

A collage of diverse children smiling and laughing, with text overlaid. The children are of various ethnicities and are wearing colorful clothing. The text is in a large, bold, blue serif font.

**COMMISSION  
ON IMPROVING  
THE STATUS OF  
CHILDREN IN  
INDIANA**

**August 21, 2013**

# AGENDA

- Welcome and Introductions
  - Opening remarks by Justice Loretta Rush
  - Bill Stanczykiewicz, President and CEO Indiana Youth Institute
  - Dr. Page B. Walley, Managing Director, Strategic Consulting Casey Family Programs

# AGENDA

- Review Statutory Requirements of Commission on Improving the Status of Children in Indiana
  - Review handouts

# 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.

# AGENDA

- Presentation by Commission Members
  - Agency overview
  - Description of how agency serves vulnerable youth
  - Available data on vulnerable youth
  - Initial topic areas for Commission



# The Indiana Family and Social Services Administration

## Presentation for the Commission on Children

August 21, 2013





## FSSA data examples

- Consumer demographics
- Outcomes
- Expenditures
  - State
  - Federal
- Provider info
- Levels of care
- Assessment data
- Caseload size
- County statistics





# Medicaid Enrollment for Children by Age

- As of 12/12

Average Age	Medicaid	M-CHIP	S-CHIP
0	124,754	4	55
1	39,896	1,066	1,324
2	37,874	1,286	1,476
3	38,170	1,261	1,509
4	38,472	1,248	1,518
5	37,587	1,317	1,491
6	32,739	4,314	1,486
7	30,811	4,543	1,511
8	30,011	4,553	1,547
9	28,479	4,375	1,504
10	27,738	4,328	1,534
11	27,478	4,401	1,582
12	26,485	4,402	1,622
13	25,103	4,182	1,556
14	23,749	4,056	1,550
15	22,314	3,980	1,534
16	21,561	3,860	1,494
17	20,805	3,650	1,340
18	22,309	1,457	222
<b>Totals</b>	<b>579,072</b>	<b>58,283</b>	<b>25,855</b>



## FIRST STEPS SERVICES

Reporting Period	4/1/10-3/31/11	4/1/11-3/31/12	4/1/12-3/31/13
Average age at referral	14 months	14 months	<b>14 months</b>
Annual count of children with an IFSP	20,977	20,222	<b>20,001</b>
One Day Count of children 0-3	9,111	9,171	<b>9,082</b>
One Day Count of children 0-1	1,206	1,310	<b>1,329</b>
Children moving to Preschool Special Ed	33%	34%	<b>37%</b>
Average cost per child	\$1,942.42	\$1,575.88	<b>\$1,573.06</b>





## Division of Family Resources

- Temporary Assistance to Needy Families
- Child only One parent families- 21,211 child grant recipients
- Two parent families- 2,174 child grant recipients

### Childcare Bureau

- 20,573 families and 39,266 children
- 76.9% of children were served in licensed care.
- The average cost of care for a month per child during this period was \$383 (monthly subsidy + parent fee).
- Authorized providers by type\*\*: Licensed Centers: 450; Licensed Homes: 2,597; Registered Ministries:440; Exempt Centers: 298; Exempt Homes: 384.



## FSSA Priorities for the Commission

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



INDIANA  
DEPARTMENT OF  
CHILD  
SERVICES

# Indiana Department of Child Services (DCS)

Presentation to the Children's Commission  
August 21, 2013

Mary Beth Bonaventura, Director



# DCS Mission

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## **Child Welfare:**

Protecting children from abuse and neglect by partnering with families and communities.

## **Child Support:**

Getting money to kids through establishment, enforcement, payment processing and disbursement of child support orders.



# Child Welfare

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## Core Functions:

- Receive reports of child abuse and neglect.
- Complete assessments on reports of child abuse and neglect.
- Ongoing case management to guide a family through services, placement, permanency and case closure.



# Child Support Bureau

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## Core Functions:

- Responsible for administering the Title IV-D child support program in Indiana.
- Child support is state administered and county operated.
- Federally required child support functions:
  - Locate
  - Paternity establishment
  - Support order establishment
  - Enforcement
  - Payment processing
  - Disbursement
  - ISETS / INvest
  - Medical Support





# Serving Vulnerable Youth

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**Prevention**

**Preservation**

**Reunification  
and  
Placement**

**Permanency  
& Supports  
After Case  
Closure**



# Serving Vulnerable Youth

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**Prevention:** services to prevent a family from formal involvement with DCS due to child abuse or neglect.

**Preservation:** services to keep families in-home to keep the family together.

**Placement:** out-of-home placement to protect the safety and welfare of the child.



# Serving Vulnerable Youth

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**Reunification:** reuniting a child and family in-home.

**Permanency and Supports After Case Closure:**  
supporting the child and family after DCS has closed its case.

**Child Support:** Ensuring child support orders are established and enforced by providing tools and guidance for county partners, and efficiently processing child support payments for disbursement to families.



# Identified Challenges

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DCS identified challenges for the Commission:

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

# Representative Riecken

- **Market Diversity** – The Evansville area continues to be a relatively non-diverse population, with **86% of the population characterized as White** and 9% of the population characterized as Black.
- **Poor and Vulnerable Populations** – One out of seven households in Vanderburgh (15.1%) earns less than \$15,000 annually. It is estimated that **15.9% of residents are uninsured**, a number that is **projected to decline to 7.5% by 2017**, assuming that the expansion of Medicaid takes place as originally scheduled.

# Representative Riecken

- **Health Outcomes** – Based on the 2012 County Health Rankings, **Vanderburgh County ranks 76th out of 92 Indiana counties** based on specific health factors and health outcomes. It ranks 78th relative to its physical environment (e.g. air pollution). (Source: Robert Wood Johnson Foundation, accessed at [www.countyhealthrankings.org](http://www.countyhealthrankings.org)).
- **Household Income** – The median household income in Vanderburgh County is estimated at \$38,851 for 2012.
- **Median Age** – The median age in Vanderburgh during 2012 was 38 years.

# Representative Riecken

- Promote transparency and accountability in services and programs for Hoosier children.
  - The Commission should take steps to insure all interested parties are aware of the status of Hoosier children and whether or not the system of services provided is working in the child's best interest
    - Direct DCS to design a detailed plan available to the public for input, a plan that decreases the number of child abuse and neglect and fatality cases, a plan that provides base data for measuring improvement in public friendly manner, and
      - that respects basic guaranteed rights for children, <http://www.unicef.org/crc/>

# Representative Riecken

- that is built on an update of a study done in 1997 “Indiana Child Welfare: the State of our Children ;
- that sets priorities after a search on each child in the system is conducted showing where children are in the system and that children are not being “warehoused”- example, audit 30 days into placement and every 30 days thereafter –report made to Commission
- where decisions made by DCS and the courts are made where children and their families receive the right services at the right time for the right length of time ;
- where any family member who has a loving relationship with a child should have an opportunity for guardianship with siblings, the goal to cause the least trauma to a child as possible.



# Representative Riecken

- where DCS directs that, when deciding whether or not to assess a call made to the hotline, the decision errs on the side of the child;
- where the Health Department is involved on a local level to assist and advise DCS on childhood safety issues
- where DCS audits hotline calls, costs and results and justifies the rationale for not making the regional sites responsive to only regional calls are included
- that includes monthly reports to legislators on the progress in their plan.

# Representative Riecken

- Encourage collaboration and communication
  - through the initiation of child welfare advisory committees in local communities and integrate them into an informational network to and from the Commission,
  - through regional services councils that must operate where decision –making is locally driven,
  - by developing memoranda of understanding between the Commission and Oversight Committee and State and local/area child fatality review committees.

