Indiana Collaboration Summit

Site Visit

April 21 & 22, 1994

CraineHouse

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April 21, 1994

DEAR MEMBERS OF THE INDIANA COALITION SUMMIT:

The Board of Directors, staff and clients of the John P. Craine House welcome you to the Craine House Family Living Program.

This pilot program is the result of cooperative efforts of state corrections and welfare officials, community corrections and private service agencies to redress the prophecy:

"When a man goes to prison, he loses his freedom;
When a woman goes to prison, She loses her children."

The Craine House Family Living Program is an innovative community corrections program for women offenders and their pre-school age children, with intensive outreach services offered to other family members.

This program focuses on strengthening and maintaining family ties as well as on the offenders' successful rehabilitation and re-entry into the community. The ultimate goal is prevention--to lower the incidence of children following family patterns which may have contributed to their parents' unlawful actions.

Sincerely,

Nancy Frenzel, Executive Director

Enclosures:
1. DOC Proposal and documentation of need for Family Living Program, submitted to NIC/Temple University
2. Proposal and three-year timeline, submitted by Craine House to the Indianapolis Foundation.
3. Copy of summary of NCCD STUDY, "WHY PUNISH THE CHILDREN" sand recommendations for solutions.
4. Marion County Community Corrections statement
5. Craine House referral procedures

ABSTRACT
John P. CRAINE HOUSE
FAMILY LIVING PROGRAM

"When a man goes to prison, he loses his freedom: when a woman goes to prison, she loses her children." This saying points to a "hidden" population of "at risk children in Marion County, the children who are separated, often permanently, from mothers incarcerated in jails and prisons."

The John P. CRAINE HOUSE with a 15-year history of providing rehabilitative treatment and education for women offenders, is re-opening in December, 1993, as Indiana's ONLY alternative-to-incarceration residential facility for qualified women offenders and their pre-school age children. Outreach programs and services will be offered to older children and other family members.

The project is a creative blend of prevention, intervention and treatment services provided by a public/ private partnership of agencies. While there are a few alternative sentencing programs in the U.S. for women offenders and their children, there are no others which actively involve other family members in healing some of the painful self-defeating and/or illegal behavior patterns that may have developed in the lives of the offenders' families. Craine House expects to serve a minimum of 24 families during the three-year demonstration. If each year, one mother learns a better way of parenting her children; if children, parents, caretakers, spouses and others are part of her learning, then family sharing and positive support becomes possible. If one mother and her child are able to go off welfare; if the mother does not offend again, or commits fewer or lesser offenses, more tha tax money is saved. A child may not follow the old patterns, which research shows is more likely to lead to costly criminal behavior; the cycle of family dysfunction may weaken or break, replaced with a healthier, law-abiding lifestyle.

The demonstration program is funded by the Indiana Department of Corrections, through the Marion County Community Corrections, by the Family and Children's Services Division of the state FSSA, and is supported by the Indiana University School of Social Work and has been developed with funds from the Indianapolis Foundation. This interagency cooperation, both public and private, is a unique and fortunate partnership which will help preserve and strengthen families, with the goal of delinquency prevention, i.e.,lowering the number of referrals of the NEXT GENERATION to juvenile authorities, courts and corrections. This project is on target with the reform movement toward the maintenance of family ties between offenders and their children, espoused by the National Institute of Justice and the National Council of Crime and Delinquency.

A 1992 NCCD study, Why Punish the Children? says, "In the last decade, the number of women in our nation's jails and prisons has tripled. Three-fourths of these women are mothers--most with young children What happens to the children of these incarcerated women? Some go into foster care. Some stay with relatives. Many suffer the consequences-psychological, emotional and economic. Some will never live with their natural mother again."

CRAINE HOUSE
FAMILY LIVING PROGRAM

GOAL;

To prevent delinquency and lower the incidence of referrals of the next generation to the Indiana Boys and Girls Schools by preserving and improving relationships between women offenders and their pre-school age children, living together within a stable, nurturing environment while the mothers develop the skills to provide law-abiding, emotional and economic stability for their families.

OBJECTIVES:

1. Prevent Delinquency and lower the incidence of referrals of the next generation to the Indiana Boys' and Girls' Schools by serving a minimum of 25 offenders and their families, including 40 pre-school age children in residence, 50-75 older children of women residents and 35 to 50 spouses, caretakers and significant others during the demonstration period.
2. Strengthen families by helping at least 85% of women residents successfully attain the goals of their individualized Personal/Famiily Living plans, i.e., break patterns of addictive/illegal behavior; and improve parenting, economic self-suffiency and interpersonal skills.
3. Reduce recividism of women offenders, their adult or juvenile family members served by program; with 70% of women graduates continuing to live successfully in the community-i.e., without risk to themselves, their children, or public safety--for at least 12 months after graduation from Craine House residency and aftercare programs.
4. Develop a model community corrections program coordinating corrections and child welfare agencies, both public and private, on behalf of children to preserve families, rehabilitate women offenders and educate the public during the three-year demonstration.
5. Evaluation of the Craine House Family Living Program will provide new data about cost-effectiveness and successful methods of intervention, through use of family-oriented treatment.

REFERRAL PROCEDURES

1. REQUIREMENTS; An applicant for the Craine House Living Program Alternative must be referred to, and pre-screened by, Marion County Community Corrections.
An applicant must be adult (age 18 or older,non-violent, with pre-school age children, age 5 or younger. She must be eligible for probation; show motivation to change; physically and mentally capable of employment school or job training in the community, and agree to participate in counseling programs, including treatment for chemical dependency, parenting classes, etc.

   Craine House requires a resident to stay a minimum of six months, with the idea placement between nine and fifteen months.Specific requirements for eligibility and successful program completion are attached.

2. Initial referral information will include:present/past charges, any future court dates, history of employment, education, substance abuse history, physical and mental health. A copy of the presentence report is required before Craine House will proceed.

3. An in-depth interview with the applicant will be scheduled as soon as possible, after all information listed above is received and applicant appears to meet initial screening requirements.

4. An evaluation and assessment of the candidate will be made to determine how the program can benefit the applicant. Preference will be given to applicants whose partners and/or other family members agree to participate with them in selected Craine House activities.

5. The applicant, MCCC and her primary referral source will be notified of her acceptance into the Craine House program, pending the Court's placement and available bed space.

6. Client is responsible for medical care for self and children. She must have health insurance or Medicaid.

7. The client is required to submit results of medical examinations of herself and her children, performed within two months prior to becoming residents of Craine House.

WHY PUNISH THE CHILDREN? A REAPPRAISAL OF THE CHILDREN OF INCARCERATED MOTHERS IN AMERICA

Presented at the Symposium on Women and the Justice System: Issues, Concerns and Strategies

December 7, 1992

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WHY PUNISH THE CHILDREN?
A REAPPRAISAL OF THE CHILDREN OF INCARCERATED MOTHERS IN AMERICA

In 1978, the National Council on Crime and Delinquency (NCCD) published a study, entitled Why Punish the Children? which was sponsored by the Children's Defense Fund. The study offered a comprehensive and critical view of the nation's treatment of children whose mothers were incarcerated in U.S. jails and prisons. It documented a neglected and forgotten class of young people whose lives were disrupted and often damaged by the experience of isolation from their imprisoned mothers. Recommendations presented in the study were intended to focus attention on these children and their needs.

In the fourteen years since the original study was published, there has been a dramatic increase in the number of imprisoned mothers. With this unprecedented growth in the female offender population, increasing numbers of children have suffered as a result of separation from their mothers. Additionally, families are more likely to be broken by women's incarceration than by men's (Baugh, 1985; Datesman and Cales, 1983). This problem is compounded by a national shrinkage of resources and programs for the families of women prisoners.

The present NCCD study addresses the current issues and problems faced by incarcerated women, their children, and the children's caretakers. It also discusses the roles and responsibilities of correctional and child welfare agencies and offers an agenda for reform.

A Disturbing Trend

Since 1980, the number of women imprisoned in the United States has tripled. Over 87,000 women are currently incarcerated in our nation's jails and prisons (Bureau of Justice Statistics, 1991). Though women still account for only six percent of the national prison population and about ten percent of those in jail, their rate of increase in secure facilities has far outpaced the rate of increase for males.

The majority of these imprisoned women are mothers. The United States Department of Justice, Bureau of Justice Statistics (BJS) reported that 76 percent of women prisoners in America were mothers in 1986. Nine out of ten of these mothers had children under the age of 18. Six out of ten had more than one child.

Most women in United States prisons and jails are women of color. The BJS data placed Blacks at 46 percent and Hispanics at 12 percent of the total female prison population in 1986. Additionally, incarcerated women were young (25-29 years old), unmarried (78 percent), poor, undereducated with sporadic employment histories.

There are an estimated 1.5 million children of incarcerated parents in the United States (Center for Children of Incarcerated Parents, 1992). Although no "official" data exist, NCCD estimates that on any given day in 1991, there were over 167,000 children whose mothers were behind bars. Approximately three-fourths of all these children, or more than 125,000 young people, were under the age of 18.

The harm done to children by this experience can be sudden and substantial. There are immediate and sometimes long-lasting psychological effects. Peer relations and school performance may suffer. The mother-child relationship may be permanently damaged, and the child may be placed at greater risk of future incarceration by the criminal justice system.

A recent study by The Center for Children of Incarcerated Parents in Pasadena, California found that over 78 percent of the participants in its Therapeutic Intervention Project (TIP), had a parent who was previously, or is currently in jail or prison. Recent studies estimate that the children of prisoners are five to six times more likely than their peers to become incarcerated themselves. (Aid to Imprisoned Mothers, 1990).

Unfortunately, there continues to be a glaring lack of awareness and concern for these invisible victims. The punishment that these children suffer may not be intentional, but the effect is often the same. These children have unique problems and special needs. They are often traumatized by the arrest and imprisonment of their mothers. Additionally, in many cases, the forced separation from their mothers due to imprisonment, is itself a cause of trauma to children (Bowlby, 1969, 1973, 1980). For the most part, correctional policy and programs give minimal consideration to maintaining the mother-child relationship, and the sad fact remains that no one in the criminal justice system has official responsibility for the children of women prisoners.

Goals of the Study

The current study seeks to update the national base of information on the children of incarcerated women and to identify appropriate program and policy responses for the future. In summary, the project goals are:

1. To provide policymakers in the corrections, juvenile justice and child welfare systems with updated accurate information on the circumstances and needs of the children of incarcerated women.

2. To encourage dialogue among child welfare and juvenile justice advocates on behalf of the children of incarcerated women.

3. To increase national attention and visibility on the issue, including use of media strategies, to highlight the problem and proposed solutions.

4. To encourage support for, and an increase in the number of, public and private agency programs serving these children.

Methodology

Data were gathered from questionnaires completed by 439 prisoner-mothers in jails and prisons located in California, Florida, Illinois, Minnesota, New York, Oklahoma, Pennsylvania, Texas and Virginia (housing Washington, D.C. prisoners). Collectively, these respondents reported having 870 children under the age of 18. The questionnaires solicited information regarding the mother's background, children's background, mother-child relationship and children's caretakers. Questionnaires were also completed by a limited number of caretakers of the children of incarcerated women, child welfare agencies, community-based providers and correctional administrators. This information was supplemented by a series of face-to-face and/or telephone interviews

with prisoner-mothers, correctional administrators, caretakers, and child welfare agency staff.

Profile of the Mothers

The women who participated in the study were in their early 30's, unmarried, and mothers of two or more children. Thirty-nine percent were African American, 34 percent were White, 16 percent were Hispanic and 8 percent were Native American.

The majority of the women did not complete high school, were unemployed and had incomes below $10,000 per year. Forty-two percent received Aid to Families With Dependent Children.

Nearly two-thirds of the women were incarcerated for nonviolent, drug violations and property crimes. Nearly 40 percent of all women participating in the survey were incarcerated for a drug related offense. The average number of prior incarcerations reported as an adult was 4.1. Sixty-five percent reported regular use of alcohol and/or other drugs. A disturbing fifty-three percent reported physical abuse and 42 percent reported sexual abuse at some time in their lives.

Profile of the Children

Questionnaires completed by prisoner mothers provided data for 870 children. The average number of children per mother was 2.6. The majority of children were under the age of ten, with an average age of 7.8 years. Gender of the children was 52 percent female and 48 percent male. African American children represented the largest percentage (43 percent), followed by White (24 percent), Hispanic (20 percent), and Native American (7 percent) children.

Although seventy-three percent of the incarcerated mothers reported that they had custody of their children at the time of arrest, only sixty-seven percent stated that they lived with their children prior to incarceration.

Children's Caregivers

Information about caregivers for children of incarcerated women has been limited, at best. For the most part, when a mother is convicted, her children are placed with relatives or friends. NCCD received completed surveys from 35 caregivers, reporting a total of 66 children of incarcerated mothers in their care. Our data illustrate that the majority of children of incarcerated women were living with relatives (in 80 percent of the cases). Maternal grandmothers over 50 years old were the most frequent caretakers (37 percent), followed by other relatives, and the children's fathers. Over seven percent of the children were in non relative foster care.

Of the nearly nine percent of women prisoners who gave birth while incarcerated, 67 percent stated that their infants went to live with relatives. A small percentage were placed in foster care (3.5 percent) or adopted (1.8 percent).

Relative caregivers experience both financial and emotional adjustments when they assume care for these children. Two-thirds of the caregivers (65 percent) reported that the amount of financial support they received was not enough to meet the necessary expenses of the child. They provided support for the children in their care primarily from Aid to Families with Dependent Children and their own personal incomes. Grandparents expressed difficulty in assuming the

parenting role at a time in their lives when they had been looking forward to retirement. Many of the children in their care are experiencing emotional and health problems which require patience, stamina, and resources that some grandparents feel they are not adequately prepared to provide.

Perceptions of Children's Problems

A number of studies have documented that children of incarcerated parents suffer emotional stress related to the separation caused by a parent's imprisonment (Sack, et. al., 1977; McGowan and Blumenthal, 1978; Stanton, 1980; Sametz, 1980; Fishman, 1982). They often exhibit behavior patterns which include anxiety, depression, aggression and learning disorders. More recent research (Kampfner, 1990) indicates that some children of prisoners may suffer from post-traumatic stress syndrome.

