

Early Intervention Planning Council  
April 11, 2008  
Minutes

**Members present:**

Rhonda Allen  
Christina Ball  
John Brandon  
Taren Duncan  
John Kennedy  
Marilyn Pfisterer  
Brant Ping

**Members not present:**

Doris Clark  
Patricia Jones  
Judge Marilyn Moores

**Staff present:**

Eric Wright  
Daniel Clendenning  
Lyndy Kouns  
Laura Littlepage  
Tom Stucky

Rhonda Allen: Let's go ahead and get started. I know Brant's going to make it and I'm not quite sure about Judge Moores.

Eric Wright: I did get a confirmation yesterday from Michael that she was coming.

Rhonda Allen: Do you normally get a confirmation?

Eric Wright: No, but we're going to try to have an after meeting.

Rhonda Allen: OK, very good. So let's go ahead and convene the Early Intervention Planning Council. Approval of the minutes from the February Meeting is the first item on the agenda. If anyone sees any amendments that needs to be made – if there are not any amendments that needs to be made then I will approve the minutes for the February meeting. Agenda item two, Eric I believe this is yours.

Eric Wright: You just received copies of the fiscal report, which is our final version, as well as the report on the mental health roundtable. Both of these are essentially final versions of these reports although the mental health one doesn't have a nice cover. Unless there is objection, we'll post these on our website and make them available to the public. You've seen these in various forms; they've been edited by our editor and cleaned up so I think they're pretty well complete unless there's questions, concerns, issues. One thing

that we may want to mention, this could be inserted as a preface to the financial one, is given the recent change in the child welfare funding due to the property taxes we might want to put a caveat in there because obviously some of the projections and things could change as a function of change in the structure. I don't know if that would be of interest or desirable to anybody but this is based on how things have been operating so that was our focus.

Rhonda Allen: I guess I could see maybe some value in confirming that funding has changed. Or will change in Jan 09. My question about this final version is how different is this final version from the prior version that we received?

Daniel Clendenning: The fiscal report is really, the only difference is you provided me with the final numbers, which I think you for, and so it's been updated. But using the final numbers, really the changes were negligible so it didn't change any of the recommendations, it didn't change the body of the test much at all except where it would reference the numbers from the table and obviously those were slightly different. And for the mental health piece, the difference here is that I added in the budgets for three of the community mental health centers here in Marion County and also there's a more extensive discussion of the Medicaid rule changes and how those affect their funding.

Rhonda Allen: OK. Thank you. Are there any other questions about this particular report? If not, moving right along.

Eric Wright: OK. Perhaps we should go ahead and do the survey report, if we can jump around.

Rhonda Allen: OK.

Tom Stucky: Well, we have made substantial progress so the glass is half full at this point. We have narrowed the number of agencies to 124 and of those 124 we have 66 responses. So we are moving along. There is usually some non-response in surveys of this type. We are trying to minimize that and so you have a list of those agencies and so we are soliciting your help in applying positive pressure where possible to support getting those responses. Eric, do we have a specific plan in how we would like to do this?

Eric Wright: Yes. If you wouldn't mind looking over that list as we speak – we tried sending this by e-mail but didn't get much of a response so we are going to use a little bit of the meeting time. If you wouldn't mind, in the comments column, putting your name if you'd be willing to make a phone call. At this point we're needing phone calls, we're assuming not everybody is necessary but what we'd like to do is walk away today with any of names you'd be willing to call especially if you know the person or somebody you could sway one way or the other and then Lyndy will follow-up using these lists with you to get you the information you need to follow-up so we'll give you a shortened version of the one's you agreed to call. If you wouldn't mind taking a minute to do that.

John Kennedy: Are the multi service community centers listed here?

Eric Wright: I believe they were on the original list, right?

Lyndy Kouns: Yes.

John Kennedy: So are these the ones that have not responded?

Eric Wright: Actually that's not exactly correct. Some have responded but basically we're trying to nudge them along the process. Being on this list doesn't mean they're bad people, bad organizations. We're just trying to solicit help. One of the things we ran into, there are three or four surveys in the field at the moment and they're being barraged with surveyors and one of the things we're hoping is that by having members of the Council exert some influence that might help them understand this is more important than perhaps – no offense to my grad students – but graduate student surveys might be lower priority levels.

Tom Stucky: Generally response rates are much higher when you get personal contact, particularly as we are trying to catalog all the services and generate network analysis it's critical that we get as high a response rate as possible.

Eric Wright: And our next step will actually be to – how many interviewers do we have on staff?

Lyndy Kouns: Six.

Eric Wright: Six interviewers on staff, so a lot of these folks will get personal visits after this barraged of phone calls to remind them of the importance of this too. We've done this before and go through this step by step process.

John Kennedy: And you want us to say that someone will be following up with them?

Eric Wright: Actually what we'll do is give you a little script with the e-mail of the names you agreed to call. Basically you're saying this is important, this is going to be used for planning, we hope you'll take the time to participate, it's important for strategic planning for the long term in Marion County, something to that effect. Does that seem reasonable? If you're not comfortable calling or don't think you'll have the time, that's ok too. But we would like to solicit your help. Do you want to tell them more?

Tom Stucky: Yes. As you know this is a two stage process, so we've identified 124 agencies and then based on those agency contacts those surveys would develop a list of programs. So we have approximately 350 programs that have been identified and that number will increase as we get more on the agency side. But we have about 80 of the program surveys complete. So those are being fast and furiously completed as we speak. So we're making substantial progress in terms of where we are.