# Representative Riecken

- Address other trends and issues affecting the status of children.
  - Promote education to advance the importance of good health, nutrition and welfare of our Hoosier children
    - by encouraging community support of local prevention and service programs and programming;
    - by encouraging the State focus on funding early childhood education
    - by encouraging state incentives for more young people entering the field of prevention and services where there is a lack of trained social workers, psychologists and psychiatrists now,
    - by encouraging the further study and development of good prevention and social service models for children by encouraging universities to establish a child maltreatment chair

# Representative Riecken

- Recommend policies to Oversight Committee for DCS and local services to protect babies born to drug addicted mothers
  - establish a special committee within the Commission to research and recommend procedures and record keeping for hospitals, nurses and social workers to recognize drug addicted mothers , community education and prevention
  - encourage DCS to establish a policy that insures permanency for a child whose siblings have been involuntarily removed from the addicted parent
  - encourage DCS to complete the establishment of an interstate and intrastate relationship of reporting and investigating on behalf of the child

# Representative Riecken

- Fight the high incidence of child fatalities. Indiana must decrease the incidence of child fatalities, child abuse and neglect and accidental
  - encourage independent review from the state fatality review committee without administrative approval of reports
  - establish a plan to decrease the fatalities including prevention , community awareness and education
- End child poverty. Join other groups to decrease child poverty which has increased from 21% to 25% of all children in just one year
  - through adequate funding of SNAP program and continued evaluation
  - through promotion of living wage jobs and health insurance
  - support food programs, health and dental programs in schools and evaluation of programs

# Representative Riecken

- End homeless in our youth population, especially youth aging out of foster care.
  - Participate and encourage local initiatives along with legislative support
- Monitor the improvements to the child mental health services and expand statewide.
  - work with Oversight committee to determine issues that need to be supported statewide to insure a better system including a report of juvenile judges in evaluation
  - Encourage the legislature to adequately fund child mental health services in the state



# The Indiana Family and Social Services Administration

## Division of Mental Health and Addiction Commission on Children

August 21, 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



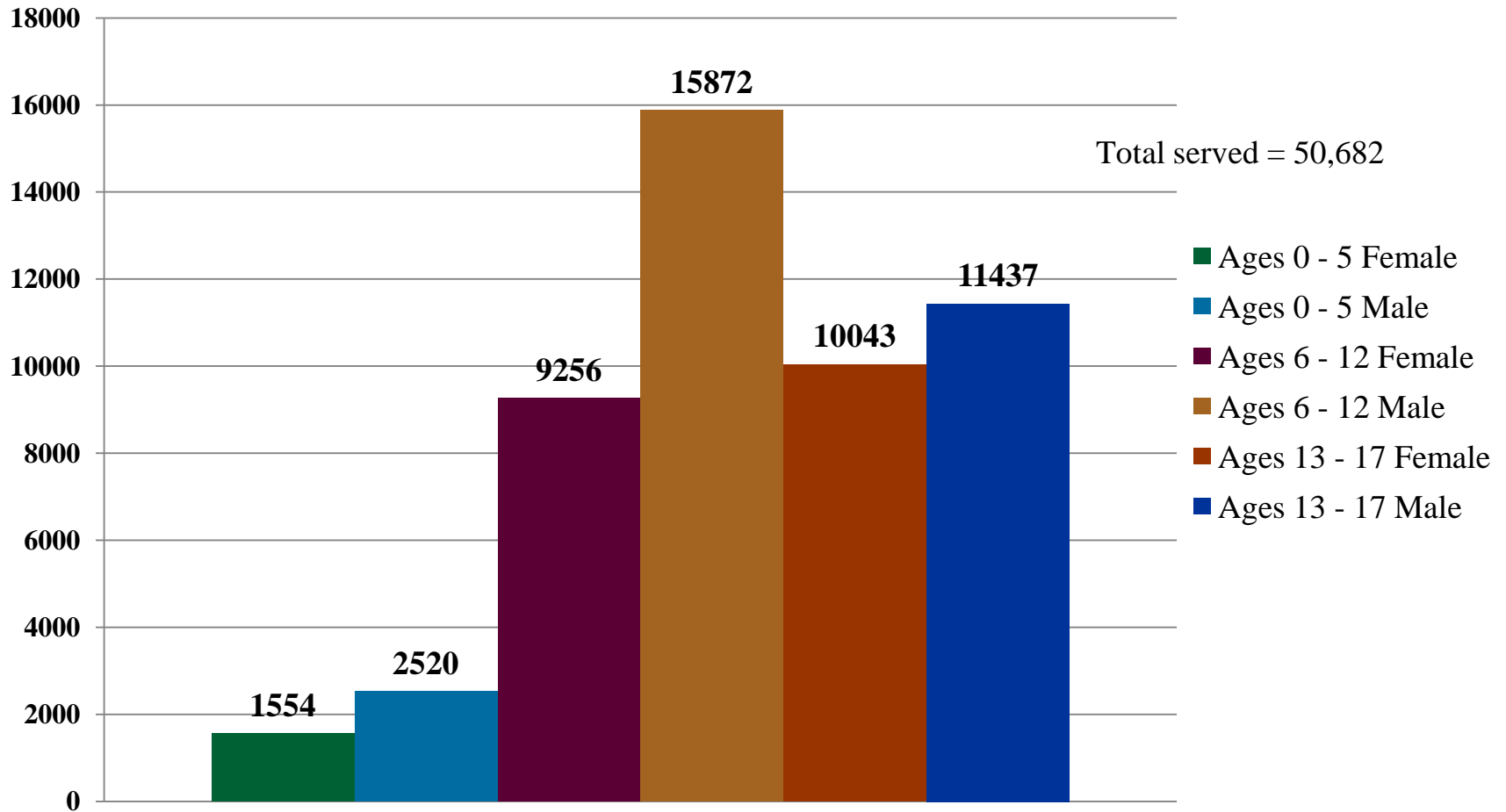


## DMHA Data Available

- Consumer demographics
- Outcomes
- Expenditures
  - State
  - Federal
- Provider info
- Levels of care
- Assessment data



## FSSA/Division of Mental Health and Addiction





## Priorities for the Commission

### DMHA

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



# Indiana Judicial Branch and Administrative Offices

## ⦿ Overview

- Indiana judiciary serves crucial role in the lives of vulnerable youth
- Judges and juvenile probation officers are the gate-keepers
- In 2012, of 1.6 million new cases, over 70,000 are juvenile cases

**Plus: 4,000 new adoption petitions, 36,000 new domestic relations cases; and 2,600 new reciprocal support petitions**

# Indiana Judicial Branch and Administrative Offices

- Every Indiana trial court has juvenile jurisdiction
- Larger counties have specialized juvenile divisions
- Approximately 140 Indiana judicial officers work on the juvenile caseload
- Juvenile probation officers are an integral part of the court system
- In 2012 approximately:
  - 43,000 new juvenile referrals
  - 18,400 new juvenile supervisions
- ◎ Indiana has 21 juvenile detention centers in Indiana:
  - Eleven are owned and operated by the court; 10 are owned and operated by private entities

# Indiana Judicial Branch and Administrative Offices

- ⦿ Indiana Supreme Court rules govern procedure but less so in juvenile cases
- ⦿ The legislature has set juvenile procedures
  - Exceptions:
    - Administrative Rule 9, Confidentiality & Access to Court Records
    - Proposed new rule under consideration re: waiver of right to counsel in delinquency matter

# Indiana Judicial Branch and Administrative Offices

- ◎ **Court entities working in the juvenile arena and data they collect**
  - **Judicial Conference of Indiana**
    - Statutorily created body, comprised of all Indiana justices and judges of courts of record
    - Staffed by the Indiana Judicial Center
    - Has statutory supervisory responsibility over probation
    - The Conference works through subject matter committees



# Indiana Judicial Branch and Administrative Offices

- **Judicial Conference of Indiana, cont'd.**
  1. **The Juvenile Justice Improvement Committee**
  2. **Disproportionate Minority Contact Definitions Committee**
  3. **The Juvenile Benchbook Committee**
  4. **The Child Welfare Improvement Committee**
  5. **The Dual Jurisdiction Youth Committee**
  6. **The Domestic Relations Committee**
  7. **The Probation Committee**
  8. **The Probation Officers Advisory Board**

# Indiana Judicial Branch and Administrative Offices

- **Judicial Conference of Indiana, cont'd.**
  - Reports on the number of adjudicated juvenile delinquents placed on home detention and type of completion (successful, DOC commitment, placed with community corrections, etc.)

