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

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

DATA SHARING

Data Collection and Data Sharing

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

Types of Data Collected—At a Glance

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

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

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

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

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

MAPPING

Mapping of Services for Vulnerable Youth

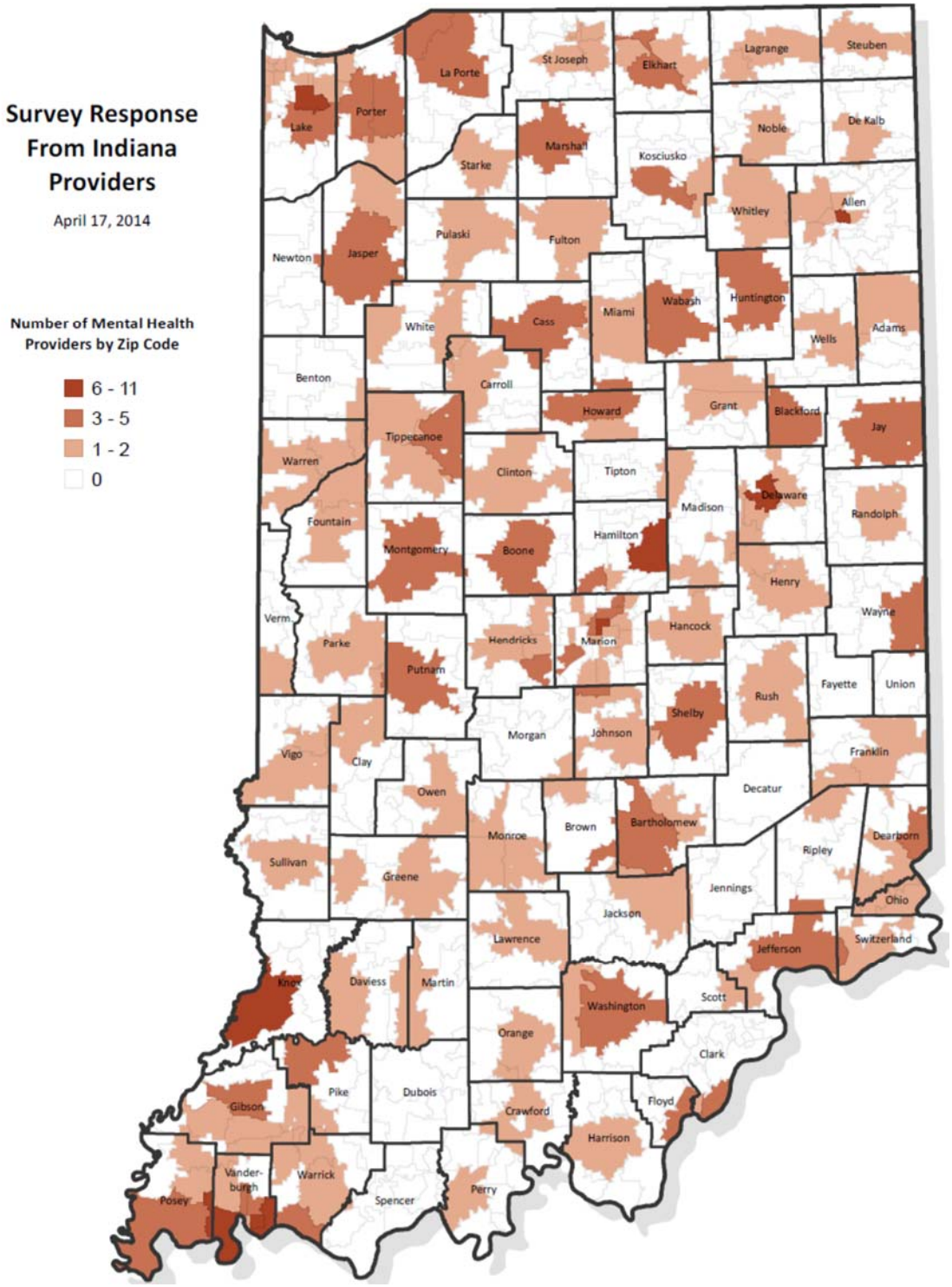
The Commission's enabling statute charges it with studying and evaluating: access to services for vulnerable youth; the availability, duplication, and funding of those services; and, barriers to those services. In order to begin this work, in the Fall of 2013 the Task Force sent nearly 2,100 surveys to service providers who contract with state agencies to provide substance