Information about the children in our study was limited to responses received from prisoner-mothers and children's caregivers. The incarcerated mothers perceived that their children had problems primarily related to learning and school performance (18 percent of the children), and behavior (16 percent).

The children's caretakers tended to report higher levels of disturbance among the children than did the mothers. The caretakers reported problems among the children related to learning or school performance (29 percent of the children their care), and behavior (27 percent).

The Center for Children of Incarcerated Parents (1992) reported that children of offenders are "by history and current behavior, the

most likely among their peers to enter the criminal justice system." The study found that these children begin to demonstrate emotional reactions to the events of their lives at a very young age. Many express anger, defiance, irritability and aggression. By preadolescence, these children express their reactive behavior in the classroom through disruption, poor performance and truancy.

The Center for Children of Incarcerated Parent's data suggests that there may be three major factors that place these children at greater risk in comparison with their peers: (1) they are traumatized by events relating to parental crime and arrest; (2) they are more vulnerable as a result of separation from their parents; and, (3) they experience an inadequate quality of care due to extreme poverty.

Contact Between Imprisoned Mothers and Their Children

Despite their concerns about maintaining contact with their children, the women in our study seldom saw their children while incarcerated. Over 54 percent of the children had **never** visited their mothers during this term of imprisonment. Seven percent of the children visited once a year or less. Twelve percent visited every four to six months, and 17 percent visited once a month. Only ten percent of the children visited once or more per week.

Distance from the correctional facility was the main reason most often cited for lack of contact between the mothers and their children. Most respondents (62 percent) stated that their children lived over 100 miles from the correctional facility.

In spite of the lack of contact with their children during

incarceration, the majority of mothers planned to re-establish a home for all of their children upon release (78 percent).

The Role of Child Welfare Agencies

In theory, the children of incarcerated women would seem to be candidates for the benign intervention of child welfare workers delivering family reunification services prescribed by federal and state child welfare reform laws. In practice, the child welfare system, even as reformed, does not respond in any routine manner when a parent is incarcerated. Even when child welfare workers do intervene, their response may be unhelpful to the mother or to her children for a variety of reasons.

First, in the absence of a report of abuse or neglect, child welfare workers lack a jurisdictional or legal basis for intervention. This does not imply that these children are beyond the reach of the welfare system; they will become part of the local child welfare caseload if abandonment or neglect is reported. For example, if police officers notify the agency that shelter is needed for the children of an arrested mother, the children are eligible for processing into the welfare system as minors in need of supervision.

Most child welfare experts interviewed by NCCD cautioned against a requirement of routine notification. They noted that there may be little reason for child welfare agency intervention when the incarcerated mother has already made suitable arrangements for the care of her children. Additionally, the intervention of the public child welfare agency may actually work to the detriment of

the incarcerated mother because she may lose legal custody of her children in court proceedings triggered by an investigation.

When the child welfare agency does assume jurisdiction of children whose mothers are imprisoned, it is required to make "reasonable efforts" to provide services that will promote family reunification. The need for reunification services may be especially great in cases where the children are placed in the custody of non-related foster parents, because these caregivers may lack family and emotional ties to the mother.

Child welfare agencies have been criticized by some advocates and service providers for failure to deliver mandated reunification services to incarcerated mothers and their children. In some situations, where children are in foster care and the mother is incarcerated at a distance from her children, social workers may find it difficult to facilitate visits to the correctional facility. Social workers may, in some cases, believe that reunification services are unlikely to succeed, based on the mother's past behavior. A child welfare administrator for a major city told NCCD that child welfare workers "traditionally view the parents as the source of the problem."

Even where the child welfare workers do provide reunification services to incarcerated mothers, those mothers may find it difficult to meet the legal requirements for reunification. For example, child welfare laws provide for termination of parental rights if the parent has failed to maintain an adequate relationship with a child who is in foster care. Imprisonment, by its very

nature, poses serious obstacles to the maintenance of mother-child relationships.

Although legal and jurisdictional rules keep many children of prisoner mothers out of the child welfare system, there is still much that the system can do once a case falls within its official purview. If the agency is making an initial placement decision, it can exercise the legal preference for placement of the children with extended family members. Another positive approach for child welfare agencies is to ensure that, once involved in the case, they have adequate support services to deliver. For example, the New York City Child Welfare Administration has developed a special program for incarcerated mothers and their children. Their "Family Connectedness Program" facilitates family visits in jail or prison on schedules that encourage maximum family participation. The child welfare workers pick-up the children from foster homes and transport them to the various New York correctional institutions.

Another way in which child welfare agencies can help in these cases is to acknowledge the needs of the caregivers of the children of incarcerated women. Kinship Care programs, which qualify relative caregivers for foster care payments, are especially beneficial because they deliver higher levels of public support to caregivers in need of greater financial resources.

Finally, greater cooperation is needed between child welfare and corrections systems in cases involving incarcerated parents and their children. In particular, these agencies need to devise better mechanisms to coordinate prison and jail visits, and to establish

in-house correctional programs relating to parenting and family reunification.

The Role of Corrections

While there are some correctional institutions with model programs for women prisoners and their families, many departments of correction have failed to develop adequate policies and programs for incarcerated mothers and their children. One-third of the mothers responding to the NCCD survey reported an absence of programs at the institutions where they were incarcerated. Issues that merit the attention of jail and prison administrators include the following: choice of placement for the inmate mother, programs for pregnant prisoners, the nature and quality of permitted contacts between mothers and their children, the development of services to enhance family unity upon release, and cooperation with child welfare and other agencies that share responsibility for the prisoner mother and her children.

Most state correctional agencies have the discretion to select the place of incarceration. Depending on the laws of the state, this administrative choice may include the option of placement in a community corrections program. Community corrections is a generic term describing non-institutional facilities for low-risk offenders in local or "community-based" locations. Usually these are small (6 to 20 person) residential centers with a specific program emphasis such as drug treatment or preparation for re-entry. Most are operated by private providers under contract with the state corrections agency. Community corrections programs are becoming a

viable alternative to incarceration for prisoner mothers and mothers-to-be.

NCCD gathered information on community-based residential programs for incarcerated mothers in the states of California, Minnesota, Wisconsin, Pennsylvania, Massachusetts, North Carolina Texas and Washington. Some of these programs only accept pregnant women, others serve women with young children and are more broadly focused on the maintenance of family ties and on successful community re-entry. While there are some excellent models of community-based alternatives to incarceration for pregnant women and mothers of young children, these programs are too few, and are only able to serve a very small proportion of the women who meet the eligibility criteria.

Additionally, community-based programs work with correctional agencies in some states to facilitate prison visits and to provide family support services. For example, Aid to Imprisoned Mothers in Atlanta, Georgia provides free transportation for family visits, as well as educational and recreational activities for the children of prisoner-mothers. Models based on California's Prison MATCH Children's Center program have been established at the Chillicothe Correctional Facility in Missouri, Topeka Correctional Facility in Kansas, and in Bexar County, Texas. These types of programs provide inmates with an opportunity to visit with their children in a "child-centered environment," which promotes positive interaction.

In general, correctional support programs for incarcerated mothers are scarce, falling short of the overall need. While most

corrections agencies have a long way to go in meeting the fundamental needs of imprisoned women and their children, there are limits to the role of corrections. The courts and child welfare agencies have the primary responsibility for decisions affecting the mother's right to legal custody and the children's placement during her term of confinement, and after her release. While the roles of the corrections and child welfare systems are separate, they also overlap to some degree.

A Policy Reform Agenda

While many positive steps can be taken by corrections and child welfare agencies, they cannot unilaterally raise the total level of care for these overlooked children. In fact, the ultimate responsibility for change lies at the highest legislative, executive, and judicial branches of government. Some of the key policy changes needed are addressed in the recommendations that follow.

A. Sentencing options in the criminal justice system must be expanded to meet the needs of children of incarcerated mothers. Lawmakers should change sentencing statutes as necessary to allow placement of qualified women offenders in non-institutional programs.

* The first priority for policymakers is to recognize the need to support the incarcerated mother's relationship with her children and the need to avoid unnecessary incarceration when safe and reasonable alternative dispositions can protect the mother-child relationship.

* Sentencing guidelines and mandatory imprisonment statutes should be reviewed to determine if they are unnecessarily rigid in relation to the needs of the children of female offenders. Where necessary, these guidelines and statutes should be adjusted to allow qualified women to be placed in alternative-to-incarceration programs where they can live with their children while serving their sentences.

* Where judges have discretion under present laws, they should take the mother's caretaker role into account with other factors and should consider various sentencing options--including non-institutional programs and sanctions that will tend to preserve the family.

B. The caregivers of the children of incarcerated women--including grandparents, other relatives and non-related foster parents--must be empowered and equipped to care adequately for the children and to promote positive relationships with their incarcerated mothers.

* Caregivers face multiple problems when they accept the responsibility of caring for the children of incarcerated mothers. Public and private agencies must acknowledge the importance of the caregiver role as well as the caregiver's needs for support. These needs include help in dealing with child welfare agencies, facilitation of visits and contacts with the incarcerated mother, and access to good medical care for themselves and the children, and financial support.

* Community-based caregiver support programs need to be more broadly developed so that caregivers can share information and obtain support services.

* States that persist in denying foster care benefits to caregivers who are related to the incarcerated mother should revise laws and procedures so that relative caregivers can receive the same foster care support as non-related foster parents. "Kinship Care" programs that encourage the placement of these children with relatives should be adopted in states which do not have them.

* Caregivers need to be fully educated about existing services and financial support to which they may be entitled to assist them in the job of caring for the children of incarcerated mothers.

C. The child welfare system must respond adequately when jurisdiction is established over the children of incarcerated women; to improve this response, child welfare agencies should establish better mechanisms to coordinate their reunification services with the correctional system.

* For various reasons, child welfare workers may fail to deliver appropriate reunification services to incarcerated mothers whose children are under their jurisdiction. Child welfare agencies should take steps to ensure that incarcerated women and their children receive adequate reunification plans and services when they are entitled to them.

* Child welfare agencies making placement decisions for children should make reasonable attempts to keep siblings together, to place children with responsible relatives and to facilitate visits between the children and their mothers.

* Child welfare agencies should not recommend termination of the mother's parental rights solely on the basis that the mother has been incarcerated and is thereby unable to maintain frequent contact with her children.

* In those states that continue to deny foster care benefits to caregivers who are related to the children of prisoner-mothers, child welfare agencies should seek to reverse this policy, which is detrimental to the children, by making foster care benefits to bona fide caregivers.

* Child welfare agencies should actively encourage the development of private-sector programs which can provide support services to the children of incarcerated women and their caregivers.

* State and federal policymakers should re-examine the role of the child welfare system in cases where the child welfare system has no jurisdiction and is powerless to provide support services to the children of incarcerated mothers or their caregivers. These policymakers should explore the service needs of these families and should consider whether, from a public policy and human service perspective, it makes sense to expand the jurisdiction of the child welfare system so that support services can be offered to mothers, children and caregivers without having to process the case as one involving abuse, neglect or possible termination of parental rights.

D. Correctional administrators and policymakers should adopt programs, policies, and procedures which encourage mother-child contact and family reunification, both during the period of incarceration of the mother and after the mother is released.

* Whenever possible, every effort should be made to promote contact between incarcerated mothers and their children.

* Correctional institutions should have child-centered environments which facilitate communication between mother and child and which improve the quality of the relationship during the period of incarceration.

* Pre-release programs should be instituted to assist mothers in preparation for return to their families, and to assist them with regaining custody, locating housing, and employment.

* Correctional administrators should help to establish non-institutional residential programs offering prenatal care to pregnant inmates, and prisoners with young children. These programs can best be established under contract with private providers operating community-based programs.

* Alternative places of commitment outside prisons should be made more widely available for prisoner-mothers and their young children, and should be expanded nationwide.

E. The corrections and child welfare systems should coordinate efforts to serve incarcerated women and the caregivers of the children.

* Child welfare and corrections agencies should coordinate the delivery of mandated reunification and support services to prisoner-mothers, their children and the caregivers of the children. In particular, child welfare and corrections agencies should coordinate jail and prison visitation policies so that they can be as comfortable, natural and positive as possible.

* Child welfare and corrections administrators, courts, lawmakers and policymakers should work together to establish private-sector programs providing support services to incarcerated mothers, their children and the children's caregivers. Such programs could include alternative-to-incarceration, residential facilities where women offenders can live with their children; programs that facilitate institutional visits; programs that assist offender-mothers in the transition back to home and family; and programs specifically dedicated to caregivers and the children in their care.

* Both the corrections and child welfare systems, in cooperation with the juvenile or family court, should take steps to ensure that incarcerated mothers have access to adequate legal information and representation which may be necessary to assert rights or entitlements related to family reunification or to court proceedings affecting the mother's right to custody of her children.

F. The responsibility for change must be acknowledged and accepted by policymakers, including lawmakers judges, and corrections and welfare administrators, at the federal, state and local levels.

* Lawmakers, whose tough sentencing laws have contributed to the sharp rise in the number of imprisoned mothers, should acknowledge the needs of the children of incarcerated women. Lawmakers can do this by learning about the circumstances of the children, their mothers and their caretakers; by

supporting community-based programs for prisoner-mothers; and by compelling appropriate responses from corrections and child welfare systems.

* Judges and judicial organizations should evaluate state sentencing laws and guidelines and furnish law and policymakers with recommendations on sentencing reform and alternative programs for women offenders with young children.

* Federal grants programs should be established by the Congress to encourage the implementation of alternative-to-incarceration programs for mothers with children as well as programs and services for imprisoned mothers and their children. This could begin with a demonstration grant program within the National Institute of Corrections.

G. **A focused and sustained public education effort is needed to ensure that the problems of the children of incarcerated mothers are more universally acknowledged and understood, especially by decision makers in correctional and welfare agencies, and by legislators and other policymakers who can change policy to meet these children's needs.**

* Commissions and task forces should be established nationwide so as to ascertain the special needs of incarcerated women and their children, and to draft and implement plans for reform.