# Indiana Judicial Branch and Administrative Offices

- **Indiana Supreme Court Division of State Court Administration (STAD)**
  - Assists the Chief Justice and Indiana Supreme Court in their leadership role as the administrators and managers of Indiana's judicial system
  - Role in technology, automation, data collection

# Indiana Judicial Branch and Administrative Offices

- STAD, cont'd.
- ⊙ **Annual Judicial Service Report and Probation Report**
  - Provides detailed data for every court on judicial caseloads, court finances, and probation services
  - Data for vulnerable youth include:
    - Number of cases filed and disposed (and method of disposition—guilty plea, bench trial, dismissal, etc.) for all juvenile cases

# Indiana Judicial Branch and Administrative Offices

- ◎ **Annual Judicial Service Report and Probation Report, cont'd.**
  - Data on juvenile probation:
    - Referrals for status & non-status offenses (number received, number disposed, method of disposition)
    - Supervisions (number received, case types, number disposed, and method of disposition)
    - Demographic data

# Indiana Judicial Branch and Administrative Offices

- ◎ **Data from CHINS Timeliness Measures (CIP Program)**
  - Court Improvement Program (CIP), aimed at reducing the time children spend in foster care and speeding up the time in which children reach permanency
  - Federal grants for collaborative education, data collection, and general assistance
  - Current focus is on collection of empirical data to improve timeliness and outcomes

# Indiana Judicial Branch and Administrative Offices

## ◎ CHINS Timeliness Measures (CIP Program), cont'd.

- Starting in 2013, Indiana Supreme Court Rule requires Indiana courts with juvenile/CHINS jurisdiction to collect & report data on:
  - 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

# Indiana Judicial Branch and Administrative Offices

- ◎ **Data from Risk Assessment for Juveniles – Indiana Youth Assessment System (IYAS)**
  - In 2011 Indiana courts adopted evidence-based risk/needs assessment system for juvenile cases
  - IYAS scoring tools are used at all key stages in the juvenile justice process
  - IYAS is automated and available to all who need it through a custom application in INcite, the Supreme Court's extranet



# Indiana Judicial Branch and Administrative Offices

## ◎ GAL/CASA

- Indiana law requires GAL/CASA in every abuse and neglect and termination of parental rights case
- The Division administers Indiana Office of GAL/CASA, certifies volunteer programs, helps train, recruit and administers matching grants
- 2012 – 18,537 juvenile cases were served by volunteer GAL/CASAS

## ◎ Family Court Project

- 27 counties participated in 2012
- Trial Rule 81.1 allows for courts to consolidate cases

# Indiana Judicial Branch and Administrative Offices

- ◎ **Pending Automation Projects that Would Enhance Juvenile Case Processing & Data Sharing**
  - Disproportionate Minority Contact (DMC) Project
    - Division is developing system for the continuous, automated collection of DMC data
  - The Division is automating data collection Preliminary Inquiry (PI) , Predispositional Report (PDR), & Modification Reports
  - DCS Attorney Case Tracking System Project
  - DCS IV–D Civil Writ/Warrant Registry
  - Juvenile CMS Interface between Quest & Odyssey

# Indiana Judicial Branch and Administrative Offices

## ◎ ISSUES/CONCERNS

### • ISSUE 1: Need consistent cross–agency data sharing

- Develop a comprehensive child–based repository linking DCS, law enforcement, detention centers, probation, courts, DOC, DOE
- Institute data collection requirements and define guidelines about access

### • ISSUE 2: Improve State–Level Justice/Education System Collaboration

- Develop standard policies for granting education credits for successful coursework during detention
- Develop best practice for reintegration into school
- Provide educational stability for children in care – increase graduation rates
- Collaboration on school discipline policies and juvenile justice system

# Mental Health Screening Assessment and Treatment Project

- Since 2006; provides mental health assessment screening tool for all children in detention
- Sixteen of 22 detention centers and 1 intake facility participate
- Provides early identification of potential suicide & other risks
- Allows youth in care to be connected with providers before & after disposition
- IU Medical Center analyzes data for correlations
- Important data – should be incorporated into state juvenile data base

# Juvenile Detention Alternative Initiative (JDAI)

- ◎ **Juvenile Detention Alternative Initiative (JDAI)**
  - Model program based on 8 core strategies
  - 8 Indiana counties have adopted the model; 16 more wish to join
  - Indiana Supreme Court, DOC, ICJI, DCS are lead collaborative agencies
  - Proven success with significant statistical reductions across the board in:
    - Admissions
    - Average daily population in detention
    - Average stay
    - Reoffending
    - DOC commitments

# Indiana Criminal Justice Institute

## ◎ Indiana Criminal Justice Institute

### 1. Youth Division provides grants to help with:

- Delinquency prevention
- Detention alternatives (JDAI)
- Reentry
- Restorative Justice

ISSUE: Indiana's inability to collect comprehensive, accurate demographic data on juveniles in the system

# Indiana Criminal Justice Institute

## ◎ Indiana Criminal Justice Institute, cont'd.

### 2. DATA: Disproportionate Minority Contact in Indiana (DMC)

- Conducted extensive research in original court records to gather demographic data on key decision points for juvenile delinquents
- Key findings are published in DMC Report. Among them:
  - African American juveniles are 3.23 times more likely than White juveniles to be referred to juvenile court
  - Hispanic juveniles are 1.14 times more likely than White juveniles
  - All minorities are 2.46 times more likely to be referred to juvenile court than white counterparts

# Judicial Officers

## Justice Loretta Rush

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



# Probation

**Presented by:**

**Susan Lightfoot**

**Chief Probation Officer**

**Henry County**

**8/21/13**

# JUVENILE PROBATION

- Juvenile Probation is very different from Adult Probation
- Probation serves their Clients, Courts & Communities
- Probation = County employees with salaries set by the State and serving at the leisure of local judges. Truly falls under the Judicial Branch
- Varying Caseloads by Departments

# 2012 Probation Statistics

- Probation reports referrals, dispositions, supervisions, caseloads, etc , quarterly to State Court Administrators Office
- 2012 Stats reported by Mrs. Lilia Judson, State Court Administrator (2012 Stats released 9/2013)
- Statistical Challenges for Probation
  - Consistency, State Agency, Additional Collections

# TOP FIVE PROBATION TOPICS/CONCERNS FOR VULNERABLE YOUTH

- 1. Mental Illness
- 2. Legislative Concerns
- 3. Substance Abuse Issues and Resources
- 4. Medicaid Issues
- 5. Boundary/Relationship Issues between Probation and DCS

# Additional Topics

- Educational Alternatives
- Parenting Resources
- “Holistic” Family Services
- Expanded availability of Family Courts
- Direct File Concerns
- Transportation Resources
- Monetary Constraints vs. Safety and Need

# Other Vulnerable Youth Agencies Contacted For Summaries and Stats

- Probation Officer's Advisory Board (Christine Ball)
- Probation Officer's Professional Association (Don Travis)
- Mental Health Screening, Assessment and Treatment Project (Amy Karozos)
- Department of Child Services (Nancy Wever & Regina Ashley)

# Other Vulnerable Youth Agencies Contacted For Summaries and Stats (cont.)

- Disproportionate Minority Contact (DMC)  
(Tashi Teuschler)
- Juvenile Detention Alternatives Project (JDAI)  
(Michelle Tennell)
- The Civil Rights of Children Committee  
(JauNae Hanger)

# DOC – Division of Youth Services

## Mike Dempsey

- Data (for DOC/DYS committed youth):
  - Case/Youth Demographic Data (Sentencing County, race, DOB, offense, risk level, etc.)
  - Prior DCS history (placement, foster care, CHINS, group home, etc.)
  - Mental Health diagnosis
  - SASSI
  - Medicaid
  - Admissions to Detention data from 22 detention facilities
  - Indiana Youth Assessment System (IYAS)



# DOC – Division of Youth Services

## Mike Dempsey

### ● Topics/Issues to Address:

- Providing alternatives to DOC commitment for youth with serious mental health diagnosis and educating the courts on what services could be offered for youth with serious mental health disabilities in place of committing them to the juvenile justice system. Ensuring that there are an adequate number of adolescent mental health beds within the state of Indiana.