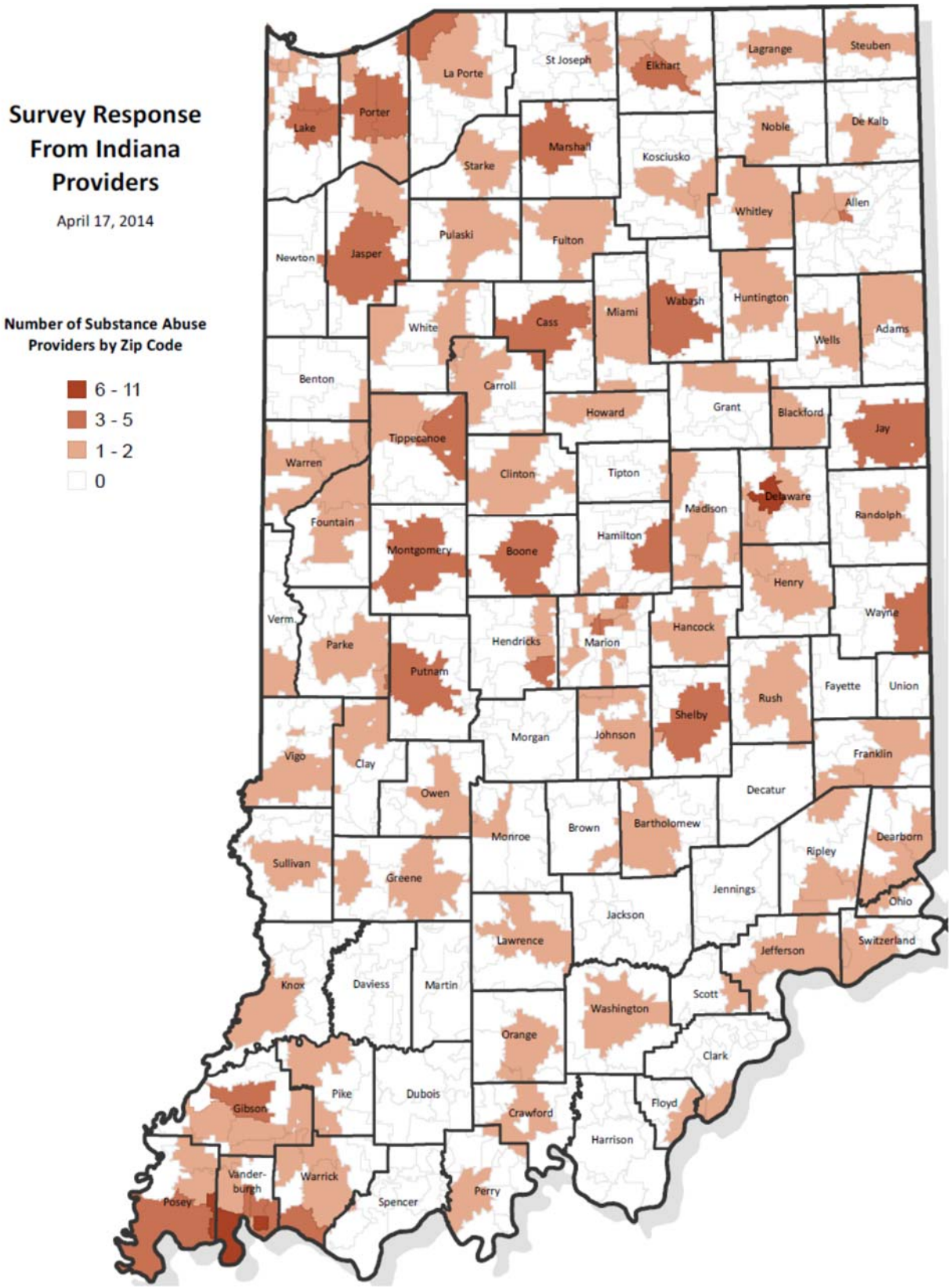
abuse and mental health services to children in Indiana. The Task Force identified those two service areas—mental health and substance abuse—based on the Commission members' identification of those problems as easily the most urgent they faced. The Task Force also sent surveys to detention centers and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

