICTION

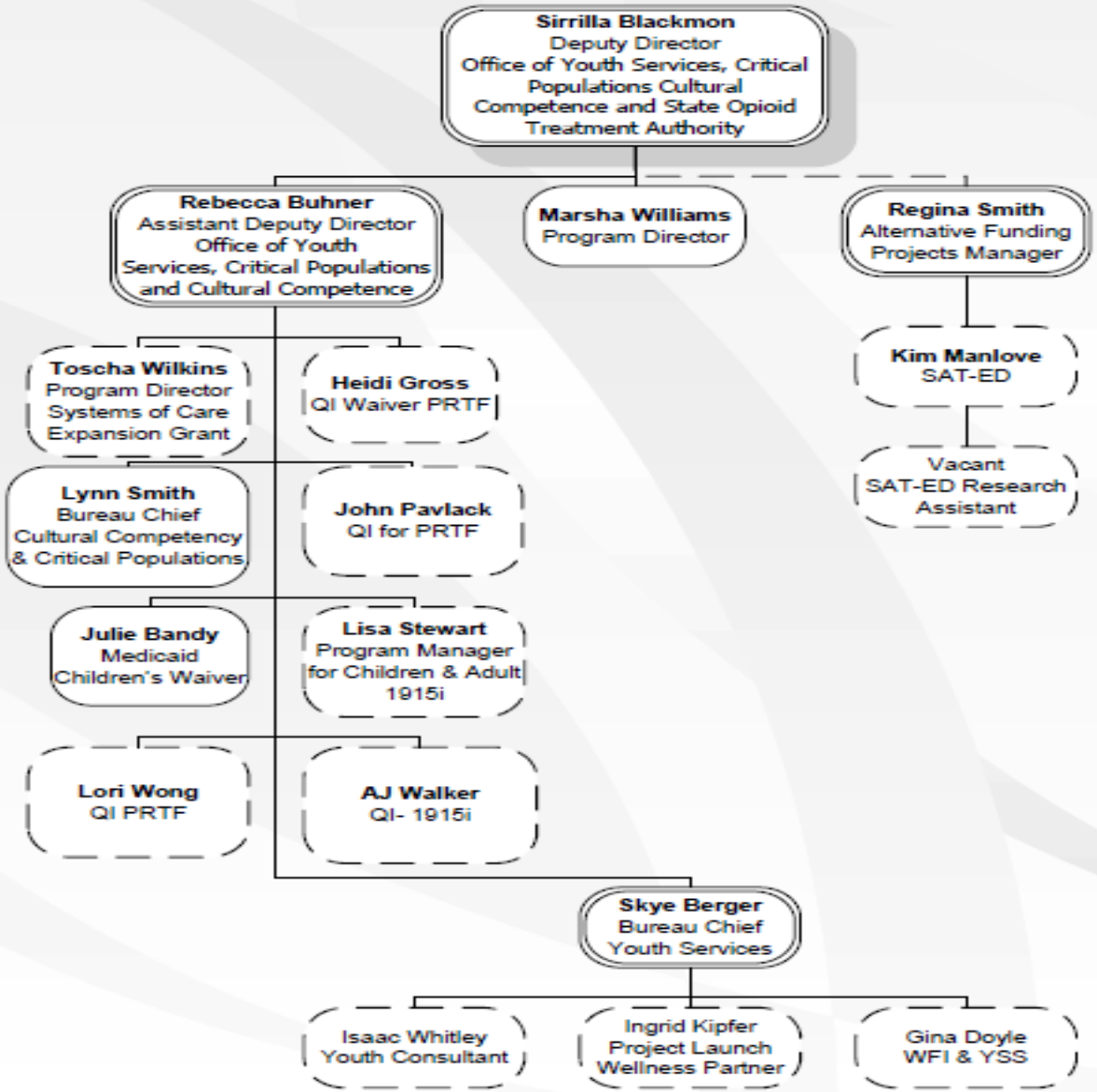
November 1, 2013



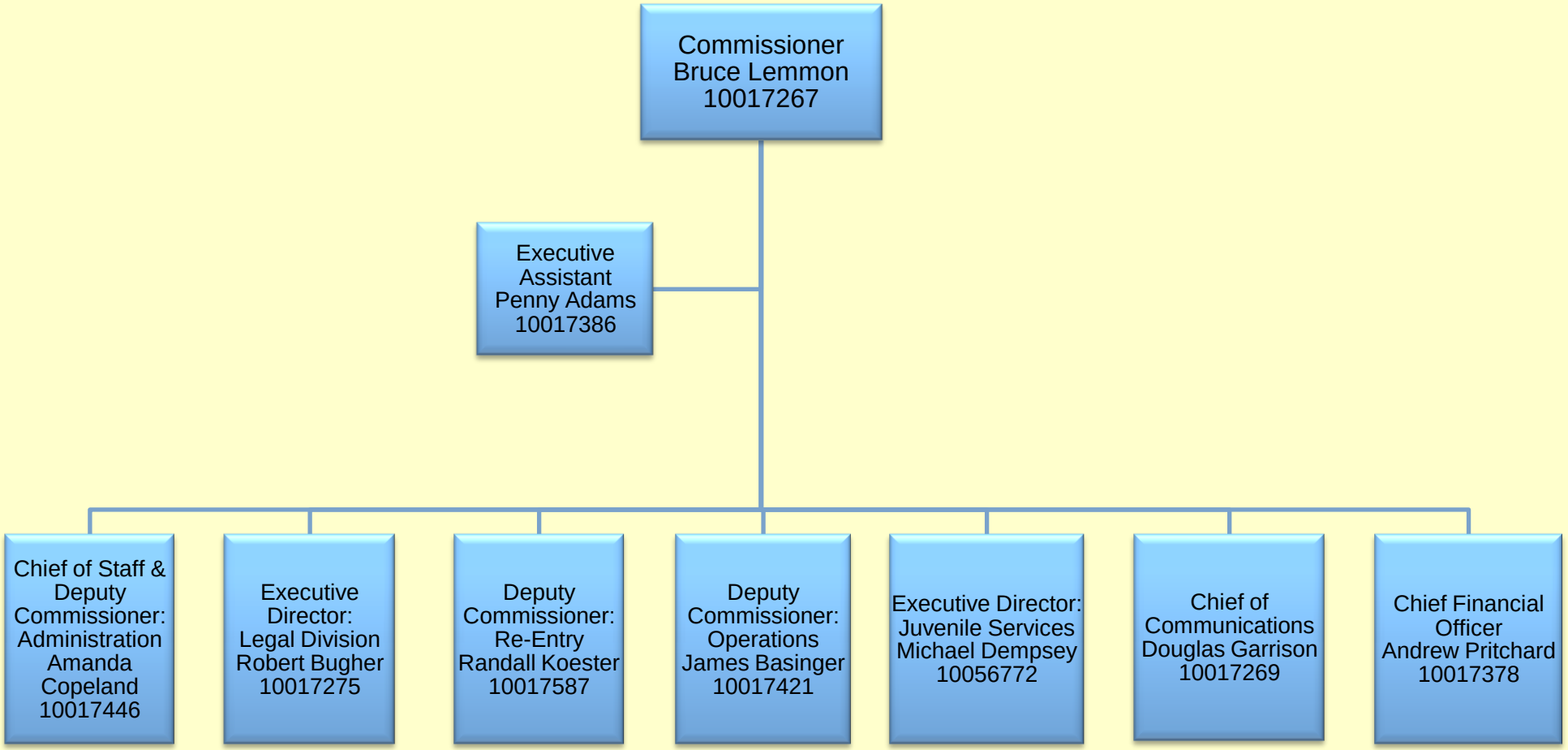
Family & Social Services Administration

DIVISION OF MENTAL HEALTH & ADDICTION

November 1, 2013



DOC
Office of the Commissioner



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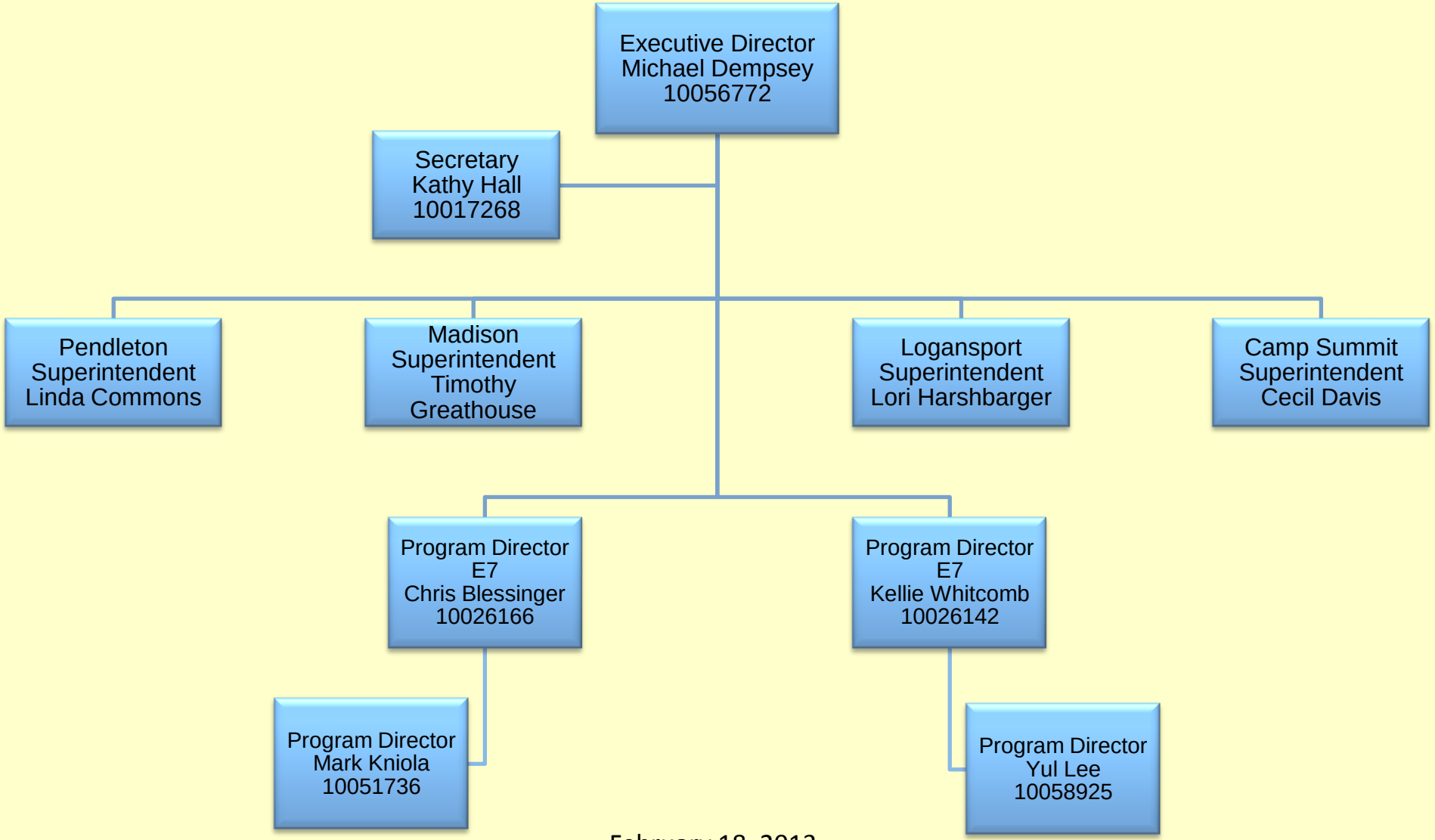
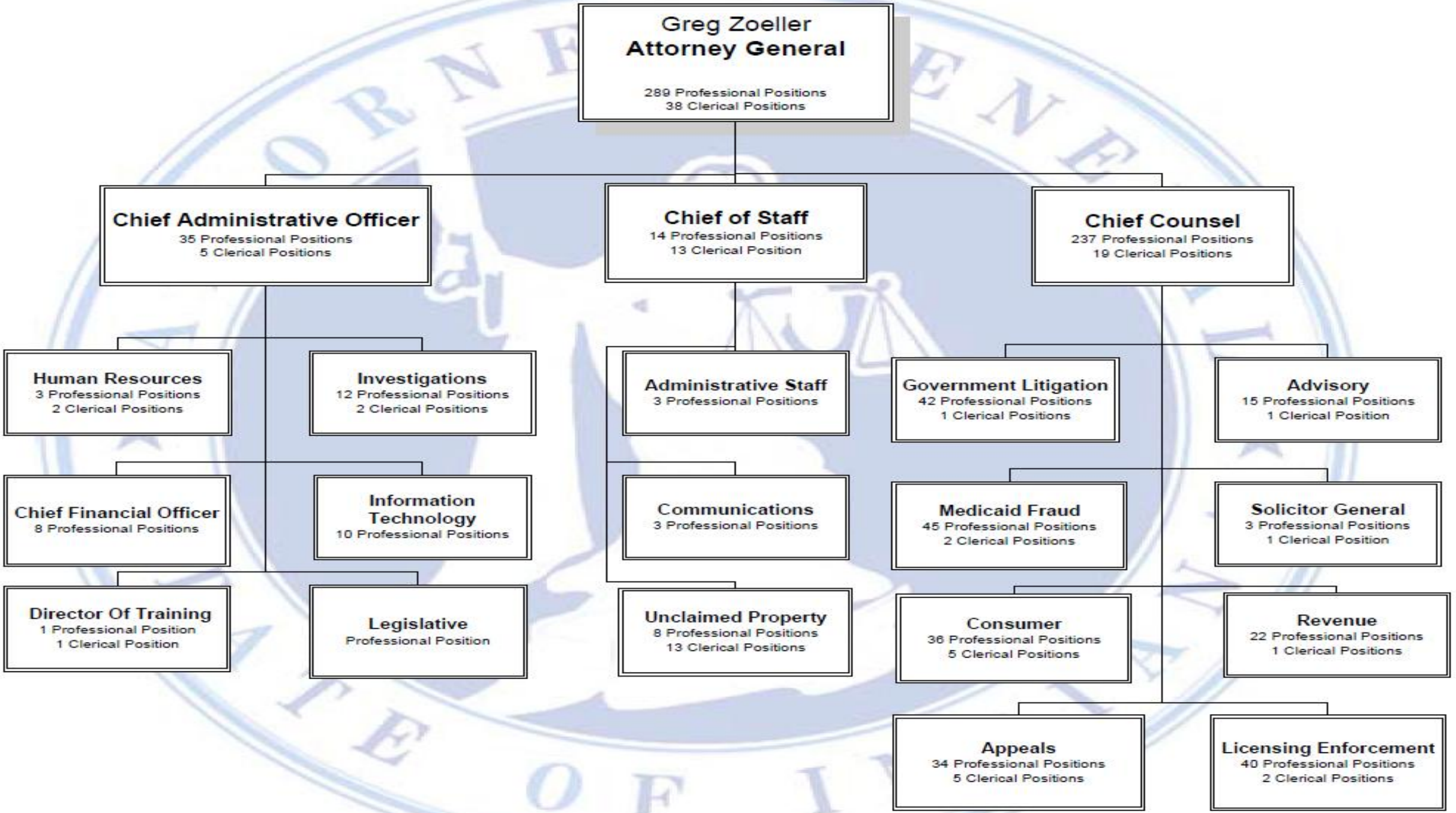
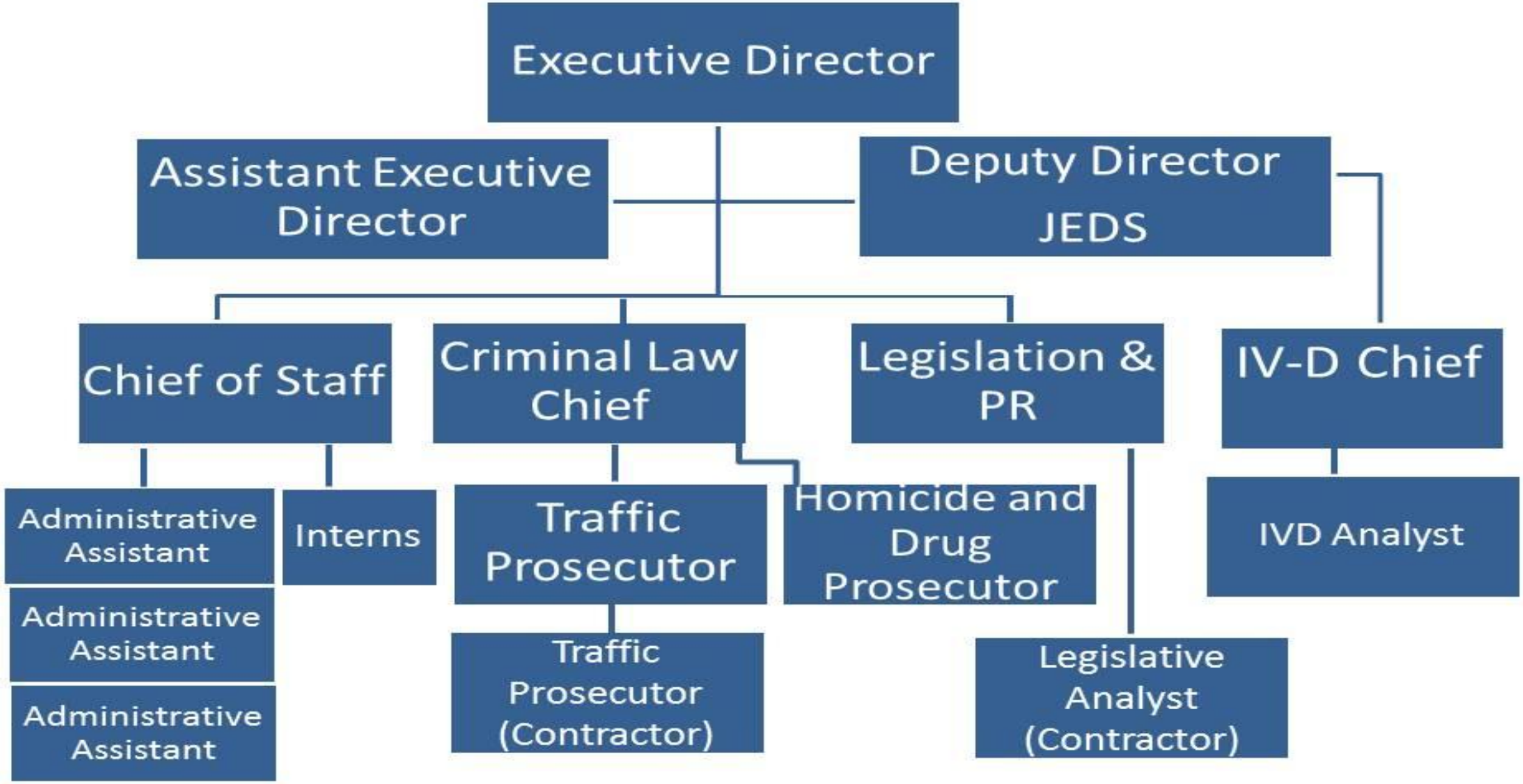
Juvenile Division

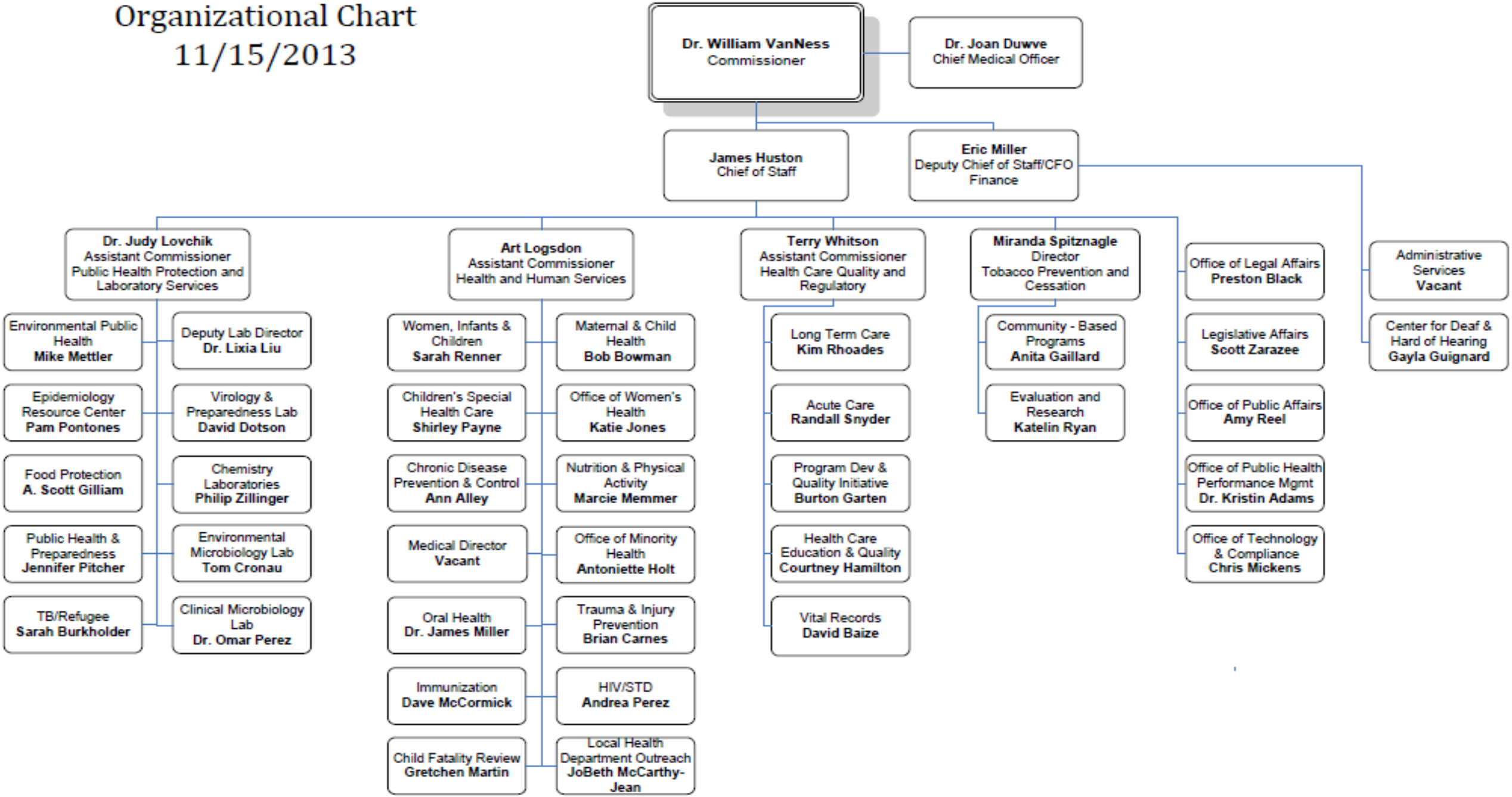



Greg Zoeller
Attorney General
289 Professional Positions
38 Clerical Positions
Chief Administrative Officer
35 Professional Positions
5 Clerical Positions
Chief of Staff
14 Professional Positions
13 Clerical Position
Chief Counsel
237 Professional Positions
19 Clerical Positions
Human Resources
3 Professional Positions
2 Clerical Positions
Investigations
12 Professional Positions
2 Clerical Positions
Administrative Staff
3 Professional Positions
Government Litigation
42 Professional Positions
1 Clerical Positions
Advisory
15 Professional Positions
1 Clerical Position
Chief Financial Officer
8 Professional Positions
Information Technology
10 Professional Positions
Communications
3 Professional Positions
Medicaid Fraud
45 Professional Positions
2 Clerical Positions
Solicitor General
3 Professional Positions
1 Clerical Position
Director Of Training
1 Professional Position
1 Clerical Position
Legislative
Professional Position
Unclaimed Property
8 Professional Positions
13 Clerical Positions
Consumer
36 Professional Positions
5 Clerical Positions
Revenue
22 Professional Positions
1 Clerical Positions
Appeals
34 Professional Positions
5 Clerical Positions
Licensing Enforcement
40 Professional Positions
2 Clerical Positions