Eric Wright: Any questions about the survey? OK, so don't forget to leave us your little markings. Moving on then to the draft plan. What I would like to do, I've actually gone

through and structured a set of questions that I think we want to talk about regarding the plan but I thought we would start by asking for general comments or reactions to the overall document so far. Should we jump into specific issues?

Rhonda Allen: Do you want us to focus on goal 4 or just in general?

Eric Wright: Definitely we want to spend some time on that and I have some issues I want to go over in 2 and 3. Goal 1, as you may remember, is our Coordinating Agency. That has not shaped - the major change, by the way, in this document is we started to pull data from the other reports that provides a supporting background or justification for each of the plan components, the 4 components. So that's why it jumps up a little bit. You'll notice a lot of the data, if you will, comes from the other reports so there's not a lot of changes and does continue to have the budget in there. Although, one of my over arching questions is at our previous meetings we discussed basically having a range of cost and perhaps pulling the budget out into an appendix so it would not be for public discussion. I'm happy to do that, I just wanted to confirm that is what people wanted to do. We didn't put the other budget numbers in here yet because we're still working on those but if that's still the mindset we'll go ahead and do that. So that basically there would not be a detailed budget in there, we believe it will cost this much with a range figure. One of the philosophical issues, we've been working with agencies who we think might be applicants to these different programs, what they think it might cost to provide that. And so we're going to take those general estimates and put them in a more general form so we have a better range. So, if there's a position for a certain type of person included in the range basically we'll use census data to say what's the range of salary so that will give us a high and low range on some of these activities. Daniel is the fiscal person. He'll help me with that piece but we'll be able to have a range figure. The other piece in the 1<sup>st</sup> goal that was not discussed because it was in development is we are going to go ahead and add the web system that we talked about a couple of times is not specified anywhere in here except in information on the referral part but we didn't discuss where that would be managed over the long term and so one of the proposals I would think is that we add that to the Coordinating Agency responsibilities and then augment budget with a web manager person. The idea would be at the end of this process use the survey data to construct what could be essentially a self updating web database so agencies could update their programs and so forth over the long term but we still envision there would be some sort of web manager and we envisioned this would be a good thing to put in the Coordinating Agency under goal 1. That's my thought. If other people have other ideas obviously we'll be happy to entertain them. The other piece of that is we haven't figured out whether or not, how this would connect with 211. Because the way we are envisioning it is more detailed than what is available in 211. We had one meeting with the folks at 211 and they were very supportive and we have to work out some of those details. What I think we might do is have another meeting after this and then explore that a little more. But I still think this would be something that would be side by side with 211, might interface somehow with 211 people and might even have access to it. The idea here is it would be much more detailed information about programs so that providers who are trying to make a referral for specific developmental age groups or specific kinds

of problems would be able to access this and say here's my service area based on geography.

Brant Ping: So the vision is that it would not be seen by the general public? The general public could not avail themselves of it?

Eric Wright: We were envisioning both. I suspect it would be providers who would be the primary users of this but since it would be on the web I would see this as being entirely open. One issue, if you look at the literature in this area, self referrals, there's a lot of stigma obviously for some of these issues because when people are having problems people are very, don't necessarily want to be labeled as having a problem. So I can see there might be a segment of the population that would want to reach out privately without going through some sort of intervention. And, ideally, if we made it public they could in theory do that, in theory. I suspect from a web, this is one reason a web designer is so important, as experience develops over this the system will have to be tweaked to maintain its user friendliness because technology in this area changes so rapidly.

John Brandon: So this is a service focused kind of problem addressing type of website?

Eric Wright: Right.

John Brandon: OK. Because the reason I raise that issue is because we're about to do a youth development website similar to what you're talking about that's going to try to get the broad range of youth programs and we've been funded to do it. We should talk, very extensively.

Eric Wright: That actually brings back to one of the over arching issues. I'm going to jump around a little bit, excuse my lack of logic here, but one of the over arching issues here, which we dismissed and I think we need to come back to now is the idea to, the general question about whether or not in the plan we want to specify the groups we want to take this. There's a couple of strategies. One is to have a competitive RFP so that under each goal we're going to spend some money to address that goal, have a competitive RFP put that out on a competitive process, versus where we had started down the path last summer to try to specific an agency. So, for example, if John is already going to be doing this web system, we had talked about McCoy being the designated Coordinating Agency since it already exists, there's an infrastructure in place that it might actually behoove us to just say that's what is going to happen. McCoy will be the designated agency. Versus a competitive RFP and I think there was some, since we've had a change in administration in the Council and the Mayor's office I know there were different philosophies on how we should pursue this so I wanted to bring this back up for discussion. Because I could actually see for each goal, I already have in mind where would be the appropriate, likely applicant, or a good place to put we should put the activity if we were to go that direction.

Brant Ping: Eric, I thought when we last visited this issue, the council had given us guidance that they were not interested in our designating a specific agency and wanted some type of bidding process.

Eric Wright: That was the advice we got last but those Councilors who gave us that advice are no longer on the Council.

Brant Ping: So the Council has changed enough?

Eric Wright: That's why one reason why I wanted to raise the question.

Brant Ping: I see.