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

The following two maps illustrate the mental health and substance abuse services available to children in Indiana by ZIP Code, based on information provided by the respondents to the surveys. The Task Force has used a broad definition of "mental health," to include intellectual and developmental disabilities as well as mental illnesses. Please note that both the

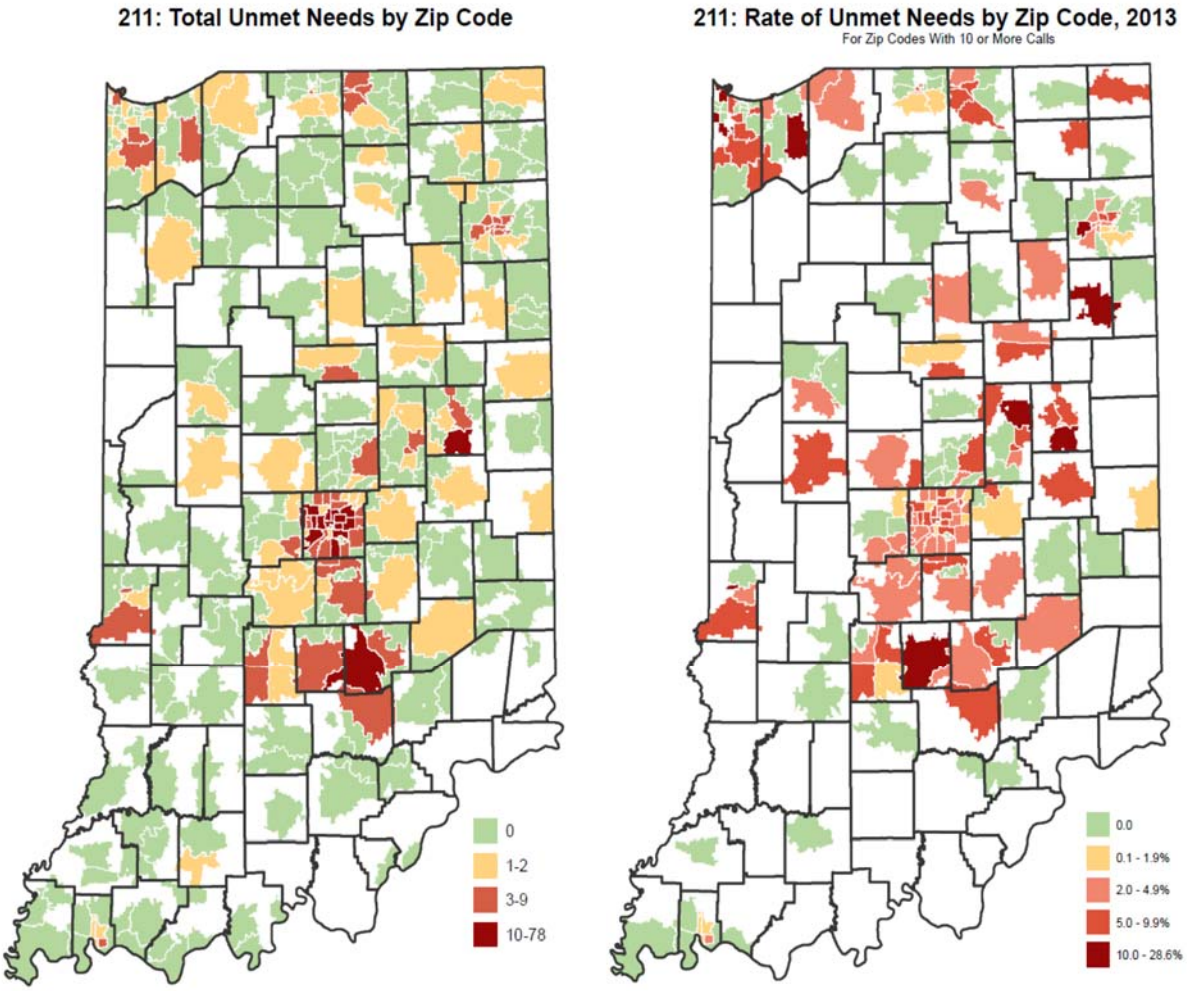
database and the maps are works in progress; to date, the Task Force cannot provide a complete picture of the available mental health and substance abuse services in Indiana.