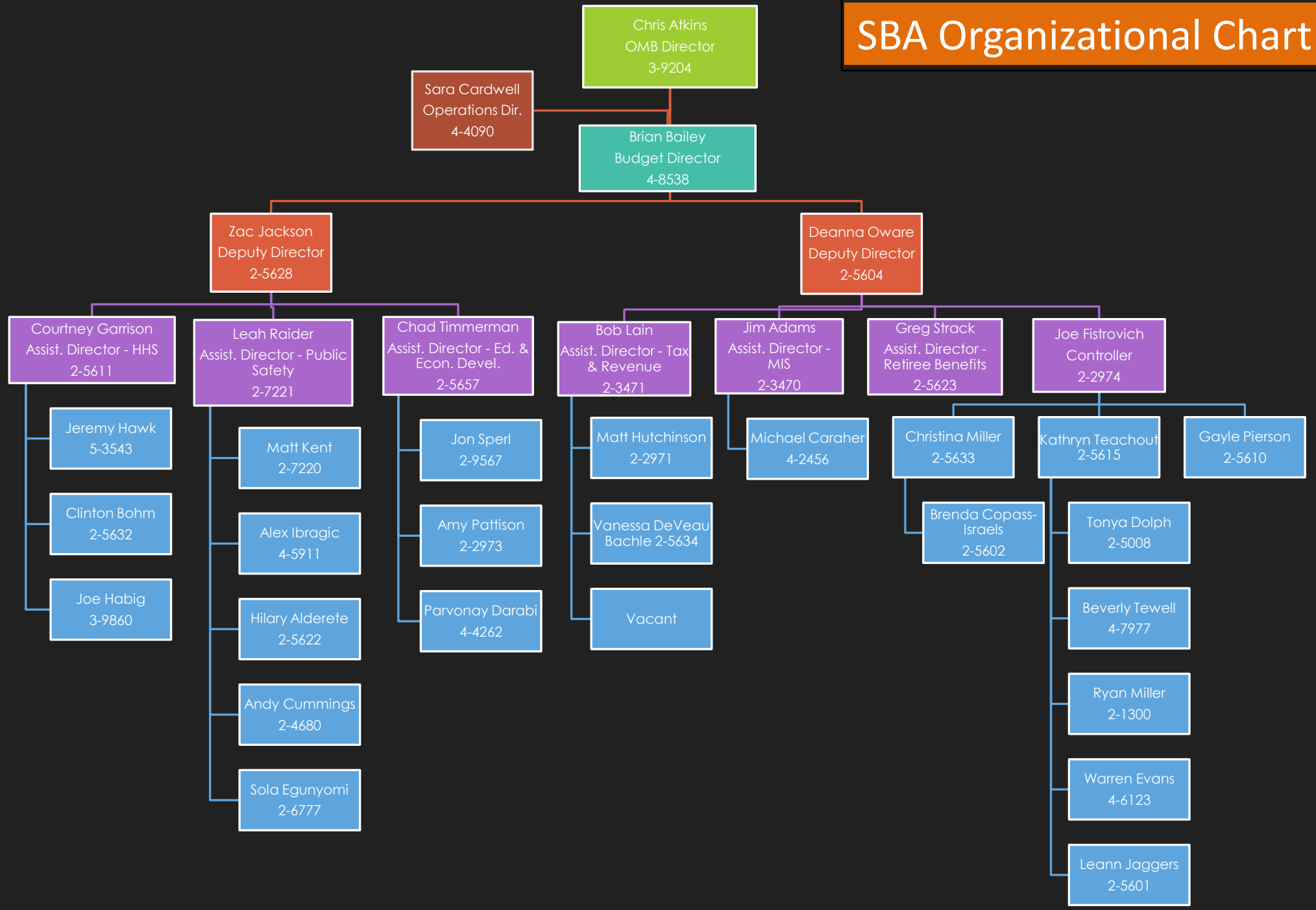
IPAC ORGANIZATION 2013



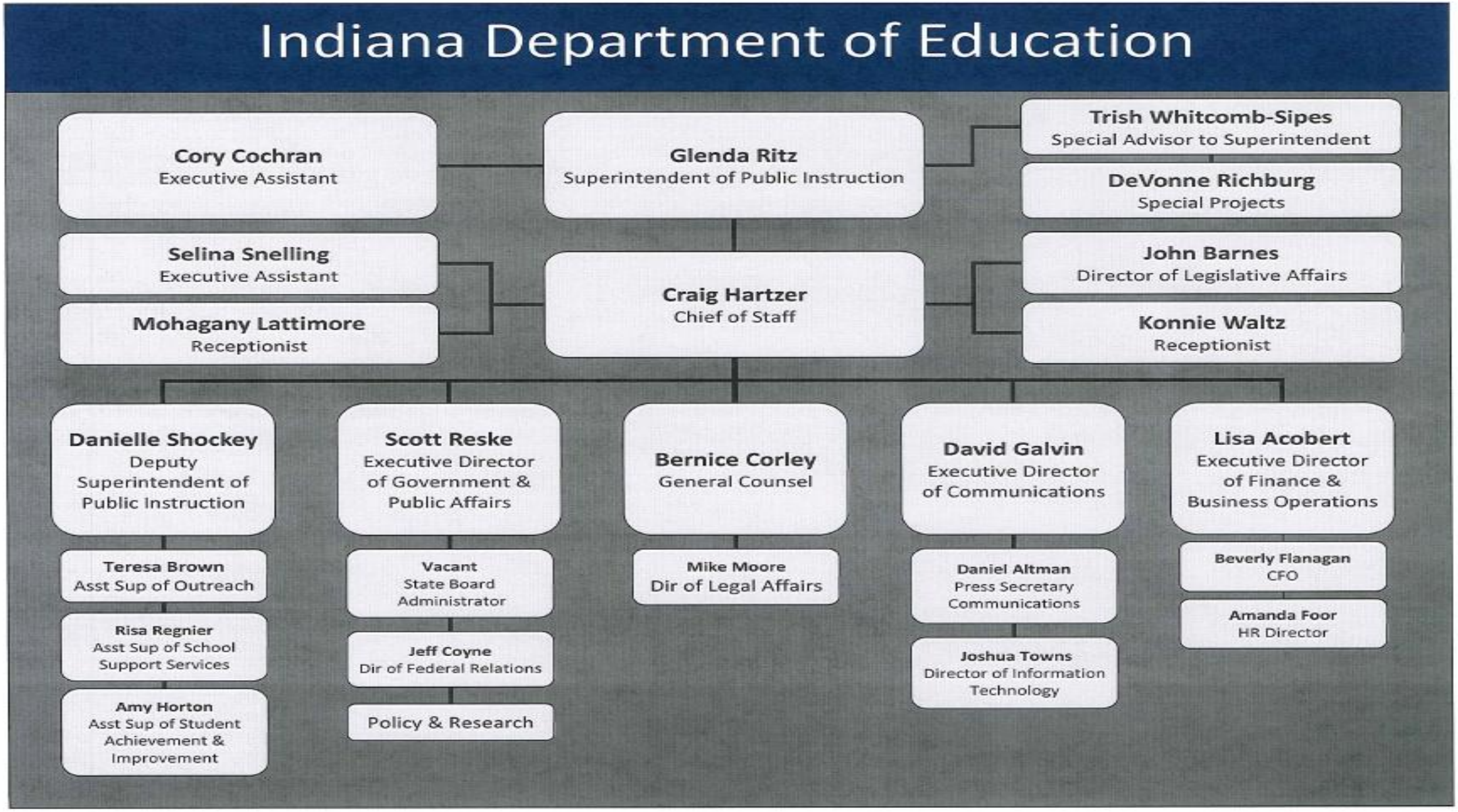
Indiana State Department of Health
Organizational Chart
11/15/2013



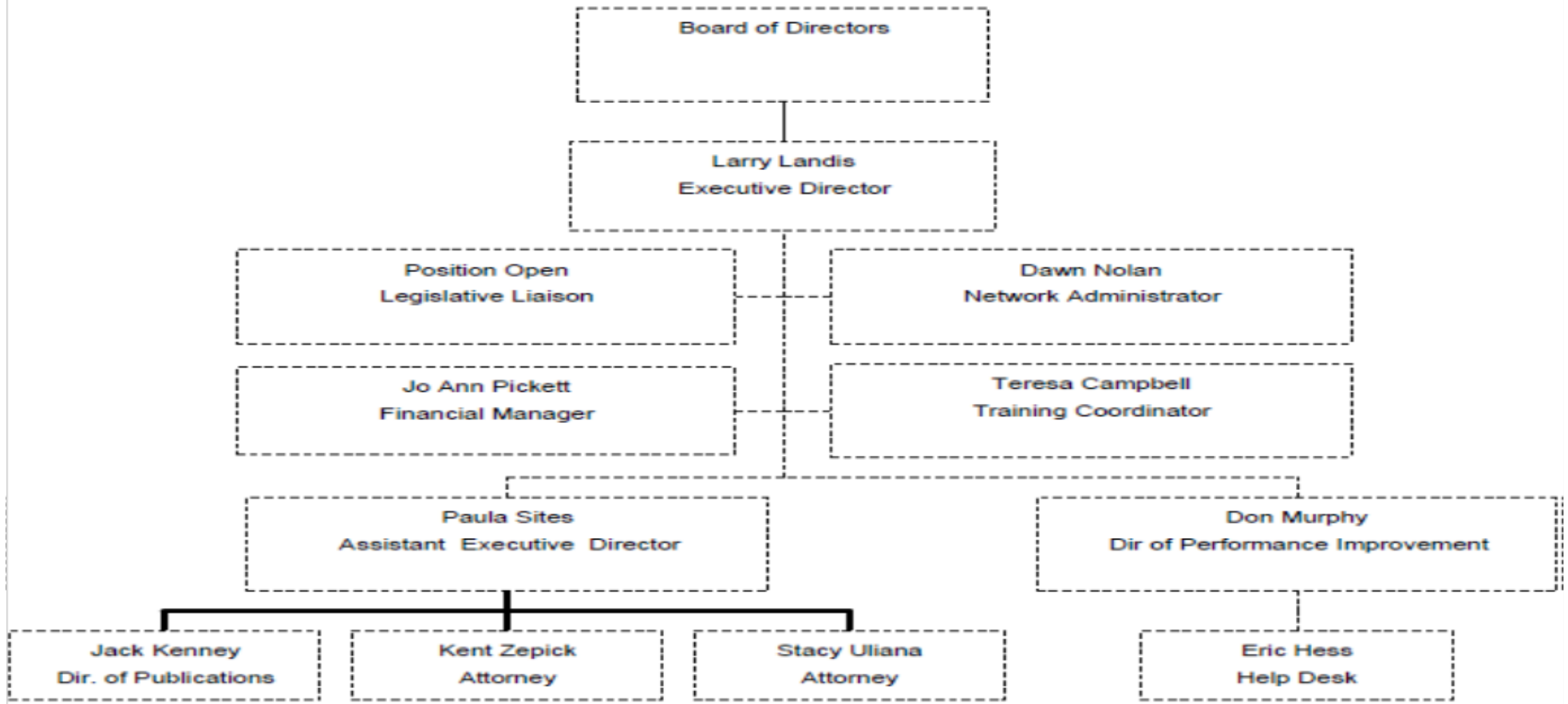
SBA Organizational Chart 2013



Indiana Department of Education



Indiana Public Defender Council
Staff Organizational Chart

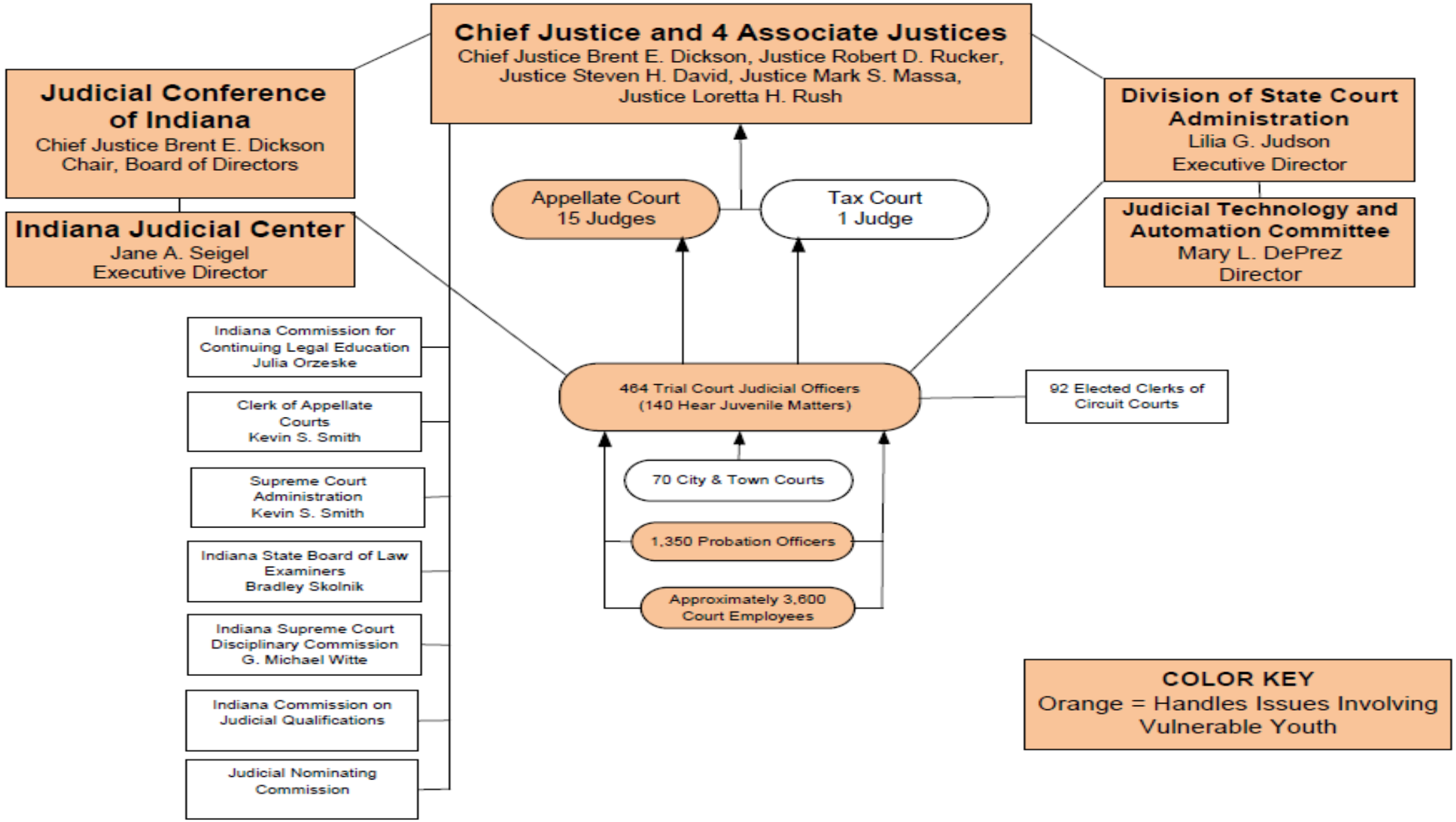


2013orgchart

PROBATION DEPARTMENT ORGANIZATIONAL STRUCTURE

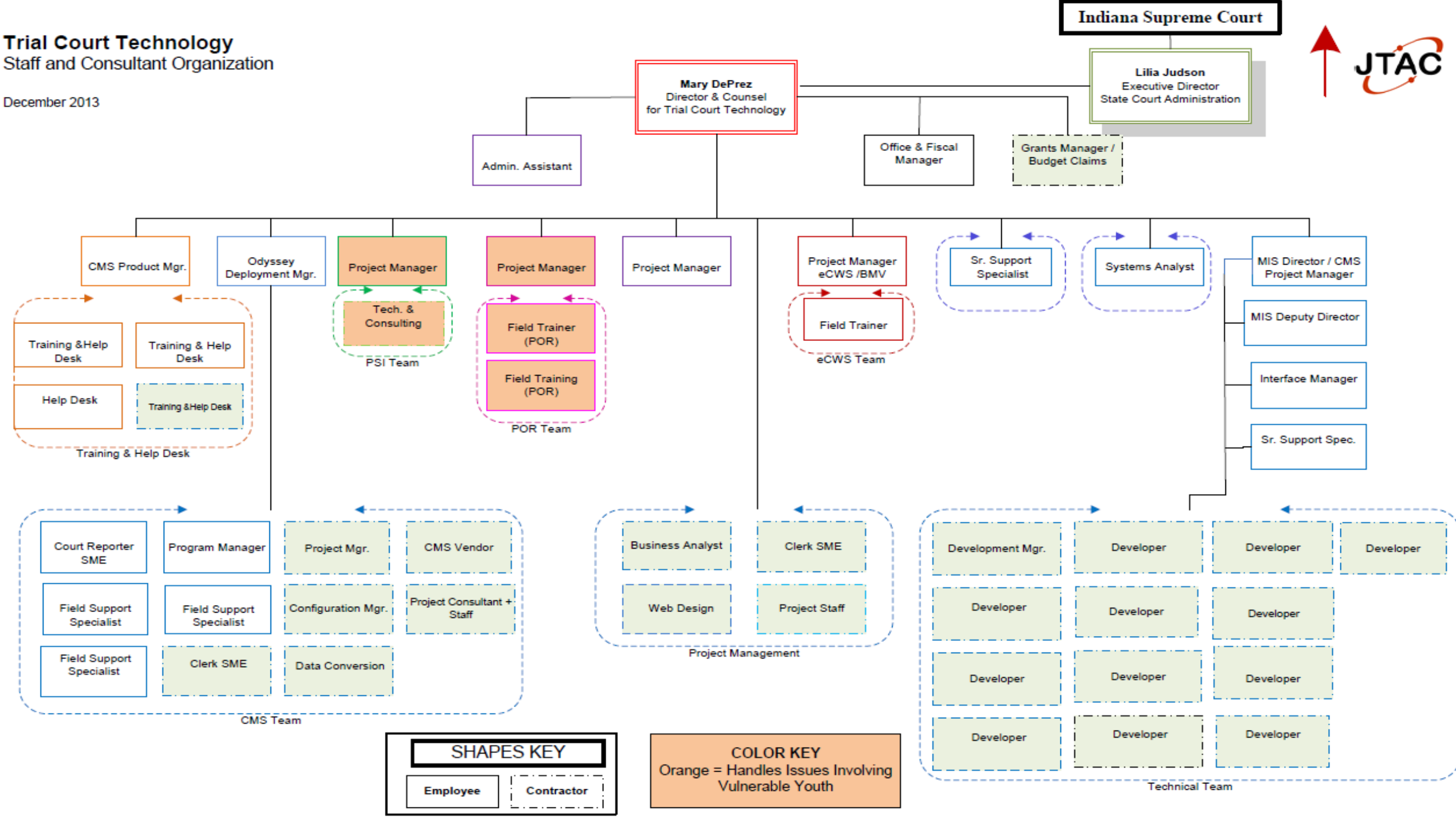
*Each Probation Department may vary by size and therefore in its structure