* Private foundations and government agencies should be encouraged to learn more about the needs of children who are victimized by the experience of parental incarceration, so that they can be responsive to related funding and policy proposals.

* Policymakers at the highest levels of government need to be educated about the circumstances of the children of women prisoners as a foundation for re-prioritizing policies and programs affecting these women and children.

* Advocacy and service organizations should consider and adopt position statements which recognize the needs of children of prisoner-mothers and which endorse suitable policy and program responses.

* Multiple public education strategies, including public hearings, conferences, panel discussions, and editorials and op-ed pieces for broadcast and print media, should be employed to increase national public awareness about the children of incarcerated women.

Conclusion

If the rate of women's imprisonment continues to climb as it has during the past decade, increasing numbers of families will suffer. When mothers are incarcerated they do not automatically relinquish their parental roles, obligations or concerns. Although they may be separated, they continue to care about the well-being of their children, and ultimately, most reunite with their families upon release. Consequently, it is of vital importance to maintain the integrity of the family whenever possible.

This study represents one effort to broaden national awareness of the problems faced by incarcerated mothers and their children, and to establish an agenda for reform. While it can help, no single study can provide ongoing momentum for change. Unless this issue is embraced by policymakers throughout the country, and a reform agenda is implemented, the necessary change will not occur. Our society cannot afford to continue to ignore the plight of the children of women prisoners, because, as a result, generations to come will suffer the consequences.

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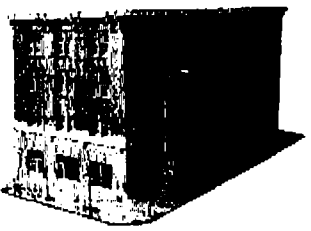


COMMUNITY CORRECTIONS CENTER

MARION COUNTY
COMMUNITY CORRECTIONS
147 E. MARYLAND
INDIANAPOLIS, INDIANA 46204
(317) 633-7620

MARION COUNTY COMMUNITY CORRECTIONS

PRESS RELEASE

CRAINE HOUSE
FAMILY LIVING COMPONENT

The Community Corrections Advisory Board in conjunction with the Family and Children's Services Division of the Family and Social Services Administration is happy to announce that the Craine House Family Living Program is now a funded component of our agency in Marion County, Indiana. This program is a unique opportunity to fund and assist in providing a community corrections residential program for women offenders and their pre-school age children, and in doing so, preserve and improve that relationship while satisfying that offenders debt to society in a structured environment. The potential for cost effective rehabilitation in this caring, therapeutic but structured program would be substantial, and the Advisory Board is excited to be a part of this pilot endeavor.

INDIANA DEPARTMENT OF CORRECTION

E334 Indiana Government Center South
302 W. Washington St.
Indianapolis, IN 46204
(317) 232-5715

February 17, 1993

Dr. Alan T. Harlan, Director
Community Corrections Program Development Project
Department of Criminal Justice
Gladfelter Hall, Temple University
Philadelphia, Pennsylvania 19122

Dear Dr. Harlan,

This is a letter of support and endorsement for the Craine House. As is obvious from the other attached information about Craine House, the Craine House will be a unique Community Corrections Program in the Indianapolis area. Though this may not be a one-of-kind program in the United States, it certainly is a program of which this department and the Marion County Community Corrections Board are proud to sponsor. We would like to confirm that this department is committed to a minimum of $200,000 per year for this project in which five (5) or six (6) women will be assigned to the Craine House, with their children, during a period of Community Corrections supervision.

Obviously the purpose of this program is two-fold:

- to provide a female offender with an opportunity to become more financially self-efficient while learning appropriate parenting skills; and,
- to stop the next generation of referrals to the Indiana Boys' School and the Indiana Girls' School.

We are excited about the potential of this program and would welcome your support.

Sincerely,

James M. Hmurovich, Deputy Commissioner
Program Development & Community Services

H. Christian DeBruyn
Commissioner

JMH:gb

DC\PD 21

COMMUNITY CORRECTIONS PROGRAM
DEVELOPMENT PROJECT PROPOSAL

CRAINE HOUSE FAMILY LIVING PROGRAM

Submitted by:

Michael D. Brown
Director of Community Corrections /Adults
February 17, 1993

An NIC survey of 100 U.S. programs for women offenders, (Female Offenders in the Community, 8/92) reveals 75% are single; 68% have children under age 6, 12% are pregnant, most clients are 25 to 30 years old, and need a "wide array of social, medical and residential services" including substance abuse treatment, physical and sexual abuse counseling, employment, education, housing and legal aid.

In an Indiana report entitled, Addressing The Long Range Housing Needs of Adult Females Committed to the Department of Correction, submitted November 1, 1991 to the then Commissioner of the Department of Correction James E. Aiken, the following were eleven of thirty-one findings:

1. The adult female population increased 173% during the last ten year period, from 270 to 738.
2. The Department was 15.6% over rated bed capacity for females with the greatest need in level two (low medium security) beds. (39%)
3. The adult female inmate population was projected to reach 1590 by the year 2000, based upon a 7% annual population growth rate. (NOTE: This is a non-validated projection, strictly using historical data to support this assumption.)

4. The average annual cost of incarcerating a female at the Indiana Women's Prison was $18,571.
5. Approximately $18 million dollars would be expended in FY 91-92 to house the female population. The cost to incarcerate 900 males at Branchville was approximately $16,000,000.
6. Females posed a significantly less escape risk than male inmates with only one escape in the last five years.
7. The national profile of a female inmate indicated less of an escape or discharge risk than a male inmate and possessing characteristics which endorsed participation in self-help programs, though prior work experience was nominal and the female had suffered from sexual abuse, domestic violence and/or substance abuse.
8. The characteristic of the female inmate provides an opportunity to modify prison construction typically focused on aggressive, violent-prone male inmates to a "softer", yet secure construction emphasizing programming and increased need for privacy thereby, possibly saving construction costs.
9. Very few programs exist throughout Indiana specifically to meet the needs of a female offender.
10. Approximately 16% of the females committed to the department for a Class D Felony and incarcerated on

October 16, 1991, had no prior felony record or participation in community corrections (23 inmates).

11. The Department of Correction provides approximately $38,000 in Community Correction Grants for programs specifically focusing on females.

The above noted study completed by the Research and Planning section of the Indiana Department of Correction reiterates that female offenders are not like their male counterparts, and unique treatment practices need to be put in place to provide for these needs. The national Profile of the Adult Female Inmate in 1990 as noted in an article entitled "The Female Offender" by the American Correctional Association reports that 62% of all female incarcerated nationally were single parents prior to incarceration and 72% plan to maintain custody of their children upon release.

We feel that this gives the Department of Correction through the Community Corrections Division the opportunity to focus on what are now the unmet needs of the female offender.

The 1980 Indiana General Assembly enacted legislation I.C. 11-21-1-1 through 11-12-3-2 to begin a community corrections program in the state with two primary purposes:

1. Encouraging counties to develop a coordinated local corrections/criminal justice system.
2. Providing effective alternatives to imprisonment at the state level (I>C> 11-12-2-1)

With that in mind, three counties began participation in 1981 with funds totaling $250,000. The community corrections program has now grown to include fifty-one of the ninety-two Indiana counties with an annual budget of $7.5 million. For the 1990-1991 fiscal year 7,292 felons and 11,868 misdemeanants were served along with approximately 4,000 juveniles.

Despite what we feel are obvious accomplishments, we have failed dismally to address the unique needs of the female offender. Currently there are approximately two hundred residential beds for males available through local community corrections programs. However, there are only seven such beds for females available through a contract with Volunteers of America in Indianapolis with the Marion County Community Corrections Program. We are not simply interested in providing only needed bed space. We are instead looking at unique opportunities to genuinely impact the lives of female offenders and their families through special programming directed at meeting the unique needs of the female offender. These are the reasons that we were receptive to an overture by the John P. Craine House Board of Directors to look at their facility as an avenue to deliver some of these services.

The John P. Craine House, a community-based residential program for female offenders, was established as an alternative to incarceration by the Episcopal Diocese of Indianapolis and other community leaders in 1978. During the 1980s Craine House served as a women's work-release center funded chiefly through the Indiana

Department of Correction. From January, 1990 through December, 1990 with encouragement from the DOC, Craine House operated as an alternative sentencing facility serving women from throughout Indiana. During this period, capital improvements and operating funds were received from the Indianapolis Foundation, the Public Welfare Foundation, the Diocese of Indianapolis, other parishes and denominations, individuals, civic organizations, and from client fees.

Although relationships with the Indiana Department of Correction was continual and cordial, Craine House was informed that because of major transition within DOC, it could not expect funding through Community Corrections, until 1995. With that in mind, Craine House closed its women's program at the end of 1992 because of a lack of permanent funding.

Craine House continued to pursue its goal of providing services for the female offender and sought out the services of Indiana Department of Correction Commissioner H. Christian DeBruyn, Deputy Commissioner James Hmurovich, Marion County Community Corrections Director Julie von Arx, and the Marion County Community Corrections Advisory Board. With this group, discussions centered on opening a model community corrections program for female offenders and their children by May, 1993. As is required in the grant process, the Marion County Community Corrections Advisory Board approved of the concept at their meeting on January 20, 1993.

In addition, the Indiana Department of Correction has made a commitment to fund the Craine House Family Living Program through community corrections funds at a minimal cost of $200,000.annually.

The Craine House Family Living Program is being established with the following mission:

> To provide a residential alternative to incarceration for women offenders and their children, to live in dignity in a safe, structured, supportive environment, which promotes preservation of mother/child relationships, while offenders develop skills to better maintain their families with economic and emotional independence, and to live accountable, responsible and law-abiding lives.

The objectives are as follows:

1. To establish a community corrections model for women offenders and their children, with residential and continuing care programs serving a minimum of 20 (25) families during a 3-year demonstration project.

2. 85% of the residents will successfully attain the goals of their individualized Personal/Family Living Plans.

3. 70% of the program graduates will continue to live successfully in the community (i.e. without risk to themselves or public safety) for at least 12 months after graduation from Craine House. (formal evaluation criteria to be set)

4. The Craine House Family Living Program will facilitate coordination of public and private services in the community. These will include child welfare, education and employment services.

5. Evaluation of the Family Living program will provide new data about cost-effectiveness and successful methods of intervention, through use of gender-specific treatment.

In summary, the Craine House, with 15 years experience as a community-based residential program for female offenders, plans to begin a new program in April/May, 1993, to serve women offenders, their pre-school age children and other family members through

placement in this residential facility. The Craine House Family Living Program will serve the adult female offender with a pre-school age child (or children), who is motivated to take responsibility to:

1. Re-direct herself toward a law-abiding life,
2. Improve parenting, employment and interpersonal skills,
3. And address causes underlying her conflict with the law.

Craine House can serve up to six adult females and eight children (under age six) in spacious three-story brick home, comfortably situated in residential Indianapolis neighborhood. Convenient to education, health and social services, Craine House is near public transportation. The Craine House Family Living Program will focus on maintenance of family ties and on the offender's successful rehabilitation/re-entry into the community. The ultimate goal is to reduce recidivism and to lower the incidence of children following family patterns of incarceration. A recent NCCD study, Why Punish the Children? cites data estimating that children of prisoners are five to six times more likely than their peers to become incarcerated themselves.

In house services which will attempt to intervene in this dysfunctional family cycle will include: parenting skills, child development, education; interpersonal and economic self-sufficiency skills. Additional services will include: client assessment, counseling, goal planning, parenting education, relationship and personal living skills: and daily living skills, such as problem solving, cooking, money management, tutoring for GED, job skills, etc.

Craine House will also broker services between residents and community, public, and private agencies. These will include but will not be limited to: schools--vocational and educational classes, health education/prevention/treatment, addiction treatment programs and support groups, job training and placement, housing searches, support groups for domestic violence, sexual abuse, self esteem, specialized counseling for adults and family units. Craine House will offer continued support, education and/or counseling to "graduates" of Craine House and will assist the woman/family in re-establishing themselves in the community with alternative life skills through the use of volunteers serving in one on one relationships.

Referral may be made to Craine House through the Marion County Community Corrections program by judges and others in the criminal justice system. To be eligible, the female offender must:

1. Be a low security/safety risk to herself or community
2. Have a child 5 or under
3. Offender and child must be without severe mental or physical disabilities
4. Have not lost legal custody and is/was primary caretaker (Prior to incarceration, if any)
5. Arrange for temporary care of child in case of emergencies, etc.
6. Be drug free at time of admission
7. Have completed a motivational assessment, including offender's written goals for self and family and plans for achieving them, in-depth interview and evaluation by CH staff. (Would like to have FULL assessments of parent and child--psychological, vocational, etc.)
8. Agree to participate in a system of rewards and consequences, random urine screening, phone/visits to work sites.
9. Agree to pay Craine House a fee-for-service.

A successful graduate of Craine House will have:

1. Met criteria of courts, probation, and Marion County Community Corrections
2. Fulfilled Craine House rules and program objectives
3. Met all goals in her Personal/Family Living objectives
4. Have stable employment, reasonable budget, affordable housing, remain drug free, and have demonstrated change of lifestyle/attitudes that underlay conflict with law.

Successful participants must also demonstrate progress in order to move upward in the system consisting of a continuum of rewards and consequences and to graduate must have successfully completed all levels.

* * *

The proposal above was submitted in February, 1993, for inclusion in a joint NIC/Temple University Community Corrections Program Development Project team, by Michael D. Brown, Director of Community Corrections/Adults, Julie von Arx, Executive Director of Marion County Community Corrections, and Nancy Frenzel, Executive Director of John P. Craine House.