# DOC – Division of Youth Services

## Mike Dempsey

- Ensure collaboration of services for “crossover” youth, particularly those with prior DCS or mental health history. Provide a seamless transition for youth involved in the child welfare or mental health system who crossover into the juvenile justice system to cross back over and receive services upon release from DYS.
- Youth being released from the DOC/DYS are not eligible for Medicaid benefits while they are on parole status and assigned to a re-entry/residential group home program. We need to find a process that would allow Medicaid eligible youth to access these benefits during the re-entry process. Currently, youth must be fully discharged from the DOC in order to receive Medicaid benefits.

# DOC – Division of Youth Services

## Mike Dempsey

- Continue with the JDAI Statewide expansion and ensure youth are placed and receive services in the least restrictive setting based upon their needs and risk. Ensure youth are in the right place, with access to the right services, for the right reasons and for the right length of time.
- Increase the number of service providers, especially in rural parts of the state, who can provide treatment in:
  - Alcohol and Substance Abuse Treatment
  - Trauma-based Treatment
  - Functional Family Therapy

# DOC – Division of Youth Services

## Mike Dempsey

- Increase training in the area of juvenile justice for Law Enforcement Agencies, such as:
  - Crisis Intervention Training for Juveniles
  - Adolescent Development/Trauma Informed Care
- Improve access to treatment
- Increase alternative education programs for youth

# DOC – Division of Youth Services

## Mike Dempsey

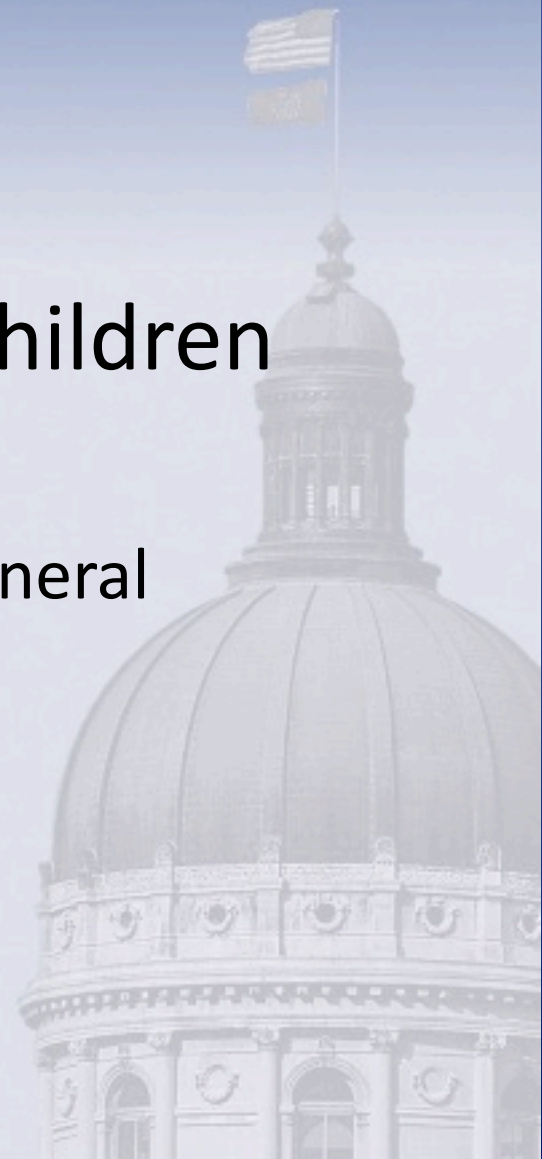
- Provide Medicaid eligibility to youth in detention centers, to increase services, such as:
  - Physical examination for all youth in detention
  - Testing and treatment for:
    - STD's
    - TB
- Mental health evaluation and treatment for youth screened and in-need of further services
- Increase community-based alternative programs, such as:
  - Day and Evening Reporting Centers
  - Increased Probation
  - Home-based family therapy

# Report to the Commission on Children

How the Office of the Indiana Attorney General  
serves Vulnerable Youth




Greg  
**Zoeller**  
*Indiana Attorney General*





# An Overview of how the OAG serves Vulnerable Youth

- Prescription Drug Abuse Task Force
- Neonatal Abstinence Syndrome
- Address Confidentiality Program
- Sex Offender Registry
- Internet Crimes Against Children
- Human Trafficking Task Force
- Medicaid Fraud Control Unit
- Additional Efforts with School Resource Officers, Teen Courts and partnering with DCS



## Prescription Drug Abuse Task Force: Created to more effectively carry out the Office of the Attorney General's responsibilities associated with Licensing Enforcement, Medicaid Fraud, and Consumer Protection

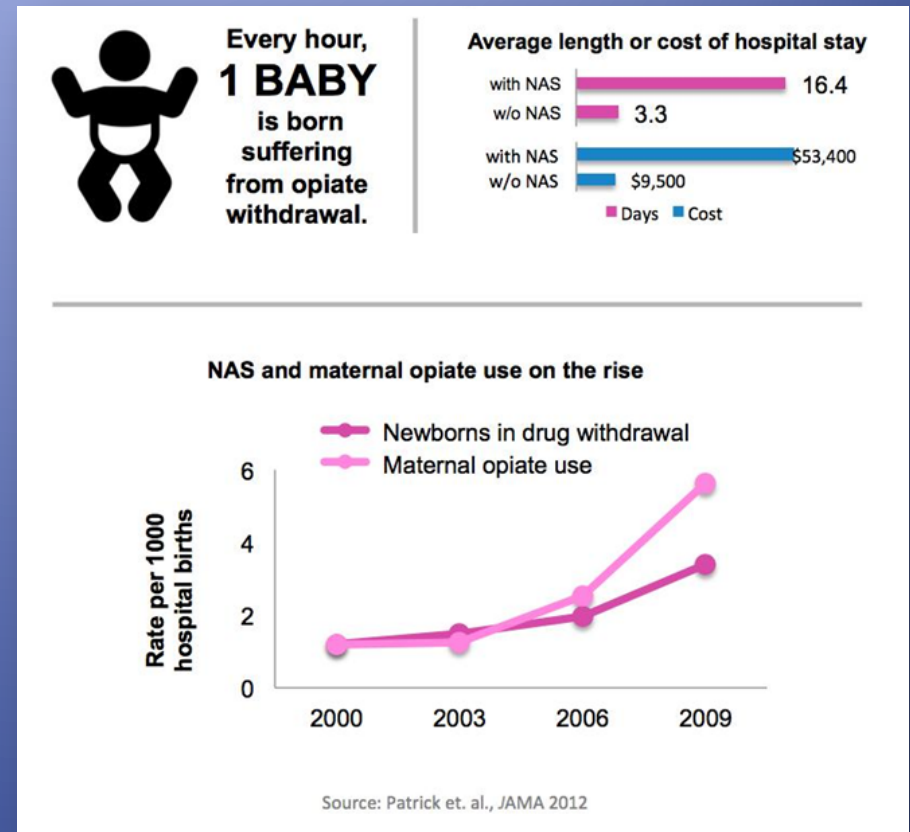
- 21% of high school students have taken prescription drugs without a doctor's prescription.
    - 60%-70% say that home medicine cabinets are their source of drugs.
  - 50% of teens believe that prescription drugs are much safer than illegal street drugs.
  - Use Without Prescription in Indiana in 2011
    - 9<sup>th</sup> graders = 13.8%
    - 10<sup>th</sup> graders = 23.2%
    - 11<sup>th</sup> graders = 24.8%
    - 12<sup>th</sup> graders = 24.7%
- Resource:**
- Network of professionals through the Rx Task Force



# NAS - Neonatal Abstinence Syndrome: Rx Task Force's Prevention Strategies

## Resources:

- Presenter at the 3<sup>rd</sup> Annual Prescription Drug Abuse Symposium - Paul Winchester, M.D. *Medical Director of the NICU at St. Francis - Indianapolis*
- Network of professionals through the Rx Task Force
- Indiana Perinatal Network



# Address Confidentiality Program: Protecting the children from an abusive parent pursuant to Indiana Code § 5-26.5

More than 3 million children in the United States are affected by domestic violence.

