

Data Sharing & Mapping Task Force
Commission on Improving the Status of Children in Indiana
January 28, 2015
Meeting Minutes

1. The Task Force met on Wednesday, January 28, 2015, from 2:30 p.m. to 4:30 p.m. in the JTAC Training Room, 30 South Meridian Street, 5th floor.
 - a. The following members were present: Lilia Judson, Indiana Supreme Court Division of State Court Administration (INSTAD) (Co-Chair); Julie Whitman of the Indiana Youth Institute (IYI), (Co-Chair); Cynthia Smith, Department of Child Services (DCS); Mary DePrez, Judicial Technology & Automation Committee (JTAC); Tony Barker, Office of Technology (IOT); Chris Waldron, Indiana State Department of Health (ISDH); Barbara Moser, NAMI (*ex officio*); Ann Hartman, 211/Connect2Help; Barbara Seitz de Martinez, Indiana Prevention Resource Center (IPRC); and, Sirrilla Blackmon, Division of Mental Health and Addiction (DMHA). Donna Bauer, Court Technology, was also in attendance. And, we welcomed Delia Armendariz, Casey Family Programs, who made the trip from Seattle in order to attend in person this time.
 - b. No one joined us by teleconference.
 - c. Not present: Mary Allen & Joshua Ross, Criminal Justice Institute (CJI); Paul Baltzell, IOT; Doris Tolliver and Jeff Tucker, DCS; Kevin Moore, DMHA; Sarah Schelle, Department of Correction (DOC); and, Joshua Towns, Department of Education (DOE). Shane Hatchett has moved to another position within state government; going forward, Jeff Hudnall of the Indiana Network of Knowledge (INK) will be attending our meetings. Finally, we did not have a representative from the Attorney General's office because Lynne Hammer left the office in December and Tom Bodin was transitioning to another job opportunity. (*Update: We learned on Feb. 3rd that Tamara Weaver, Deputy Attorney General, Victim Services & Outreach Division, will be attending our task force meetings.*)
 - d. The meeting was staffed by Ruth Reichard, STAD staff attorney.
 - e. Julie Whitman and Lilly Judson welcomed those in attendance.

2. **Approval of Minutes from November 5, 2014 Meeting:** the members reviewed the minutes of the November 5, 2014 meeting; Delia mentioned that she had a few changes to suggest. The members agreed that Ruth could make those changes and submit the amended minutes to Julie and Lilly for approval. As a reminder, once minutes are approved, Ruth sends them in a PDF to Angela Reid-Brown, who posts them on the Commission's web site here: <http://www.in.gov/children/2344.htm>

3. **Task Force Report to Children's Commission:** we went slightly out of the agenda's order so that we would be sure to discuss which maps we want Lilly and Julie to use at the Feb. 18th Commission meeting, and the message we want them to convey. The Feb. 18th meeting is devoted to task forces updating the Commission on their work. Chris Waldron presented some maps to us that visually represent various data, including: the population of vulnerable youth, as determined by Census data of those under 18 and by JD, JC, and JT case types; and, providers of mental health and substance abuse services, as determined by our survey ("CISC Survey") and the PLA list. Chris summarized his findings; 12 counties are more than 1.5 over the standard deviation of providers to children. Should they be examined by ISDH for possible designation as medically underserved/mental health professional shortage areas?

Sirrilla sent some of us PowerPoint slides from a report earlier today (Indiana mental health workforce report) that mirror these results. (*Note: If you would like to see the PDF of that report [the slides], please email Ruth.*) Julie, Sirrilla, Cynthia, and Ruth are planning to meet with Chris Maxey of ISDH on Monday, February 9, 2015, to learn about the process of obtaining such a designation. Sirrilla mentioned that, in the meantime, telemedicine offers one possibility for ameliorating the shortage. Telecounseling is currently happening between Riley Hospital and certain isolated areas/pockets of need. Lilly referred to an NPR story on how North Carolina is addressing this type of shortage. Several people observed that HIPAA-compliant equipment would be needed on both ends of telemedicine.

We discussed presenting these slides, because they so effectively convey the areas of need. If Commission members ask for recommendations from our task force, we can encourage further exploration into the underserved areas as well as the creation of a mental health task force—or, advise that the task forces for cross-system youth and substance abuse should work together to explore the underserved areas. We feel we have completed our assignment, which was to produce maps and identify underserved areas. Chris and Julie will make the presentation on Feb. 18th.

4. **Update/Findings, Barbara Moser, NAMI:** Barbara updated us on her project to identify mental health services for youth in crisis. She is currently working on identifying residential beds throughout the state, but is finding that counting those is not as precise as she had anticipated. She is also working with DMHA on surveying capacity, but that project is not specific to youth/addictions/mental health crisis services. Overall, the majority of responders reported more services for mental health than for substance abuse, especially intensive substance abuse intervention like detox, for all ages. She advised that it would be good to get a list of “system of care” providers in each county from DMHA and use that list to follow up with the “empty” counties that appear on our maps. Barbara also advised us that some of the findings from the DMHA survey are published online. She said lots of people are interested in the number of psychiatric inpatient and crisis beds in our state. Since she gave us her snapshot last June, she has compiled a spreadsheet that she will send to Julie and Chris with actual bed counts, which could be put into the maps to compare with where the youth reside, where the court cases originate, etc.