THE INDIANAPOLIS FOUNDATION/PROPOSAL SUMMARY

Foundation Use Only

Meeting Date:	Agenda #:	Request: $
Disposition: ___ Approved ___ Deferred ___ Declined	Category: _____ Interest Area: _____	Amount Funded: 1993 _____ 1994 _____ 1995 _____

Organization Name: JOHN P. CRAINE HOUSE
Address: 3535 N. Pennsylvania Street
Address: Indianapolis, Indiana 46205
Contact Person/Title: Nancy L. Frenzel, Executive Director
Phone/Fax: (317) 925-2833 or 253-2220

PART I - GRANT REQUEST INFORMATION

SUMMARY OF REQUEST

Describe purpose of the program, measurable objectives to be achieved, program activities and plans to evaluate success. Indicate the specific use for Foundation dollars.

The CRAINE HOUSE FAMILY LIVING PROGRAM is the ONLY residential sentencing alternative in Indiana for women offenders and their pre-school age children, providing outreach services to their older children and other family members. The ultimate goal is prevention--to lower the incidence of children following the family patterns, which may have contributed to their parents' unlawful actions. The objectives of the program are:

1. To establish a community corrections model for women offenders and their children, with residential and continuing care programs serving a minimum of 25 families during the 3-year demonstration;
2. 85% of the residents will successfully attain the goals of their Personal/Family Living Plans;
3. 70% of the program graduates will continue to live successful in the community (i.e. without risk to themselves, their children or public safety;
4. The Craine House Family Living Program will establish a model of coordination of public-private services in community corrections, child welfare, education and employment;
5. Evaluation of the Family Living Program will provide new data about cost-effectiveness and successful methods of intervention,l through use of gender-specific treatment. y

SPECIFIC USE OF FUNDS: Remodel Basement rooms for use as Children's indoor play area and for group and family counseling; site work and construction of a safe outdoor play area.

FINANCIAL INFORMATION	1993	1994	1995	TOTAL
Total Cost of Project	$316,806	(with one-time-only capital expense)		
Amount Requested	39,530			
Request as % of Total	12.5%			

CRAINE HOUSE FAMILY LIVING PROGRAM

PROPOSAL Submitted to

The INDIANAPOLIS FOUNDATION

AUGUST 20, 1993

PROGRAM SUMMARY

The John P. Craine House, with 15 years experience as a community-based residential program for female offenders, will re-open in September, 1993, with a new program serving women offenders, their pre-school age children and other family members. The Craine House Family Living Program will focus on maintenance of family ties and on the offenders' successful rehabilitation/re-entry into the community. The ultimate goal is prevention— to lower the incidence of children following the family patterns, which may have contributed to their parents' unlawful actions. A recent NCCD study, *Why Punish the Children?* cites data estimating that children of prisoners are 5 to 6 times more likely than their peers to become incarcerated also.

BACKGROUND

The John P. Craine House, a community-based residential program for female offenders, was established as an alternative to incarceration by the Episcopal Diocese of Indianapolis and other community leaders in 1978. During the 1980s, Craine House served as a women's work-release center, funded chiefly through the Indiana Department of Correction. Again, with encouragement from the DOC, Craine House operated as an alternative sentencing facility serving women from Marion County and throughout Indiana, from January, 1990, through December, 1992. During this period, funds for capital improvements and operating were received from the Indianapolis Foundation, with additional support from the Public Welfare Foundation, the Diocese of Indianapolis, other parishes and denominations, individuals, civic organizations and from client fees.

Craine House closed our women's program in December, 1992, because of lack of permanent funding. Residents were given alternative corrections options by the courts. Although relationship with the Indiana Department of Correction was continual and cordial, we were informed that because of major transition within the DOC, Craine House could not expect public funding, through community corrections, until 1995. However, we were encouraged to develop this model program for women and their families. Craine House developed the Family Living Program with the help of a grant from the Indianapolis Foundation.

While developing this program for female offenders and their families, the Craine House Board worked with Chris DeBruyn, Commissioner; Jim Hmurovich, Deputy Commissioner, Indiana Department of Correction, (now Director of Family and Children's Services, FSSA) and the I.U. School of Social Work, as well as with Julie Von Arx, Executive Director, and the Advisory Board of Marion County Community Community Corrections program proposal on 2/24/93; the DOC committed $200,000, and the FSSA committed $40,000 during fiscal year 1993-94. Because of state budget delays, the process of public approval of the project was delayed several months. As this is Indiana's first family-focused community corrections program,

The Family Living Program will serve the adult female offender with one or two pre-school age children, who is motivated to take responsibility to:

* Redirect herself toward a law-abiding life;
* Improve parenting, employment and interpersonal skills and
* Address causes underlying her conflict with the law.
* Address children's parenting, educational and health needs

Craine House can serve up to six adults and eight children (under age six) in a spacious three-story brick home, comfortably situated in a residential Indianapolis neighborhood. A survey of women's programs found that women offenders stay an average of 270 days in residential treatment and have an average of 2.6 children. Thus, Craine House is expected to serve between 8-10 women annually, with outreach to up to 50 family members each year.

THE NEED, THE NUMBERS, THE RESEARCH

The Woman Offender

Criminal justice research has largely ignored the female offender. Because the relatively few women arrested and convicted constitute an insignificant portion of the overall crime problem and most do not pose a serious threat to society, perhaps it has not been considered cost-effective to allocate resources to them.

During the 1980s, however, the theme of several criminal justice studies has emerged concerning the treatment of women offenders throughout history as a reflection of prevailing images of women in society. In Judge, Lawyer, Victim, Thief, Rafter and Hahn (2) show how negative images of women in literature and common parlance affect the female offender from arrest

through incarceration and return to the community. They coalesced six images into two dominant images usually found by criminal justice researchers.

One image is the Evil Woman, who by engaging in "serious" crime, violates her "womanhood", her role as the keeper of society's morals and therefore thought to be beyond redemption and deserving of severe punishment. The other image is the Bad Little Girl, who is "passive-, weak, gullible, vulnerable, impulsive and sexually promiscuous", but who is viewed as reformable. This "Madonna-Whore" duality has been identified as fundamental to the inequitable treatment meted out to women in the criminal justice system since it began in the early 19th Century—the Bad Little Girl treated chivalrously in "reformatories" in contrast with the Evil Woman who received the harsher, custodial form of punishments.(2)
Critics suggest that the woman offender be re-imaged as the "forgotten woman" in order to call attention to her low profile in the criminal justice system.

Historically, INDIANA has tried to model the newest concepts in the humane treatment of its female offenders. Our state was in the forefront of the women's reformatory movement, which began about 1870, by founding the "ideal" reformatory before the close of the century. Indiana, Massachusetts and New York provided the models for such institutions, which stressed a gentler, familial atmosphere, in which the offender could be rescued as well as corrected. This is the same institution, the Women's Prison, which today is overcrowded.

Indiana's Female Offenders

The Indiana Department of Correction today is seeking better methods to meet the needs of the woman offender. A 1991 study of women committed to the DOC, found that the adult female population in DOC institutions has increased 173% between 1981 and 1991, from 270 to 738 inmates. This population is expected to double by the year 2000, based on a 7% annual population growth rate. The DOC was 15.6% over rated bed capacity for females, with the greatest need in low medium security beds. The annual cost of incarcerating a female was $18,571, with approximately $18 million expended in 91-92. (Addressing the Long Range Housing Needs of Females Committed to DOC. 11/91 Executive Summary. Appendix)

The same study revealed that 16% of female inmates committed to DOC for class D felonies and incarcerated on 10/16/91, had NO prior felony record or participation in community corrections. The profile of Indiana female inmates was found to mirror the national profile, indicated less of an escape or discharge risk than male inmates and possessing characteristics which endorse participation in self-help program.

Offender Profiles

An NIC survey of 100 U.S. programs for women offenders, (Female Offenders in the Community, 8/92) reveals: 75% are single, 68% have children underage 6, 12% are pregnant, most clients are 25 to 30 years old, and need a "a wide array of social, medical and residential services" including substance abuse treatment, physical and sexual abuse counseling, employment, education, housing and legal aid. Few programs exist in Indiana designed to meet needs of a female offender. There are only SEVEN community corrections beds available for alternative sentencing of female offenders in Marion County at this time.The national profile of the woman offender today is; 60% were between the ages of 18 and 24;

66% had children;
61% were single,
55% did not go past junior high school
44% failed one or more grades;
90% were unemployed at arrest;
76% were low (51%) or low middle socio- economic status,
41% had sexual experience before age 15,
12% of these women had been raped by family members.
More than 50% suffered from drug or alcohol abuse
75% were involved in non-violent crime.

The Children

The 1992 NIC Study of the female offender notes: "' When a man goes to prison, he loses his freedom, but when a woman goes to prison, she loses her children.' While women are incarcerated their families suffer. Children are sent to live with relatives or friends or placed in foster homes, sometimes separated from their siblings." These children are at higher risk for future involvement with the juvenile and/or adult corrections systems than their peers. A 1992 NCCD study, Why Punish the Children? cites data estimating that children of prisoners are five to six times more likely than their peers to become incarcerated themselves

According to the Center for Children of Incarcerated Parents, many of these children"begin to demonstrate emotional reactions top events of Craine their lives at a very young age. Many express anger, defiance, irritability and aggression. By pre-adolescence, these children express their reactive behavior in the classroom through disruption, poor performance and truancy. The CCIP (above) data suggests that the following factors may place these children at greater risk than their peers: 1) they are traumatized by events relating to parental crime and arrest; 2) they are more vulnerable as a result of separation from their parents and, 3) they experience an inadequate quality of care due to extreme poverty.

The NCCD study of issues of incarcerated mothers and their children points out that issues meriting "the attention of jail and prison administrators" include the choice of placement for the inmate mother, the nature and quality of permitted contacts between mothers and their children, the development of services to enhance family unity upon release, and cooperation with child welfare and other agencies that share responsibility for the offender and her children.

In response to the growing data about the need for preservation and maintenance of families of female offenders, the John P. Craine House, with the encouragement of state and county community corrections officials has developed the FAMILY LIVING PROGRAM, with the following goals and objectives:

THE MISSION OF THE FAMILY LIVING PROGRAM

To provide a residential alternative to incarceration for women offenders and their children, to live in dignity in a

*safe, structured, supportive environment, which
* promotes preservation of mother/child relationships, while
*offenders develop skills to better maintain their families with
*economic and emotional independence, and to
*live accountable, responsible, law-abiding lives.

OBJECTIVES:

1. To establish a community corrections model for women offenders and their children, with residential and continuing care programs serving a minimum of 20 (25) families during the 3-year demonstration
2. 85% of the residents will successfully attain the goals of their individualized Personal/Family Living Plans.
3. 70% of the program graduates will continue to live successfully in the community (i.e. without risk to themselves or public safety) for at least 12 months after graduation from Craine House.
4. The Craine House Family Living Program will establish a model of coordination of public-private services in community corrections, child welfare, education and employment.
5. Evaluation of the Family Living program will provide new data about cost-effectiveness and successful methods of intervention, through use of gender-specific treatment.

METHODS/ACTION PLAN
TO ESTABLISH MODEL PROGRAM TO PREVENT DELINQUENCY, PRESERVE AND STRENGTHEN "AT RISK" FAMILIES AND REHABILITATE WOMEN OFFENDERS

PHASE I Program Planning 1/93-7/93

Action Objectives

1 Develop model family living program for women offenders and their children in cooperation with state and county community corrections agencies and private human service organizations and test against goals. Completed)
2. Secure financial resources for program planning (Indianapolis Foundation, Episcopal Diocese of Indianapolis (Completed)
3. Secure public funding for program operation (In-process, on-going) .
4. Secure private funds for capital improvements and to augment public operational funds. (In-process, on-going)

PHASE II 7/15/93 — 9/15/93 Prepare to Open

Action Objectives:

1. Develop staffing patterns, job descriptions, staff recruitment tools(C)
2. Hire staff (In-Process)
3. Management/staff develop client recruitment/referral, client interview & orientation materials; house manuals, house rules etc.(In-Process)
4. Staff participates in team training. (Use community training resources)
5. Begin client recruitment with MCCC, (Aug/Sept)
6 Prepare facility for housing adults and children,;Appeal for, buy appropriate furniture, white goods, play equipment, toys.,(Aug/Sept)
7. Secure funds to renovate, furnish facility to meet program demands.
8. Begin interview, assessment of clients(Aug/Sept)

Delayed: 12/1/93

Phase III 9/15/93—3/31/93 PROGRAM OPENING, TEST PERIOD

Action Objectives

1. Welcome, orient first clients and families to Craine House, (Sept)
2. Establish routines for daily living, work, therapy, child care, recreation, family visits etc. clients. Analyze facility renovation needS
3. Send press releases, Hold press conference re innovative Craine House Program and cooperative efforts by public and private officials.)
4. Continue to develop, cooperate with community resources (On-going)

5. Test Weekend "Family Adventures"—therapeutic recreation and overnights/weekends at Craine for clients' other children (Oct/Nov)
6. Continue to seek sufficient resources to carry out program. (On-Going)
7. Monitor and evaluate all program components, modify as needed (" ")
8. Continue client recruitment
9. Secure funds for formal program research; begin evaluation

PHASE IV 4/94-12/94 IMPLEMENT, EVALUATE MODEL

Action Objectives:

1 Evaluate progress of program participants, adult and child residents and aftercare participants, against program objectives. (On-going)
2 Secure sufficient resources to carry out program and evaluation; and to maintain facility and equipment
3. Monitor and evaluate all program components, modify as needed. Plan future programming.
4. Continue client recruitment, public education efforts

PHASE V 1/95-6/96

1. CONTINUE IMPLEMENTATION, EVALUATION, MODIFICATION OF COMPONENTS TO MEET PROGRAM GOALS AND OBJECTIVES;
2 PLAN REPLICATION OF PROGRAM IN MARION COUNTY, STATE

PHASE VI. REPLICATE FAMILY LIVING PROGRAM!

ELIGIBILITY CRITERIA

Referral may be made to Craine House through Marion County Community Corrections by judges and others in justice system. To be eligible,the woman must:

1. Be a low security/safety risk to herself or community
2. Have a child under age six
3. Offender and child must be without severe mental or physical disabilities.
4 Have not lost legal custody and is/was primary caretaker (Prior to incarceration, if any)
5 Arrange for temporary care of child in case of emergencies, etc.
6. Be drug free at time of admission.