➤ “A broken mother leads to broken children”

*Abused mother wishing to remain anonymous*

➤ Several letters and e-mails arrive each month from mothers pleading for assistance with legal services.

➤ The children in these situations are ***at risk children.***

## Resources:

- Michelle Bumgarner, the OAG’s Director of Victim Assistance
- OAG website
- Verizon Hopeline® website

## Sex Offender Registry: The OAG represents the DOC in cases that challenge the application of the law

- As of July 8, 2013, Indiana has 11,255 registered sex and violent offenders.
- Over 80% of convicted adult rapists report that they have molested children.
  - Over two-thirds of offenders who reported committing incest also said they assaulted victims outside the family.
- The Attorney General provides a mapping function which allows individuals to search for all sex offenders in their area.

### Resources:

- OAG website
- VINELink
  - Provides 24-hour access for victims regarding the custody status of offenders

# Internet Crimes Against Children: Part of the AG's responsibility to support the criminal justice system.

**One in seven children between the ages of 10 and 17 has received unwanted sexual solicitations online that attempted to contact the child in person, over the telephone or via mail**

## Resources:

- Computer forensics training
- NAAG Education Project
- OAG Website links to:
  - GetNetWise
  - i-Safe
  - National Center for Missing and Exploited Children
  - National Crime Prevention Council
  - National Cyber Security Alliance
  - Internet Keep Safe Coalition
  - Wired Safety

IPATH – Human Trafficking Task Force: Part of the AG’s responsibility to support the criminal justice system.

**Resource:**

- Co-Chair of the Indiana Protection for Abused and Trafficked Humans – IPATH
- Renamed as the co-chair of the NAAG Standing Committee on Human Trafficking

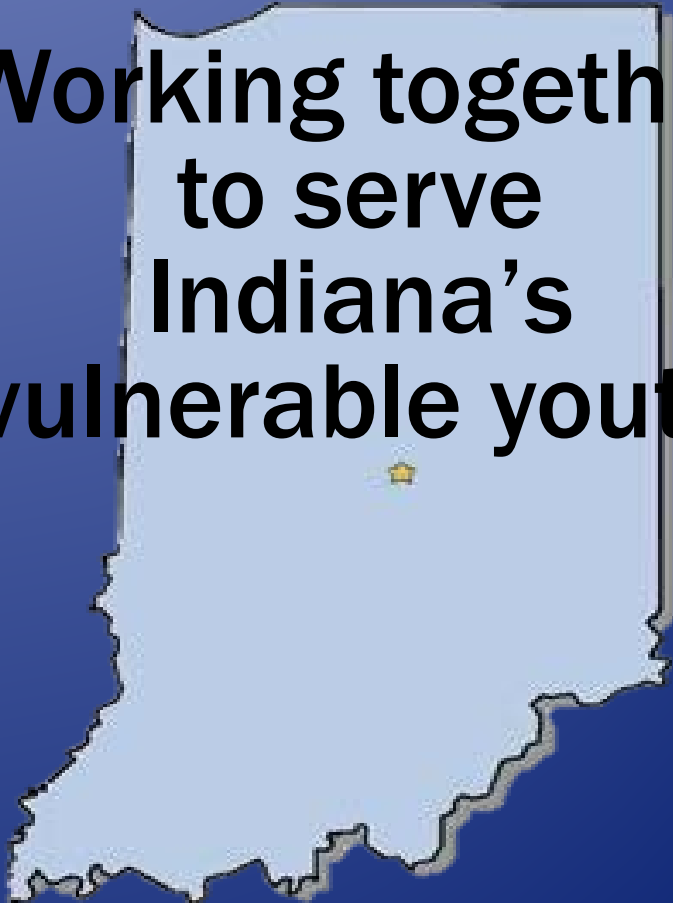
- 100,000 to 300,000 U.S. children are victims of commercial sexual trafficking each year and 12-14 years old is the average age of entry of U.S. children into commercial sex.
- Since the formation of IPATH, nearly 73 human trafficking cases have been opened by local law enforcement.

# Medicaid Fraud: Protecting the funds designated for providing healthcare pursuant to Indiana Code § 4-6-10

- A large percentage of vulnerable Hoosiers are children.
- Part of the Unit's mission is:
  - to identify, stop, and punish those who attempt to defraud the Medicaid program of these funds; and
  - to discourage would-be thieves who can be deterred by the fear of being caught and punished
- The Unit's success in this mission leads directly to more funds being available to provide desperately needed healthcare.
- In 2012, the Unit investigations resulted in \$52,340,097.87 dollars collected
- Resource: OAG website

# Additional Efforts

- School Resource Officers
  - Resources & Training
  - Collaboration with Teen Youth Courts
- Partnering with DCS
  - Training on identification of Human Trafficking
  - Legal counsel and representation
- NAAG
  - <http://naag.org/>
  - Resources & multi-state collaboration



**Working together  
to serve  
Indiana's  
vulnerable youth**

A light blue map of the state of Indiana is shown on the right side of the slide. A small yellow star is located in the center of the map, representing the state capital, Indianapolis. The text 'Working together to serve Indiana's vulnerable youth' is overlaid on the map in a large, bold, black font.

# Issues & Challenges the OAG faces relating to serving Vulnerable Youth

## Top 5 Areas of Concern

- 1) Teen Rx abuse
- 2) NAS – increased awareness for women & physicians
- 3) Providing services for children with Adverse Childhood Experiences
- 4) Protecting children on the internet
- 5) Keeping children out of the court system

➤ The OAG together with the Commission face the challenge of creating a sense of urgency among the stakeholders to address these issues.

➤ Funding

➤ Other Resources





# Commission on Improving the Status of Children in Indiana

William C. VanNess II, MD  
State Health Commissioner

August 21, 2013



Indiana State  
Department of Health

# Indiana State Department of Health

▶ **Mission:**

To promote and provide essential public health services.

▶ **Vision:**

A healthier and safer Indiana

▶ **Core Values** include:

- Health promotion and injury/disease prevention with a focus on traditional public health practices such as:
  - Vital records, immunizations, outbreak investigation, food safety, environmental health, and laboratory services; health equity; data collection, analysis, and dissemination; and regulatory services.
- To do this, ISDH relies on collaboration with the 93 independent local health departments, hospitals and health care providers from across the state, other state agencies, and public and private partnerships with an array of agencies interested in promoting a healthier and safer Indiana.

# Indiana State Department of Health

- ▶ Our agency has prioritized the following public health needs in Indiana for the next four years:
  - Reduction in Infant Mortality rates
  - Reduction in Adult Obesity rates
  - Reduction in Adult Smoking rates
  - Improvement in Infant and Toddler Immunization rates

# Indiana State Department of Health

- ▶ Indiana SB 125 defines "Vulnerable youth" as a child served by:
  - (A) the department of child services;
  - (B) the office of the secretary of family and social services;
  - (C) the department of correction; or
  - (D) a juvenile probation department.