Marilyn Pfisterer: Everyone is looking at me but that is not a subject that has been discussed with the group so rather than me venturing an opinion I would defer and rather have a chance to talk with them before anything goes public.

Eric Wright: And I think actually that's, I'm glad you mentioned that, because what I will do, let's assume we'll have competitive RFP. I'll still think I will know who I want to go out there and clang on the head to apply. But I think we can still drive it in that general direction, but part of my thinking is because we've had this change of administration this would be a great opportunity to have a written plan for people to start reacting to, because I think with the change in property tax structuring of those child welfare dollars there's a lot of issues floating around there and I think if we have a really well articulated plan that would be a good starting point for some of these conversations. That's why I'm pushing for the finishing of this plan this month.

John Kennedy: I think it probably makes sense to have it a competitive RFP process. People who have the capacity and the desire to do that particular work will step forward and say we'll respond to the bidding process and do a proposal.

EW: OK. I don't think have anything else under goal 1. Anybody have any questions under goal 1? It's pretty much the same as it was. Under goal 2, this is the information and referral/training system. We tried to articulate what that would look like.

John Brandon: You sort of referred to this a little Eric, so I guess the question as I went through each one of these is how many, what's our budget that we're talking about in each one of these particular areas? Because clearly that's going to impact exactly what you can do and hope to accomplish and how you're going to measure the impact of it. You said we are playing with budget numbers and that's what is happening at this time.

Eric Wright: Right. And I think one of the things, the issue there for me is that assuming that we'll, when our contract ends, have the database developed, basically the shell of web system created the idea would be then that the Coordinating Agency would be in place to hand that off to manage that. The question here would be, how extensively do we want to do this? I think Councilor Pfisterer had suggested a CD Rom training thing. I know the

School of Social Work has been working with DCS to train DCS workers and so I was actually wondering if that might be a model to do some more aggressive outreach out to Pediatricians and other primary schools. A big piece, I think, will be the school system. And unfortunately we don't have an IPS and Pat Jones is not here today. We haven't had an IPS representative appointed I don't believe. So that would be one question, how large should we do that. I think we could start off small and pilot test to see how well this works. And some of the low costs things, like CD Rom training manual, having this web based system that could also have the training materials connected to that too, would actually be a way of easily disseminating this, that office assistants at Pediatricians offices might be able to access that kind of information. So I think the budgetary items under goal 2 would probably be some of the development materials, and I think that would be relatively low cost. The more costly part would be how do you disseminate that to do face to face training with folks? It might be possible to offer semi-annual trainings for a lower cost to have people sign up and perhaps even pay a little bit in a registration kind of model. That's what I was thinking. It's not written in there yet but if that seems like a comfortable model with you we'll go ahead and push that forward.

John Brandon: You might contact the Indiana Association for the Education of Young Children, IAYEC., because they are the state wide association that folks, especially preschool and child care workers, and they have a certification process and they do regular educational sorts of things and they might be a good partner, at least for that portion of the audience.

Eric Wright: Is there a name?

John Brandon: Diana Wallace is the Executive Director.

Eric Wright: Lyndy will probably follow up to get the contact information. That's all I have under goal 2. So what we'll do is basically add a little bit more language on the action steps to add someone to develop the materials, add the budget, and some dissemination activities and we'll work with Diana Wallace to think through some of that stuff and we'll identify target populations, which we'll like want it to be medical providers, Pediatricians, Family Practice folks as well as school folks. I think those are the two audiences that we most concerned about. Are there others groups we'd want to target with this? Community agencies, faith based? We can offer that as an option there too but I was thinking the other two are the most likely to have the interest and skills to identify kids that are in need. Anything on that? All right, mental health goal 3, which is the goal on page 28. The major concern as we were thinking through this is that under this goal we really don't have any, the action items are really broad in this. And I think this relates to the other discussion we need to have, which is another over arching issue about what the role body is going to be over the long term. Now obviously, things may change because of changes happening at the state level but one of the thoughts I had was it might behoove us to actually encourage the local Community Mental Health Centers to band together to have an advisory group to this group which would be the action engine, if you will, for the arm of this. I think one of the concerns, or things we learned over this year, is that because the members of the EIPC are really stretched as it is in terms of

resources, time, and so forth, having them do the work, over the long haul, that is what our job has been, to keep the process moving. For the future one thought was we could actually have a contractor who would focus on these mental health issues. Partly because this is a very rapidly changing issue as CMS comes down with case management rules everybody's getting worried about, it'd be nice to help the mental health centers to band together and work together and focus on expanding children and adolescents. So my thought was if what we did was basically establish a children, adolescent, family mental health services coordinating council, or advisory group that would basically report to EIPC on a regular basis we could help them by funding them to have a staff support person to do a lot of this work. I know there's Intacare and the Council on Community Mental Health Centers and so forth that might be willing to take on some of these things. But the idea would be to help them to get organized and think through these issues and then act on these issues appropriately, take some of the burden off but still have EIPC be the governing body. That was just my idea.

John Kennedy: When you all had the roundtable, did you float that idea to the representatives who were there? Did they seem like they would be amenable to that sort of group effort?