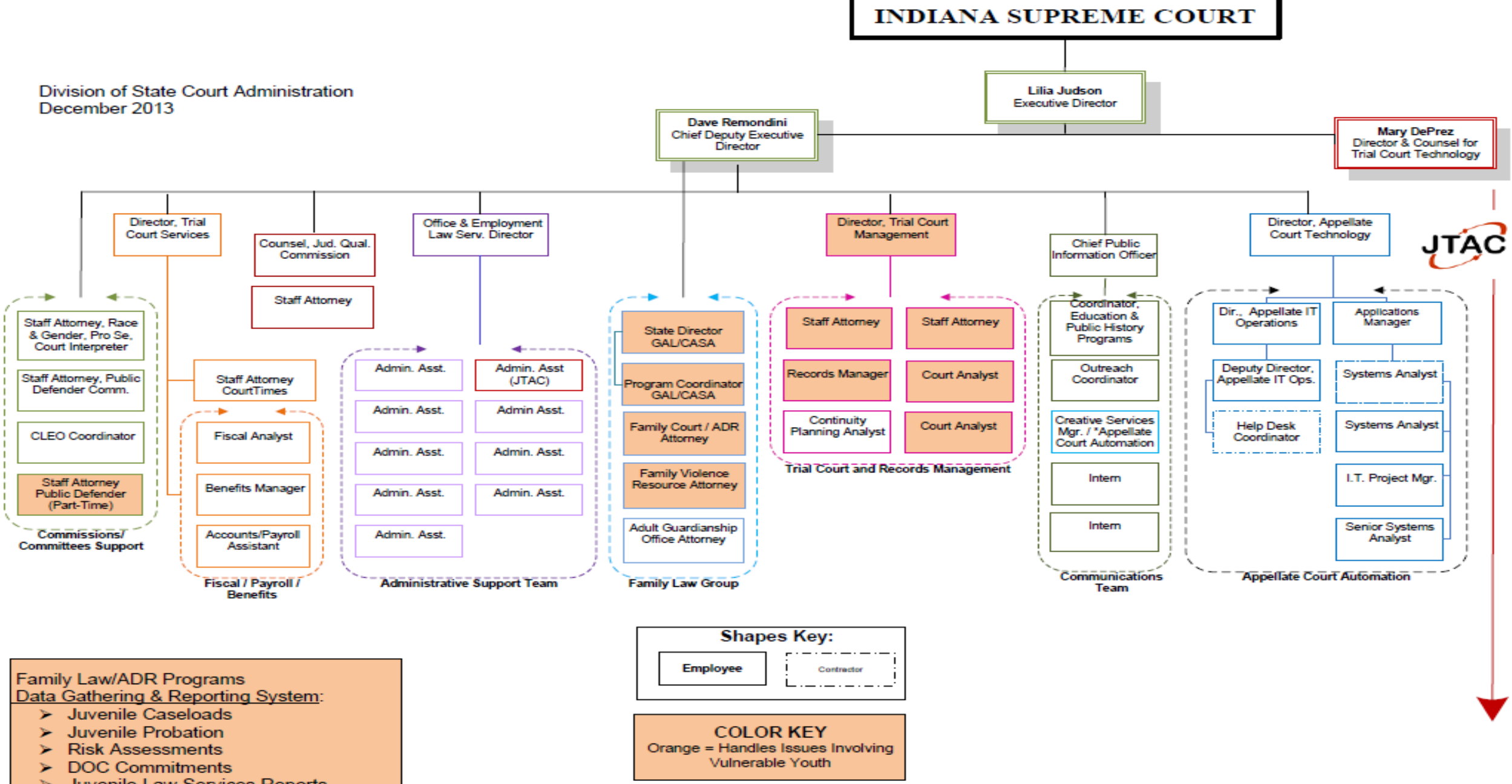
INDIANA SUPREME COURT



Trial Court Technology
Staff and Consultant Organization

December 2013

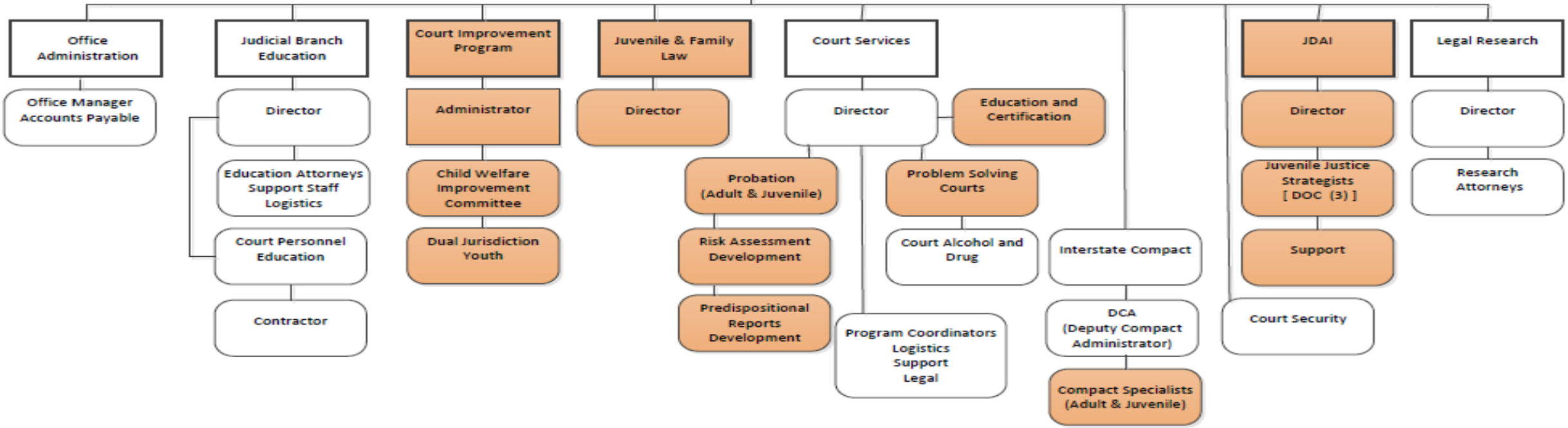



INDIANA SUPREME COURT
Division of State Court Administration
December 2013
Lilia Judson
Executive Director
Dave Remondini
Chief Deputy Executive Director
Mary DePrez
Director & Counsel for Trial Court Technology
JTAC
Director, Trial Court Services
Counsel, Jud. Qual. Commission
Staff Attorney
Office & Employment Law Serv. Director
Director, Trial Court Management
Chief Public Information Officer
Director, Appellate Court Technology
Staff Attorney, Race & Gender, Pro Se, Court Interpreter
Staff Attorney, Public Defender Comm.
CLEO Coordinator
Staff Attorney Public Defender (Part-Time)
Commissions/ Committees Support
Staff Attorney CourtTimes
Fiscal Analyst
Benefits Manager
Accounts/Payroll Assistant
Fiscal / Payroll / Benefits
Admin. Asst.
Admin. Asst (JTAC)
Admin. Asst.
Admin Asst.
Admin. Asst.
Admin. Asst.
Admin. Asst.
Admin. Asst.
Admin. Asst.
Administrative Support Team
State Director GAL/CASA
Program Coordinator GAL/CASA
Family Court / ADR Attorney
Family Violence Resuroe Attorney
Adult Guardianship Office Attorney
Family Law Group
Staff Attorney
Staff Attorney
Records Manager
Court Analyst
Continuity Planning Analyst
Court Analyst
Trial Court and Records Management
Coordinator, Education & Public History Programs
Outreach Coordinator
Creative Services Mgr. / *Appellate Court Automation
Intern
Intern
Communications Team
Dir., Appellate IT Operations
Applications Manager
Deputy Director, Appellate IT Ops.
Help Desk Coordinator
Systems Analyst
Systems Analyst
I.T. Project Mgr.
Senior Systems Analyst
Appellate Court Automation
Shapes Key:
Employee
Contractor
COLOR KEY
Orange = Handles Issues Involving Vulnerable Youth
Family Law/ADR Programs
Data Gathering & Reporting System:
Juvenile Caseloads
Juvenile Probation
Risk Assessments
DOC Commitments
Juvenile Law Services Reports
CHINS Timeliness Measures System
Juvenile Offender Database
Disproportionate Minority Contact

Chief Justice of Indiana
Brent E. Dickson

JUDICIAL CONFERENCE OF INDIANA BOARD OF DIRECTORS

Indiana Judicial Center
Jane A. Seigel, Executive Director



Judicial Conference Committees

Alternative Dispute Resolution
Civil Benchbook
Community Relations
Court Alcohol & Drug Program Advisory
Court Personnel
Court Security
Criminal Benchbook
Criminal Law Policy
Disproportionate Minority Contact Definitions
Domestic Relations
Ethics & Professionalism
Judicial Education
Jury
Juvenile Benchbook
Juvenile Justice Improvement
Probate
Probation
Probation Officers Advisory Board
Problem Solving Courts
Protection Order
Special Courts
Strategic Planning

Indiana Judges Association

Indiana Council of Juvenile and Family Court Judges

Indiana Judges Association Committees
Civil Instructions
Criminal Instructions

COLOR KEY
Orange = Handles Inssues Involving Vulnerable Youth

Cross-System Children

The Honorable Charles Pratt, Allen Superior Court

Don Travis, Deputy Director Juvenile Justice Initiatives and Support, Indiana Department of Child Services

The Intersection of the Delinquency and CHINS systems

Don Travis, Deputy Director of Juvenile Justice Initiatives and Support
Indiana Department of Child Services

Who are these Kids?

- Crossover Youth
  - Youth with experience in the delinquency and CHINS systems
- Dually Involved Youth
  - Youth have received or are receiving services from the delinquency and CHINS systems, formally or informally
- Dually Adjudicated Youth
  - Youth who are concurrently adjudicated and receiving services from both the delinquency and CHINS systems

“Addressing the Needs of Youth Known to Both Systems”

- Issues of Arrest, identification and detention
- Diversion and/or Charging Decisions
- Case Assignment, Assessment, Case Planning and Coordination
- Coordinated Case Supervision
- Planning for Permanency, Transition and Case Closure

Center for Juvenile Justice Reform, Addressing the Needs of Youth Known to Both the Child Welfare and Juvenile Justice Systems, Shay Bilchik, March, 2012

Issue of Arrest, Identification and Detention

- Communication and Cooperation
  - Early identification of crossover youth
  - Determining which system is more appropriate

Diversion or Charging Decisions

- Identifying the Risk, Needs, Strengths and Barriers
  - Child and Adolescent Needs and Strength tool (CANS) – CHINS
    - Addresses “developmental needs of children, adolescents and their families”
    - Indicators selected to represent information needed in order to decide the appropriate type and intensity of services
  - Indiana Youth Assessment System (IYAS)- Juvenile Delinquency/Juvenile Status
    - Detention Instrument
    - Diversion Instrument

Case Assignment, Assessment, Case Planning and Coordination

Using the strengths of both systems for better outcomes to focus on the risk, needs, strengths of all of the children in Indiana ***"OUR KIDS"***

- Juvenile Justice System- Criminogenic risk and needs to address delinquent behavior and community protection
- CHINS - levels of care including treatment foster care, residential treatment, intensive community services, and traditional outpatient care

Coordinated Case Supervision

- Perceptions
  - JD/JS System focuses on accountability
  - CHINS system focuses on services
- Realities
  - Dispositional Alternative Factors as determined by statute are identical in each system with the exception of confinement

Planning for Permanency, Transition and Case Closure

- The “systems” are linked for the best outcomes for youth
  - Permanency- Roundtables
  - Transition Services- Collaborative Care

Summary

With crossover youth, as with all youth in the juvenile justice or CHINS systems, we need to ensure the right kids get the right programs for the right amount of time. In the juvenile justice world they spoke about accountability in three terms: swift, certain and proportionate. This is similar in its approach in working with "***OUR KIDS***" across systems.

Overview of Crossover Cases

THE NEED FOR MULTI-SYSTEM RESPONSE AND INVOLVEMENT

Definitions

Crossover Cases, Crossover Youth, and Dual Jurisdiction cases all refer to the same group of children who require, because of their circumstances, a unified , coordinated response. They may be generally classified as:

- Children who have been adjudicated CHINS or who are under an informal adjustment and who subsequently commit a delinquent act.
  - An important subset of this group are those children who are in foster care or placement when a delinquent act is committed.
- Children who, by reason of their arrest, enter the delinquent system and are discovered to have a significant history of abuse, neglect, or mental illness.

The distinct mission of each system sector may not be the best response for a child:

- The child welfare system seeks to protect the child and to restore the family and establish permanency.
- The delinquency system seeks to address child behavior, rehabilitate the child, and ensure community safety.

The accidental selection of one system (by arrest) or the inability of systems to coordinate services for a blended approach or shift of case management responsibilities often places a child on a trajectory that does not meet the child's needs and best interests.

"…crossover youth often present a co-occurrence of problem behaviors in many areas of their lives. Even when a cross over youth grapples with only one disorder, the intensity of treatment needs is often greater than that of a youth known to a single system."

-*Two Sides of the Same Coin*, Bilchik and Nash,
Juvenile and Family Justice Today, NCJFCJ, (Fall 2008)

The research on crossover youth:

"Maltreated children are often younger at the time of their first arrest, commit almost twice as many offenses and are arrested more frequently than children who are not maltreated."

- Widom, C.S & Maxfield M.G (2001) US Department of Justice.

Age of onset of delinquency is an indicator for future delinquency. As a "progressive system" the delinquency system begins with the lessor intrusive response (as is appropriate for the child and community safety) and build to greater interventions for subsequent acts. If the core basis for the child's behavior is not addressed, the child may never receive the help he or she needs.

Abused or neglected children have a 59% increased chance of arrest as a juvenile.

Wigg, Windom, and Tuell (2003) UNDERSTANDING CHILD MALTREATMENT, CWLA Press)

Crossover children – often enter into a system by accident of circumstances rather than by way of assessment and coordination – even though they are:

- At an increase risk for mental health problems including PTSD and suicide attempts;
- Often demonstrate reduced intellectual functioning including lower reading ability;
- If exposed to traumatizing events they may externalize aggression or defiant behaviors.

Child Welfare and Juvenile Justice System Integration Initiative, (Tuell) CWLA (2008)

Disproportionality for CHINS in Delinquency cases

Foster care youth are disproportionally represented in detention rates.

- In a 1997 study in New York City: although only 2% if the overall youth population were in foster care, 15% of all children in detention were foster care youth. (Conger and Ross, Vera Institute of Justice, 2001)

Crossover is a significant contributor to disproportionate minority contact:

- African American youths are twice as likely to be arrested as similarly situated white youths in the child welfare system. (Herz & Ryan, 2008)

For full discussion see: *Two Sides of the Same Coin*, Bilchik and Nash, *Juvenile and Family Justice Today*, NCJFCJ, (Fall 2008)

Disproportionality, continued

In a 2007 study by Shay Bilchik and Judge Michael Nash, the authors quoted studies that demonstrated:

African Americans represented 41% of the foster care placements and “54% of the total population that moves from child welfare to juvenile justice.”

Ryan, Hertz, Hernandez, Marshall, (2007) *Children and Youth Service Review*, 29, 1035-1050)

Frequency of Crossover cases

Nationally estimates range: 9% – 29% of child welfare children cross over to the delinquency system.

An Arizona study places the percentage at 42% of children on probation are known to both systems.

Halemba, Siegel, Lord & Zawacki (2004) Arizona Dual Jurisdiction Study National Center for Juvenile Justice.

Frequency, continued.

In 2009 a task force of the Indiana Juvenile Justice Improvement Committee, Indiana Judicial Center, surveyed Indiana's five largest counties: Allen, Lake, Marion, St. Joseph, and Vanderburgh. Of the judges surveyed, each advised that they new of more than 25 cases in their respective jurisdictions that could be classified as cross over or dual jurisdiction cases.

Unique needs of Crossover Children

Neglected or abused children – because they are responding to their neglect or maltreatment -enter the delinquency through arrest at an early age.

National research reveals that:

- 80 – 83 percent exhibited substance abuse or mental health problems
- Cross over youths lose eligibility for educational or mental health services
- Lose continuity of services
- Experience truancy and poor academic performance at a greater rate.
- There is a need to work with educators and provide individualized services to keep the child in school

"Crossover youths penetrate more deeply into systems, thereby increasing the costs of treatment and reducing the odds of successful social reintegration."

(Shay Bilchik and Judge Michael Nash, Juvenile and Family Justice TODAY, NCJFCJ, Fall 2008)

System Barriers

Procedural barriers to communication: There exists a lack of established and simplified protocols for communication between systems.

No Common Definition to identify and accept cross over cases: Lack or system procedures to identify and address cross over or dual jurisdiction issues.

Silo mentality: Lack of a common understanding of a dual responsibility and supportive roles each sector can play for the sake of the child.

“An overarching challenge when dealing with crossover population is the tension between cultures and perceptions guiding policy and practice in the juvenile justice and child welfare fields…but a successful and sustainable collaborative reform initiative must attempt to reconcile the tension between child protection and community safety”

(Bilchik and Strangler, 2009 Center for Justice Reform, as quoted in Protecting Children, Volume 24 (2009) American Humane.)

Barriers continued:

The 2009 survey of the JJIC Dual Jurisdiction Task force generated these responses:

- Crossover cases if identified formally were addressed on a case by case basis.
  - Note: National research indicates that left to a case by case approach time essential to the child is lost. Multiple court hearings can result. There can be duplication of services resulting in greater overall costs. Some systems may not be involved because of the lack of judicial authority to mandate participation. Legal fees may increase. Results often depend on the "good will" of the players rather than an evidence based institutionalized process. In other words, it is a process of reinventing the wheel with each crossover child.
- Responses to the survey from probation and DCS include a sense that each are attempting to "dump" a case on the other.
  - From national data there exists evidence of a systems paradigm that each must operate to the exclusion of the other. In other words, if it's a CHINS its can't be a delinquency case and vice versa.

  One responder wrote, "I occasionally see cases where the juvenile probation department wants to end their involvement prematurely because the CS is involved and providing some services. Basically once one system gets involved eh other system wants to end their services even though the family could benefit from services provided by both departments"

Components of Change

Suggested from The King County Systems, (Siegel) Juvenile and Family Court Journal , 60, no. 4, Fall, 2009)

1. Paradigm Shift:
    1. Build a shared set of beliefs between sectors to accept responsibility for crossover cases.
2. Family Engagement:
    1. Engage restorative justice practices and Family Group Decision Making Practices.
    2. Clearly identify the roles of the systems and the family.
3. Develop a common assessment approach to identify cross over youth.
4. Effectively use blended resources.
    1. Recognize strengths and limitations of each system.
    2. Coordinate case management to serve child's best interests by drawing as necessary from multiple agencies and sectors.
5. Develop a shared case management and decision making process that will optimize child and community safety using evidence based practices.

Need for Pilots

Recommend pilots in several counties that would employ evidence based models including that which was researched and proposed by American Humane which employs Family Group Decision Making Practices and Restorative Justice models.

Indiana Children's Mental Health Issues

Julie Whitman, Vice President of Programs, Indiana Youth Institute

Kevin Moore, Director, Division of Mental Health and Addiction

Kids Count in Indiana:

The State of our Children's Mental Health

The Indiana Youth Institute
Serving those who impact youth

Mental Health Needs

- One in five Hoosier youth have mental health needs
- 9 to 13% have significant functional impairments
- 5 to 9% have serious emotional disturbance

Source: FSSA, Substance Abuse and Mental Health Block Grant Application

System-Involved Youth

- 50% of children and youth in child welfare have mental health disorders
- 67 to 70% of youth in the JJ system have a mental health disorder

Source: http://findyouthinfo.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth#_ftn

Most Common Problems in Indiana

- ADHD (11.7%)
- Behavioral or conduct problems (5.3%)
- Anxiety (4%)
- Depression (3.1%)

Source: National Survey of Children with Special Health Care Needs, 2010

Attention Deficit-Hyperactivity Disorder

- 11.7% of Hoosier children (7.9% nationally)
- 74% receive medication (65.6% nationally)
- Boys more likely than girls to be affected
- Children below 200% poverty more likely to be affected

Source: National Survey Children's Health, Indiana State Profile, 2012

Autism Spectrum Disorder

- No Indiana data
- Nationally, 1 in 50
- Increase from 1 in 150 in 2000
- Increase in early intervention and diagnosis

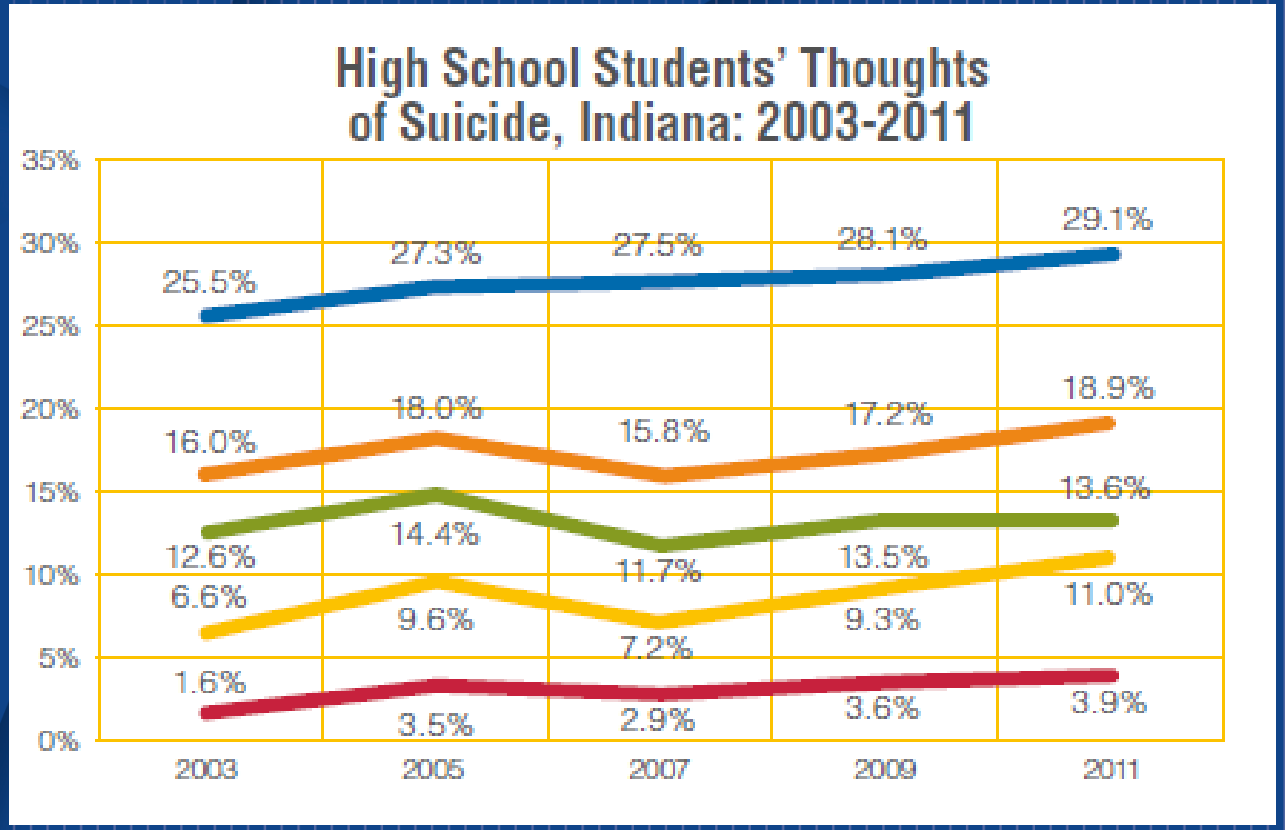
Source: CDC, National Health Statistics Report, 2012

Depression Indicators

- Beyond normal sadness: sad or hopeless two weeks or more
- 29.1% of Hoosier HS students (28.5% nationally)
- 34.5% of girls
- 23.7% of boys

Source: Youth Risk Behavior Survey, 2012

Depression and Suicide



The Indiana Youth Institute
Serving those who impact youth

Suicide Deaths

- In Indiana, in 2011:
  - 3 children ages 10 to 14 died by suicide
  - 45 teens ages 15 to 19 died by suicide