7 Be have motivational assessment, including offender's written goals for self and family and plans for achieving them, in-depth interview and evaluation by CH staff.

8 Agree to participate in a system of rewards and consequences, random urine screening, phone/visits to work sites

9 Agree to pay Craine House a fee-for-service

10. Agree to encourage older children and other family members to participate in Family Weekend Adventures and other family-oriented events

PARTICIPANT EVALUATION

A. A successful graduate of Craine House will have met:

1 Met criteria of courts, probation, and Marion County Community Corrections

2 Fulfilled Craine House rules and program objectives

3 Met all goals in her Personal/Family Living plan.

4 Have stable employment, reasonable budget, affordable housing, remain drug free, and have demonstrated change of lifestyle/attitudes that underlay conflict with law.

B. A successful participant must demonstrate specific levels of progress in order to move upward on the level system—a system of rewards and consequences. To graduate, all levels must be completed.

PROGRAM EVALUATION

1. Quantitative and Informal Qualitative Evaluation is planned to record the women offenders and child residents of Craine House and other family members served. However, as the Marion County Community Corrections Advisory Board observed before voting to accept the Family Living Program as a MCCC program, the Goal and First Objective "to prevent delinquency and lower the incidence of referrals of the next generation to the Indiana Boys' and Girls' Schools" will be known only through follow-up of the resident families during the next 10-15 years. The agencies involved, are seeking $25,000 TO FUND A FORMAL EVALUATION OF THIS THREE-YEAR DEMONSTRATION.

2. Staff will monitor residents' Individual/Family Living Plans, which are treatment plans for each woman and her child/family, combined with judicial orders, achievable personal goals, family needs and courses/activities required by Craine House. These plans are updated when appropriate and progress is reported monthly to offender and family referral agents. 85% of the women accepted into Craine House will attain the educational, vocational, economic, emotional and parenting goals of their residency and aftercare programs, enabling them to graduate.

3. Recidivism of women, older children and other family members who may have juvenile or adult criminal records and who have participated in the Craine House program may be monitored through several components of the justice system. Family economic stability, child neglect, abuse or need may be monitored through appropriate agencies with the written consent of the resident.

4. Continue to work with community treatment and service agencies and expand the Craine House network of community services and policy makers who are knowledgeable of, advocates for the preservation of families which are "at risk." Progress may be measured by (positive) media inquiries, responses to public education efforts by policy-makers, contributors and media.

5 On-going informal evaluation of all program components will be conducted by staff, with input from residents, families and other parties involved. Monthly progress reports are prepared for each Craine House resident and quarterly and annual reports are required by MCCC And other legal/funding agencies.

FUTURE FUNDING:

Although the duration of state funding lasts only one year and must be re-approved annually, Craine House expects that success of this project will enable it to receive continued funding for operation and replication from the Indiana Department of Correction and the Family and Children's Services Division of the Indiana Department of Family and Social Services. Additional funds will be sought from foundations, corporate, religious and civic organizations and individual contributors. Craine House also has submitted proposals during 1993 for operating grants to the Indiana Criminal Justice Agency and to the Venture Fund of the United Way of Central Indiana.

CraineHouse
3535 N. Pennsylvania
Indianapolis, Indiana 46205

CraineHouse

HELPS THE WOMAN IN CONFLICT WITH THE LAW
HER FAMILY ▸ HER COMMUNITY ▸ THE CRIMINAL JUSTICE SYSTEM

JUSTICE

Often, justice may be better served if a woman in conflict with the law serves all or part of her sentence in an alternative placement which can address the dual need of rehabilitation and restitution to the community.

CRAINE HOUSE IS THE ALTERNATIVE

Craine House is such a residential facility, designed to provide a treatment and rehabilitative *alternative to custody* for women in conflict with the law. It is the *ONLY* such half-way house for adult female offenders in the State of Indiana.

DIGNITY AND DECISION-MAKING

Craine House offers each woman *dignity and support* as she strives to develop the job readiness, decision-making and personal living skills she needs to live an effective, independent and law-abiding life.

CONVENIENT, COMFORTABLE

Craine House is a spacious three-story brick home, comfortably situated in a residential Indianapolis neighborhood. The *16 residents* enjoy a cooperative relationship with neighbors and take an active part in community events. Convenient to education, health and social services, *Craine House* is near public transportation.

PERSONAL LIVING PLAN

Craine House recognizes that the reasons and circumstances that bring a woman into conflict with the law are as unique as that individual herself.

Therefore, *Craine House* develops a "personal living contract" with each new resident, tailored to *meet her individual needs for re-directing herself toward a law-abiding life.*

Craine House believes that each woman must make an investment in her situation in order to take responsibility for her life. Thus she is expected to structure her life responsibly within basic perimeters, which include opportunity for employment, educational, emotional and spiritual development.

CONTINUING CARE PLAN

"Graduates" of *Craine House* who need additional support in reunifying with family or community, are offered continued counseling by staff, who also may act as liaison with appropriate agencies in the residents' home communities.

HISTORY OF NONDISCRIMINATION

The (Bishop) John P. Craine House has served more than 400 women since it was founded in 1978 by the Episcopal Diocese of Indianapolis and other community leaders. *Craine House* does not discriminate against any applicant on the basis of age, race, sexual orientation, national origin nor religion.

Craine House gave me more than I could ever hope to give in return . . .

The staff went out of their way to do everything possible to help and support each of us. When we receive good news, the hugs and love fill the room. . . . **JANET**

I couldn't believe it—Craine House is like being in a real HOUSE. . . . **CAROL**

I'm happier now than I have ever been in my life. When I leave, I'll come back here to "carry the message" to the new residents. . . . **PAM**

Craine House gave me the support and stability to put into action a lot of the goals I've thought about for a long time. Before, they seemed like dreams, so far away and now they are becoming real. . . . **JOYCE**

I'm here because I wanted to do something positive for myself. . . . **DEENA**

CRAINE HOUSE
A CARING PLACE . . . TO THINK . . . PLAN . . . LEARN . . . RE-DIRECT

Craine House offers support, encouragement and direction to about 35 women each year. Most residents are under 35 years of age, with incomes below poverty level. Ninety-five percent are in the justice system for non-violent and drug-related offenses.

Nearly 60% of *Craine House* residents are single parents. Although they have many needs, few of the women come to *Craine House* with employment and personal living skills which can raise the standard of living for their families. Many suffer from preventable health problems due to the of lack of financial and social resources.

Craine House offers residents time to think about how they wish to re-direct their energies. *Craine House* encourages residents in achieving goals that lead toward independent law-abiding lives.

WHO MAY REFER?

Craine House accepts *referrals* from the courts, probation and parole officers, prosecutors, attorneys and others who work with women in the criminal justice system. Self referrals are also welcome from women in transition who are willing to be *accountable to self and community.*

WHO MAY APPLY?

To be eligible for admission to *Craine House,* a woman must:

1. Be prison bound, at least 18 years old.
2. Be eligible for a suspended sentence.
3. Agree to assessment for chemical dependency and participate in treatment, if needed.
4. Demonstrate willingness to participate in programs, including continuing care, if the need is indicated.
5. Be capable of maintaining employment/school/job training in the community.
6. Agree in writing to abide by *Craine House* rules and be responsible for weekly fee for service.

EXCLUSIONS

Craine House reserves the right to deny admission to any applicant who evidences:

1. A *pattern* of aggressive or violent behavior.
2. A present offense, or history of offenses which indicate a potential *threat* to self or others.
3. A history of physical, emotional or mental *illness* which precludes full participation and benefit in the *Craine House* program.

CraineHouse

I'M INTERESTED . . .

Please send full information about the CRAINE HOUSE ALTERNATIVE LIVING PROGRAM

- ☐ Application/Referral Process
- ☐ Residential Program
- ☐ Residents' Handbook
- ☐ Continuing Care Program
- ☐ How to Schedule a Speaker

I'LL HELP

As a *Craine House* Contributor:

Enclosed is my check for:

☐ $500 ☐ $250 ☐ $100
☐ $50 ☐ $25 ☐ Other

As a *Craine House* Volunteer:

- ☐ I can offer my time and skills for at least 3 hours per week.
- ☐ Call me with the details.

NAME _____

TITLE _____

ADDRESS _____

_____

PHONE (Day) _____ (Eve) _____

Please clip and return to:

JOHN P. CRAINE HOUSE
3535 N. Pennsylvania Street
Indianapolis, Indiana 46205
317.925.2833

A GUIDE TO

THE INDIANA GOVERNMENT CENTER

FACILITIES AND GENERAL INFORMATION

Indiana Code Section 13.1.01 states that no smoking is allowed in the Center except for designated smoking areas. The criteria in the Indiana Government Center North has a designated area for smoking.

The Information Desks are located on the First Floor of the Indiana Government Centers North (IGC-N) and South (IGC-S). For State agency and State employee telephone numbers, call Operator Assistance at 232-1000. Call 233-5266 (IGC-N) or 233-4621 (IGC-S) for general State agency information.

AGENCY SERVICES CENTER

The Agency Services Center, located in the IGC-South in Room W160, provides many services to the public. It is open from 8:15 a.m. to 4:45 p.m. weekdays and consists of:

BUREAU OF MOTOR VEHICLES - Dmver and Vehicle Records. License Re-Instatements, License Suspensions, Speed Tides, Driver's License (Issuance, Duplication and Identification cards).

STATE LAND OFFICE - Aerial Photography, State Real Property Records, Notary Public.

DEPARTMENT OF NATURAL RESOURCES
Hunting and Fishing Licenses, Map Sales, Snowmobile Registration.

DEPARTMENT OF TRANSPORTATION - Bid Listings, Permits for Oversized and Overweight Vehicles, State Highway Maps.

STATE PERSONNEL DEPARTMENT

The State Personnel Department is located on the First Floor of the Indiana Government Center South in Room W161. The office hours are 8:00 a.m. to 4:30 p.m weekdays

TAXPAYER ASSISTANCE CENTER

The Taxpayer Assistance Center is located in the IGC-North on the First Floor in Room N105.
The office hours are 8:15 a.m. to 4:45 p.m. weekdays.

There are mailboxes & stamp machines on the lower level, east of the IGC-South, and the first floor west of the IGC-North.
There are no public copiers or fax machines in either building.

Public parking is available in the Senate Avenue Parking Facility and in the Washington Street Parking Facility. Rates are:

0 - 1/2 hr. $1.25	2 - 2 1/2 hr. $3.50
1/2 - 1hr. $2.00	2 1/2 - 10 hr. $4.00
1 - 1 1/2 hr. $2.50	10 - 14 hr. $4.75
1 1/2 - 2 hr. $3.00	14 - 24 hr. $5.75

In the Senate Avenue Parking Facility, visitors must use garage #1. Parking is available on the First and Second Levels. The garage is open for visitor parking from 5:30 a.m. to 8:00 p.m. weekdays. For assistance, call Capitol Police at 232-3142. For a battery recharge, call the Senate Ave. Parking Facility personnel at 233-4653, and the Washington St. Parking Facility personnel at 232-6268.

In the Washington Street Parking Facility, visitors must enter the garage from one of the two lanes on the far right. To exit, visitors must use the New York Street exit. Visitor parking spaces are marked by signs on the First Level. The Senate Avenue garage is open from 5:30 a.m. to 8:00 p.m. weekdays.

Accessible parking is available on all levels of both the Senate and Washington Street Parking Facilities and in surface parking lot #3. Accessible van parking is available on N. Senate Avenue near the Statehouse.

Parking for motorcycles is available on the South end of surface parking lot # 3. Bicycle parking is located on the South end of surface lot #3 and the North end of surface lot #4.

Parking is also available on Washington Street, Capitol Avenue and Ohio Street at city parking meters. **Parking hours are strictly enforced.** If your car is towed call 327-3474. You must go to the City-County building, located at 200 E. Washington, to pay your fine. Then you may pick up your vehicle at Delaware & South Towing Service, located at 310 S. Delaware.

CONFERENCE CENTER AND TRAINING CENTER

Both the Conference and Training Centers are located on the First Floor of the Indiana Government Center South. The Training Center is located in Room W141; enter through the 402 West Washington Street doors.

Accessible public restrooms are located next to the elevators throughout the Center.

Public pay telephones are located on the First Floor of each building. TDD/TTY telephones are available at each information Desk and on the First Floor of the Statehouse.

There are two cafeterias in the Government Center. They are located in the Lower Levels of the IGC-North and the IGC-South. Operated by Morrison's Hospitality Group, they are open to the public weekdays from 6:30 a.m. to 3:30 p.m. Breakfast is served from 6:30 a.m. to 10:00 a.m. lunch is served from 11:00 a.m. to 1:30 p.m. and snacks and beverages are served until 3:00 p.m. For menu information call 233-4356.

There are three Randolph-Sheppard Act vending facility locations in the Government Center operated by people who are blind or visually impaired. Bill's Snack Basket is located in the IGC-North on the First Floor East Wing. Fry's vending is located on the First Floor of the IGC-South. Nancy's Concession is located on the First Floor of the Statehouse.

A Bank One banking center is located on the Lower Level of IGC-South across from the cafeteria. A bank machine is available on the lower levels of both the IGC-South and the IGC-North. The Capital Plus Credit Union and the Highway Credit Union are located on the Lower Level of the IGC- South in Room E031. The State Mertt Credit Union is located in Room SE101 on the First Floor of the IGC-South in the lobby of Workforce Development. The State Mertt Credit Unions's mailing address is 10 North Senate, Indpls.,IN 46204

LOST AND FOUND

Items found should be turned in to Capitol Police in Room W036 in the IGC-South (232-3142), at both Indiana Government Center North and South Information Desks (233-5266 and 232-4621), or at the Statehouse Information Desk (232-3131). Items turned in are held for thirty days.