Eric Wright: We did not float the specific idea, but I tell you in the conversations it was pretty apparent that 1) they talk to each other but didn't necessarily have the capacity to act on a lot of coordinated ways and in a couple of other studies we've done over the last two years we hear this a lot in the human services system that everyone is so strapped for time so the idea would be target resources to do strategic development just as we're doing with the nonprofit sector we're doing the same thing, although I think there's enough existing infrastructure in the mental health system they need just a little help to get to the next level. We could certainly float the idea and see if there'd be interest in doing that between now and the next meeting to test the idea but I think this would be a case where the budget for this idea would be a person housed in one of the mental health centers or the Council on Mental Health Centers or Intacare, one of the groups – Intacare is one of the big umbrella groups that is pulling the mental health care centers together in a managed behavioral health care model, so any one of those places would be a good place to house this person. But then this person would be charged with advocating in the system and working on identify needs and putting out reports, and coming to EIPC to represent the mental health centers.

John Brandon: It seems like a great idea to me. Especially since you have organizations that are already doing some of that work, if we can tap into them it makes sense.

Eric Wright: Other thoughts? I think the issue here is these are all great action steps but I kept struggling with how we are going to make it happen. And I think unless we have some sort of sustained effort along these lines, I mean expanding mental health centers to school based – I think all the mental health centers mentioned several times that's a good idea, the problem is, which is stated in the report, they are overwhelmed with the volume. The issue is the supply of providers in many cases but also the reimbursement rates that allow them to operate and they can't operate at the level they need to be operating. So



really what we need is someone working in a sustained way to try and rally resources. And to me this is a public policy actor who is going to work with DMHA to make sure that they're paying attention to these kinds of issues, working with Medicaid both here and in WA to try and advocate for changes in policy that are going to improve access, because this has really become a critical problem with the case management rule change. All the mental health centers, frankly I think terrified is not an inappropriate word, but are terrified about what is coming down the pike. It's a huge change that is coming on and I think it's going to have a, I'm frankly also terrified what the ripple effects are going to be because I just don't think we realize how dependent we are on this system for much of what we think of as early intervention and prevention.

Brant Ping: I think it's a good idea.

Rhonda Allen: Absolutely. And the mental health centers seem to be pretty tight, a tight group. I sit on the Commission for Disproportionality and one of the main issues that have come up throughout that regardless of minority status is the Medicaid issue and how Medicaid cuts are going to particularly impact some of those disproportionality rates that we have for services. If nothing else, it provides another avenue to let the folks at the Governor's office realize what the impact is because the feedback we've been getting on the Commission is that it's not on anybody's radar screen down there. So, if this helps with that, then perfect.

Eric Wright: I think there's a lot of reasons it's not everybody's trying to save money, at every level of government. I think in health care unfortunately has the Federal government pushes back, the state pushes back. It's a dynamic that suggests the need for fundamental change. But that's for another conversation. But what is happening is the local levels are struggling with this so I think that is one of the reasons I thought this might be an actionable item that would actually help to sustain the conversation over the long haul. I think that would get us closer to achieving these things. So we can attach a budget for that and work with the mental health centers and talk to them about their support of this idea. I suspect they'll be very supportive of the idea but we'll confirm that between now and the next meeting.

Rhonda Allen: Great.

Eric Wright: OK. The juicy one is goal 4. Basically if you remember last year, we had talked a lot about the idea of having an early intervention/prevention case management program. And there are a lot of issues here, we took a stab at this and I think a couple things I know we're going to add is we need to pull the information from the original epidemiology report of the estimates of the number of children in need. If you remember back the 38,000 number is the one that we've been working with which is the kids who we think have at least four risk factors per the CDC's standard definition of that, we can break that down, if you drop it down to three obviously the number goes up because they have fewer, and I think what we'll do is insert that in a more summary form because what I think that does is provide some parameters around this issue and help understand the scope of what we're trying to achieve here. In one draft that was floated to Rhonda was

the concern is, or question I think is more appropriate, what is the relationship between this early intervention case management program and more of the formal system? So the idea would be is here you have a child of a family who might be getting some early type of case management and then they get CHINS'd or they get identified by the schools, they get put in more formal programs so that the boundaries between what's going on in the more formal system and on this more community based system need to be clarified, so that's one of the substance questions. But, if you remember, the basic idea here was to have something that could be, somebody could be self referred into this, a 1-800 number. Again, I think there's some duplication here in questions about the role of neighborhood alliance as well as some of the other community based organizations that are providing case management or pseudo case management like organizations, and Youth Emergency Services which is in between here too. There's also the notion that there's levels of case management. There might be somebody who is coming in early for a relatively simple that just needs a little bit of counseling and referral. The idea here is that basically what 211 does is provide information. What's missing from the 211 system is an assessment process. So the idea behind this was that these case managers would have a higher skill level perhaps than the 211 operator so it's not just giving them the information on where to find family therapy but actually having somebody on the other end of the phone or in person who could then work with the families and identify what their needs are and then using all the sources of this database as well their own knowledge of the system connect the person or the family to the appropriate services. And the idea here would be this is way up stream before the child or family gets to DCS or Juvenile Justice or downstream kinds of services. That's the original intent. Comments on the principal or concept?

John Kennedy: It's a great concept.

Rhonda Allen: Absolutely.

John Kennedy: I believe April is Prevent Child Abuse Month. There's been some public service announcements where a 1-800 hotline number is being displayed on the television as well as a 1-800 number for parents, which I have not see before, I'm not sure if anyone on this Committee is aware of that, where parents may call to get some guidance or some help or some direction to go to if they think that they might be at risk of neglect or abuse. I thought that was kind of interesting. I don't know if you have heard of that. If there's a way we can contact Prevent Child Abuse, I think it's on their .com website, to see what that is? That might be at least part of template for this 211+.