Survey Response From Indiana Providers
April 17, 2014
Number of Substance Abuse Providers by Zip Code
6 - 11
3 - 5
1 - 2
0
La Porte
St Joseph
Elkhart
Lagrange
Steuben
Lake
Porter
Marshall
Noble
De Kalb
Starke
Kosciusko
Whitley
Allen
Newton
Jasper
Pulaski
Fulton
Wabash
Huntington
Miami
Cass
White
Wells
Adams
Benton
Carroll
Howard
Grant
Blackford
Jay
Tippecanoe
Warren
Clinton
Tipton
Madison
Delaware
Randolph
Fountain
Montgomery
Boone
Hamilton
Henry
Wayne
Verm
Parke
Hendricks
Marion
Hancock
Putnam
Rush
Fayette
Union
Shelby
Morgan
Johnson
Franklin
Vigo
Clay
Owen
Decatur
Monroe
Brown
Bartholomew
Dearborn
Ripley
Sullivan
Greene
Jennings
Ohio
Jackson
Lawrence
Jefferson
Switzerland
Knox
Daviess
Martin
Scott
Washington
Orange
Clark
Pike
Dubois
Gibson
Crawford
Floyd
Harrison
Vander-burgh
Warrick
Posey
Spencer
Perry

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

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



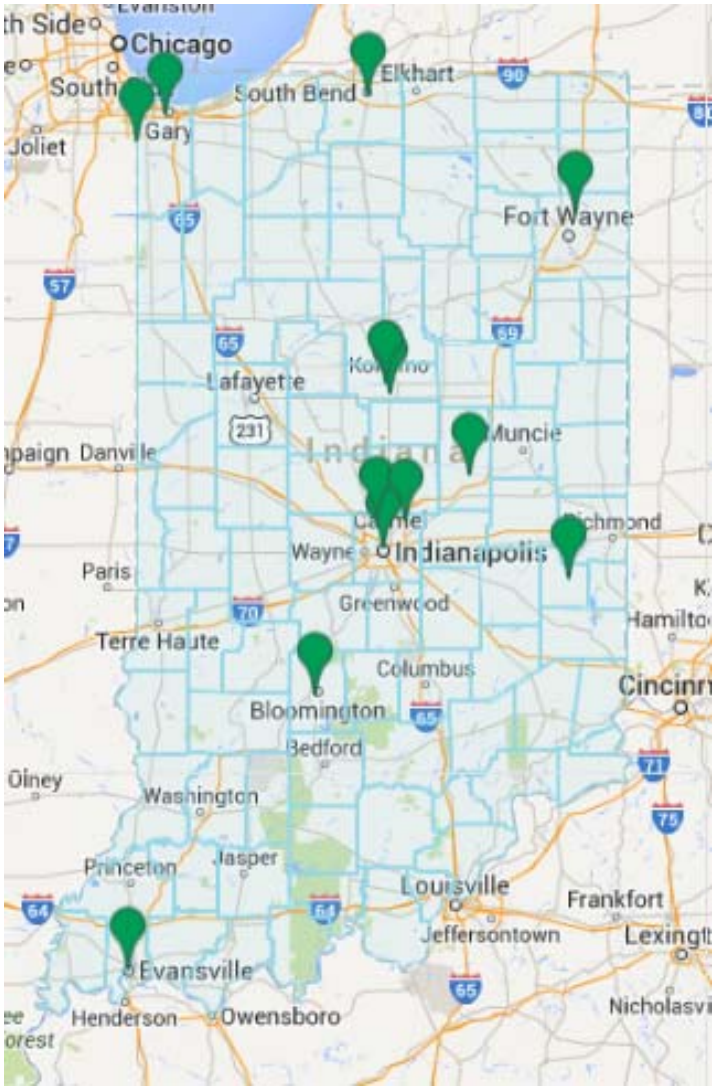
The information above, which was provided by Connect2Help211, shows clusters of areas in which there are not enough services to meet callers' needs.