SECURITY

For EMERGENCY calls only (ambulance, fire, police)
dial 232-6000
For general security information, call 232-3142 for assistance

PERSONS WITH DISABILITIES

Individuals who need reasonable modifications for effective participation in programs, activities or services at the Indiana Government Center are invited to make their needs and preferences known to the ADA Coordinator. Questions, concerns, complaints or requests regarding the Indiana Government Center and the ADA may be addressed to the ADA Coordinator in Room W161 of the Indiana Government Center South or by calling (317) 232-4555.

WASHINGTON STREET PARKING FACILITY
Tunnel access is located in the Sub Basement Level of the garage accessible only through far East doors, and connects to the Lower Level West Wing of the Indiana Government Center South.

SENATE AVENUE PARKING FACILITY
Tunnel access is located in the Sub Basement Level of the garage and connects to the Lower Level West Wing of the Indiana Government Center North.

INDIANA GOVERNMENT CENTER NORTH TO:
INDIANA GOVERNMENT CENTER SOUTH
The tunnel is located on the Lower Level West Wing of the building.

INDIANA GOVERNMENT CENTER SOUTH TO:
INDIANA GOVERNMENT CENTER NORTH
The tunnel is located on the Lower Level West Wing of the building.

INDIANA GOVERNMENT CENTER NORTH TO:
STATEHOUSE
Tunnel access is located on the Lower Level East Wing of the Indiana Government Center North.

INDIANA GOVERNMENT CENTER SOUTH TO:
STATEHOUSE
Tunnel access is located on the Lower Level far West Wing of the Indiana Government Center South.

(GOVERNMENT CENTER NORTH TO:
STATE LIBRARY
Tunnel access is located on the Lower Level East Wing of the Indiana Government Center North.

STATEHOUSE TO: ONE NORTH CAPITOL
Tunnel access is located on the First Floor in the Southeast section of the Statehouse.

The Indiana Government Center and Downtown

To **INDIANA GOVERNMENT CENTER** from I-65 (North & South) use West Street Exit. From I-70 (East & West) use Exit #79A.

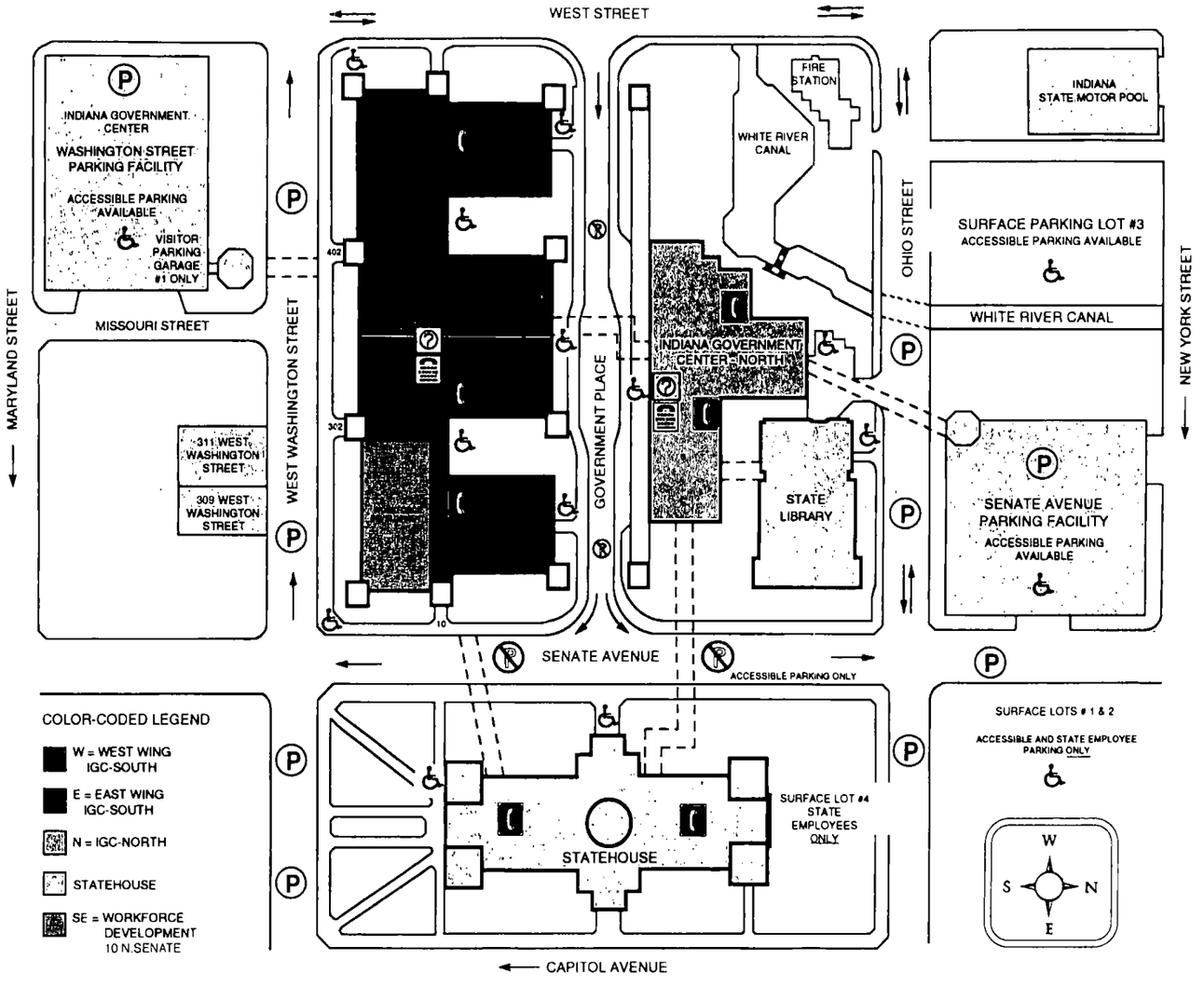
STATE OF INDIANA

Evan Bayh, Governor
Frank O'Bannon, Lt. Governor
Katherine Humphreys, Commissioner

WELCOME TO YOUR INDIANA GOVERNMENT CENTER

In December 1991, the Indiana Government Center was completed and presented to the citizens of the state of Indiana. The Indiana Government Center consists of seven major buildings: Indiana Government Center North, Indiana Government Center South, Statehouse, State Library, Workforce Development, Washington Street Parking Facility, and Senate Avenue Parking Facility. The Indiana Government Center consists of approximately 2.4 million square feet of office space and 1.9 million square feet of parking garage space. The Indiana Government Center enables over 100 different organizations to come together in order to better serve Indiana's citizens. The Center houses/serves approximately 8,000 to 10,000 employees and visitors each business day. The Indiana Government Center's stately presence in downtown Indianapolis symbolizes the solid foundation and high ideals of Indiana State Government. These secure yet inviting buildings are an outstanding architectural statement, exemplifying Indiana's dedication to, and constant pursuit of, excellence.

We hope that you enjoy your visit.



Indiana Government Center

D I R E C T O R Y

AS OF (9/15/93)

The room numbers below are color-coded to correspond to the buildings in which they are located. SEE THE COLOR-CODED LEGEND ABOVE FOR BUILDING REFERENCE. For additional assistance, the Information Desks are located on the First Floor of the Indiana Government Center North (IGC-N) and the Indiana Government Center South (IGC-S).

A

ACCOUNTANCY REGISTRATION Bd. E034
ACCOUNTS, STATE BOARD of E418
ADJ. GENERAL'S OFFICE STOUT FIELD
ADMINISTRATION, Department of
  EXECUTIVE OFFICES W479
  INFO. SERVICES DIVISION N551
  LEASING SECTION W479
  MINORITY BUSINESS DEV. W479
  OPERATIONS W478
  PROCUREMENT W468
  PUBLIC WORKS W467
  TRAVEL W475
  STATE LAND OFFICE W160
AGENCY SERVICES CENTER W160
  BUREAU OF MOTOR VEHICLES
    Driver & Vehicle Records
    License Re- Instatements/Suspensions
    Speed Tikes
  STATE LAND OFFICE
    Aerial Photography, State Real Property
  DEPT. OF NATURAL RESOURCES
    License, Hunting/Fishing
    Maps Sales
    Snowmobile Registration
  DEPT. of TRANSPORTATION
    Bid Listings,
    Permits for Oversized & Overweight Vehicles
AG. & RURAL DEVELOPMENT ISTA BUILDING
ALCOHOLIC BEVERAGE COMM. E114
  BARTENDER'S LICENSE E114
  EXCISE POLICE DIVISION E112
ANIMAL HEALTH, Board of 850 BEACHWAY DR
ARCHITECTS REGISTRATION BD. E034
ARTS COMMISSION, INDIANA W072
ATTORNEY GENERAL
  CONSUMER PROTECTION C553
  MEDICAID FRAUD CONTROL UNIT C553
  OFFICE OF ATTORNEY GENERAL 219 STATEHOUSE
  UNCLAIMED PROPERTY C553
AUCTIONEER COMMISSION E034
AUDITOR OF STATE 240 STATEHOUSE
AUDITORIUM / CONFERENCE CENTER 1ST FLOOR, IGC-SOUTH

B

BANK ONE E033
BOARDS,
  ACCOUNTANCY REGISTRATION E034
  ACCOUNTS E418
  ANIMAL HEALTH 850 BEACHWAY DR
  ARCHITECTS E034
  BARBER EXAMINERS E034
  CHIROPRACTIC EXAMINERS W041
  COSMETOLOGY EXAM E034
  DENTAL EXAMINERS W041
  DEPOSITORIES MERCHANTS PLAZA
  EDUCATION EMPLOYMENT RELATIONS 9247 N. MERIDIAN ST.
  ENGINEERS E034
  ENVIRONMENTAL HEALTH SPEC W041
  FUNERAL AND CEMETERY SERV E034
  LAND SURVEYORS E034
  HEALTH FACILITY ADMIN W041
  HEALTH 1330 W. MICHIGAN ST.
  INDIANA STATE ELECTION E032
  LAW ENFORCEMENT TRAINING PLAINFIELD, IN
  MEDICAL LICENSING W041
  NURSING W041
  OPTOMETRY W041
  PAROLE E321
  PHARMACY W041
  PRIVATE DETECTIVE LIC E034
  PSYCHOLOGY W041
  REAL ESTATE APPRAISER CERTIFICATION E034
  SOCIAL WORK CERTIFICATION & MARRIAGE AND FAMILY THERAPIST CREDENTIALING W041
  SPEECH-LANGUAGE PATHOLOGY AND AUDIO. W041
  STATE FAIR STATE FAIR GROUNDS
  TAX COMM. N1058
  TELEVISION AND RADIO REPAIR SERVICE E034
  VETERINARY MED. EXAM W041
  WORKER'S COMPENSATION W196
BOXING COMMISSION E034
BUDGET AGENCY 212 STATEHOUSE
BUILDING SERVICES, FIRE & STATE BUILDING COMM W246
  STATE FIRE MARSHAL E241
  PLAN REVIEW OFFICE E245
BUILDING SUPERINTENDENT E024
BUREAU OF MOTOR VEHICLES
  ADMINISTRATION N140
  AGENCY SERVICES CENTER W160
  Driver & Vehicle Records W160
    License Re -Instatements/Suspensions W160
    Speed Tikes W160
  IRP N403

C

CAFETERIAS LOWER LEVEL IGC - NORTH & SOUTH
CAPITOL POLICE W036
CENTER FOR:
  ADMINISTRATION & FINANCIAL MGMT. 251 E OHIO ST
  ASSESSMENT 251 E. OHIO ST.
  COMMUNITY RELATIONS & SPECIAL POPULATIONS 251 E OHIO ST.
  PROFESSIONAL DEVELOPMENT 251 E. OHIO ST
  SCHOOL IMPROVEMENT & PERFORMANCE 251 E. OHIO ST.
CERTIFICATION, EMS E221
CHIROPRACTIC EXAM, Board of W041
CIVIL RIGHTS COMMISSION N103
CLERK OF SUPREME & APPELLATE COURTS
  MICROFILM & RECORDS DEPT. W062
COMMERCE, Department of ONE N. CAPITOL AVE
COMMISSIONS,
  ALCOHOLIC BEVERAGE E114
  AUCTIONEER E034
  BOXING E034
  CLEMENCY E321
  DATA PROCESSING OVERSIGHT 309 W. WASHINGTON ST.
  EMPLOYMENT DEVELOPMENT ONE N. CAPITOL AVE.
  ETHICS W189
  GOVERNOR'S FOR A DRUG-FREE IND. ISTA BUILDING
  HIGHER EDUCATION 101 W. OHIO ST.
  HORSE RACING ISTA BUILDING
  INDIANA ARTS W072
  INDIANA LOTTERY PANAM PLAZA
  INTELENET 17 W. MARKET ST.
  PLUMBING E034
  PORT ISTA BUILDING
  PROPRIETARY EDUCATION E201
  PUBLIC RECORDS W472
  REAL ESTATE E034
  STATE EMPLOYEES' APPEALS E203
  STATE OFFICE BUILDING W478
  STATE STUDENT ASSISTANCE ISTA BUILDING
  UTILITY REGULATORY E306
  WAR MEMORIALS 431 N. MERIDIAN ST.
  WHITE RIVER STATE PARK 801 W. WASHINGTON ST
COMMITTEES
  CONTROLLED SUBST. ADVISORY W041
  HEARING-AID DEALER EXAM W041
  OCCUPATIONAL THERAPY W041
  OPTOMETRIC LEGEND DRUG PRESCRIPTION ADVISY. W041
  PODIATRIC MEDICINE W041
  RESPIRATORY CARE W041
COMMODITY WAREHOUSE LIC AGCY ISTA BUILDING
CONFERENCE CENTER / AUDITORIUM 1ST FLOOR, IGC - SOUTH
CONSUMER COUNSELOR, UTILITY N531
CONTROLLED SUBSTANCE ADVISORY COMMITTEE W041
CORRECTION, Dept. of
  ADMINISTRATIVE OFFICES E334
  INDIANA PAROLE BOARD (Clemency Commission) E321
COSMETOLOGY EXAMINERS, Board of E034
COURTS,
  APPEALS 423 STATEHOUSE
  CLERK of SUPREME/APPELLATE 217 STATE HOUSE
  SUPREME 312 STATEHOUSE
  TAX ONE N. CAPITOL
CREDIT UNION E031
CREDIT UNION, STATE MERIT SE101
CRIMINAL JUSTICE INSTITUTE E209
COUNCIL, HUMAN RESOURCE INVESTMENT ONE N. CAPITOL
CRIMINAL HISTORY REPORT N302

D

DATA PROCESSING OVERSIGHT COMM. 309 W. WASHINGTON ST.
DEFENDER, PUBLIC ONE N. CAPITOL AVE.
DEFERRED COMPENSATION PLAN ISTA BUILDING
DENTAL EXAMINERS, Board of W041
DEPOSITORIES, Bd for MERCHANTS PLAZA
DEVELOPMENT FINANCE AUTHORITY ONE N. CAPITOL AVE.