Eric Wright: OK.

Brant Ping: Eric, I'm having trouble seeing where in the continuum this fits because as I read this goal my thought was this is what DCS' NACS program does and DCS' statewide community partners program does, accepts these direct referrals from neighborhood health centers and such and provides some sort of direct access. Now, of course NACS is overwhelmed in this community and it certainly, I don't know if there's yet another layer that should be added in pre-NACS or expand that maybe, I don't know. Are you thinking of some other type of community support? Because NACS is a very

short term, early intervention programming, pre-DCS approach. And what we really tried to do with that is generate it so that in fact it is neighborhood based. We really targeted schools although they have been more reluctant to refer than the neighborhood health centers and self referrals. The near Westside has an incredible concentration of Hispanic speaking population that is self-referred to that particular office. So I'm having trouble with the vision because it may well be in place, albeit to a limited extent right now.

Eric Wright: Well I think the NACS vision is consistent with this vision. I think the issue here was over the course of our conversations we've heard about the schools not referring and it seems to me a lot of the concerns we keep hearing about are from the school folks, we keep hearing they don't have anybody to refer to and so I don't know whether this is a NACS under capacity, under resourced issue where if we were to invest in the system – I think at one meeting a while back we had talked about using NACS as a structure to do that. I would be perfectly comfortable with doing that and we could meet with the NACS people to ask them to think about that and what resources would be required to scale up, if you will. The thing that I'm a little concerned about is when I start thinking about the continuum, we have the NACS on one end and then we have YES on the other end, and then Juvenile Justice and the more intensive stuff, there may be a gap in there in between where you have a higher level – this is the idea of case management there where people with higher needs you have a lower ratio of case management to clients. And so, if you actually think about that ratio, it's a barometer of the intensity of the needs to services. And I NACS has historically done the one or two contacts?

Brant Ping: Roughly 3 month's services.

Eric Wright: Right. And then there might be somebody who needed more extensive service and I'm wondering if you could do NACS and then expand YES to cover the middle in there somewhere. That's perfectly consistent with this vision. But I think the basic idea is a NACS like system. And the other question which I think was raised was whether NACS was in enough places around the county which could be a capacity, for them, issue or maybe partnering with other agencies to do NACS like services in other corner of the county.

Rhonda Allen: Well, to comment briefly on where the state vision is with NACS, in my conversation with some program development folks is that the Marion County model for community partners is not necessarily in line with the rest of the state with the community partner programs. And one of the things that the service time frame is really the area that we are not in alignment with in that we only allow the 3 months. It's a very short term kind of program. And I think the rest of the state is open-ended. I don't think there's ever a cut off. And so I think we're in the process of redefining that timeline for NACS. So I do think there's the ability even with DCS to extend, not with DCS but DCS funding of NACS, to extend the amount of time that those families are getting services through NACS. Now, I don't think the dollars will necessarily increase, which is the big problem and it seems like everywhere I go I hear people "Well we already have NACS", well keep in mind that's only 1.3 million dollars worth of services. They're fairly overwhelmed now with the amount of referrals that they have. So I always remind people

that 1.3 million doesn't go very far when it's a self referral kind of system. And the same with YES. I hear NACS and YES both throughout the community. Well, keep in mind they're a contractor of the Department of Child Services and we only have so much money to pay them for this service so if we want to expand it that's great but somebody is going to have to help come up with that money to supplement.

EW: I'm glad you raised that question because right now, maybe you can clarify, this money comes out of your budget?

Rhonda Allen: Yes.

Eric Wright: The County's budget. Which was the old child welfare dollars that came out of the property tax.

Rhonda Allen: Yes.

Eric Wright: So in theory, not that I understand all the details about this, all that money is going to the state and will still come back to NACS under this community partnership framework.

Rhonda Allen: Yes.

Eric Wright: But the funding basically will shift from the County to the State.

Rhonda Allen: That's correct.

Eric Wright: They'll write the checks, as opposed to the County from now on.

Rhonda Allen: Correct.

Eric Wright: So the question would be, and we've raised this before, to what extent is there interest at the County level to augment those funds to meet this early intervention/prevention needs, which I think in Marion County is pretty significant. I think therein lies the key question because a lot of I don't think, because of reversion to the state of the child welfare dollars, the money for this stuff is going to have to come somewhere from the county if we want to do this. No is no other way to augment those funds right now.

Rhonda Allen: Right.

Brant Ping: In fact, the legislation moved those dollars to the state abolished the County mechanism that was previously used to fund these services. The Family and Children run as we knew it is gone. Part 2 of that area is that not just the dollars are going to go to the state, the control is moving to the state.

Eric Wright: Right.

Brant Ping: And that is becoming very obvious and so my sense is that we won't be telling them what we need down here. We're going to be told from up here what we're going to have.

Rhonda Allen: Oh, well I guess I disagree.

Brant Ping: Am I being too pessimistic?

Rhonda Allen: I think so.

Eric Wright: By the way, we're moving into agenda item 5.

Rhonda Allen: Just for the record. I guess I disagree with that statement to the degree that yes I think there's going to be more scrutiny applied to County recommendations for their needs but I truly do believe from all the information I'm getting is that there is a recognition that the local level knows what they need and so as long as they have a plan in mind and have identified those needs and that we can justify with data that we have those needs, I believe the state will agree to fund those services that we come up with at a local level. But to say that there won't be additional scrutiny – there certainly will be.