5. **Databases: Ours Compared with 211/Connect2Help—Ann Hartman:**

Ann reported that at least 1/3 of our resources are not in 211: as seen below, 41% did match; 42% are not in the database, but could be; and, 17%, or 229 entities, did not fit the 211 inclusion policy. Elizabeth Radcliff, the database manager for 211, suggested that they could look at that 42% and, if they do fit the inclusion policy, add those records. It takes 1 to 1.5 hours of staff time to add an agency. To maintain an agency in their records, it is slightly less. Ann noted that requests for mental health help are not among the top 5 reasons that people call 211; instead, most calls involve basic needs like housing, food, utilities, etc. They are trying to get legislative support for more publicity around mental health referrals (e.g., PSAs that tell people they can call 211 for mental health help). Ann said 211 will include the providers that fit their criteria. She also mentioned that HB 1001, the budget bill currently pending, calls for \$2 million to be allocated to Indiana 211 under the aegis of the IURC (Indiana Utilities Regulatory Commission). Ann will look at the 42% and determine which of those could be in their

database. Regarding the 17%, the main reason most of those are not in the 211 database is because they are individuals, and 211 only keeps records on organizations. Delia observed that some of the individuals in our database might be affiliated with organizations, and we just don't reflect that in our records. Serrilla will check and see if DMHA wants our database. Donna Bauer will send it to Barbara at NAMI. Donna will also send Ann an updated version of the database, because we have added some resources that were shared by Barbara Seitz de Martinez.

Status	#	%
Resource in IN211 Database	545	41%
Not in IN211 Database— <i>but could be</i>	570	42%
Do Not Fit Inclusion Policy (e.g., because they are individual providers, not agencies/organizations)	229	17%

6. **Information Sharing Certificate Program, Center for Juvenile Justice Reform, Georgetown University—Julie Whitman:** Julie first gave some background information about changes that have occurred at the state level with respect to data sharing. INK is still in existence, but the governor has dissolved CECI (the Center for Education and Career Innovation). INK is statutory, which is probably why it is still in existence, whereas CECI was created by executive order. INK is going to now be housed at OMB. Tony Barker reported that IOT will still be providing technology and infrastructure for INK.

Julie then reported on the team's trip and what they learned, especially regarding the big three federal laws on data sharing. At Julie's request, I am including a more detailed report here: A team from Indiana attended the Information Sharing Certificate Program of Georgetown University's Center for Juvenile Justice Reform, December 8-11, 2014. The team consisted of Doris Tolliver, Chief of Staff at the Indiana Department of Child Services; Lisa Thompson, Project Manager for Court Technology at the Indiana Supreme Court Division of State Court Administration; Mike Commons, Family Court Project Manager at the Indiana Supreme Court Division of State Court Administration; and Julie Whitman, Vice President of Programs at the Indiana Youth Institute. Together the team represented decision-makers and doers from the child welfare, courts, and non-profit youth development arenas. There were a total of twenty participants in the program, representing five different geographic areas. Indiana's team was the only team representing a state—the others groups were from counties or cities, including San Francisco; Oneida County, New York; New Orleans; Chicago; and Hampden County, Massachusetts.

The overall goal of the program was to provide participants with the knowledge necessary to embark on data and information-sharing initiatives that benefit vulnerable children and families while protecting their privacy and complying with all federal and state laws. On the first day of the program, Team Indiana learned about the federal laws that pertain to confidentiality and privacy of different types of information, specifically health, education, and substance abuse information, and had the opportunity to practice applying those laws to different scenarios involving children involved in various systems including child welfare, juvenile justice, mental health, substance abuse, and schools. On days two and three, the program delved into three categories of data and information sharing initiatives that have different purposes and parameters: Category 1—information sharing for individual case planning and decision making, Category 2—data collection and sharing for law, policy, and program development, and Category 3—data collection and sharing for program evaluation and performance measurement. On the fourth day, the focus was on leadership and messaging for culture change.

The program includes a required capstone project. Currently, Team Indiana is in the process of developing an information-sharing initiative that will apply the learnings of the program to Indiana's child-serving systems. We are at the early stages of development, and are considering a Category 1 initiative, to be piloted in a few counties around the state, which could then be translated into lessons or a model for other Indiana counties to use. A second, longer-term possibility is a Category 2 project, which would look at sharing state-level systems data to learn more about how the state is serving vulnerable children overall and identify potential gaps in the system. We believe this second project is in line with the goals of the Commission on the Status of Children, however it is also a project that will likely take several years to develop. For now, the team is looking forward to applying the lessons of the program in a way that is achievable and meaningful over the coming year, and that will inform future efforts.

Julie distributed a handout summarizing the capstone project, which will consist of: an analysis of state law regarding information sharing/privacy; a survey, at the local level, of family case managers, juvenile probation officers, detention centers, school principals/social workers about what information they do share/would like to share; a published practice brief; and, identifying counties to participate in a pilot information-sharing project and create an MOU.

Sirrilla mentioned that the policy academy/MacArthur is looking at front-end information-sharing in the context of JD diversion cases, to link the kids with mental health services, and to track them in the system. They are examining consent, information-sharing, and Medicaid eligibility; therefore, they are very interested in the capstone project so there is no duplication of effort. Sirrilla added that JDAI is involved in this front-end project. Julie and Sirrilla will talk and explore combining efforts.

In the meantime, Julie asked task force members to think about whether we need to reconstitute our membership, since it appears that going forward, we will be focusing more on data sharing than on mapping.

7. **Next meeting**: the Task Force's next meeting will be on *Wednesday, March 18, 2015*, from 2:00 p.m. to 4:00 p.m. at 30 South Meridian Street, 5th floor, in the JTAC Training Room (our usual location). Once again, we will have a conference call set up so that task force members can call into the meeting.