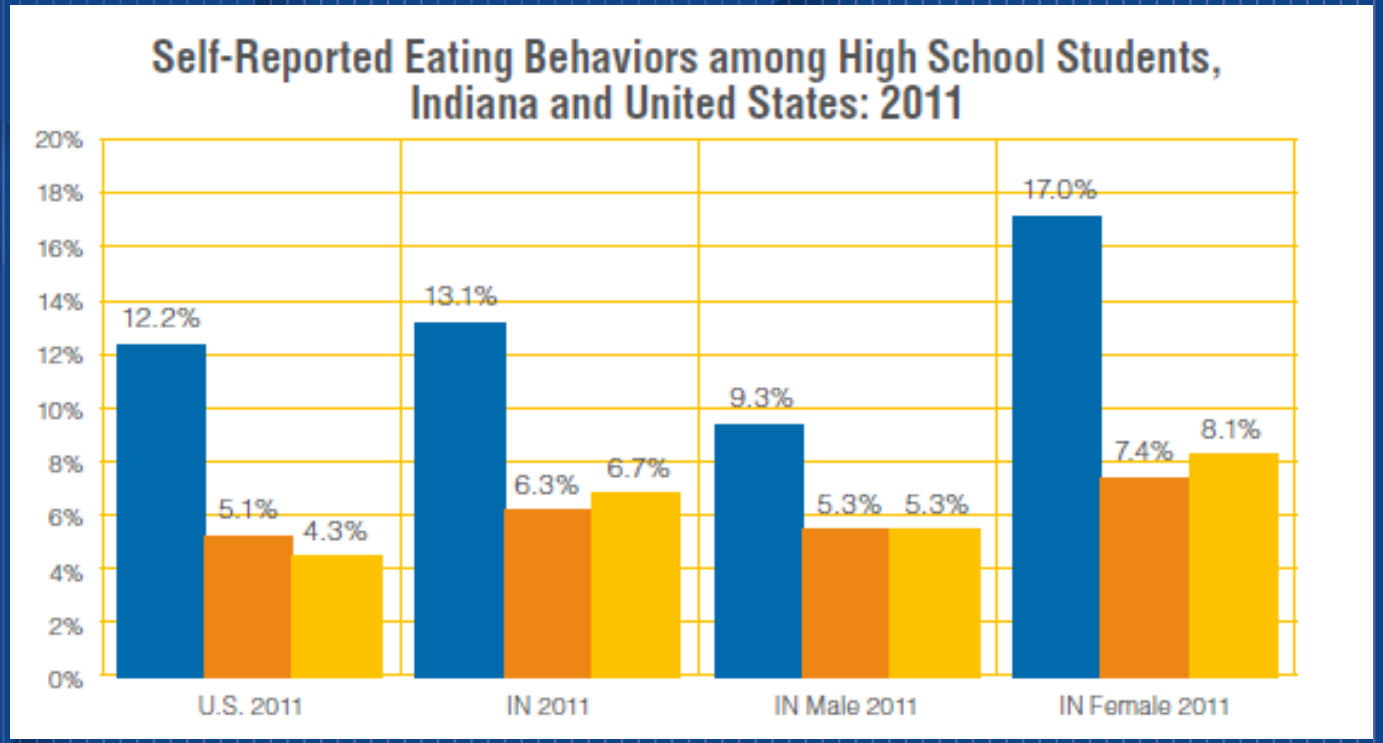
Source: Indiana State Department of Health

Anxiety Disorders

- Most common type of mental disorder among youth
- Mood disorders (anxiety or depression) linked to more risky behavior, struggles in school and work
- PTSD, trauma

Sources: USDHHS, 1999, 2009; National Child Traumatic Stress Network

Eating Disorders and Weight Control



Source: Youth Risk Behavior Survey, 2012

Alcohol and Drugs

- All substances have declined or remained steady except pipes and prescription drugs
- 12th graders regularly using: alcohol (1/3), marijuana (1/6), Rx (1/18)
- 28.3% of HS students have been offered, given, or sold drugs on school property

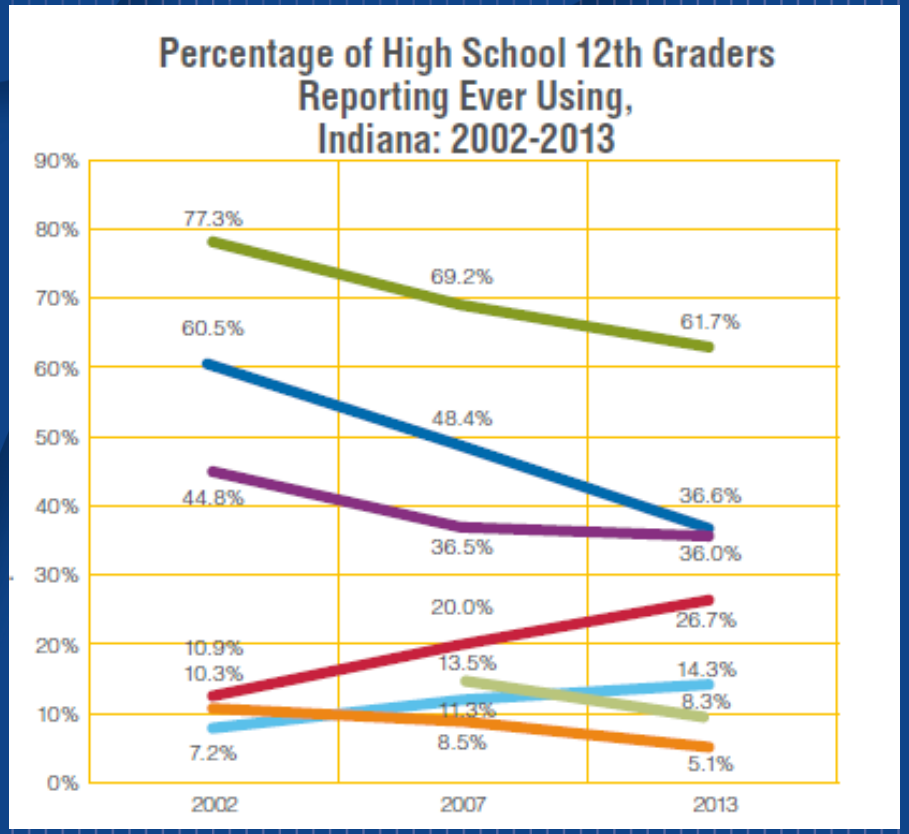
Sources: Indiana Prevention Resource Center, 2013 and Youth Risk Behavior Survey, 2012

Smoking

- Use of e-cigarettes has doubled in the last year: 5% to 10% HS; 1.4% to 2.7% MS
- 76% of e-cigarette smokers also smoke regular cigarettes
- Pipe smoking up from 10.3% in 2002 to 26.7% in 2012 (tobacco in pipe, water pipe, or hookah)

Source: Indiana Prevention Resource Center, 2013

Alcohol, Tobacco, and Drugs



Source: Indiana Prevention Resource Center, 2013

Community Resources

- 83.8% of children live in supportive neighborhoods
- 67% have a rec center, community center, or BGC
- 30% of K-12 children responsible for selves after school
- 81.6% participated in at least one activity

- Sources: National Survey of Children's Health and Afterschool Alliance

IYI Data Services

www.iyi.org

data@iyi.org

317-396-2700 or 800-343-7060

The Indiana Youth Institute
Serving those who impact youth

The Indiana Family and Social Services Administration

Division of Mental Health and Addiction

Commission on Children

December 11, 2013

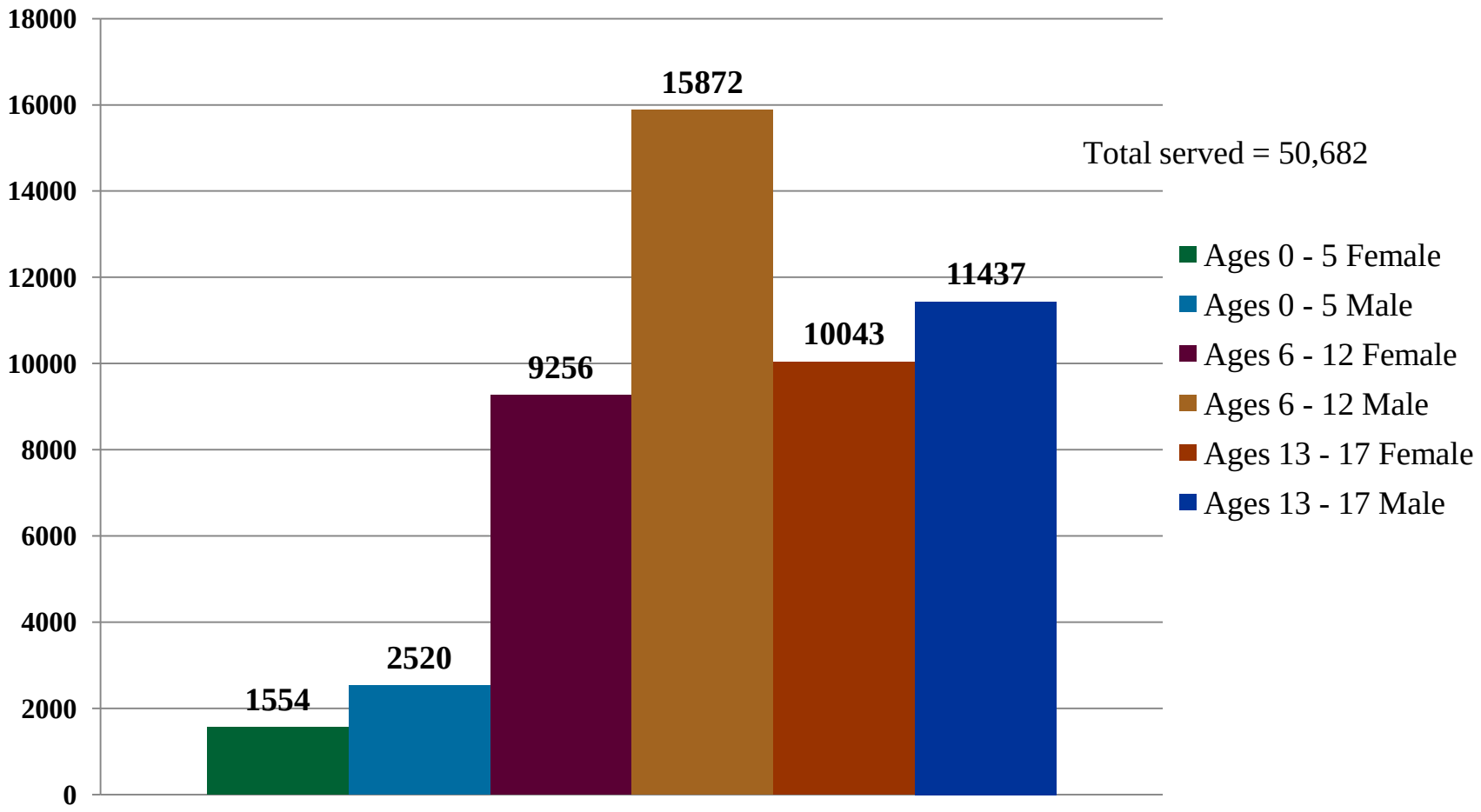
Children Served

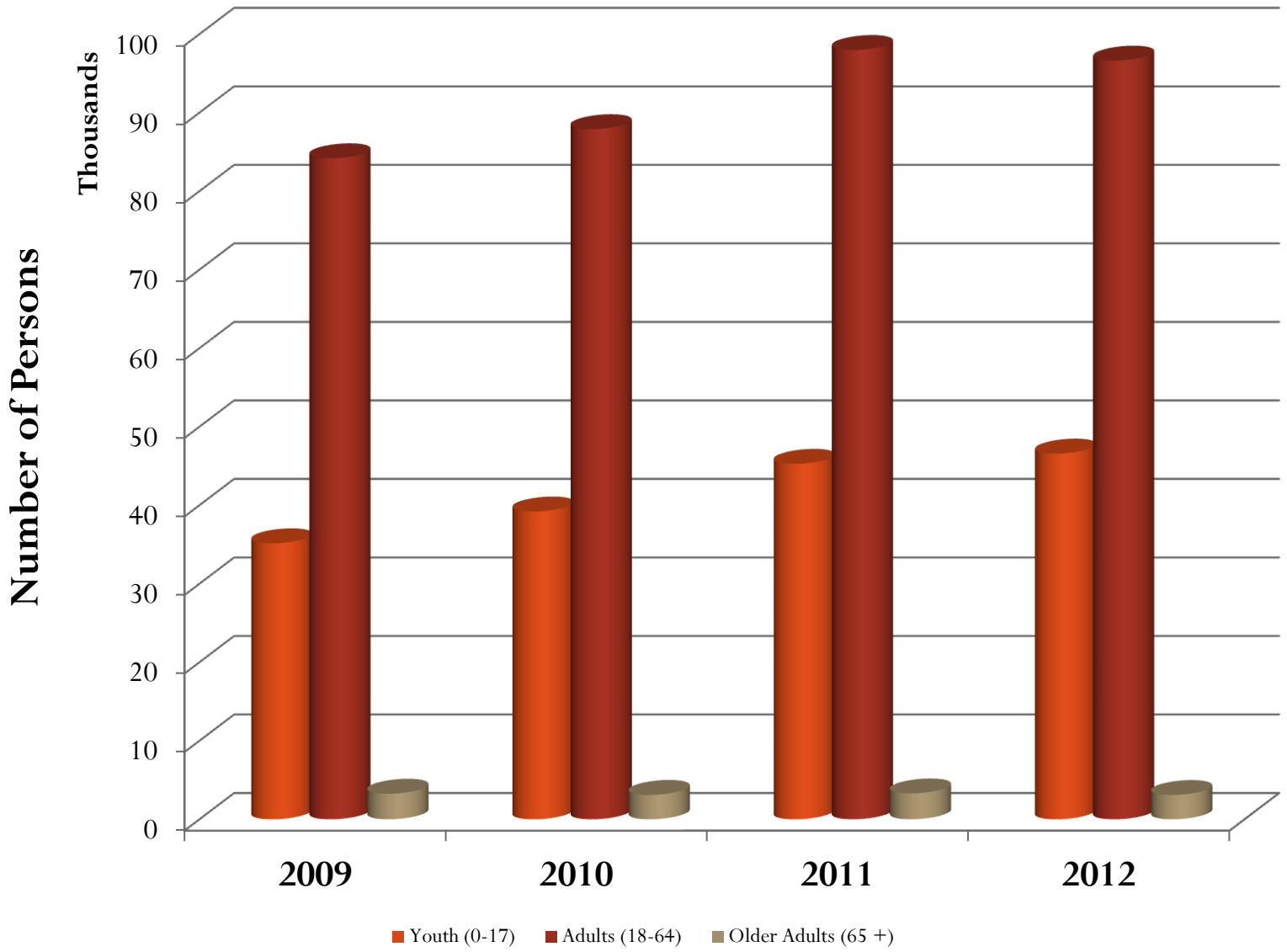
- Mental Health and Addiction Services:
  - Provided by organizations under contract with DMHA
  - Children and Adolescents eligible for services include those who:
    - Meet definition of Serious Emotional Disturbance based on diagnosis, functional impairment and duration
    - Reside in one of Indiana's counties
    - Currently receiving public assistance through Medicaid, TANF, or SNAP

      OR

    - Family income is at or below 200% of the HHS Poverty Guideline

FSSA/Division of Mental Health and Addiction





Deliberative and Privileged

State Operated Facilities

Logansport:
170 Beds

Larue Carter:
159 Beds
(42 child/adol)

Evansville:
168 Beds

EPCC
28 Beds

Richmond:
211 beds

Madison:
150 Beds

Current Initiatives

- Children's Mental Health Initiative
  - Collaboration with Department of Child Services, DMHA, and Community Mental Health Centers
- Child Wrap-around Services Initiative
  - Provides community treatment and support for children meeting institutional level of care
- Statewide systems of care
  - Brings together multiple stakeholders to ensure the "whole" child and family is being considered
- Focus on trauma-informed care
- Detention center screening
- Suicide prevention
- Mental health promotion/substance use prevention

Service challenges

- Access to effective treatment for youth with Substance Use Disorders
- Access to mental health and addiction services for youth involved with the juvenile justice system
- Access to assessment for early identification and intervention
- Access to the appropriate level of service regardless of funding

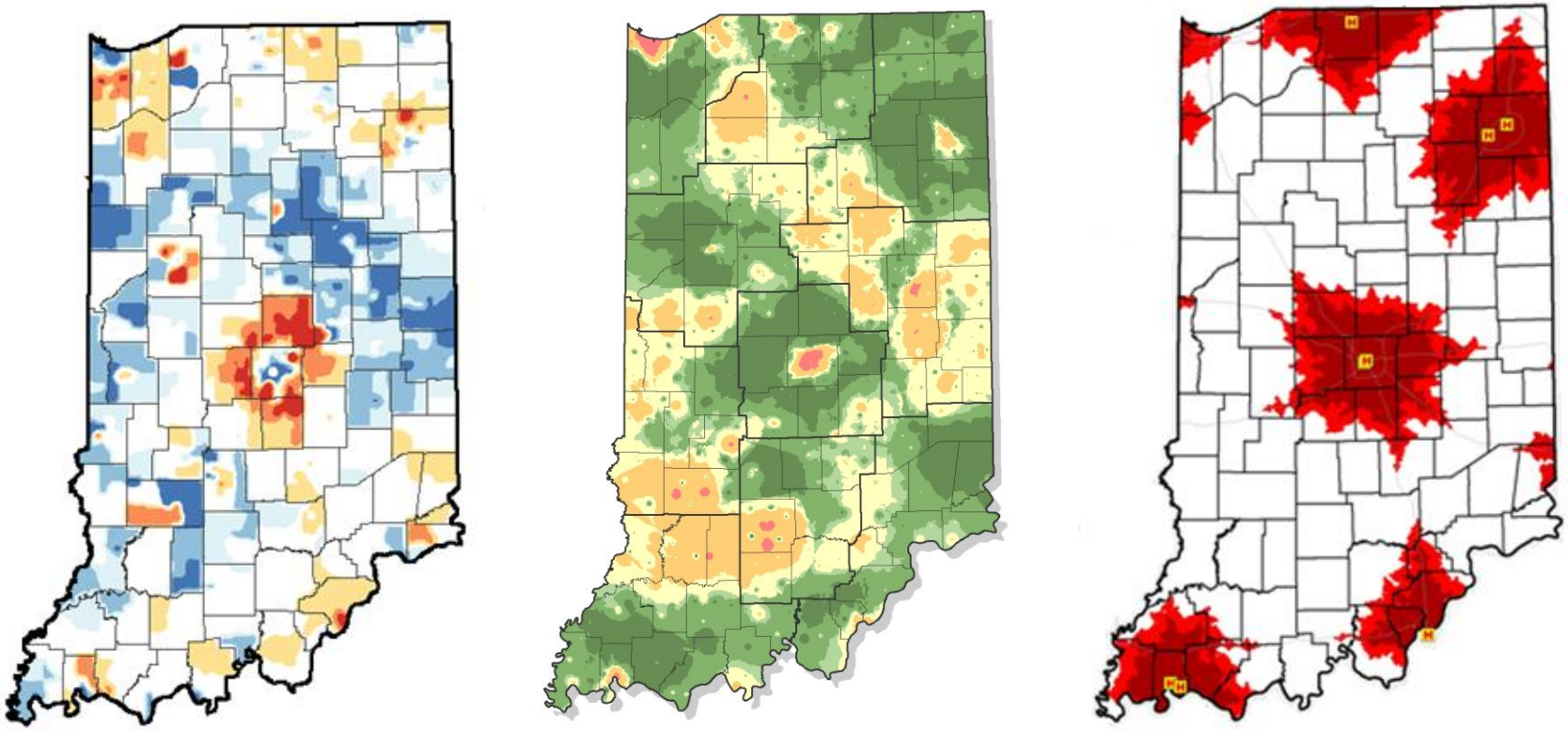
Report from Data Sharing and Mapping Task Force

Julie Whitman, Vice President of Programs, Indiana Youth Institute

Christopher Waldron, Director, Public Health Geographics, State Department of Health

Lilia Judson, Executive Director, Division of State Court Administration, Indiana Supreme Court