Brant Ping: You're not feeling expansion, are you, as far as we want to expand this service and we need "X" more millions to do it?

Rhonda Allen: No. I mean, I think the state has recognized that there is \$550 million dollars when look at all 92 counties, that's kind of the budget they're looking at. And so if you take out Lake County and Marion County, that's \$220 million right there. So I think the idea that a huge expansion is probably not – but I think they realize that every year, just as I go to the City/County Council with an increased budget because per diems increase, the volume of cases we get is increasing with complexity, they recognize that there is going to have to be an increase. So I don't think there's a flat line, that I've ever heard, that you're just going to get \$103 million for Marion County and live with it no matter what the increase is. So I think there's the ability to increase, but a huge expansion is probably not going to happen.

Eric Wright: To what extent does the change in the legislation, this is more a question I guess because I don't know the answer - since abolishing the County's collecting of this money, does it prohibit the County from actually collecting any money for child welfare kinds of things independent of that?

Rhonda Allen: I guess that's something I could probably look into. I still see the state, even though the funding is switching over and the control so to speak is switching over, but I really think that the vision at the local level will still be doing some of that prevention stuff. Because DCS can't be all things to all people and if you look at the 38000 kids that are in need, subtract out maybe the 5000 or 6000 we might serve, and the maybe 3000 more that Juvenile Justice is going to be serving there's still a huge gap of

kids that need help. And so I think, for us to collectively be thinking DCS is going to absorb that, there is no way. So it only makes sense that at the local level we would still be doing something within the community to help support that 30,000 or so group of kids that still need help.

John Brandon: And I think that's the point, we don't want them to go to DCS or Juvenile Justice. That's the whole idea behind what we've been talking about for two years. We want to prevent them from even entering those systems. So there needs to be in place structures that will enable us to do that. And funding that will enable those structures to operate.

EW: Well, it sounds to me like if we use the NACS model and we could actually try and think about how we would expand them, I'll have to confess I haven't had a chance to sit down with them and talk about that structure but we can try and do that, and think about a budget with that and then I think if we put that in this plan then what we can do is begin the political conversation about how this would work and is it feasible, should it be something we go to State for, think about how we would do that because I suspect the State would eventually have some capacity to increase their revenues for this stuff as well. Then the question would be, how does the County and the State work together to coordinate what they are doing in terms of at these levels and then we can answer some of those legal questions. One of the thing is the question, has anyone actually evaluated the effectiveness of NACS?

John Brandon: It seems to me there was an evaluation done at some point.

Brant Ping: It's been a long time. I think it was IU. I think we have some data on that, Eric, yes. I'll try and locate that for you.

Eric Wright: I think one of the things that occurred to me was, we know that the distribution of that 38,000 kids is not even across the county. And so one of the questions is to what extent is data driving NACS planning of where they allocate their resources. That's one question I have for them. Because my first thought was one way, a low cost way, of entering into this downstream is to think about a series of demonstration projects where we might target the high risk neighborhood, that has a higher prevalence of these kinds of things. Fund that neighborhood and then compare it again with another neighborhood that has similar high risks and see if we can bring that – see, the problem about individual case management models is the question is always, for public policy makers, what is the value. Everybody knows what the value is to the individual, the question is not the value to the individual, the value is to society. Basically what we're trying to do is reduce that 38000 number, which is ultimately what the big policy impact would want to see. We'd probably want to be a little more strategic in perhaps how we've allocated those dollars in the past.

Brant Ping: We actually tried to do that. Originally NACS was conceived at DCS where they screen out 310's, those that don't feel meet legal sufficiency to proceed. And so what we did was actually run data with the zip codes and the number of CHINS that were

filed so that we could in fact target those zip code areas, neighborhoods, that we thought were at highest risk and then we asked NACS to develop their offices somewhere centrally in that zip code, catchment area. It was just simply that the need far exceeded our ability to expand the offices. I mean, we're in some high risk neighborhoods but we've also ignored some high risk neighborhoods.

Eric Wright: I think the technology exists now, because when we constructed that estimate we could actually drill down using the census data to get a census tract level as opposed zip code level, which is much more targeted. If we map that with your 310 data we could actually see if there is a correspondence. Remember, part of way reason we did our estimate the way we did it was because if someone has been CHINS'd there is a selection process that occurred to get them into the CHINS process even if they're not adjudicated. So the question would be if we want to capture even the people before they get there as they're starting into the formal system essential, so the question would be are there other measures we could use to more accurately do that. We might actually be able to do that this summer. I'll have to think about that. So we will, in the next month or so meet with NACS folks to review their programming, talk about capacity expansion, what their ideas are and we'll use that information, as well as other information we've already collected about what it would cost to expand this, to develop a more formal budget around that particular topic. We'll also look at the evaluation that was done prior to this and think about that and we can develop this further. Our goal would be to try to have this firmed up for circulation by the end of our next meeting, which would be the 2<sup>nd</sup> Wednesday in May. May 7<sup>th</sup>.

John Brandon: The 14<sup>th</sup> would be the second Wednesday.