# Indiana State Department of Health

- ▶ Through its direct services, and indirectly through other state and community partnerships and the support given to local health departments, community health centers, and grantees, the ISDH supports the health and safety of all children in Indiana, including those served by the above departments and offices.
- ▶ Following is a list of services impacting vulnerable youth which are directly or indirectly supported by the ISDH. The top five items are priorities the ISDH would like to see addressed by this commission.

# Indiana State Department of Health

## ▶ ISDH Service to Vulnerable Youth

### ◦ Immunizations

- The Immunization Division is the main conduit for federal (Vaccines for Children) and state funded immunizations for Indiana's youth.
- Through a network of approximately 950 providers, including the juvenile justice system and state Medicaid providers, over 88 million dollars of vaccine is distributed to children that are Medicaid eligible, under-insured or uninsured.
- The Immunization Division works with providers to deliver all vaccines as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

# Indiana State Department of Health

- The ISDH, working closely with the Indiana Department of Education and local health departments, recommends school immunization requirements to protect children from vaccine-preventable diseases, thereby preventing lapses in school attendance and promoting learning.
  - School immunization requirements vaulted Indiana adolescents into 1<sup>st</sup> in the nation for adolescent immunizations, and
  - deaths due to Meningococcal meningitis decreased by 2/3rds!!!

# Indiana State Department of Health

## ◦ Tobacco Prevention and Cessation

- 8,200 Indiana youth become smokers each year.
- One in three will eventually die from smoking.
- This year the Indiana Tobacco Quitline began serving youth tobacco users with Youth Quit Coaches<sup>®</sup> who provide personalized counseling and motivational support specifically tailored to youths, age-appropriate educational materials, and additional help via unlimited access to a toll-free support line that is available 24/7.
- The ISDH works with Medicaid to promote Quitline services.



# Indiana State Department of Health

## ◦ Suicide prevention

- Suicide is the 3<sup>rd</sup> leading cause of death among children 10–14 years of age, and the 2<sup>nd</sup> leading cause of death among youth 15–24 years.
- From 2006–2010, 220 youth ages 10–19 took committed suicide.
- 19% of Indiana high school students report seriously considering suicide and incarcerated youth are at even higher risk for suicide.
- The ISDH has partnered with the Division of Mental Health and Addiction to co-lead a state suicide prevention advisory committee.
  - The committee published the Indiana State Suicide Prevention Plan September of 2012 and is hosting a statewide symposium September of 2013.
  - Work from the committee led to the requirement for suicide prevention training for licensure of new teachers in Indiana.

# Indiana State Department of Health

## ◦ Prescription drug abuse prevention

- Drug overdose fatalities in Indiana have increased by over 500% between 1999 and 2009.
  - Most of these deaths are attributable to unintentional opioid overdose.
- In 2011, 21% of Hoosier high school students reported using controlled substances such as OxyContin, Ritalin, or Xanax without a doctor's prescription.
- The ISDH has partnered with the Indiana Office of the Attorney General to lead a statewide task force including representatives from state and local agencies, universities, hospitals and medical professional agencies, law enforcement, legislators, and concerned citizens.

# Indiana State Department of Health

- **Rape Prevention and Education (RPE)**
  - Youth are especially vulnerable to sexual violence victimization, and risk factors for perpetration begin in youth.
    - In 2011, 14.5% of Indiana high school females reported they were forced to have sexual intercourse.
  - The ISDH RPE program contracts with 3 organizations to provide sexual violence primary prevention education and activities, engaging nearly 76,000 participants across the state in educational activities targeting youth at risk of sexual violence victimization and perpetration.

# Indiana State Department of Health

## ◦ Lead poisoning prevention

- There is no known safe level of lead, and lead exposure in early childhood predisposes children to irreversible developmental and learning problems, including lower IQs, Attention Deficit and Hyperactivity Disorder, and higher rates of incarceration.
- The ISDH works with local health departments to screen children for exposure to lead hazards, and identify sources of lead contamination in homes and yards so they can be mitigated.
- Although numbers of lead poisoned children have decreased in Indiana over the past 10 years, the number of children diagnosed with lead poisoning in Indiana remains higher than the national average.
  - In 2012, 277 children were newly diagnosed with lead poisoning. Medicaid-eligible children are at higher risk for lead poisoning, yet despite the federal requirement for lead testing in the Medicaid population, only 14% of the Medicaid-eligible population received age-appropriate testing in 2010.

# Indiana State Department of Health

## ◦ HIV/STD screening

- In 2011, youth 15–19 years of age accounted for 34% of the state's reported cases of Chlamydia and 27% of the state's reported cases of gonorrhea.
- The ISDH provides testing kits and funding to STD clinics to assist with the diagnosis and treatment of STDs.
  - These clinics also do contact investigation and offer immunization against STDs such as hepatitis B and human papilloma virus.
- In addition, the ISDH provides case management and financial support for medical care and treatment of persons diagnosed with HIV who are otherwise unable to pay for services.

# Indiana State Department of Health

- **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**
  - WIC served 9,030 women under the age of 19 and their babies in calendar year 2012.
  - All WIC eligible women are living in a household with income at or below 185% of the poverty level.
  - In addition to breastfeeding and nutritional support, WIC staff provides referrals for drug and alcohol education, tobacco cessation, community and social services agencies, and mental health providers to meet the immediate needs of clients.
  - WIC staff refers children and families to Department of Child Services as required by Indiana Code.

# Indiana State Department of Health

- Child Home Visiting program

- Through the Maternal, Infant, and Early Childhood Home Visiting grant of the Affordable Care Act, the ISDH administers over \$11 million a year until September 2016 through two home visiting programs:
  - **Nurse Family Partnership** identifies vulnerable low-income first-time moms and provides ongoing home visits by registered nurses to support prenatal care and developmentally appropriate care after delivery through the child's 2<sup>nd</sup> birthday. The NFP model has been proven through three decades of research and evidence based results. The following outcomes have been observed in at least one of the program trials:
    - 48% reduction in child abuse and neglect
    - 56% reduction in emergency room visits for accidents and poisonings
    - 67% reduction in behavioral/intellectual problems at age six
    - 59% reduction in child arrests at age 15
    - 46% increase in father's presence in household

ISDH is partnering with Goodwill Industries of Central Indiana to implement this program as an important part of Goodwill's approach to reducing generational poverty in central Indiana.

# Indiana State Department of Health

- **Healthy Families Indiana**
- A voluntary home visitation program designed to promote healthy families and healthy children through a variety of services including child development, access to health care and parent education implemented through the DCS with partnership from the ISDH.
- The program serves families identified as at-risk, with children 0–5 years. Program goals include prevention of negative birth outcomes (low birth weight, substance abuse, criminal activity, child abuse and neglect); improved parenting skills; healthy pregnancy practices; and the use of social systems.
  - Assessments are conducted either prenatally or at the time of birth. Home visiting can begin either prenatally or within 90 days after birth. The Family Support Worker (FSW) visits at least once a week for up to one year. The FSW helps establish support systems, teaches problem-solving skills, enhances positive parent-child interaction, and provides information, education and referrals to community resources. Families are eligible to receive services for up to 5 years.



# Indiana State Department of Health

## ◦ Refugee Health

- An average of 1,600 refugees resettle in Indiana each year, 40% of which are children.
- Secondary migration of refugees from other states to Indiana has made Indiana home to one of the largest Burmese populations in the country with estimates of 14,000–16,000 Burmese refugees.
- Refugee children are at great risk of, and many have already experienced, abuse, neglect, violence, exploitation, trafficking or forced military recruitment overseas. Refugees are eligible for Medicaid services for up to 9 months after arriving in the United States.