E

EDUCATION EMPLOYMENT RELATIONS BOARD 9247 N MERIDIAN
EDUCATION, Department of
  CENTER FOR ASSESSMENT 251 E. OHIO ST.
  CENTER FOR ADMIN & FINANCIAL MGMNT. 251 E. OHIO ST.
  CENTER FOR COMMUNITY REL & SPEC. POP. 251 E. OHIO ST.
  CENTER FOR PROFESSIONAL DEV. 251 E. OHIO ST
  CENTER FOR SCHOOL IMPROVEMENT & PERFORMANCE 251 E. OHIO ST.
  DEPUTY SUPERINTENDENT 251 E. OHIO ST.
  SUPERINTENDENT 229 STATEHOUSE
ELECTION BOARD, INDIANA STATE ADMINISTRATIVE OFFICES E032
  CAMPAIGN FINANCE DIVISION E032
EMERGENCY MANAGEMENT AGENCY
  ADMINISTRATIVE OFFICES E208
  EMGCY. OPERATIONS CTR. W946
  EMS CERTIFICATION E221
EMPLOYMENT & TRAINING SERVICES 10 N SENATE AVE.
ENGINEERS REGISTRATION E034
ENVIRONMENTAL HEALTH SPECIALISTS, Board of W041
ENVIRONMENTAL MANAGEMENT, Dept. of
  COMMISSIONER'S OFFICE N1301
  OFFICE OF ENVIRONMENTAL RESPONSE N1255
  TECHNICAL SUPPORT BRANCH N1255
  UNDERGROUND STORAGE TANK N1255
  AIR MANAGEMENT N1101
  ASBESTOS N1003

F

FAMILY & SOCIAL SERV. ADMIN W341
  BUDGET/ RESEARCH STATISTICS E414
  HUMAN RESOURCES E431
  LEGAL & ACCOUNTING E436
  PURCHASING E232
Division of Aging & Rehabilitative Services (Formerly Dept. of Human Serv.)
  ADMINISTRATIVE SERVICES W451
  AGING / IN-HOME SERVICES W454
  DEVELOPMENTAL DISABILITIES W453
  EXECUTIVE OFFICES W392
  SERVICES FOR THE BLIND & VISUALLY IMPAIRED W453
  SERVICES FOR THE DEAF & HARD OF HEARING W453
Division of Mental Health (Formerly Dept. of Mental Health) W353
  VOCATIONAL REHABILITATION W353
Division of Family & Children(Formerly Dept. of Public Welfare)
  CHILD SUPPORT W360
  CHILDREN & FAMILY SERV. W381
  COMMUNITY SERVICES W381
  EXECUTIVE OFFICES W382
  FIRST STEP/STEP AHEAD W386
  HEARINGS & APPEALS W392
  HOUSING, SECTION 8 W381
  MEDICAID W382
  VIOLENT CRIMES COMPENSATION DIV. W382
FINANCIAL INST., Dept. of W066
FIRE & BUILDING SERVICES, Offices of
  STATE BUILDING COMMISSIONER W246
  STATE FIRE MARSHAL E241
  PLAN REVIEW OFFICE E245
  TECHNICAL SERVICES & RESEARCH E208
FUNERAL AND CEMETERY SERVICE BOARD E034

G

GAMING COMMISSION E203
GOVERNOR'S COMM. FOR A DRUG-FREE IND. ISTA BUILDING
GOVERNORS MILITARY BASE USE COORDINATING COMMISSION ONE N. CAPITOL
GOVERNOR'S OFFICE 206 STATEHOUSE
GOVERNOR'S PLNNG. CNL. FOR PEOPLE WITH DISABILITIES 143 W. MARKET ST.
GOVERNOR'S TSK FORCE TO REDUCE DRUNK DRIV. ISTA BUILDING
GOVERNOR'S VOL. ACTION PGM. E220

H

HEALTH PROFESSIONS BUREAU W041
  MULTIPLE COPY PRESCRIPTION PROGRAM W041
HEALTH, State Board of 1330 W. MICHIGAN ST.
HIGHER ED., Comm. for 101 W. OHIO ST.
HIGHWAYS / Transp., Dept. of (See Transportation)
HISTORICAL BUREAU 140 N. SENATE AVE
HISTORICAL SOCIETY 315 W. OHIO ST
HORSE RACING COMMISSION ISTA BUILDING
HOUSE OF REPS. 3RD FL STATEHOUSE
HOUSING, (SECTION 8) W381
HOUSING FINANCE AUTHORITY ONE N. CAPITOL
HUMAN SERVICES, Department of (See Family & Social Services Admin.)

I

INDIANA ARTS COMMISSION W072
INDIANA LOTTERY COMM PANAM PLAZA
INDIANA STATE POLICE
  ADMINISTRATION N340
  VEHICLE CRASH REPORTS N301
  CRIMINAL HISTORY CHECK N302
FIREARMS N302
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    HEALTH PROFESSIONS W041
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  PROFESSIONAL LIC E034
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WORKFORCE DEVELOPMENT, Dept of 10 N. SE
VOC. & TECHNICAL ED

FAMILY AND SOCIAL SERVICES ADMINISTRATION

TO: Indiana Collaboration Project Participants

FROM: Cheryl Sullivan, Secretary

DATE: April 18, 1994

SUBJECT: Summit Events

In your packet you will find an itinerary and various information concerning our summit.

I understand that some of you will be arriving at different times and days. To help you, I've enclosed a Guide to the Indiana Government Center. Also please feel free to call Jim Ladd, my Executive Assistant with any questions you might have. He can be contacted at (317) 232-1149.

I look forward to working with you on this very exciting project.

JL36/alj

working together on a [illegible] basis,

4/21/94

streamline
consolidate, improve svcs. to families & ch.

(Gov. Bayh)
Why it's an imp. initiative / reinventing gov't.

1) gov't focuses on what it was designed 2 do = focus on people
"putting people 1st" = ult. goal of gov't
By consolidating Fed State & local svcs we can help people in need; helps us get back 2 the foundations of gov't.

2) we have a great deal of skepticism re: whether gov't can work – as long as that's cynicism's out there, it wil be difficult to get positive outcomes. This re-establishes a faith w/ the Amer. people,

3) it wil' allow us 2 expand svcs. we provide – more svcs. 4 more people

VISION – 2 c Indiana as the most effective state in providing svcs – to people n need helping people / re-establish faith w/ people, less costly; see our state as most aggressive in providing resources 4 people n need,

(C. Sullivan)
"Indiana is Ready 4 change, we have a gov. who's willing to let us take risks"

Porter County – Eligibility Requirements (Barriers)
Info. Highway – ul. let us know what's available
Cross agency training 4 caseworkers
– Issues
– Barriers
– Action Requested from Fed, State & Local Levels

What is it we're trying to accomplish?
What is the role of central gov't?
Setting policy, making resources available, training, being there & [illegible]
[illegible] re: what's happening

Find out re: these TA
Happy
Perry
$50,000 cash
13476.00 Hours
20000.00 EXP
70,476.00 [illegible] package

Mon.
Rhonda
Warner Bly
Sandra

Re-assessment of program [illegible] or [illegible]
– w/ state agencies depts 2 communities
– evaluate, satisfaction w/ communities R they [illegible]
– Seize the moment [illegible] 5 communities [illegible] which supports all
(III) Rules w/ Fed.
– How can we work together – solve problems / Be sure we're working to solve problems
– provide an inventory available working [illegible] that a family can go to & children expertise

Examples of case studies and situations from eleven counties requiring collaborative activities to resolve.

Eligibility criteria differs among federal programs. Example: Medicaid and Maternal and Child Health (well child, prenatal care) count the unborn baby as a family member in determining eligibility. WIC (Womens, Infant and Children) does not count the unborn baby as a family member.

Children receive a diagnosis or label at time of eligibility depending on who pays for services. Example: The same child may be labeled as juvenile delinquent (corrections); emotionally disturbed (education, mental health); or developmentally disabled (health).

Contracts are so complex they require legal review. Example: Legal fees to cover the review of the contract are more than the money received by the contract.

Applications for different programs are taken at different locations. Example: Title XX, AFDC, WIC, Child Care Block Grant eligibility determinations must be completed at each location for families to receive asistance.

Clearinghouse for child care needed. Example: Funds are available from Child Care Development Block Grant, IV-A, School-age Child Care, Guaranteed Child Care, Transitional Child Care, and United Way; a clearinghouse for families is needed to access child care subsidies and to move smoothly from one type of eligibility to another.

Multiple Contracts for similar purposes. Example: Funding for early intervention services are provided by individual contracts to the same county. Four contracts for Part H Education, EvenStart, Healthy Families, and Maternal and Child Health complicate serving this population and are cumbersome administratively.

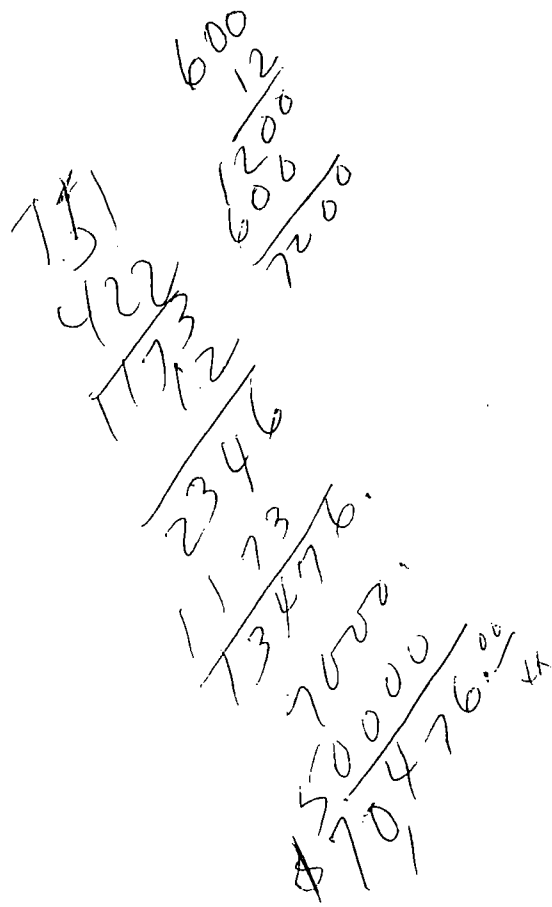
Pooled funding necessary for flexibility. Example: Provide a pool of dollars with flexibility to support families as they move off public assistance providing case management services.

Break in services because of eligibility requirements. Example: Early intervention services (Part H) end at 2 years; Head Start prioritizes children 4 years old due to lengthy waiting lists. Many children experience a break in services.

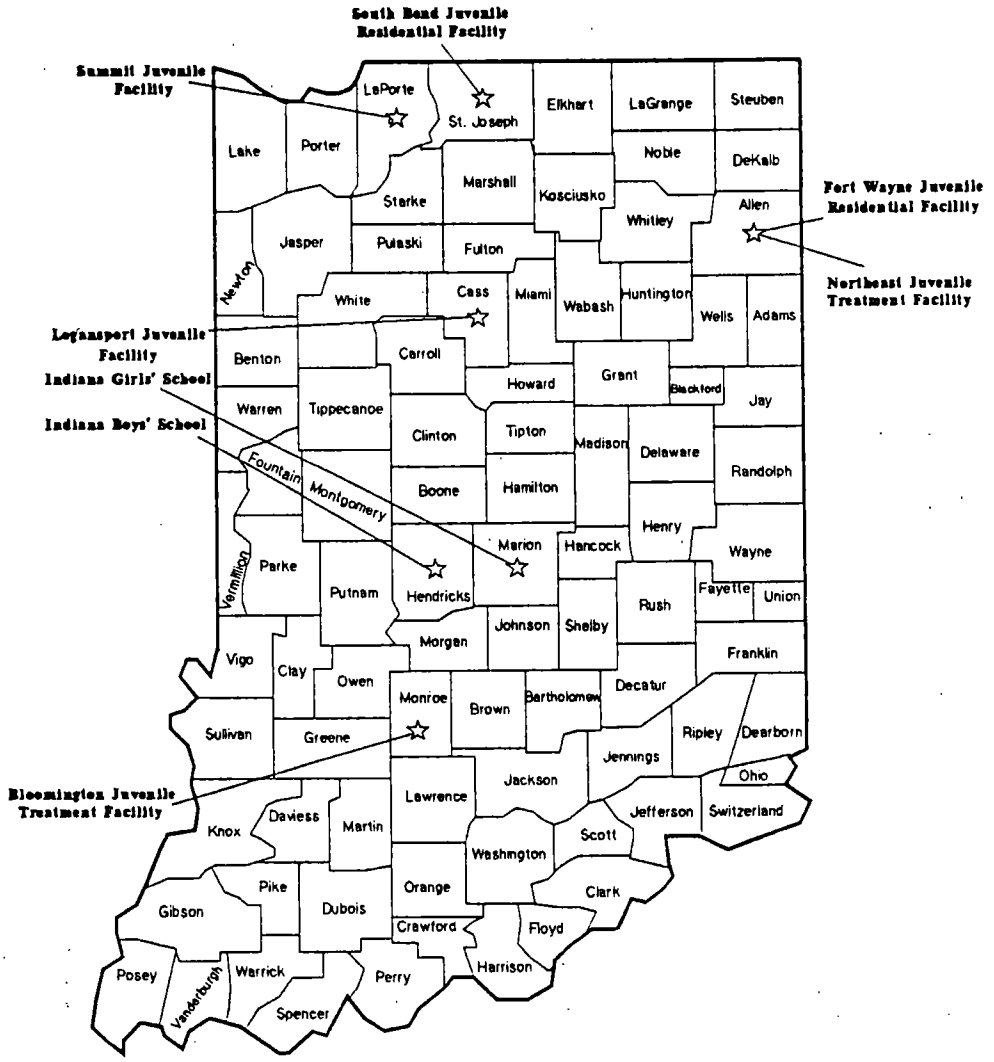
Evaluation components are required. Example: Appropriate standards and adequate monitoring system should be developed to ensure quality day care operations.