Unmet Needs in Indiana: Crisis Services for Children & Youth

According to the National Alliance on Mental Illness (NAMI)—Indiana, Indiana has a gap in services for children and youth experiencing mental health crisis. A psychiatric crisis can include, but is not limited to, thoughts of harming oneself or others; acute symptoms of psychosis, depression, or anxiety; increased substance use; or, the impairment of or inability to cope in a safe, functional way.[1] Many emergency rooms are not equipped to handle psychiatric crises: they may lack the psychiatric staff to make the evaluations necessary for transfer to an inpatient facility; the professionals who do staff emergency departments often lack training in handling mental health crises, especially for youth; space limitations often result in the child's stabilization and release without an appropriate assessment and follow-up; and the emergency rooms are not designed with the proper security or privacy measures. With the exceptions of Community North in Indianapolis and Parkview in Fort Wayne, there is a distinct lack of places to which parents can turn when a child is experiencing a psychiatric crisis. Even in those two cities, the facilities have limited bed space.

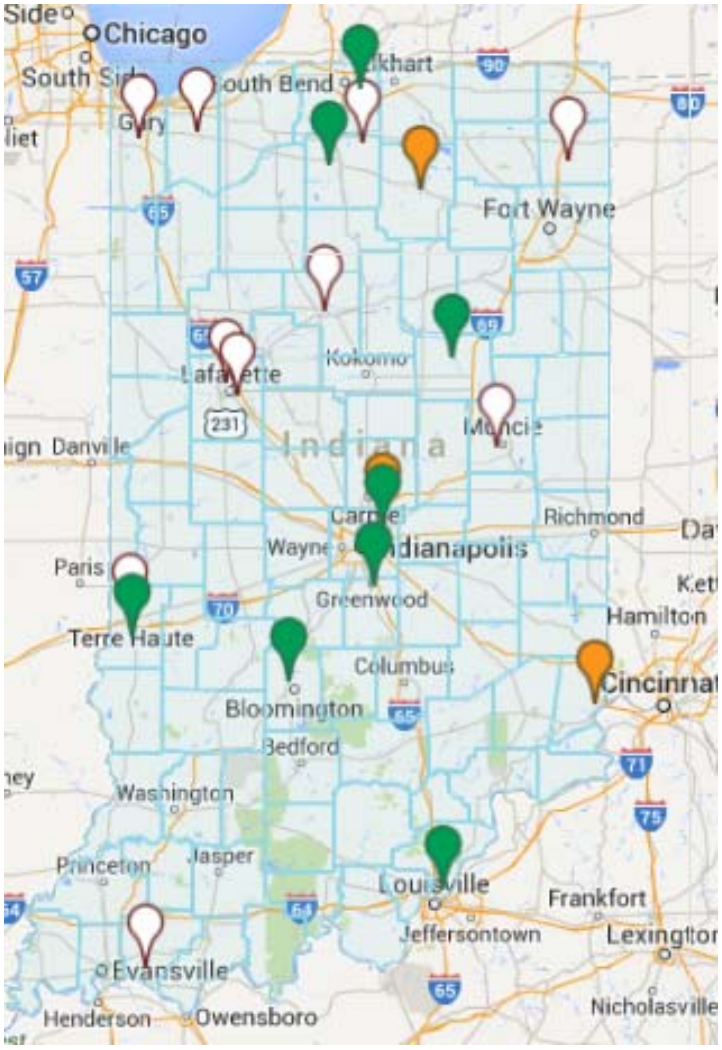
The green pushpins on the map below represent hospitals in the state that offer some inpatient psychiatric services to youths (but not necessarily *crisis* services):

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



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

those private mental health facilities serving youth occasionally or offering substance abuse treatment only. [2]



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

Barriers to Services for Vulnerable Youth

In the course of undertaking the mapping project, Task Force members and staff met with representatives of member agencies and stakeholders, who in turn shared information about the

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

barriers and frustrations they encounter as they provide services to vulnerable youth in Indiana.[3] Conversations with stakeholders revealed barriers to services in four main areas: transportation and accessibility; the lack of a qualified workforce; systemic obstacles and regulatory burdens; and, service gaps. The Task Force recognizes the need to obtain more information in order to quantify these barriers and plans to follow up accordingly.