# Indiana State Department of Health

- Reducing infant mortality
  - Presented seperately

# Indiana State Department of Health

## ◦ Nutrition and Physical Activity

- Nutrition and physical activity are the cornerstones of childhood physical wellness.
- In 2011, only 15% of Indiana high school students ate at least 5 servings of fruits and vegetables per day.
- More than 30% self-reported their weight as overweight or obese.
- Although rates of participation in physical activity are increasing among teenagers, 27% reported spending 3 or more hours each day watching television.
- The ISDH, together with IDOE and FSSA are using available data to plan and implement strategies to improve nutrition and increase physical activity in at risk schools.

# Indiana State Department of Health

## ◦ Chronic Disease Prevention and Control

- Low socio-economic status is a risk factor for asthma.
- In 2011, over 25,000 children with “Persistent Asthma” were enrolled in Medicaid.
- The ISDH Asthma division provides training and resources for school nurses and school indoor air quality coordinators.
- The ISDH provides training of trainers to expand the population of school personnel who are trained to improve the management of children with asthma in the school setting.

# Indiana State Department of Health

- **Children with Special Health Care Needs (CSHCN)**
  - The CSHCN program helps families obtain funding for children with unmet medical needs.
  - Families must demonstrate financial need, and the child must have at least one of 23 qualifying conditions to meet medical eligibility.
  - Many eligible children are also served by Medicaid and/or DCS.

# Indiana State Department of Health

## ◦ Oral Health Care

- The Oral Health Program currently helps administer two programs that provide preventive dental services to low-income children in Indiana.
- The Oral Health Program also works with Environmental Public Health at the ISDH to assist local communities with their community water fluoridation programs, which helps prevent dental decay among all youth of Indiana, including vulnerable youth.

# Indiana State Department of Health

## ▶ Issues or challenges serving vulnerable youth

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

# Indiana State Department of Health

## ▶ Data Available at ISDH

### ◦ Surveillance

- Environmental testing (I-lead, water quality, mosquito pools)
- Emergency Department Syndromic Surveillance
- Infectious Diseases Reporting System (INEDSS)
- Lead poisoned children database (STELLAR)
- Newborn screening results
- Children and Hoosiers Immunization Registry Program (CHIRP)



# Indiana State Department of Health

- State Databases and Surveys
  - Vital Statistics (birth and death records)
  - Hospital discharge data
  - Emergency department data
  - Youth Risk Behavior Survey (YRBS)
  - Behavior Risk Factor Surveillance System (BRFSS)
  - Trauma Registry
  - WIC database
  - Indiana Youth Tobacco Survey
  - Web-based Injury Statistics Query & Reporting System (WISQARS) injury data
  - National Health and Nutrition Examination Survey (NHANES)
  - National Immunization Survey

# Indiana State Department of Health

- ▶ Most of the above data is available to the public on the ISDH website

[www.statehealth.in.gov](http://www.statehealth.in.gov)

- ▶ and also at

[www.indianaindicators.org](http://www.indianaindicators.org)

- ▶ Questions?



# Senator Lanane

- Indiana children unfortunately rank below average on many health indicators: infant mortality, obesity, diabetes, underage smoking/drinking. How can Indiana create policies that improve the standing of our children on these crucial health issues?

# Senator Lanane

- Nearly 1 in 4 Hoosier children live in a family with income below the federal poverty level. Should Indiana look at assisting working poor families by: raising 1.) the Indiana earned income tax credit and 2.) the income threshold by which families qualify for existing federal childcare subsidies and co-pays?

# Senator Lanane

- Indiana is the only Midwestern state without a pre-K educational system of any sort. Studies indicate high quality pre-K programs increase high school graduation rates, improve scores on standardized tests, reduce crime rates, and diminish the achievement gap to facilitate long term educational outcomes. Shouldn't Indiana immediately dedicate resources and otherwise find a way to institute quality pre-K education?

# Senator Lanane

- Although lead based paint regulations have been in place for many years, enforcement of these standards is lax. This is partly because Indiana chooses to default to enforcement of these standards by the EPA instead of our own state department of health. Should Indiana authorize the enforcement of these regulations by the state?

# Senator Lanane

- And, of course, please have DCS provide us with an update on all measures to improve the CPS in Indiana.









# Senator Holdman

- Sen. Miller would like to see the topics of child abuse and the possibility of strengthening penalties for child abusers addressed by the Commission.
- My biggest concerns are that too many children are living in poverty...which brings a whole host of other issues. I am especially interested in health care and want to know how the failure to expand Medicaid is going to impact all of these kids.

Karen Tallian

# Senator Holdman

- What can the State do to better facilitate providing youths with positive things to do in a safe place: whether it's recreation, education, or the arts, a whole class of children do not have the opportunity to safely participate in these critical activities with peers in a safe environment.
- Are States that pursue mandatory early childhood education seeing positive results from these efforts? Do we know yet?
- What role, if any, can the State play at combating childhood obesity?
- If the State provided more assistance to the Counties, what improvements could be made to the juvenile justice system to try to address the problems of juvenile delinquents early on with more extensive services?
- Can the State work with urban centers to develop summer Parks and Rec programs which would mix educational and recreational opportunities for kids which would help prevent the backslide in learning from late May to late August where kids often do no reading or writing.

Submissions by John Broden

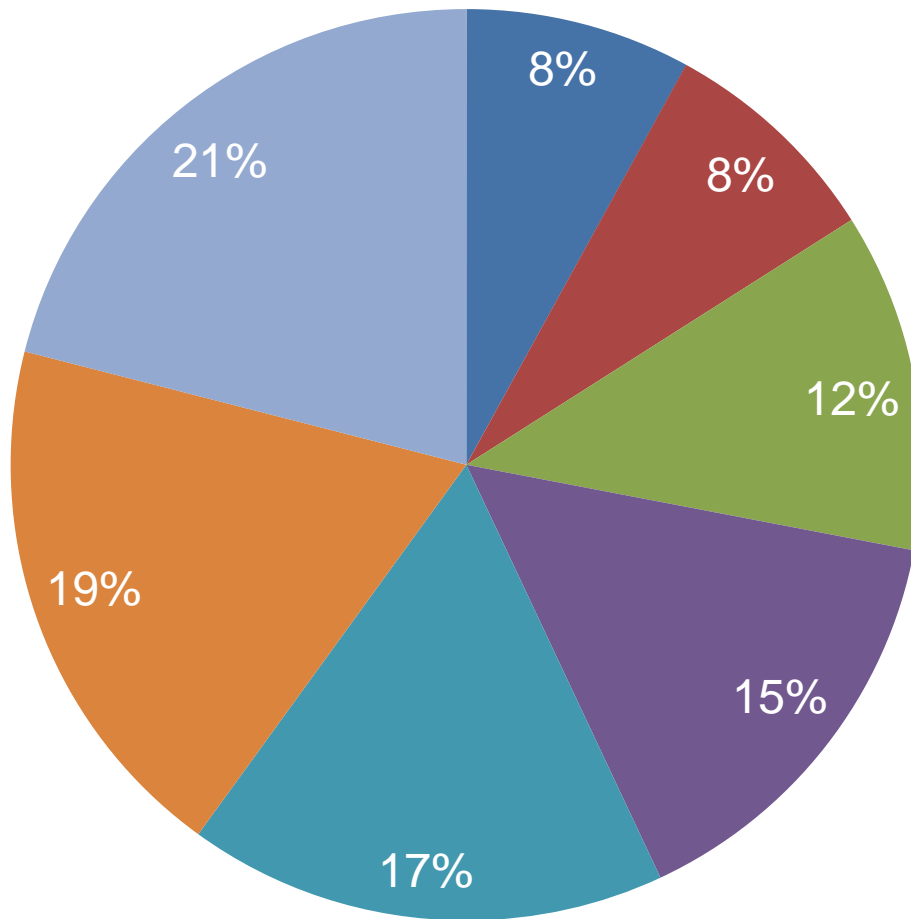
# Senator Holdman

- Here are Senator Randolph's Top 5 issues he would like to see the Commission on Improving the Status of Children address:
  - Parental Responsibility
  - Bullying
  - Social Media
  - College & Career Readiness
  - Plight of Black Males
- There are three topics that need to be addressed. Collecting and distributing child support monies. Probably need new computer system...mitigating child abuse trauma and retaining staff. Sorry it has taken me so long to respond. Senator Landske