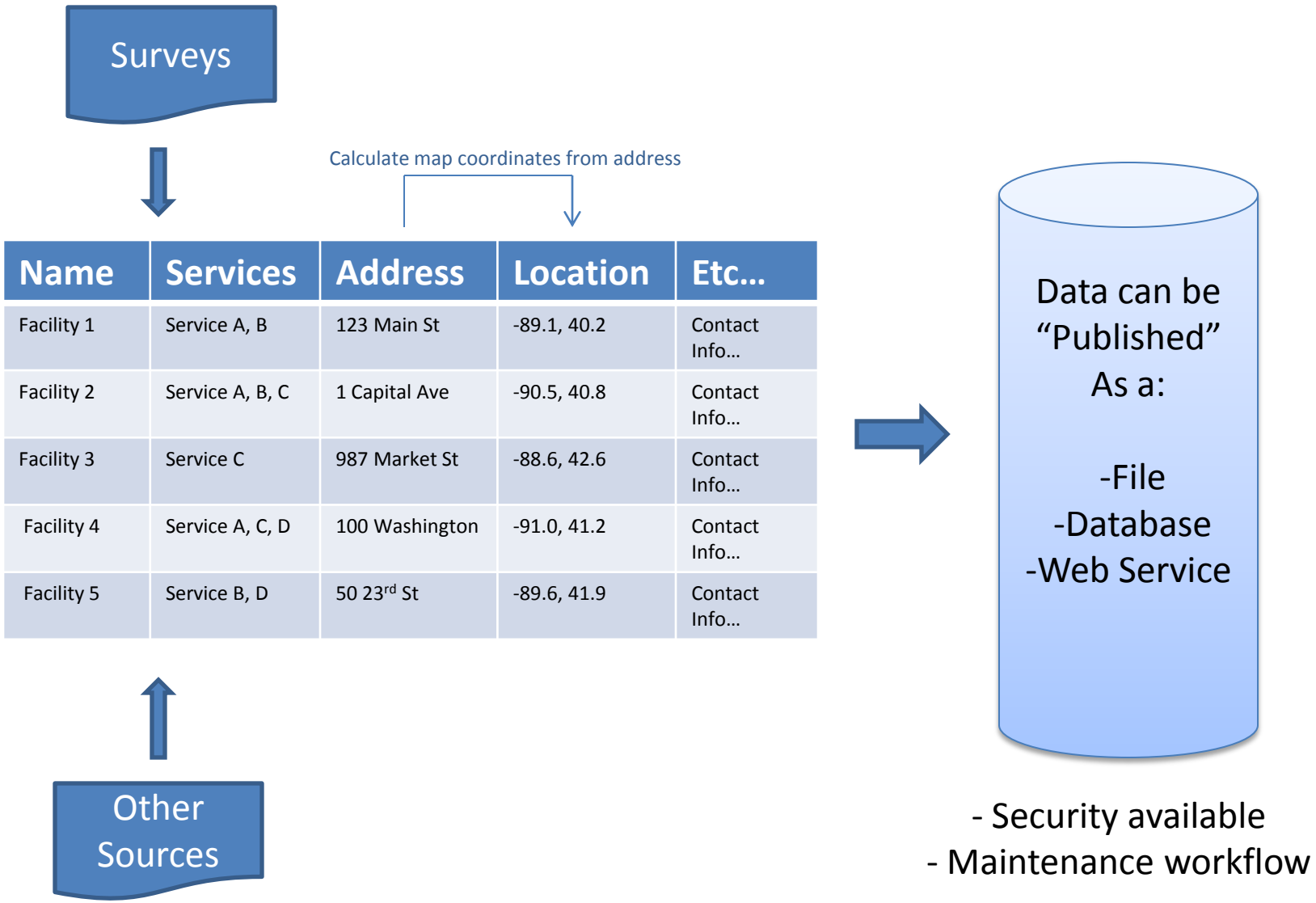
Data Sharing and **Mapping**



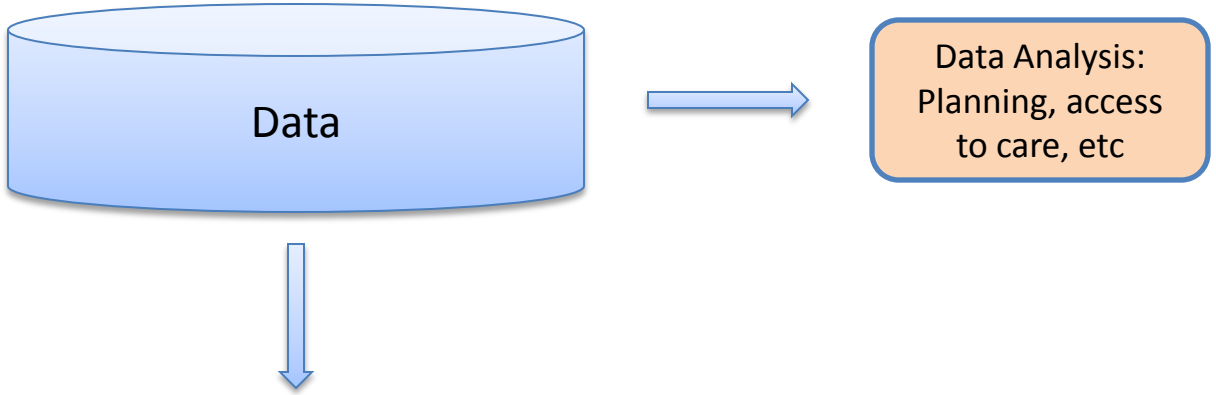
Current Task…

Building a Web Application to Query and Map Providers and Services

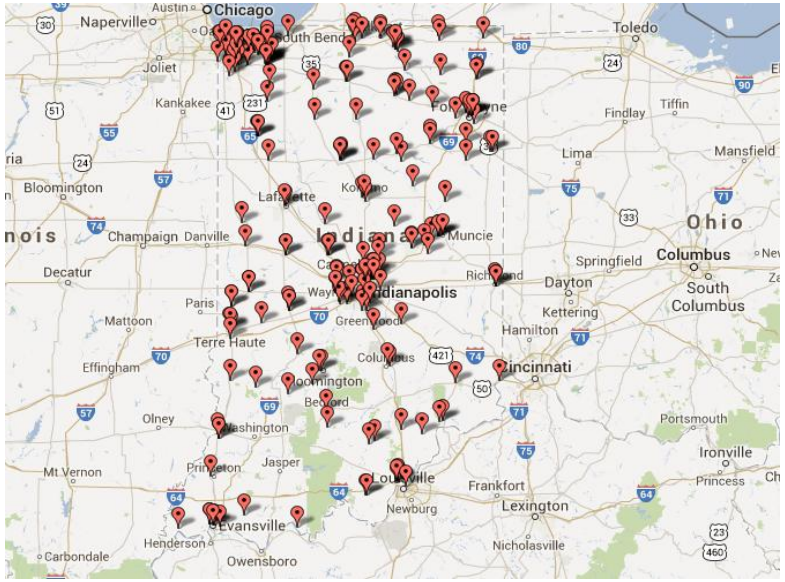
Collecting, Integrating and Formatting Data For Mapping



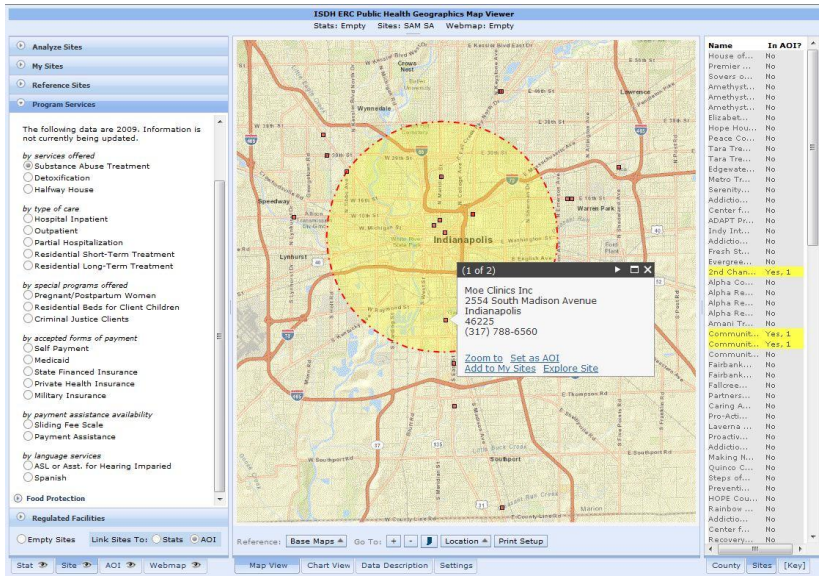
Mapping Options



Simple Data Viewers
(e.g. Google Maps)



Scalable Interfaces for Querying Data
(Developed Through IOT GIS Platform)



Application Examples

Google Map Example

http://batchgeo.com/map/e8d855ad437afa47d3ddb98c409900c2

- Simple to create
- Familiar to users
- Consider licensing and security restrictions

Simple Map Viewer Example

http://gis.in.gov/apps/ISDH/ChildCom/survey.htm

- Uses State-owned resources and GIS Platform
- Scalable Complexity and Full Customization
- Enhancement dependent upon time and/or funds

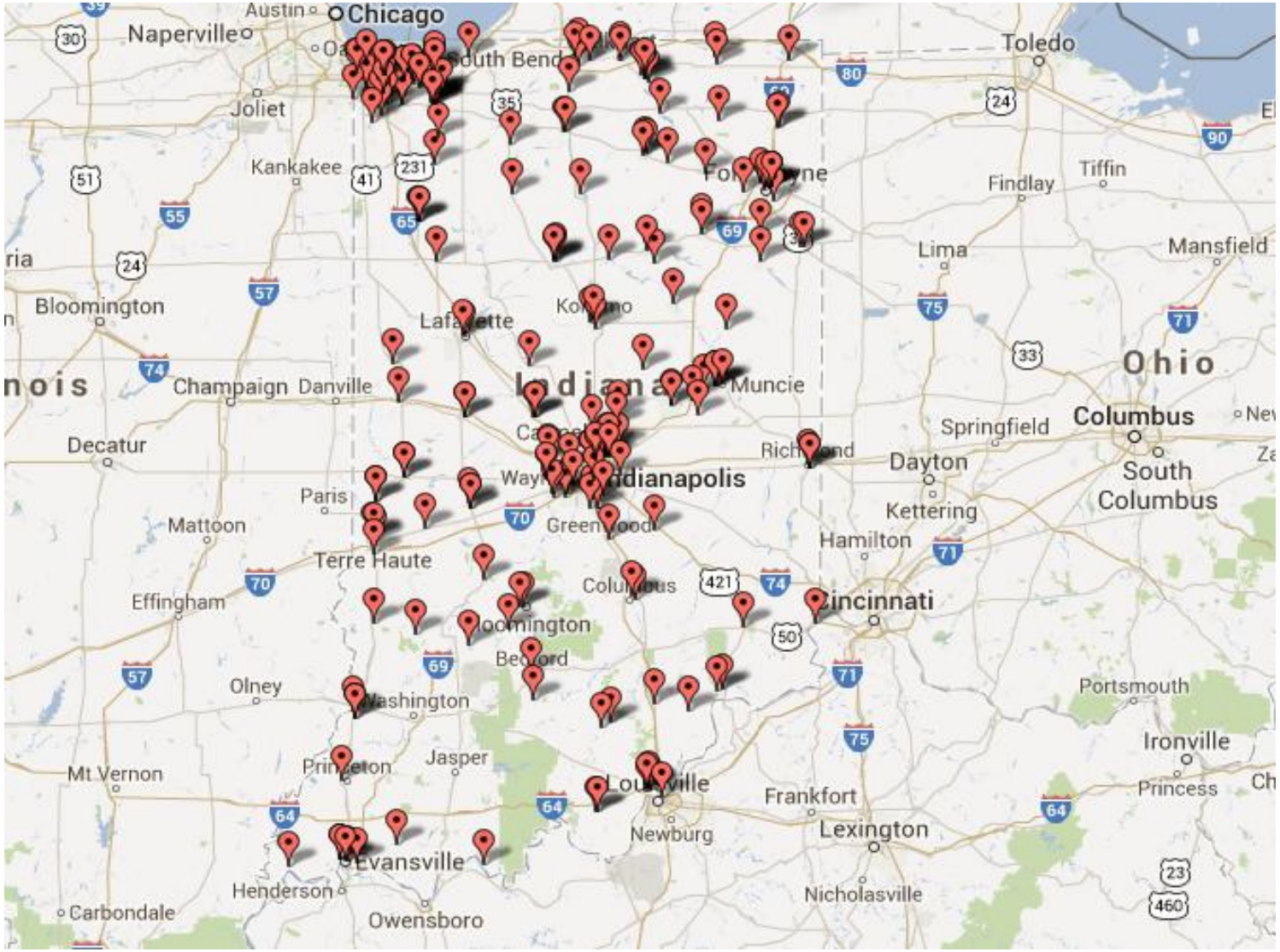
Robust Map Application Example

http://gis.in.gov/apps/ISDH/MapView/index.htm

Snapshots if Live Demo Not Available…

Example Google Map with Current Survey Results

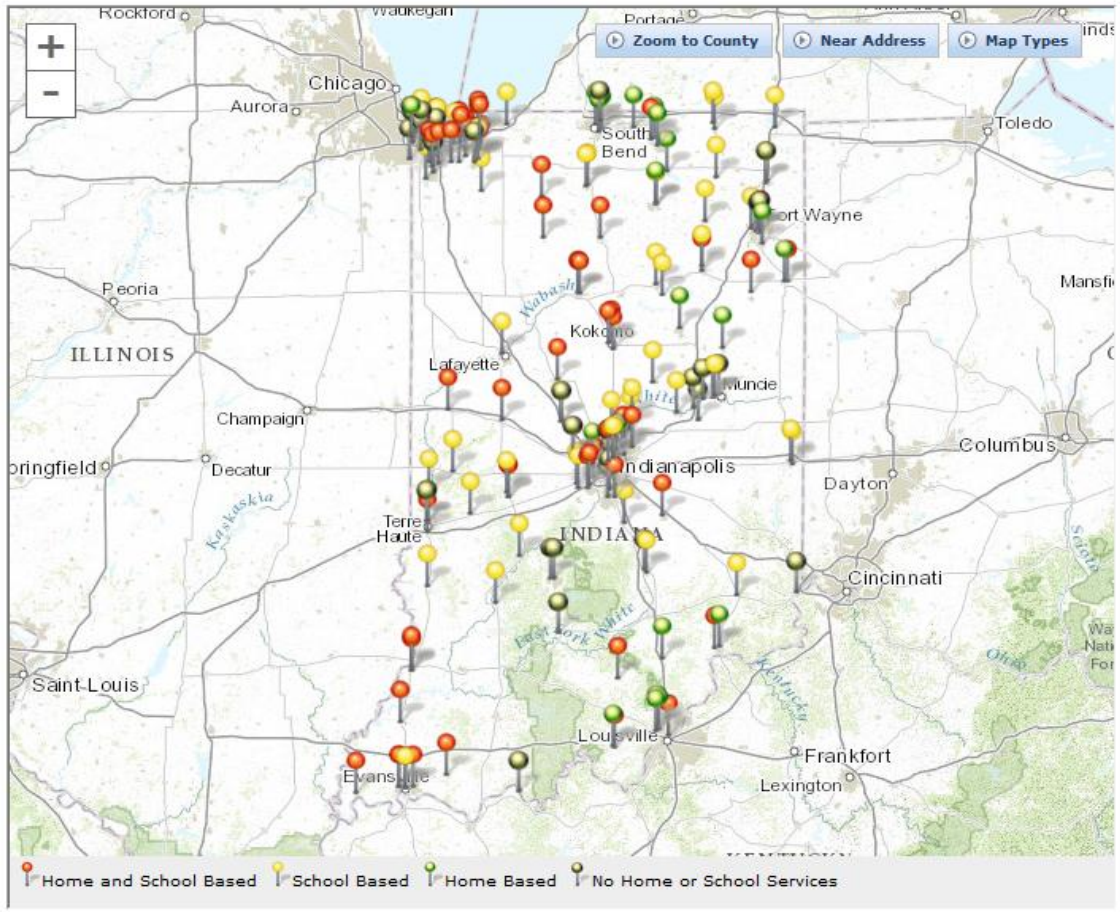
Single File, Quick Development, Familiar to Users, Consider Licensing/Security Restrictions



Example Basic Web Application with Current Survey Results

Currently housed on ISDH GIS web space. Survey data stored on web file and plotted on map when web page loads.

This is an example application – anything can be modified, removed or added

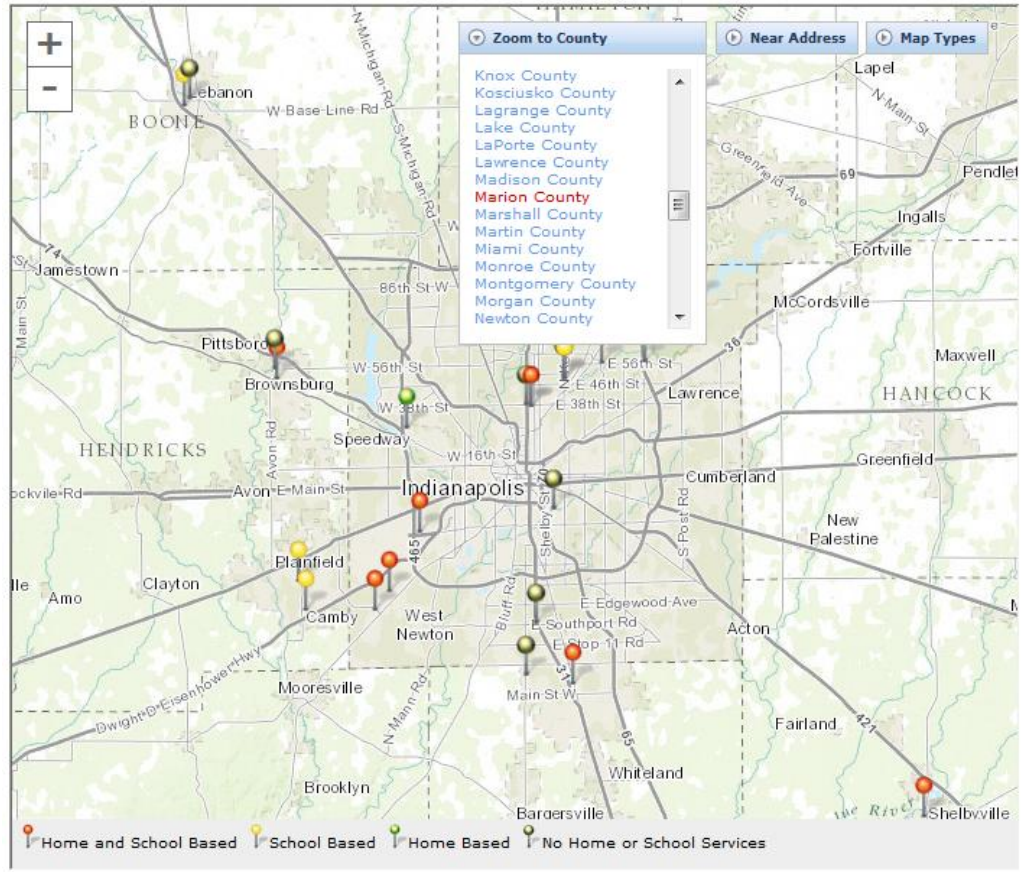


Visualizing data by category (e.g. unique symbol for specific services) can assist in quickly finding services available in a give area

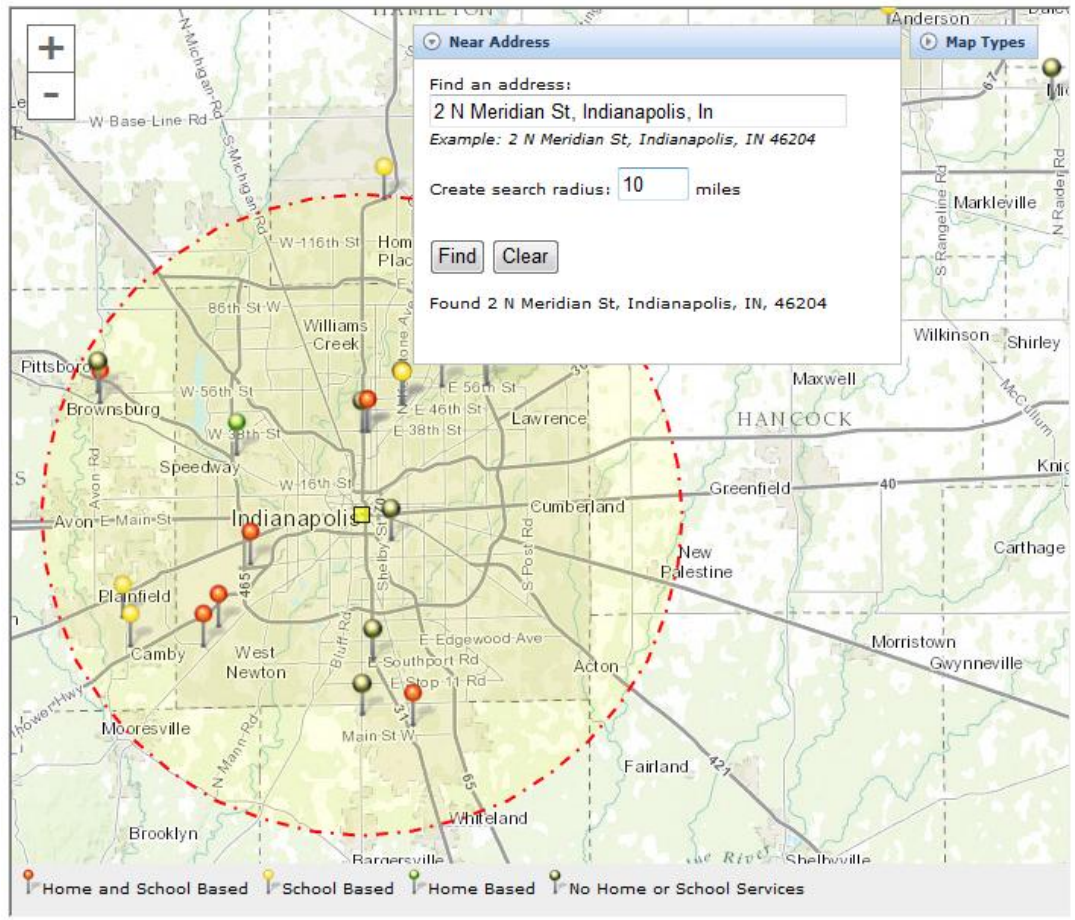
The example application is mapping by services by default. Interactive mapping options for users can be created so that the user can select what types of clinics or services are mapped at any given time.

Clinic locations are represented by pins. Each pin can be clicked to Retrieve more information regarding the clinic.
(link to survey text, web sites, street view, etc)

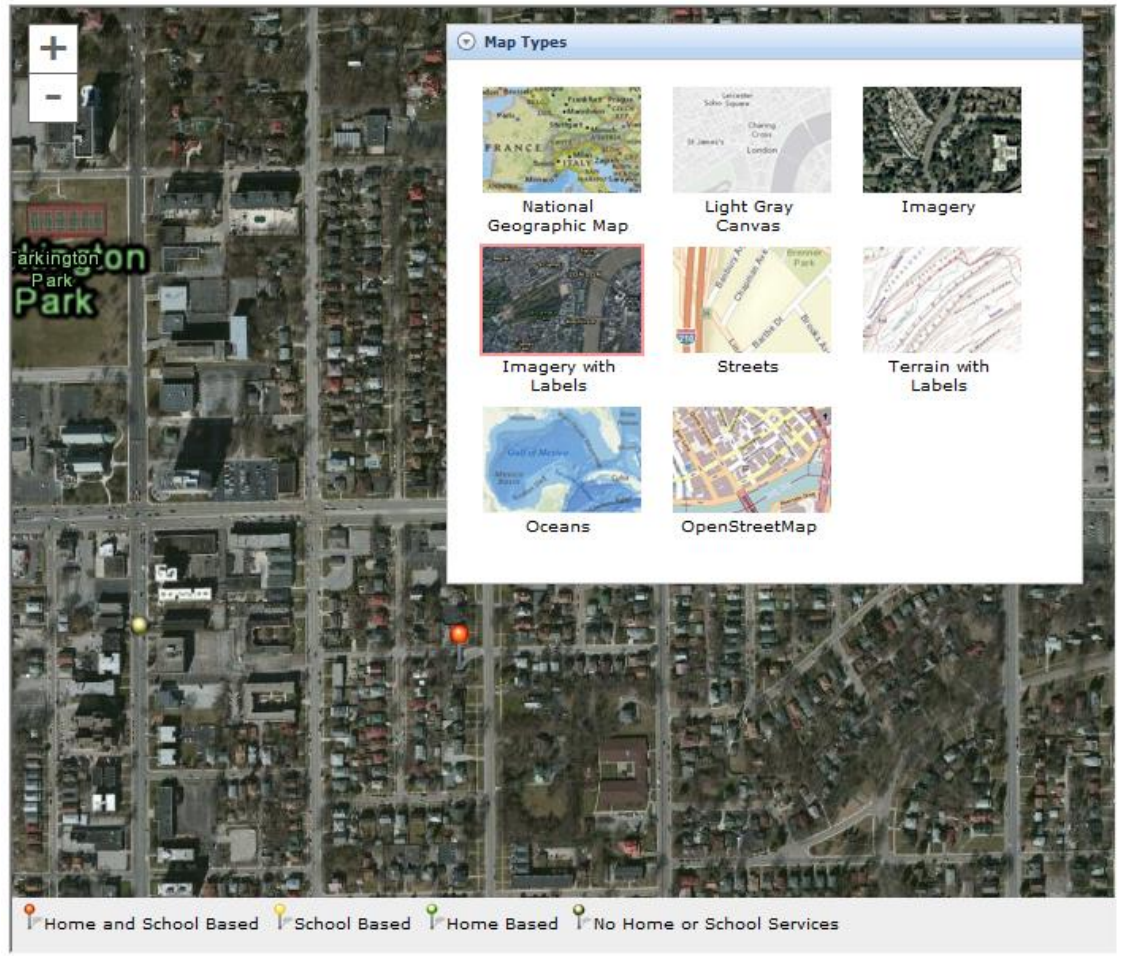
Quickly browse to a county of interest.