Transportation and accessibility:

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

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

clients' homes is generally not reimbursable. In rural areas, this results in appreciable expenses to the service providers; in the worst cases (not infrequent), a professional may spend two hours' driving time and several gallons of fuel only to find that the family is not home for the appointment—all with no billable service.

Lack of a qualified workforce:

- According to members of the Indiana Council of Community Mental Health Centers, another barrier to services involves a lack of a qualified, well-trained workforce capable of providing mental health and substance abuse services to vulnerable youth. Simply put, the universities cannot produce graduates in relevant fields quickly enough. And, the curricula in fields such as social work are often tailored toward careers in private practice—work that differs significantly from community mental health work, where much of the service provision to vulnerable youth occurs. In many cases, students are graduating from higher education programs in mental health-related fields without knowing whether or not they are license-eligible.
- The workforce shortage is intensified in rural areas. With a lack of local qualified applicants, rural providers often are forced to hire qualified staff from the nearest urban or suburban area, which leads to very long commutes for those staff members. As soon as they find an opportunity closer to home, many leave the rural job.
- In the 2014 legislative session, the Indiana General Assembly passed House Enrolled Act 1360, which will help ease the financial burdens incurred by newly

educated psychiatrists, psychologists, psychiatric nurses, addiction counselors, and mental health professionals. The new law provides for student loan repayment assistance for individuals in those fields, as well as the establishment of integrated behavioral health and addiction treatment development and training programs. This legislation is an important step forward in addressing the shortage of qualified professionals in this field.

Systemic obstacles and regulatory burdens:

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

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

Service gaps:

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

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

RECOMMENDATIONS

Data-Sharing:

- The Task Force recommends that the Commission on Improving the Status of Children in Indiana identify concrete goals for sharing data on vulnerable youth, such as examining outcomes of services.
- The Task Force recommends that the seven agencies collecting data relevant to vulnerable youth develop a standard baseline of data to collect about each child.[4]
- The Task Force recommends that the judicial branch develop a database that houses information on both CHINS and delinquency cases, to coordinate service delivery and track outcomes of youth who are involved in both systems.
- The Task Force recommends coordinating with data-sharing efforts that are beginning or underway at the state level, including the INK Project (Indiana

[4] The seven agencies are: the Indiana Department of Education; the Indiana State Department of Health; the Department of Correction; the Department of Child Services; the Attorney General; the Indiana Supreme Court; and, the Family and Social Services Administration.

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

Systemic:

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

Respectfully submitted,

Lilia G. Judson, Executive Director, Indiana Supreme Court Division of State Court Administration, Co-Chair, Data Sharing & Mapping Task Force

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APPENDIX A

Types of Data Each Agency Collects—Listed by Topic

Health – Including Mental Health and Substance Abuse

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

Public Assistance Programs

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

Home Safety and Security

- Unemployment Rates (DOE)

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

General Demographics of Youth

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

Criminal Activities and Recidivism

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

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

Narrative Summary of Data Collection by Agency/Division

Indiana Department of Education (IDOE):

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

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

Department of Child Services (DCS):

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

Indiana State Department of Health (ISDH):

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

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

Office of the Indiana Attorney General:

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

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

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

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

Family and Social Services Administration (FSSA):

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

FSSA Division of Mental Health and Addiction (DMHA):

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

Division of State Court Administration (STAD):

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

Probation:

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

MEMBER	DATA COLLECTED ON CHILDREN/VULNERABLE YOUTH
Department of Education	• School Enrollment - Can be tracked at school, district, county level; students have unique ID • Unemployment Rates • Graduation Rates • Homeless Students • Examination results • Incarcerated Youth • School Discipline • Attendance Rates • School Arrests • Suspensions/Expulsions • Drop Outs • Bullying • Medications/Health conditions • Truancy
Department of Child Services	• DCS Hotline Calls • Absence of Repeat Maltreatment • Number of CHINS and Informal Adjustment Cases Filed • Family Case Manager Turnover • CHINS Placements and Services, and Associated Cost