# AGENDA

- Initial Review of Submitted Topics for Commission: Susan A. Weiss, Judicial Engagement, Casey Family Programs

## Top Seven Priority Issues



- Improve child health policy and access for children
- Address gaps in service array for children
- Increase mental health services availability and accessibility
- Support Juvenile Justice Reform
- Increase substance abuse treatment and prevention services
- Support staff recruitment/retention in agencies working with vulnerable children
- Improve communication/coordination between agencies serving crossover youth



# Susan Weiss, Casey Family Programs

- Casey's contributions to the Commission on Improving the Status of Children in Indiana

# AGENDA

- Indiana infant and child mortality:  
Dr. William VanNess

# Commission on Improving the Status of Children in Indiana

## Infant Mortality Update

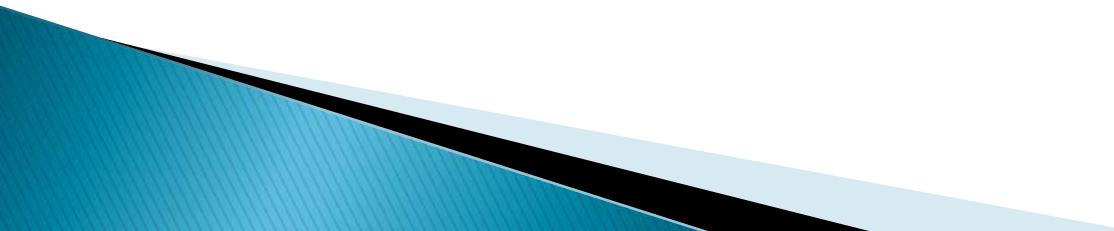
William C. VanNess II, MD  
State Health Commissioner

August 21, 2013



Indiana State  
Department of Health

# Infant Mortality

- ▶ Defined as the death of a baby before his/her first birthday
  - ▶ Infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births
  - ▶ Infant mortality is the #1 indicator of health status in the world
- 

# Infant Mortality in Indiana

## ▶ Stats

- 7.7 deaths/1000 births in 2011 (preliminary data)
- USA = 6.05 deaths/1000 in 2011
- 7.5 deaths/1000 in 2010 (final data)
  - Placed Indiana 45th
- Indiana only <7.0 once in 113 yrs!!

## ▶ Multiple Factors

### ◦ *Racial/Ethnic*

- Black IM was 18.1 & 2011 was 12.7!!

### ◦ *Socio-economic factors*

### ◦ *Lifestyle choices*

- Smoking is major cause of prematurity & LBW which is leading cause of infant mortality
  - 18.5% pregnant mothers smoke
  - 30% Medicaid Mom's smoke
- Obesity

# Indiana State Department of Health

- Reducing infant mortality
  - Plan also includes:
    - Building coalitions in each Indiana Hospital Region (Hospitals, Community Health Centers, local HD's, Minority Health Coalitions, etc) to review their specific data
    - Standards of care for hospital OB and NICU practices
    - Eliminate elective deliveries prior to 39 weeks,
    - Reduction of suffocation and sudden unexplained infant deaths (SUIDs) deaths and smoking during pregnancy.
    - The ISDH, in conjunction with Anthem, will host an Infant Mortality Summit November 1, 2013 with prominent National speakers to increase public awareness of factors which contribute toward Indiana's high infant mortality rate.

# Indiana State Department of Health

- ▶ Most of the above data is available to the public on the ISDH website

[www.statehealth.in.gov](http://www.statehealth.in.gov)

- ▶ and also at

[www.indianaindicators.org](http://www.indianaindicators.org)

- ▶ Questions?

# AGENDA

- Children's Commission Assignments  
(Legislative Council Resolution 13-01)
  - SEA 305-2013, Section 18 Due Process for Child Care Providers: Senator Travis Holdman
  - SEA 530-2013, Section 2 Supplemental Nutrition Assistance Program: Representative Rebecca Kubacki and Representative Gail Riecken



# AGENDA

- Discussion
  - Mission and vision statement: Justice Loretta Rush and Dr. William VanNess
    - Strategic plan
    - How should Commission be structured to perform its work?
    - Strategies for obtaining public input and reaching out to stakeholders at the state and local levels along with the private sector
    - What issues should Commission address first?

# Vision/Mission Statements

- Vision: Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult.
- Mission: To improve status of vulnerable children in Indiana pursuant to SB 125.

# Potential Elements of a Strategic Plan

- To achieve this vision and mission, the Children's Commission will:
  - Develop a comprehensive strategic plan for assuring the safety and well-being of vulnerable children
  - Create a culture of collaboration and communication between child and family serving agencies and community stakeholders
  - Facilitate statewide adoption and institutionalization of effective programs and practices
  - Serve as a resource of information for the Indiana child-serving entities regarding effective programs, best practices and research
  - Provide a forum for developing new policies
  - Develop and test improved approaches for assisting children and families and preventing neglect, abuse, and delinquency
  - Compile accurate data and develop an empirical basis for policy decisions.

# Agenda

- Commission website and webcasting future meetings: Kathryn Dolan, Public Information Officer

# Website and Webcasting

Kathryn Dolan – Public Information Officer, Indiana  
Supreme Court

- Location of website
- Design of website
- Content of website
- Potential webcasting

State of Indiana  
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State of Indiana

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## Online Services

Apply/Manage Benefits Online (SNAP, TANF, Medicaid,



State of Indiana

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State of Indiana

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Crime Trends in Indiana

Governor's Commission for a  
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## Online Services

2010 Fireworks Permit Application



<http://www.in.gov/children>

<http://www.in.gov/forkids>

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### General Assembly Creates Commission on Children

During the 2013 legislative session, the General Assembly created Ind. Code 2-5-36, effective July 1, establishing a Commission on Improving the Status of Children in Indiana. [Read the enrolled act >](#)

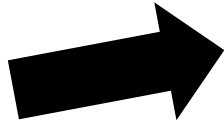
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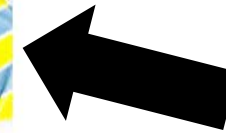
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### General Assembly Creates Commission on Children

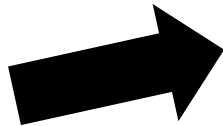
During the 2013 legislative session, the General Assembly created Ind. Code 2-5-36, effective July 1, establishing a Commission on Improving the Status of Children in Indiana. [Read the enrolled act >](#)

#### QUICK LINKS

- Text Reader
- Text
- Mobile
- Find a Person
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#### STATE INFO

- Help
- Newsroom
- Transparency
- Policies
- Sitemap
- Web Awards
- 1-800-457-8283



## Commission on Improving the Status of Children in Indiana

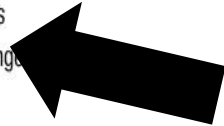


- COMMISSION HOME
- Mission
- Members
- Meetings
- Contact Us



### Online Services

- Subscribe to Updates
- Report a Child in Danger
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# Webcast Questions

- Do you want your meetings webcast?
  - Live stream?
- Limited locations available for webcasting
  - Multiple microphones
  - Multiple cameras

Decisions by  
September 20

# AGENDA

- Child Services Oversight Committee update: Representative Gail Riecken

# AGENDA

- Other Matters

# AGENDA

- ◎ Future Meeting Dates
  - October 16, 2013
  - December 11, 2013