Search for an address and show a 10 mile radius to quickly find nearby clinics.
Alternatively, a **list** of clinics within 10 miles could be retrieved.



Change map background and reference information.



Substance Abuse-Methamphetamine/Child Neglect

Greg Zoeller, Indiana Attorney General

Mary Beth Bonaventura, Director, Indiana Department of Child Services

Barry Salovitz, Senior Director Strategic Consulting, Systems Improvement, Casey Family Programs

Commission on Improving the Status of Children in Indiana

Substance Abuse-Methamphetamine and Child Neglect

Greg Zoeller
Indiana Attorney General

INDIANA DEPARTMENT OF CHILD SERVICES

What is Child Neglect?

- Neglect is the inability or refusal by those responsible for the care, custody, and control of a child to provide necessary food, clothing, shelter, medical care, education, or supervision necessary for the child's well-being.

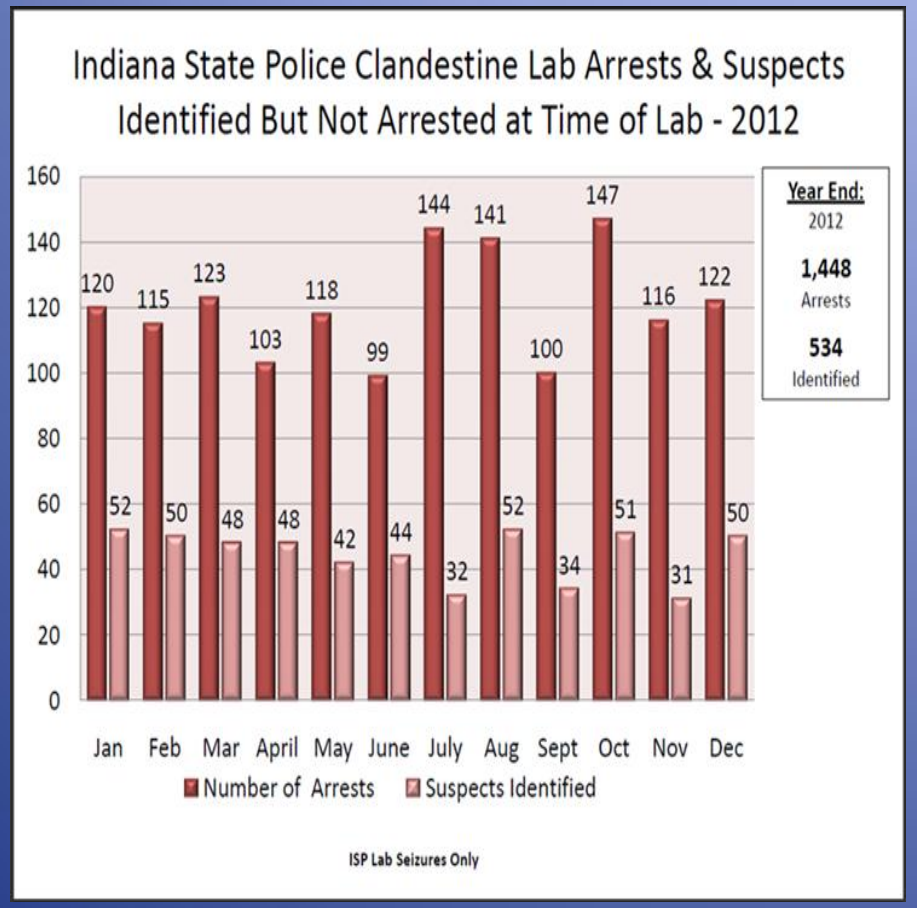
Substance Abuse and Child Neglect

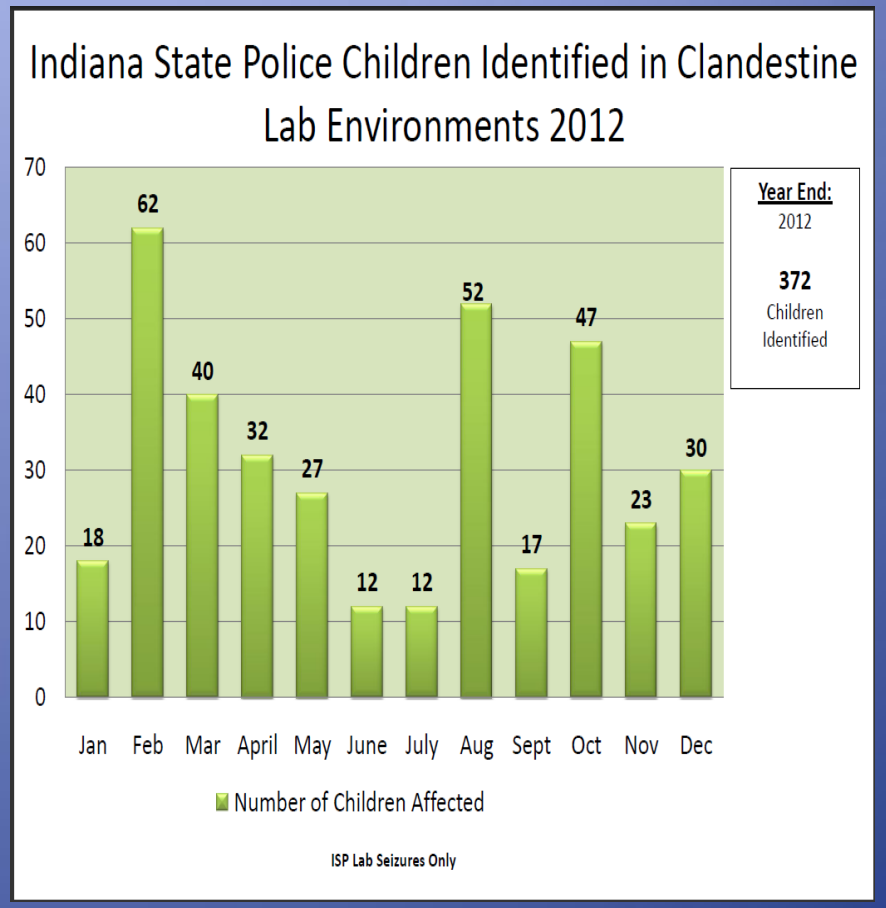
- Prescription Drugs
- Marijuana
- Cocaine
- Heroine
- ***Meth***

http://meth-knowtheconsequences.org/

Law enforcement, prosecutors and our Legislature have all worked hard to crackdown on the use and manufacturing of methamphetamine.

Drug Endangered Children





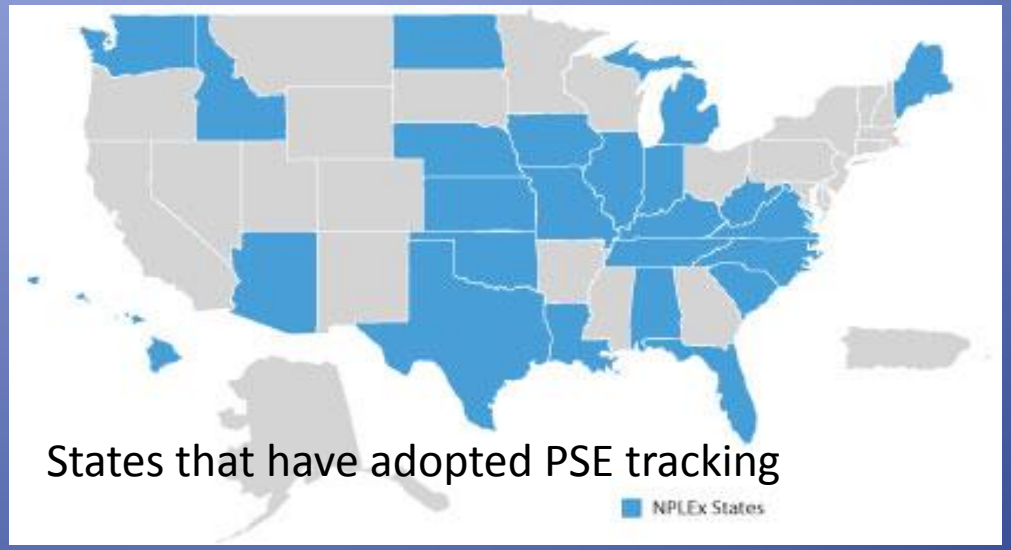
Illustrations' Source: http://www.in.gov/meth/2330.htm

DCS Involvement

- First priority is to ensure child safety.
- DCS partners with families and communities to provide safe, nurturing and stable homes.
- DCS provides services to families and communities to help address the issues that led to the DCS intervention.
  - Example: substance abuse treatment, counseling or mental health services.

The National Precursor Log Exchange (NPLEx)

NPLEx is a real-time electronic logging system used by pharmacies and law enforcement to track sales of over-the-counter (OTC) cold and allergy medications containing precursors to the illegal drug, methamphetamine.



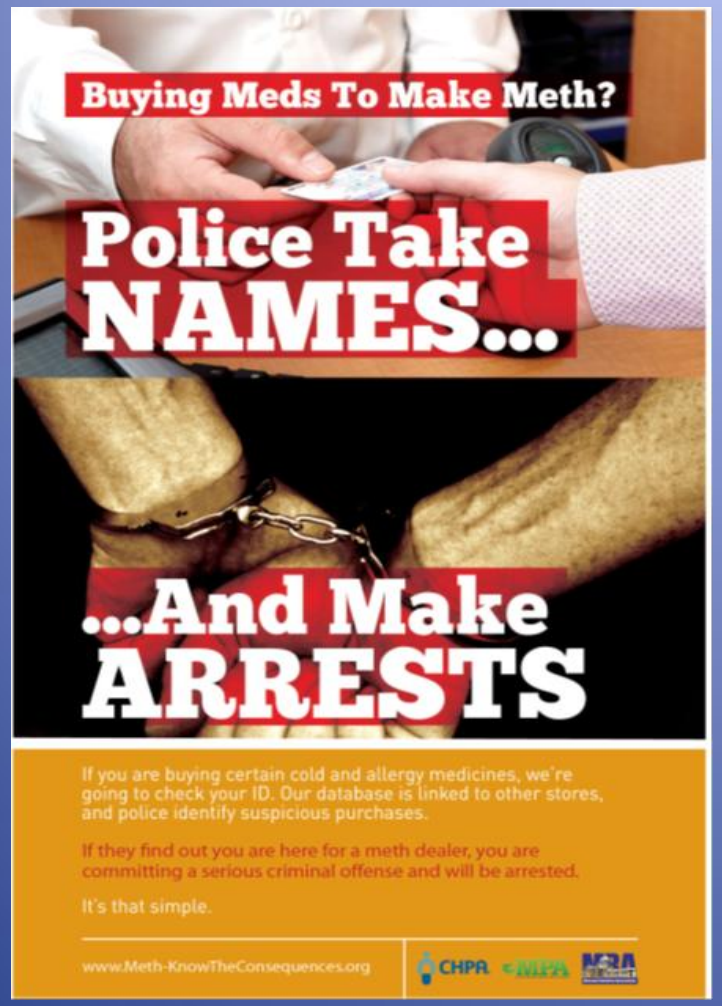
States that have adopted PSE tracking

http://www.nplexservice.com/index.html

Pseudoephedrine tracking legislation

(5) Beginning January 1, 2012, a pharmacy or NPLEx retailer shall, except as provided in subdivision (6), before completing a sale of an over-the-counter product containing pseudoephedrine or ephedrine, electronically submit the required information to the National Precursor Log Exchange (NPLEx) administered by the National Association of Drug Diversion Investigators (NADDI), if the NPLEx system is available to pharmacies or NPLEx retailers in the state without a charge for accessing the system. The pharmacy or NPLEx retailer may not complete the sale if the system generates a stop sale alert.

IC 35-48-4-14.7 limits “smurfing”



http://meth-knowtheconsequences.org/

- The simple act of buying certain cold or allergy products for a stranger can fuel Indiana’s meth problem.
- Teenagers are being recruited to be buyers (so-called “smurfs”) of pseudoephedrine for meth makers.
- This legislation limits the amount of pseudoephedrine someone can buy each month and each year and stops sales that exceed the limits.

Can any links be drawn between meth lab arrests (and higher totals in particular parts of the state) and trends/percentages/ increases in DCS child welfare investigations, CHINS actions, and terminations of parental rights in those same geographic areas?

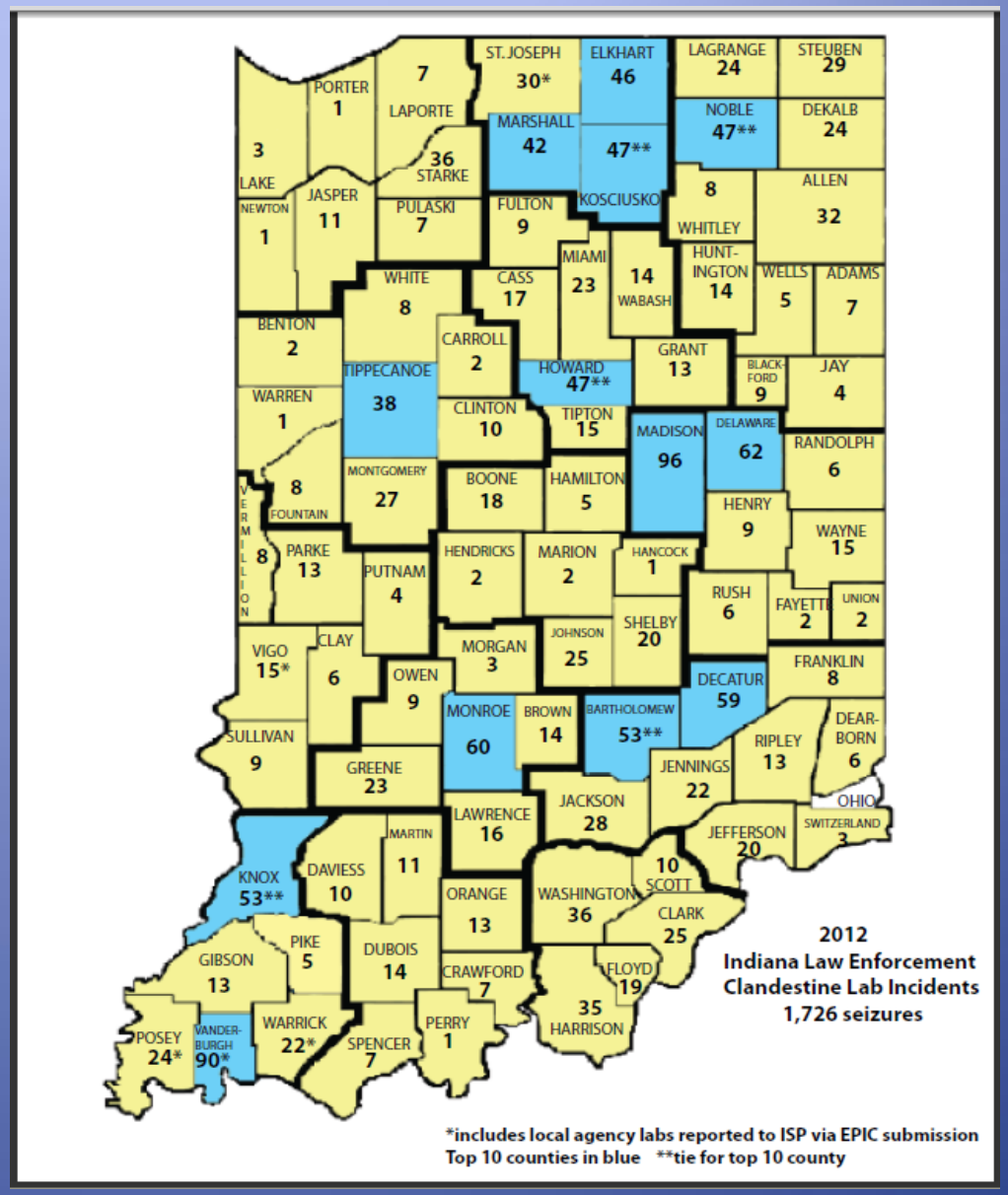


Illustration Source: http://www.in.gov/meth/2330.htm

Indiana Child Welfare & Meth

December 11, 2013

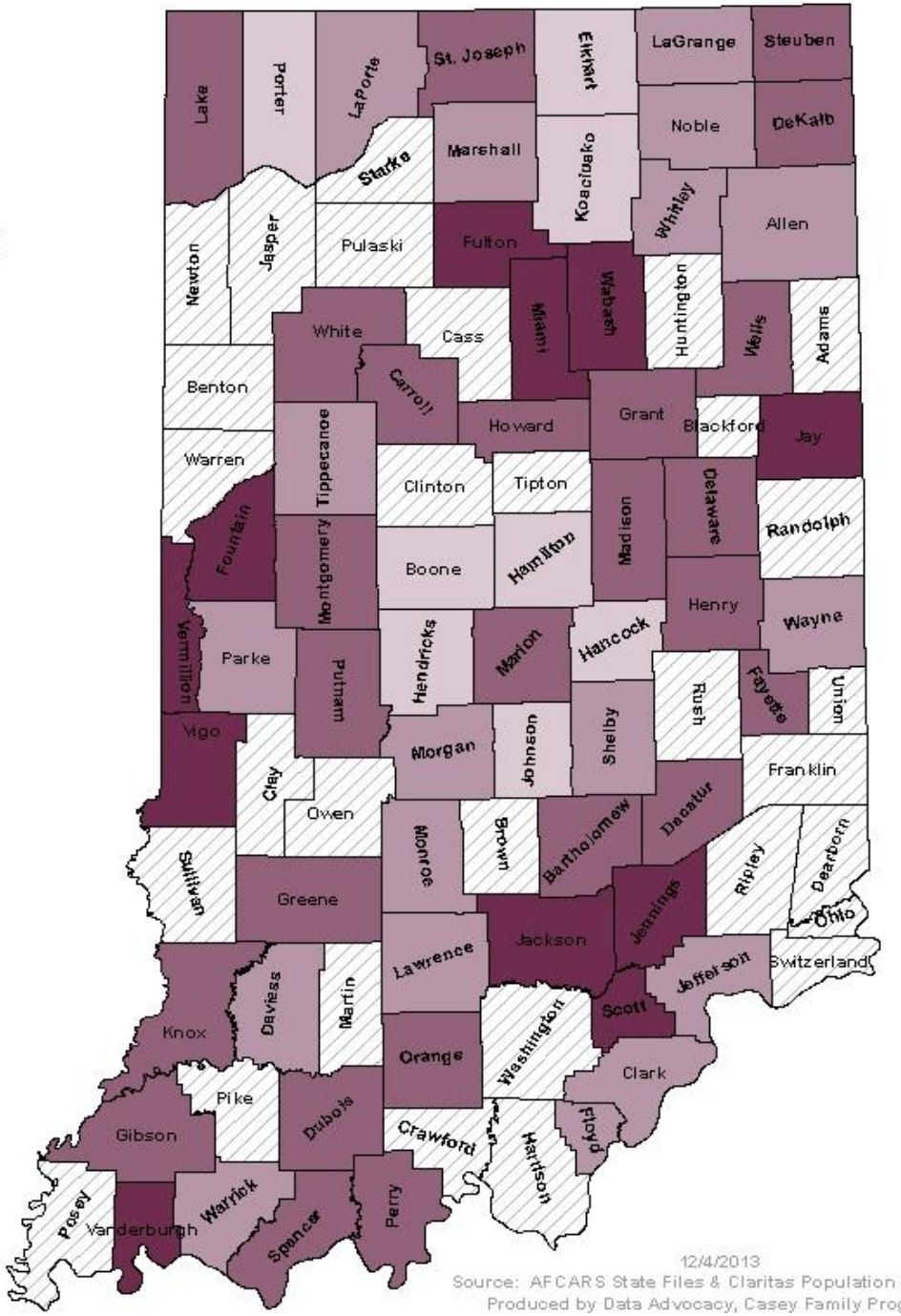
Barry Salovitz

Senior Director – Casey Strategic Consulting

casey family programs

fostering families. fostering change.