	• IV-D Child Support Orders and Collections
Indiana State Department of Health (*NOTE*: some data do not pertain solely to vulnerable youth)	• Children and Hoosiers Immunization Registry (CHIRP) • National Immunization Survey • Environmental Testing (I-lead, water quality, mosquito pools) • Emergency Department Syndromic Surveillance • Infectious Diseases Reporting System (INEDDS) • Lead Poisoned Children Database (STELLAR) • Newborn Screening Results • Vital Statistics (birth and death records) • Emergency Department Data • Youth Risk Behavior Survey • Behavior Risk Factor Surveillance System • Trauma Registry • WIC Database • Indiana Youth Tobacco Survey • WISQARS Injury Data • National Health and Nutrition Examination Survey (NHANES) • Hospital Discharge Data
Office of the Attorney General	• Rx Drug Abuse • Youth Risk Behavior Survey

	• Babies Born with Neonatal Abstinence Syndrome • Address Confidentiality Program • Sex Offender Registry • Internet Crimes Against Children • IPATH – Human Trafficking Task Force • Methamphetamine Cases
Department of Correction Division of Youth Services	• Case/Youth Demographics • Prior DCS History (placement, foster care, CHINS, group home, etc.) • Mental Health Diagnosis • Substance Abuse Subtle Screening Inventory (SASSI) Scores • Medicaid • Admission to Detention from the 22 Detention facilities • Indiana Youth Assessment System (IYAS)

Family and Social Services	• Consumer Demographics • Outcomes • State and Federal Expenditures • Provider Information • Levels of Care • Assessment Data	• Caseload Size • County Statistics • Medicaid Enrollment • First Steps Services • Temporary Assistance to Needy Families (TANF) • Childcare Bureau (families, children, and licenses)
Probation Administration	• Referrals • Supervisions • Methods of Disposition of Each Referral • Supervision Risk Levels • Supervision Substance Abuse Convictions or Adjudications	• Supervisions Completed Pre-Dispositional • Supervision Progress Reports • Personnel and Salary Expenses • Restitution • (Some Counties Collect Additional Data)

Indiana Supreme Court Justice and Division of State Court Administration	• Number of Juvenile Cases Filed and Disposed (and method of disposition) **<u>Juvenile Probation</u>** • Referrals for Status & Non-status Offenses (number received & disposed, method of disposition) • Supervisions (number received, case types, number disposed, and method of disposition) • Demographic Data **<u>CHINS Timeliness Measures</u>** • Time to Permanent Placement • Time to First Permanency Hearing • Time to the Filing of the Termination of Parental Rights Petition • Time to Termination of Parental Rights • Time to All Subsequent Permanency Hearings. **<u>Risk Assessment for Juveniles – Indiana Youth Assessment System (IYAS)</u>** **<u>GAL/CASA</u>** **<u>Family Court Project</u>**

Division of Mental Health and Addiction	• Consumer Demographics • Outcomes • State and Federal Expenditures • Provider Information • Levels of Care • Assessment Data

APPENDIX B

Sample letter and survey questions: service providers

SUPREME COURT OF INDIANA

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

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

October 4, 2013

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

Dear Ms. Doane-Selmier:

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

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

Thank you for your cooperation.

Sincerely,

Loretta H. Rush

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

Enclosure

Name of Service Provider:

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

Do you offer home-based services?

Do you offer school-based services?

What services do you provide?

Sample letter and survey questions: school social workers and guidance counselors

SUPREME COURT OF INDIANA

DIVISION OF
STATE COURT ADMINISTRATION

BRENT E. DICKSON, CHIEF JUSTICE

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

30 SOUTH MERIDIAN STREET, SUITE 500
INDIANAPOLIS, IN 46204-3568
317.232.2542
317.233.6586 FAX
COURTS.IN.GOV

November 27, 2013

«FIRST_NAME» «LAST_NAME»
«NAME»
«ADDRESS»
«CITY», «STATE» «ZIP»

Greetings:

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

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

Thank you for your cooperation.

Sincerely,

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

Enclosure: One-page questionnaire

Name of Service Provider:

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

Do you offer home-based services?

Do you offer school-based services?

What services do you provide?

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

If yes, please list the following:

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

Please attach additional sheets if necessary. Thank you.