Eric Wright: That's correct. Hopefully we'll have a really good draft, I think we're pretty close to a final version of this. Obviously it will be longer, with more details. The only thing I can see maybe taking a little more time is working with NACS to work up their capacity assessment and think through with them what they're thinking. The last issue I have which is a more general issue, we've indirectly covered everything else, is the issue of long term governance and reporting and I'm thinking we might want to add this to the plan. Because one of the things, while the ordinance that establish the EIPC was clear about what it was supposed to do on some level, it's more of a study commission, the issue of the role of it in terms of governing the early intervention/prevention system was not as clear and over the course of this period I think I had a lot of conversations which confused me more than clarified anything about different Councilors views about how this would function vis a vie the Council and I think what we might want to do is have a brief conversation about what the desires of this group is. We can put something into the plan about the long term role of the EIPC and how it would function and then you would use that as a vehicle to have these conversations in more black and white fashion. The idea here would be, how do you see this vision. My thinking is if we actually have essentially a contract under each of these goals to do these targeted activities, that those contractors would basically report, if you will, to this group even if the City/County Council is technically – I'm not sure of the legal, I'm not a lawyer, forgive me for that – but how the legal relationships might be between the contractor and the payor, if you

will. So I think the question is do we want to suggest to the City/County Council in this plan that this is the governing body for those contractors and they are accountable to this body. That's sort of the question. I think this goes to the scope of authority of EIPC.

Rhonda Allen: I don't know, I mean who else would they be accountable to?

Eric Wright: The City/County Council

Rhonda Allen: So I guess I'm pretty naïve. I don't know how regularly those are reviewed.

Eric Wright: I don't either.

Marilyn Pfisterer: Those what?

Rhonda Allen: Those contracts.

Marilyn Pfisterer: There's an administration board that reviews contracts, then there's the budgetary process that's once a year.

Rhonda Allen: OK.

Brant Ping: That would be the review of the performance of the agency of contract or is that point...

Marilyn Pfisterer: The contracts are the initial, the administration board reviews the initial contract so it's not a review board.

Eric Wright: So by suggesting the EIPC might be the review board for these contractors or their activities under this...

Marilyn Pfisterer: We're venturing out into uncharted waters and so I say let's ask the questions.

Eric Wright: OK.

Brant Ping: Eric, I thought we had originally talked about having this out of a Deputy Mayor's position, or the Comptrollers?

Eric Wright: We actually had put forward a proposal last summer to add a deputy mayor and somebody from the Comptroller's office. That didn't go anywhere, then we had an election.

BP: OK. So that's how we designed it then?



Eric Wright: Right. That's one of the questions, one of the things I'm perfectly happy to resurrect that idea and start putting language in the plan about governance and say we need to have that and in addition to two required Councilors on the EIPC also have somebody from the Mayor's office, somebody from the Comptroller's office, so that basically there is administrative accountability built into EIPC. Then it might make some of the folks feel a little more comfortable about this body actually having some administrative authority over the planning and implantation of the plan.

Marilyn Pfisterer: Where this logically falls in my mind is under Deputy Mayor of Neighborhoods, Olgen Williams. I don't know if anyone has approached him. I have not talked with him about this particular issue. Has anyone?

Eric Wright: I have not. But that is certainly something we could do.

Marilyn Pfisterer: Just from knowing Mr. Williams as well as I do, I would think that he would have some pretty definite ideas on what we are doing.

Eric Wright: OK. I will make an appointment with him. Is there anybody else in the process you would recommend talking to?

Marilyn Pfisterer: He would be the point person. He can refer you if that is necessary or bring that information to the necessary people.

Eric Wright: OK, so basically, other thoughts about the governance issue? Are people comfort with the EIPC having more defined authority, as an administrative planning coordinating body which obviously effecting the composition have an influence?

Brant Ping: I think it makes a lot of sense if we can get the body up and running and get the members from the systems because we don't have systems of care without it. I think it's an excellent idea if can get some sustainability. Absolutely.

Eric Wright: I'm glad you actually mentioned the words systems of care because it makes me wonder about the EIPC and then the Marion County – they've renamed their name, you're on it?

Brant Ping: The Marion County Systems of Care Committee.

Eric Wright: And what's the relationship? That's more of a voluntary role?

Brant Ping: It is strictly voluntary.

Eric Wright: Where as this is more of an official body and one question you might want to think about for a minute or so is what's the relationship between that and this.

John Brandon: There should be one. Even if they are invited to be an ex officio in relationship with the EIPC it would make some good sense.

Brant Ping: It seems to kind of be my life, I'm an ex officio here and chair ex officio that body so I guess I could be an ex officio liaison. We do seem to have a better relationship with the school systems in MCSOC, particularly the special education departments and we typically will have districts there, I suppose the reason is because service provisions directly impacts them and that's what we talk about a great deal are not individual cases but generally how things are going are far as provisions of services, through Dawn Project or other mechanisms.

John Kennedy: And then there's another systems of care meeting that you also attend that mirrors that but is further upstream and that's the Crisis Response Team, which is another systems of care where the first responders come to meet when see families of crisis and how are we all responding and relating to those situations.

Eric Wright: To try to create some sort of clarity here, what is level of planning that they are doing in each of these bodies over the course of the County? Because if the idea is that is the planning body, and the coordination body, the question is what is the relationship or should be relationship in terms of the governance structure? We don't want to have, at least in my view, I think more planning bodies people work at cross purposes.