Indiana Rate of Children Entering Care by County, FY13



Indiana County Ranges:

- 8.3 - 26.3
- 4.9 - 8.2

Statewide Entry Rate: 4.8

- 2.6 - 4.8
- 0.1 - 2.5
- fewer than 30 entries/rate not calculated

FY11 National Entry Rate: 3.2

12/4/2013

Source: AFCARS State Files & Claritas Population Estimates
Produced by Data Advocacy, Casey Family Programs

Entry Rates into Care
Top 11 Counties and Marion County FY13

Children ages 0 to 17, being removed from their homes
per 1,000 children in the general population

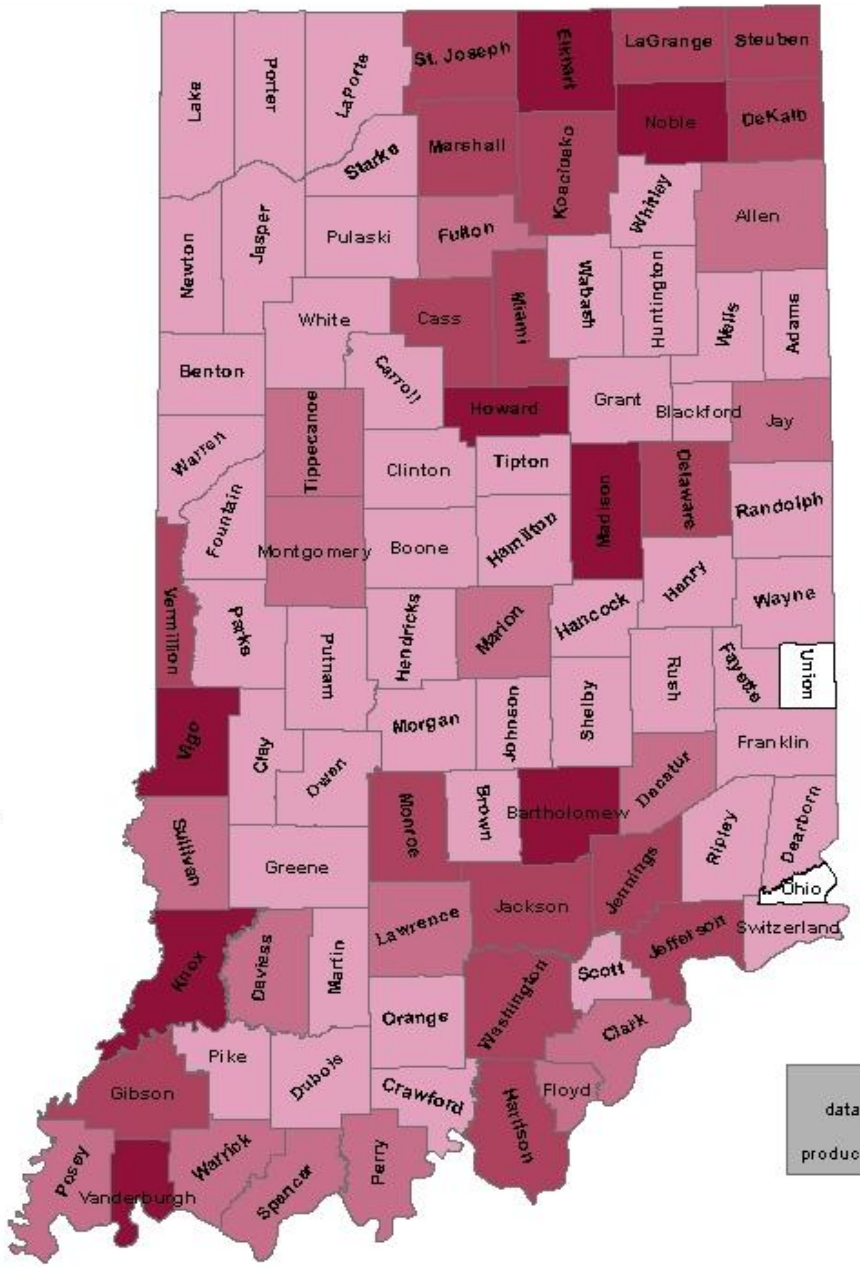
County	Entry Rate
Scott	26.3
Jennings	15.6
Fulton	13.2
Wabash	11.5
Vanderburgh	9.3
Miami	9.1

County	Entry Rate
Jackson	8.8
Jay	8.8
Vigo	8.5
Vermillion	8.5
Fountain	8.4
Marion	6.6

NOTE: Indiana Statewide Entry Rate: 4.8
FY11 National Entry Rate: 3.2

Data sources: Indiana AFCARS and Claritas Population Estimates

Percentage of Indiana Clandestine Lab Incidents County Activities 2004-2013



Legend

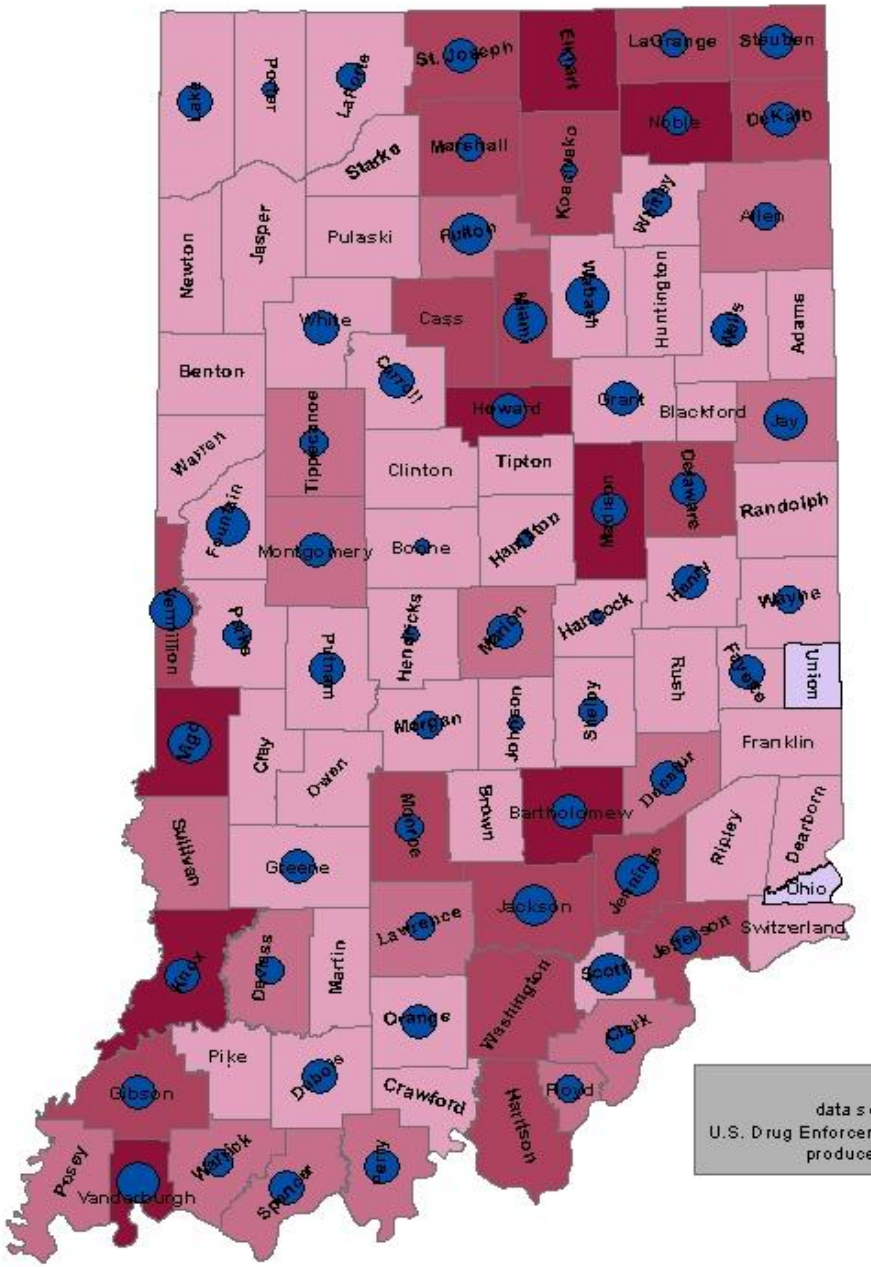
Percentage Ranges by County

State total: 1,896 Incidents

- 2.5% - 5.1%
- 1.5% - 2.4%
- 1% - 1.4%
- 0.1% - 0.9%
- 0%

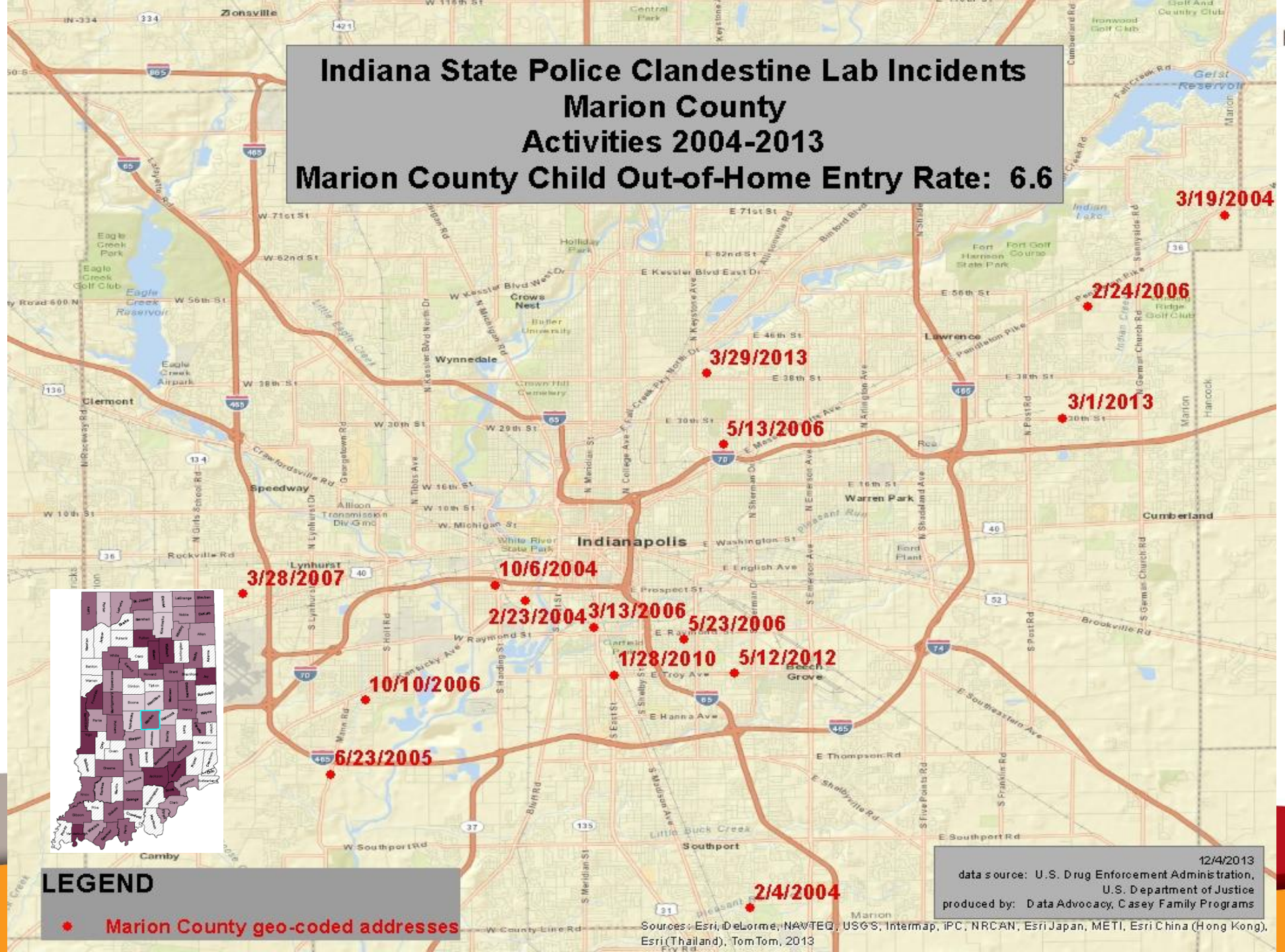
12/4/2013
data source: U.S. Drug Enforcement Administration, U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs

Percentage of Indiana Clandestine Lab Incidents 2004-2013 and Child Entry Rates into Out-of-Home Care, FY13

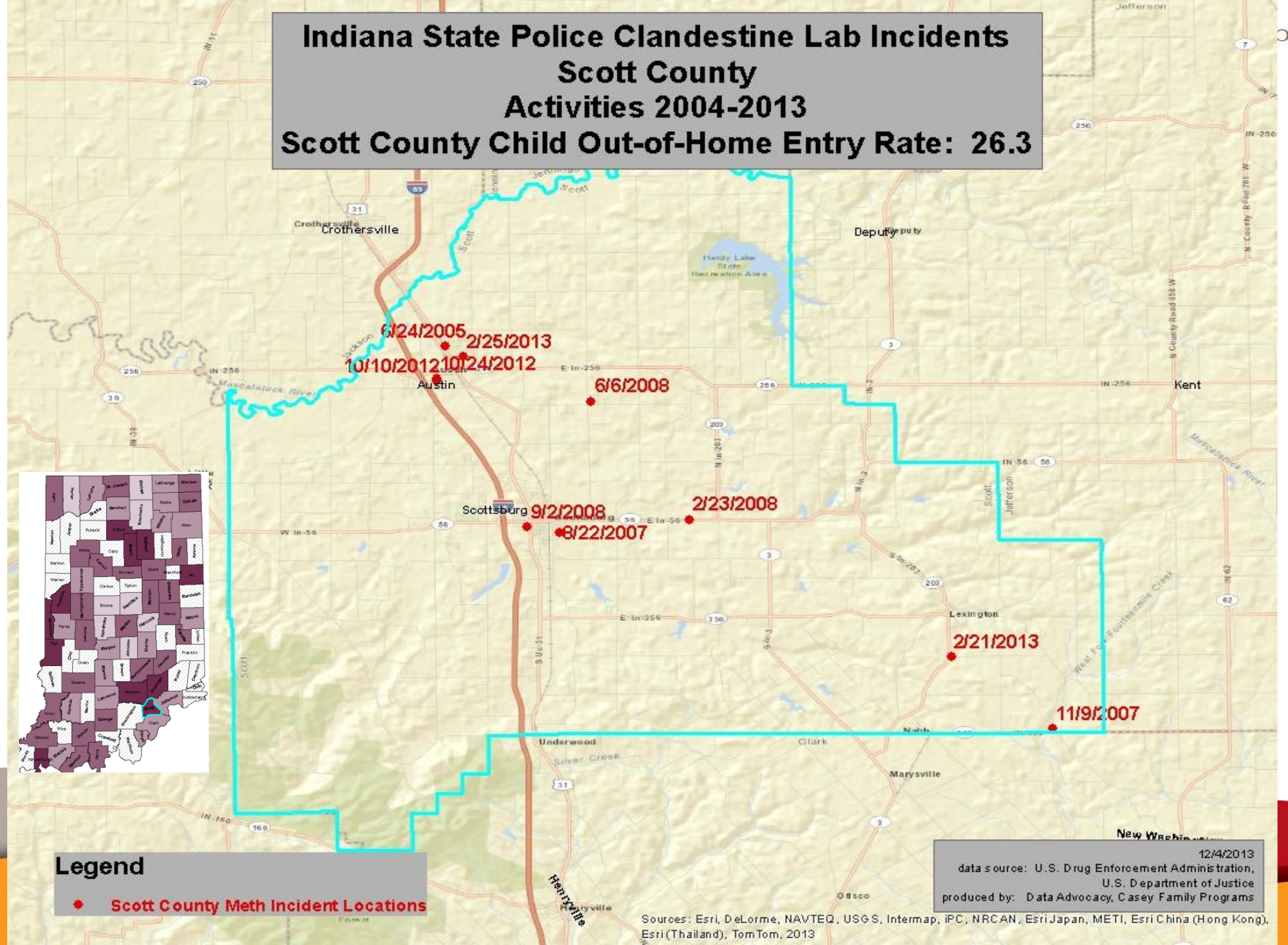


programs

Indiana State Police Clandestine Lab Incidents
Marion County
Activities 2004-2013
Marion County Child Out-of-Home Entry Rate: 6.6

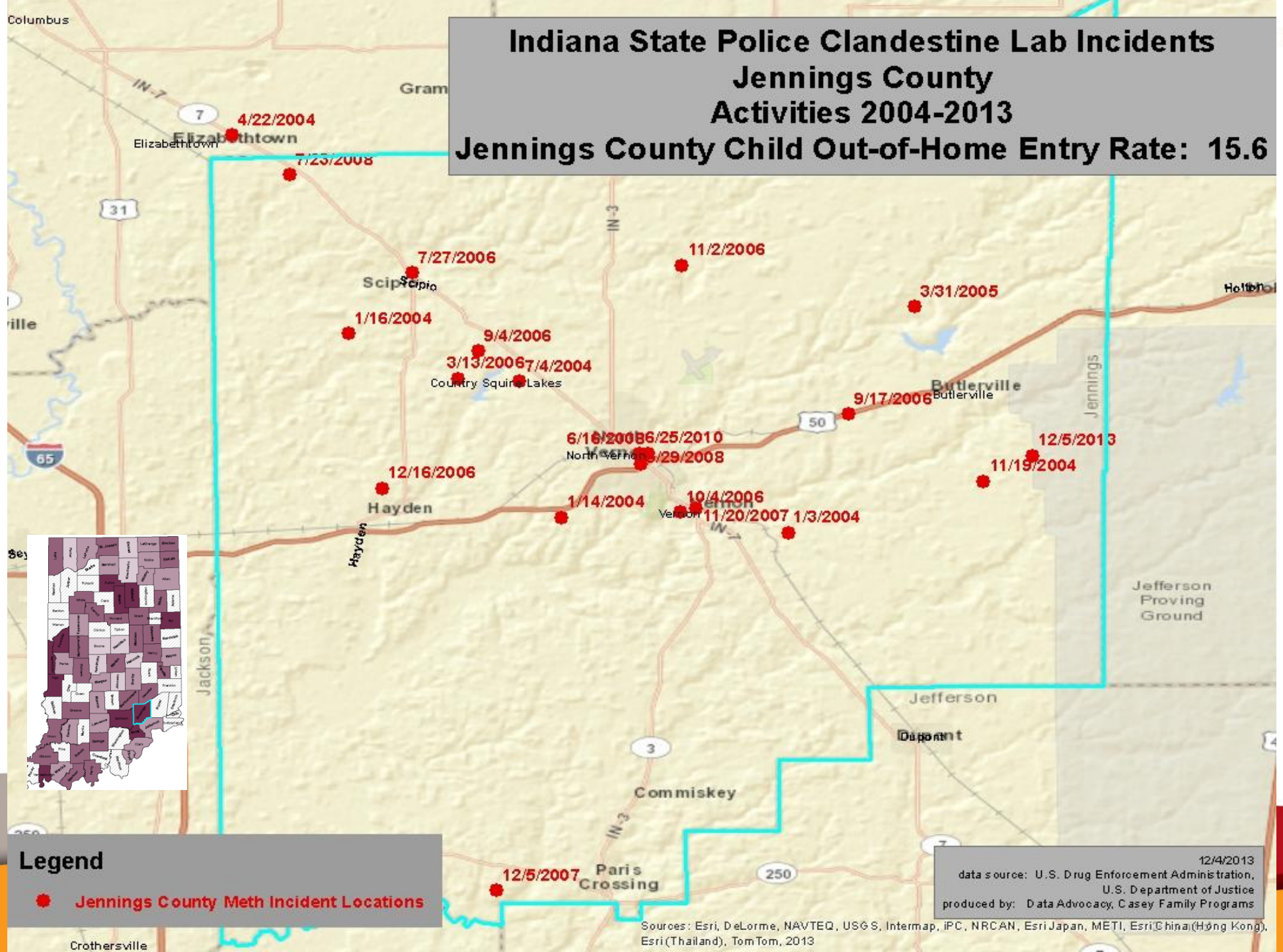


Indiana State Police Clandestine Lab Incidents
Scott County
Activities 2004-2013
Scott County Child Out-of-Home Entry Rate: 26.3



programs

Indiana State Police Clandestine Lab Incidents
Jennings County
Activities 2004-2013
Jennings County Child Out-of-Home Entry Rate: 15.6



Legend

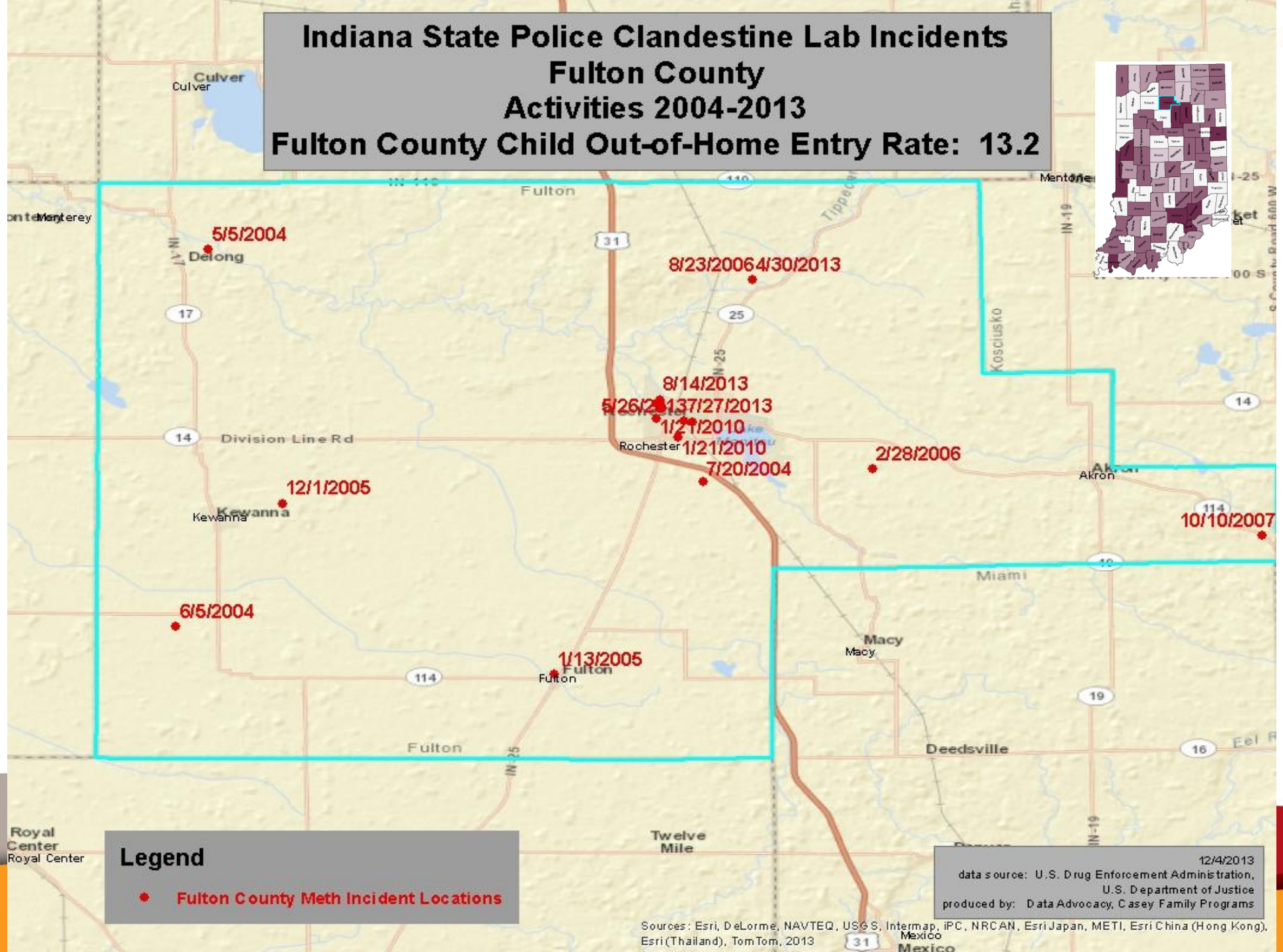
- Jennings County Meth Incident Locations

12/4/2013
data source: U.S. Drug Enforcement Administration, U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs

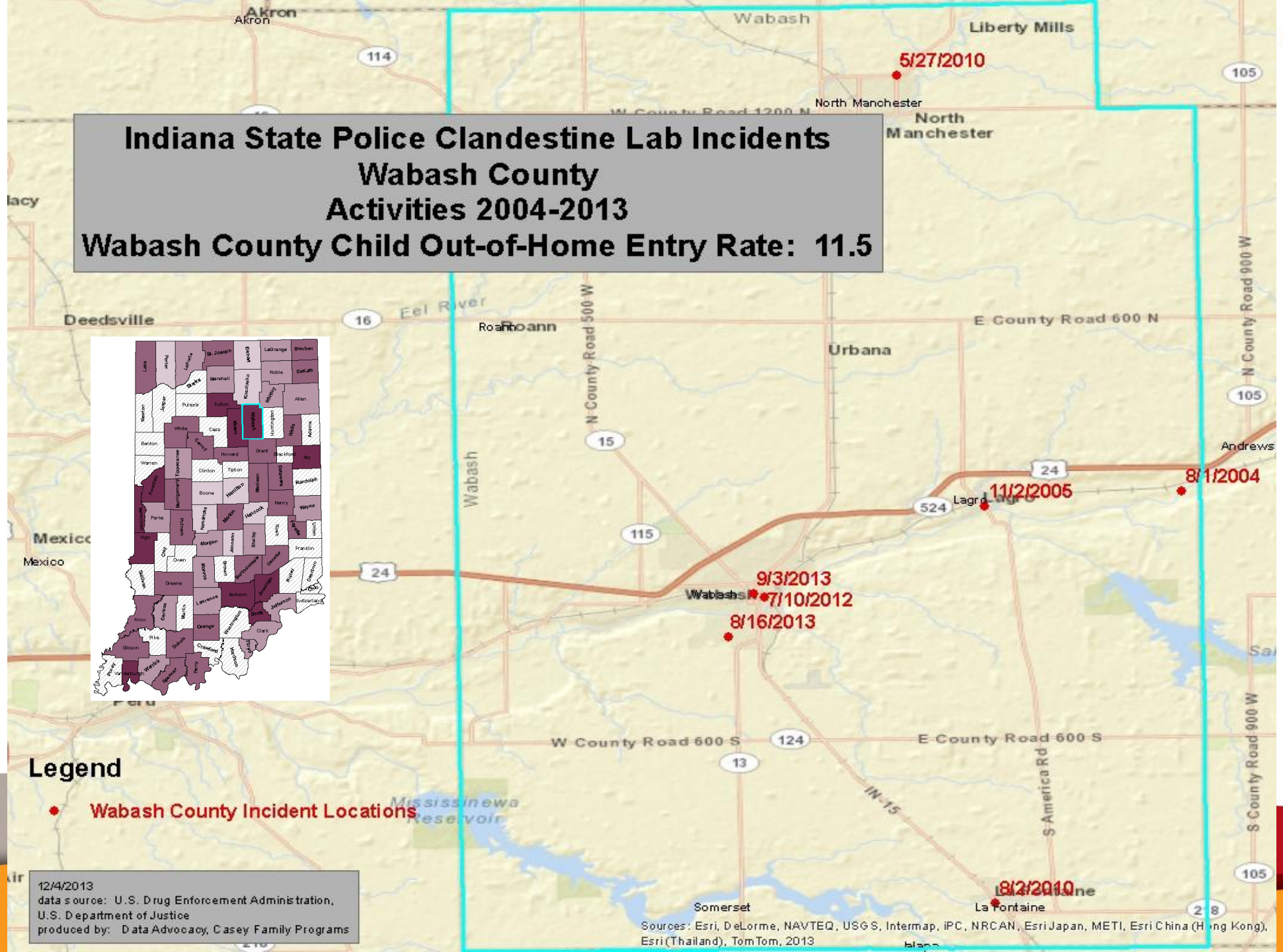
Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013

programs

Indiana State Police Clandestine Lab Incidents
Fulton County
Activities 2004-2013
Fulton County Child Out-of-Home Entry Rate: 13.2

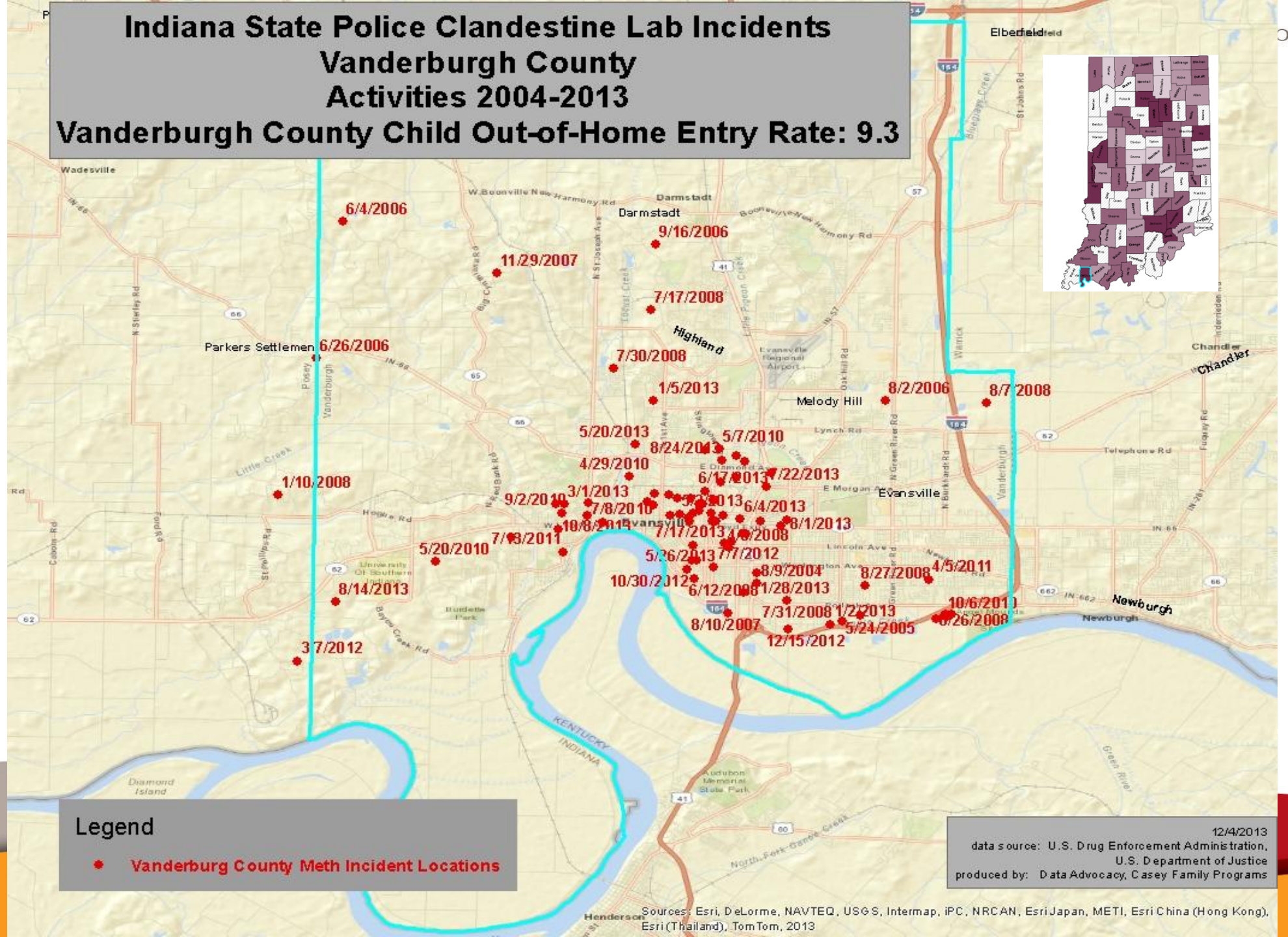


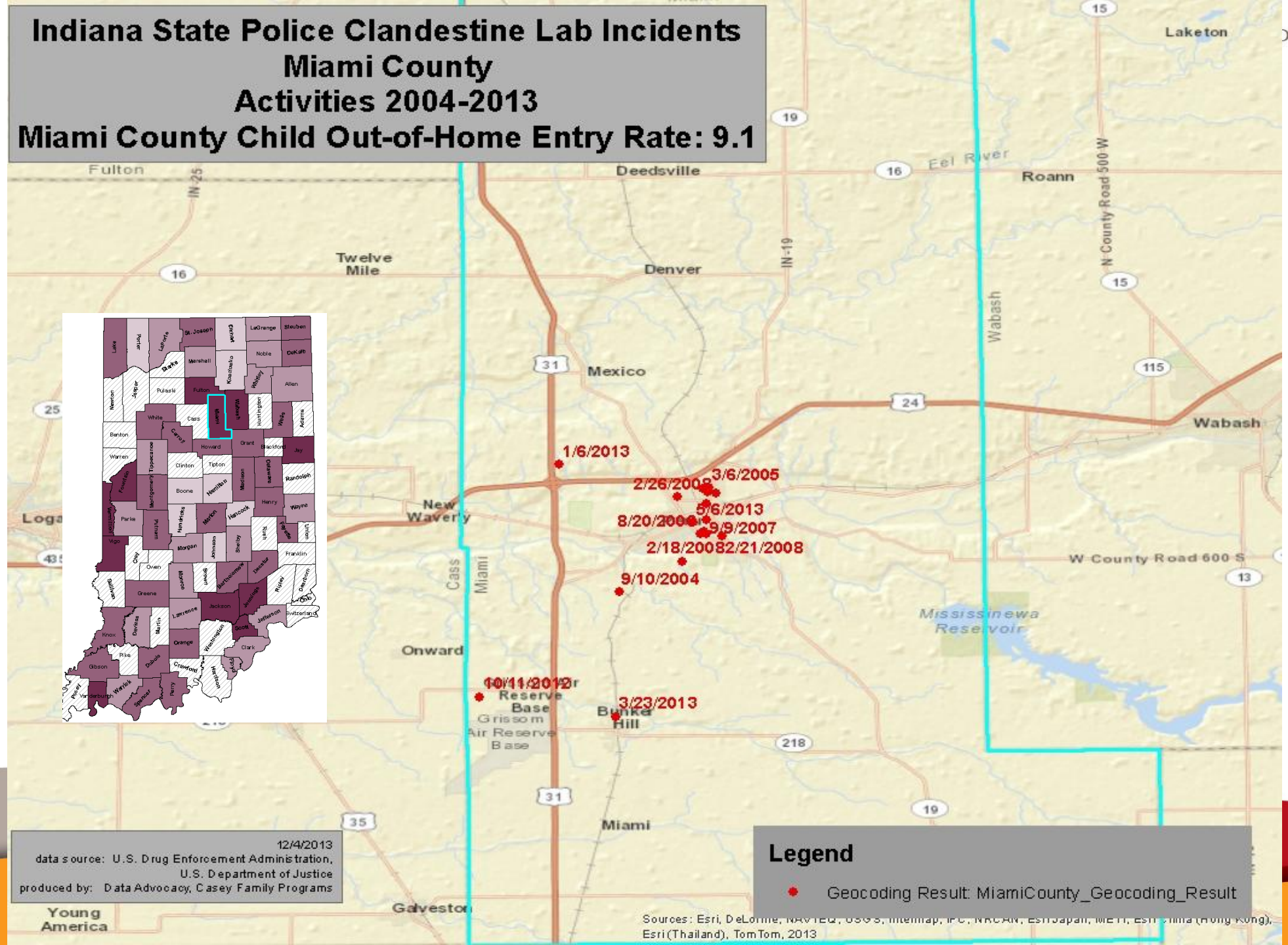
programs



Indiana State Police Clandestine Lab Incidents
Wabash County
Activities 2004-2013
Wabash County Child Out-of-Home Entry Rate: 11.5
5/27/2010
8/1/2004
11/2/2005
9/3/2013
7/10/2012
8/16/2013
8/2/2010
Legend
Wabash County Incident Locations
12/4/2013
data source: U.S. Drug Enforcement Administration, U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs
Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013
Akron
Wabash
Liberty Mills
North Manchester
Deedsville
Roann
Urbana
Andrews
Lagro
Mexico
Somerset
La Fontaine
Mississinewa Reservoir
E County Road 600 N
W County Road 600 S
E County Road 600 S
N County Road 500 W
N County Road 900 W
S America Rd
S County Road 900 W
IN-15

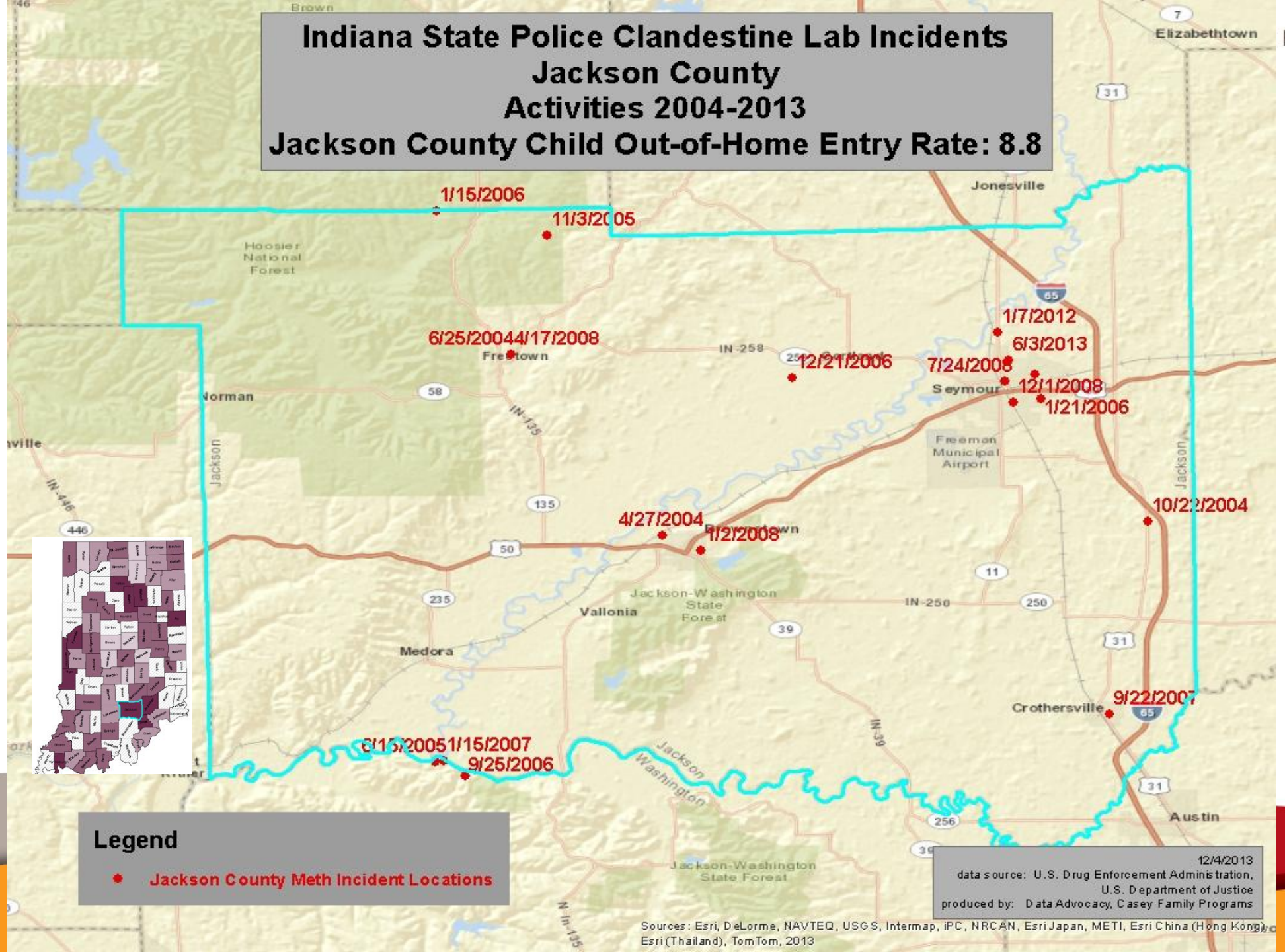
Indiana State Police Clandestine Lab Incidents
Vanderburgh County
Activities 2004-2013
Vanderburgh County Child Out-of-Home Entry Rate: 9.3



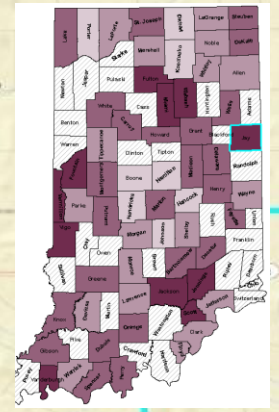

Indiana State Police Clandestine Lab Incidents
Miami County
Activities 2004-2013
Miami County Child Out-of-Home Entry Rate: 9.1
Fulton
Deedsville
Eel River
Roann
Laketon
Twelve Mile
Denver
Mexico
Wabash
New Waverly
Onward
Miami
Bunker Hill
Galveston
Young America
Mississinewa Reservoir
W County Road 600 S
N County Road 500 W
Cass
Miami
1/6/2013
2/26/2008
3/6/2005
5/6/2013
8/20/2006
9/9/2007
2/18/2008
2/21/2008
9/10/2004
10/11/2012
3/23/2013
Legend
Geocoding Result: MiamiCounty_Geocoding_Result
12/4/2013
data source: U.S. Drug Enforcement Administration, U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs
Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013

programs

Indiana State Police Clandestine Lab Incidents
Jackson County
Activities 2004-2013
Jackson County Child Out-of-Home Entry Rate: 8.8



Indiana State Police Clandestine Lab Incidents
Jay County
Activities 2004-2013
Jay County Child Out-of-Home Entry Rate: 8.8



10/24/2008
11/1/2013
5/7/2007
5/6/2013
10/3/2013
10/23/2007
5/7/2007
2/11/2012
9/6/2005
10/7/2008
12/4/2007
1/13/2010
2/6/2008

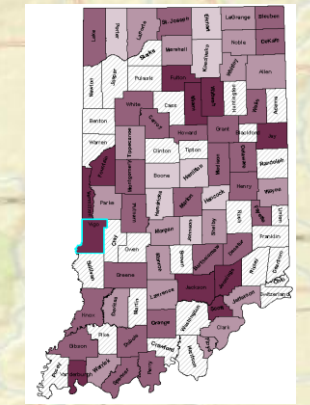
Legend

- Jay County Meth Incident Locations

12/4/2013
data source: U.S. Drug Enforcement Administration
U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs

Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iP
Esri (Thailand), TomTom, 2013

Indiana State Police Clandestine Lab Incidents
Vigo County
Activities 2004-2013
Vigo County Child Out-of-Home Entry Rate: 8.5



Legend

- Vigo County Meth Incident Locations

5/13/2013
11/4/2013
10/24/2008
3/1/2005
3/10/2005
3/27/2013
3/1/2005
1/6/2006
2/2/2004
3/5/2004
3/5/2013
9/21/2004
4/1/2013
8/19/2013
9/1/2010
2/8/2004
6/19/2013
1/20/2013
9/12/2012
8/1/2004
3/10/2004
5/4/2006
3/16/2004
3/24/2004
1/3/2008
11/2/2004
11/24/2007
1/16/2004

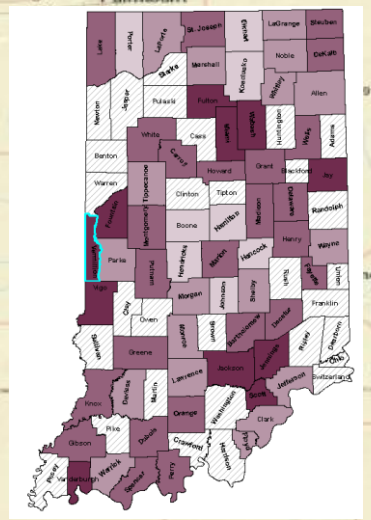
Rosedale
Vigo
Fontanet
Seelyville
Dennison
Terre Haute Int'l Airport
Riley
Pimento
Vigo
Sullivan
Farmersburg
Clay
ILLINOIS
INDIANA
IN-63
IN-42
IN-46
IN-2

12/4/2
data source: U.S. Drug Enforcement Administrat
U.S. Department of Jus
produced by: Data Advocacy, Casey Family Progr

Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013

programs

Indiana State Police Clandestine Lab Incidents
Vermillion County
Activities 2004-2013
Vermillion County Child Out-of-Home Entry Rate: 8.5



Legend

- Vermillion County Meth Incident Locations

7/14/2012
1/24/2004
10/3/2013
5/22/2013
5/25/2005
1/25/2012
9/7/2004
5/3/2004
7/28/2004
5/25/2010
12/27/2005
2/27/2005

12/4/2013
data source: U.S. Drug Enforcement Administration, U.S. Department of Justice
produced by: Data Advocacy, Casey Family Programs

Sources: Esri, DeLorme, NAVTEQ, USGS, Intermap, iPC, NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), TomTom, 2013

www.casey.org

Child Services Oversight Committee Report and Recommendations

Senator Carlin Yoder, Chair, Child Services Oversight Committee

Agenda

- Task Force/Priorities
  - Data Sharing and Mapping Task Force
  - Infant and Child Mortality and Child Health Task Force
  - Others

Data Sharing and Mapping Task Force

MEMBERS

- Lilia Judson, Co-chair – Div. of State Court Admin.
- Julie Whitman, Co-chair – Indiana Youth Institute
- Paul Baltzell – Indiana Office of Technology
- Ann Hartman – Connect2Help
- Jeff Tucker – Dept. of Child Services
- Kevin Moore – DMHA
- Thomas Bodin – Office of the Attorney General
- Joshua Towns – Dept. of Education
- Christopher Waldron – ISDH
- Mary DePrez – Div. of State Court Admin. (JTAC)

Infant and Child Mortality and Child Health Task Force

MEMBERS

- Jane Bisbee, Co-chair – Dept. of Child Services
- Art Logsdon, Co-chair – ISDH
- Kristen Kelley – Office of the Attorney General (nominee)
- Dr. Joseph Franklin – Evansville (nominee)
- Probation designee
- DOE designee
- Others

Agenda

- Other Matters
  - Update on Permanent Website
    Anne Jordan, Education Attorney, Indiana Judicial Center
  - http://www.in.gov/children

Future Meeting Dates

Feb.19, 2014	10:00 A.M. – 2:00 P.M.	Conference Room A
April 16, 2014	10:00 A.M. – 2:00 P.M.	Conference Room C
June 18, 2014	10:00 A.M. – 2:00 P.M.	
Sept. 17, 2014	10:00 A.M. – 2:00 P.M.	
Nov. 19, 2014	10:00 A.M. – 2:00 P.M.	

The website to view all documents handed out at Commission meetings and the webcast of today's meeting is at www.in.gov/children.