John Kennedy: I can only speak for the Crisis Response Task Force. It's not necessarily a planning group of people. It's representative of law enforcement, DCS, the respite agencies like Family Support Center, Guardians Home, we have the schools, we have the school police there, YES of course. It's more about sharing data. It's like we are monitoring how the response system is operating. The courts there, the probation's there to look at the front end, to see what every piece is seeing what kinds of volume we're seeing, where there might be glitches. It's mostly a, I want to say a watch dog, but a monitoring body to share data. We are constantly doing that, providing data to DCS, we're getting data from them in order to make sure each responder to these families knows what's happening. Our roles are clarified, what does victim assistance do with law enforcement as opposed to YES, who has the authority to do what. It's a body to clarify roles, it's a body to monitor, it's a body to look at volume, but we're not planning but it's a great place for people to give information to the Planning Council, I would think.

Brant Ping: Right.

Eric Wright: So some connection there.

Brant Ping: Essentially, MCSOC is ditto but further down stream. We talk about those kids that are already court enrolled in the delinquency process or DCS enrolled through the CHINS process who are impacted by the mental health systems, the school systems, and typically MCSOC grew out of what used to be the old Dawn Project review meetings, essentially a monthly review of those kids that had been enrolled in Dawn because we were faced with so many situations, we weren't sure which system was supposed to respond in which instance, and why react when you do this. And so there is

really not a great deal of planning. It is more a review of how the systems interact and the day to day impact on our kids.

John Kennedy: That's a good way of saying it. It's a quality group process. We've added the hotline to this group. We access information, give information to DCS about foster care placement, emergency situations. That's a good way of looking at it, a quality group process to make sure everybody who is engaged and working together understand what is happening and that we're sharing information.

Brant Ping: So, having said that, your idea of having this as sanctioned governance body makes a lot of sense. I don't see that coming out of either of the groups we've just talked about.

John Kennedy: But certainly these groups could provide information to this governing body.

Brant Ping: Absolutely.

John Kennedy: I think that would be a natural, almost expectation.

Eric Wright OK. Any other thoughts on that? One other recommendation is that we probably ought to think about is should this recommendation for governing to include a staffing structure, not that I'm looking for another job or anything like that, but part of, and I've heard this from several folks is, we've been able to do what we've been able to do because we've had us working a lot to support you guys making these decisions. So I think for the long term viability you need to think about that as a piece of that. Are you in agreement that should be part of this conceptualization then we should add a budget to that affect.

Rhonda Allen: I would agree. Only because in two other counties my experience has been, of course much smaller counties, is that EIPC never really evolved to much more than a document that was produced every year because nobody really had the time around the table to dedicate the kind of human hours that your dedicating, you and your staff and your students are dedicating to this process. I see that as, if this is really going to be successful, it's going to require a body, somebody, to pull this together.

Eric Wright: And I will say the scope of the work that we've done over the last two years won't be the same for the long term in terms of the volume because we've laid the foundation. Universities are expensive, unfortunately. Bureaucracy, I have no control over it.

Marilyn Pfisterer: Well, speaking of expenses, when a budget is being proffered, the folks around this table are more experience than I in the funding process in terms of, are there grants out there for something like this? Because as you are well aware, the fiscal climate right now is pretty grim and so any budget that is proposed, if that could be accompanied by a source of funding it would be a lot more likely to go somewhere.

Eric Wright: And I think that's what, I'm perfectly in line with that and I think the conversations we've had with local foundations, I think part of this is that it's a jigsaw puzzle and in a lot of ways they would like to see other people bellying up to the bar, so to speak, with funds and I think once we have the plan and pieces in place the question that I'm going to defer until the next state is to ask the question about, here is the budget with these components, who is going to basically, where would be the logical funding source. And the reason I'm going to delay that discussion is because I still think we need to get some clarification about DCS and the change that is going to be happening because that obviously is going to impact how the County proceeds in making some of these decisions. Once we have the plan, straw man budgets if you will, we can start the conversation on a larger scale, here is the plan, here's the idea, how do you feel about it, how much do you think it's going to cost, and how would we go about paying that. And I can see that being the focus of our activity over the course of the summer. In meetings with foundations and that might mean trotting some of you out, not just me, to go to these groups to ask about that, coordinating with what money is coming in. I know John's got some new money coming in, he just mentioned this morning. So I think those conversations can happen over the next few months. But I think having a plan in place in the next month will be a starting point for those conversations. Any other questions? I know you may not have had the plan for long but we're working on it all this month so if you have other edits, take a look at this and send us your feedback that would be helpful. We will continue working on it. And we'll try to give at least a week to look at the next one, the absolute final version with the budget figures. So we'll do our best do that. A lot will depend on how quickly we get these meetings in.

Rhonda Allen: Just a real quick question, I guess now that we're under other business. Is it OK to release, like this Mental Health Center Roundtable, to other people? Like the Commission on Proportionality is interested in reading this document.

Eric Wright: Yes. We'll put a cover on it and put it on our website and send everyone the link and you can send it out and they can download it.

Rhonda Allen: That's even better.

Eric Wright: We do have a website, [www.healthpolicy.iupui.edu/eipc](http://www.healthpolicy.iupui.edu/eipc) which is the current repository of everything, the meeting minutes and so forth. Everything we do goes up there. These aren't there yet because they aren't final. We'll put the cover on the mental health one and upload that and send you the link.

Rhonda Allen: Is there any other business we need to discuss? The meeting is adjourned.

Meeting adjourned at 9:20.