Transportation services for disabled children are limited. Example: Children are bused 1 1/2 hours to another school to receive services.

Child care services for children with disabilities are not adequate. Example: Good day care in home communities for disabled children is difficult to find.



JUVENILE CORRECTIONS: A COORDINATED APPROACH



INDIANA DEPARTMENT OF CORRECTION

H. Christian DeBruyn, Commissioner
Evelyn I. Ridley-Turner, Deputy Commissioner
Pam Cline, Director, Juvenile Services

INDIANA DEPARTMENT OF CORRECTION

E334 Indiana Government Center South
302 W. Washington St.
Indianapolis, IN 46204
(317) 232-5715

November 1, 1993

Welcome to **Juvenile Corrections in Indiana: A Coordinated Approach.** These pages are intended to help you gain a general understanding of the direction in which the Indiana Department of Correction (IDOC) is headed in perhaps its most important arena.

I became Commissioner in 1992 following service as Deputy Commissioner/Juvenile Services, so you'll note that I have a special interest in our ability to reach the juveniles committed to our custody.

My successor as Deputy Commissioner, Evelyn Ridley-Turner, and the Director of Juvenile Services, Pamela Cline, lead hundreds of staff members who share the notion that if we are to play a role in solving many of the problems facing our society, we must start by addressing the causes and outcomes of juvenile delinquency.

IDOC's Juvenile Services Division receives children committed by Indiana courts and is charged with preparing these children to re-enter society, equipped with the necessary skills to avoid further criminal behavior.

We desire to work with all interested citizens, as well as the families of children in our custody, to achieve positive and lasting results.

Our environment is based on the positive values, ethics and morals of law-abiding Hoosiers. We assess each child to determine his or her problem areas and through our combined effort design a treatment strategy which offers the child a framework upon which to build and grow.

Without qualified, well-trained and committed staff, our mission would be impossible. So we endeavor to recruit the best possible individuals, provide them with appropriate training and offer them paths to professional advancement.

Finally, but no less important, we intend to maintain open lines of communication with staff members, families and the community at large, because the collaboration of many toward a common goal always results in the best solutions.

To that end, I hope you will address directly to me any comments or questions about our Juvenile Division's operations and plans. I will see to it that you receive a prompt and informative response.

On behalf of the Department of Correction and its more than 7,000 staff members, thank you for your interest in Indiana's future.

Sincerely,

H. Christian DeBruyn
Commissioner

Inquiries may be directed to H. Christian DeBruyn, Commissioner, Indiana Department of Correction, 302 W. Washington Street, Room E334, Indianapolis IN 46204.

JUVENILE DIVISION

STATEMENT OF MISSION AND VISION

We see a day in which every child experiences success in nurturing families and caring communities; where children are cherished and taught family and community values.

To achieve this vision, the Indiana juvenile corrections system must provide leadership to change adverse conditions among youth, families and communities.

Legitimate alternative pathways to adulthood can be created through equal access to services that are culturally sensitive, minimally intrusive and consistent with high professional standards.

Decisions made on behalf of today's children will directly affect the quality of tomorrow's society.

JUVENILE DIVISION

FROM ORIGIN TO FUTURE

The Indiana Department of Correction was formed nearly 40 years ago, during the administration of Governor George Craig. The purpose of IDOC was, and is today, to provide governance and centralized operation support for a collection of state prison facilities. The oldest facilities were in many cases separately chartered by the state legislature; some facilities were acquired from other state and federal agencies; still others have been constructed by IDOC since its formation.

The system today includes 31 custody facilities scattered across Indiana. They house more than 14,000 adult and juvenile offenders and employ more than 7,000 staff members. It costs an average of $40 per day per offender to operate the system, or about $1 million per day.

IDOC contributes to the safety and welfare of Hoosier citizens by securely housing offenders, maintaining their health and providing them varied work, program and educational opportunities. In addition, IDOC is the second-largest state agency in terms of employees, and its payroll results in economic benefits not only to staff but to their communities and business interests throughout Indiana.

In the evolution resulting in today's IDOC, the Department established a Juvenile Division which is the successor to the Indiana Youth Authority. The Youth Authority, in turn, grew from the 19th Century establishment of a "House of Refuge for Juvenile Offenders." That facility is better known today as the Indiana Boys' School in Plainfield. Its companion is the Indiana Girls' School nearby in Indianapolis.

In addition, six smaller facilities were acquired or converted for juvenile custody purposes, and are located in Bloomington, Fort Wayne, LaPorte, Logansport and South Bend.

Beginning in 1989 under then-Commissioner James E. Aiken and then-Deputy Commissioner H. Christian DeBruyn, the Juvenile Division undertook a longterm review to renew its commitment to young offenders. The goal is to begin reversal of a pattern which occurs all too often in Indiana and elsewhere, in which today's juvenile delinquents become tomorrow's adult criminals.

Now, under Deputy Commissioner Evelyn Ridley-Turner, a lawyer with significant experience in juvenile issues; Director Pamela Cline, with many years of juvenile operations experience; and a corps of dedicated and enthusiastic facility superintendents, the Juvenile Division is aggressively engaged in reshaping the manner in which its programs and services are delivered.

The National Council on Crime and Delinquency has played a key role in the review by developing standards to allow classification of juvenile offenders; assessing the relative security risks they pose and the unmet educational and social development needs they carry. The classification system also allows the Division to identify those juveniles who might benefit from placement in community-based facilities, and it establishes a framework through which juveniles can progressively demonstrate their ability to live in less-restrictive custody.

This process recognizes not only the needs of the individual but the realities of public funding. At current rates of commitment, and in view of a consent decree which requires the Boys' School to reduce its population, there will not be enough space in the state system to securely and appropriately house all juveniles committed to it. The Division's population is approaching 1,000 with no signs that intake will diminish in the near future.

The Juvenile Division faces another significant challenge in ensuring there are enough community-based sites to serve juveniles. There is no funding available expressly for this purpose, which means the Division must become creatively aggressive in managing its resources while finding money to support community programs.

Through the use of modern personnel management techniques, the Juvenile Division intends to foster a climate of empowerment; that is, each staff member has a role to play in the Division's renewal. Groups of staff members meet regularly at each facility to discuss concerns and design practical and cost-effective responses. Facility superintendents have intensified the longstanding practice that their doors remain open to staff-generated ideas.

From LaPorte to Bloomington, from Fort Wayne to Logansport, the movement is forward, not backward; the vision is ahead, not behind. The Juvenile Division of the Indiana Department of Correction is on a vital mission to reach as many in-need juveniles as possible, and send them home for the rest of their lives. Through the hard work of staff members, officials and concerned citizens, there may yet be a day in Indiana when every juvenile offender, once treated, never returns.

STAFF TRAINING

PROVIDING THE MEANS

In order to make the changes needed to enable the Juvenile Division to move forward, a certain degree of reinvention is taking place.

Traditionally, the Department of Correction has trained its correctional officers -- those having first-line contact with offenders -- following established procedures and without identifying the significant differences in supervising juveniles versus adults.

As of July, 1993, that has changed. The Department has instituted a Juvenile Training Academy, a pre-service program designed for all staff who will work in juvenile facilities.

The program takes 40 to 120 hours to complete, and it focuses on classroom instruction, role playing and group exercises, all of which are evaluated in progress.

While the program covers Department regulations and procedures, it also notes the relationship which juvenile correctional officers have with those they supervise. In general, the juvenile officers will interact more closely with the juveniles, often assisting counselors in team treatment situations.

The officers are also perceived as role models and, in recognition of that, the interaction becomes that much more important. Staff working with juveniles are taught to recognize the special emotional needs and problems of juveniles and to deal with them in an effective and supportive manner.

In short, the targeted training of juvenile staff members should result in a reflection of the Juvenile Division's approach; that in addressing the specific problems of today's juveniles, our society can begin to reduce the number of tomorrow's antisocial adults.

The Juvenile Training Academy will also stand as a continuing resource for information for juvenile staff, as well as delivering in-service and updated training to those who are pursuing a career in juvenile service.

JUVENILE CLASSIFICATION/RISK ASSESSMENT

THE ROAD TO COORDINATION

In 1867, the House of Refuge for Juvenile Offenders sat in the windswept area west of Indianapolis which later was known as Plainfield. It was indeed a much simpler time, well before the conveniences and advances in human life with which we are familiar.

The House of Refuge ultimately became the Indiana Boys' School. Incorrigible young men, as they were called, were sent to the Boys' School to reform their behavior and perhaps get a measure of education in the process. There was little about the process that was scientific; behavioral science was largely confined across the Atlantic.

Today, the Juvenile Division is intensely involved with using the principles of modern behavioral science, coupled with more than a century of juvenile treatment experience, to classify and assess each of the young men and women in its custody.

On the adult level, the Department of Correction has for years been classifying offenders based on criminal history, personal background and security risk. Offenders are then sent to available space in facilities with other similarly categorized offenders.

In the Juvenile Division, the propensity for violence is an important but not overriding consideration in determining the best treatment for juvenile offenders. The Division takes the approach that virtually any juvenile can be reached if enough information can be gathered about him or her -- to design a program which hopefully dissuades the youth from further antisocial conduct.

While all juveniles in the Division will receive a common core of programs and services, the classification and risk assessment process yields information about the individual juvenile which points to other available treatment options and to, in the case of males, the most appropriate physical setting for that treatment. (The Indiana Girls' School is designed and operated to handle all juvenile females committed to the Division, while juvenile males may be assigned to one of seven Division-operated facilities.)

Simply put, classification and risk assessment takes committed juveniles and places them in categories based on type of offense (Violent, Serious, Less Serious and Minor). Within each category, testing determines whether the juvenile is High Risk, Medium Risk or Low Risk. Again, this helps to determine the kind of treatment and the facility in which the juvenile will be best served.

JUVENILE INTENSIVE SUPERVISION

PHASE ONE

RESIDENTIAL/INCARCERATION

Juvenile Intensive Supervision is designed to be an alternative to longterm secure placement (Indiana Boys' School, Indiana Girls' School) for those moderate-to-low-risk juveniles who could benefit from a different approach.

The philosophy of JIS is that while a youth may need some sort of intervention, he or she may not need to be in a highly-controlled environment during the full period of custody. The juveniles in JIS, then, would go through a three-step program in which they have progressively less discipline and progressively more responsibility.

Phase One of JIS typically runs 45 days. Staff members involved in this Residential/Incarceration phase stabilize the youth's behavior as needed; outline specific program rules and expectations; conduct a detailed assessment of the youth's need for control and services; and prepare a comprehensive treatment plan.

Residential/Incarceration is conducted in a highly restrictive environment. Sound correctional practice requires that until enough information about the offender is gathered, that offender should be considered a high security risk. More importantly for the eventual rehabilitation of the juvenile, this highly restrictive environment delivers an early and relatively stern message: that the juvenile is accountable for his/her antisocial behavior.

Juveniles in the JIS program move out of Residential/Incarceration as they: have completed the assessment and case planning process; demonstrate complete understanding of rules and expectations; and show they and their parents/guardians similarly understand the requirements of Phase Two of JIS, Day Treatment.

JUVENILE INTENSIVE SUPERVISION

PHASE TWO

DAY TREATMENT

Years ago, juveniles committed to the then-Indiana Youth Authority were not automatically sent to the Indiana Boys' School or the Indiana Girls' School. Often, they attended day treatment centers scattered throughout the state. These centers closed in the 1980s as federal funds were reallocated.

The Juvenile Division intends to return to this simple but effective program by contracting for centers initially in Marion and Allen Counties, with other centers later as funds permit.

Day treatment involves an on-site, fulltime educational program, as do several of the existing Juvenile Division facilities. For four to six months, juveniles in day treatment receive academic and life skills instruction with emphasis on remediation; that is, to bring the students up to the level of their peers on the outside, not just academically but in social interaction as well.

After the six-hour classroom day, the students go home to their parents or guardian. Students then must observe house arrest, strict curfews and a prior-permission system to provide positive structure to evening and weekend hours.

As discussed in JIS/Phase One, Residential/Incarceration, students in day treatment will have qualified for the program by risk assessment scores in the low-to-moderate-risk range. This indicates a student has previously demonstrated, and is likely to pose, relatively little risk of violent behavior and is likely to benefit from treatment outside a traditional facility environment.

JUVENILE INTENSIVE SUPERVISION

PHASE THREE/FOUR/FIVE

REINTEGRATION, TRANSITION, DISCHARGE

Following Phases One and Two of the Juvenile Intensive Supervision program, juveniles come to the crossroads of their treatment: gradually rejoining the community and eventually, it is hoped, obtaining discharge from the juvenile corrections system.

Reintegration and transition will last up to eight months. In these phases, staff members act as "trackers" to keep in frequent contact with juveniles; to offer them assistance as needed and available; to assure the juvenile's special needs, if any, continue to be met outside the resources of the Juvenile Division; and to gradually shift control over the juvenile from the Juvenile Division to community organizations to, finally, the juvenile.

During this time, the juvenile is living at home with parents/guardian or in an appropriate alternative living arrangement. The juvenile is attending school or working fulltime.

As the transition period arrives, the juvenile is primarily supervised by the case manager, who builds on the experience of reintegration and prepares the juvenile for discharge. Meanwhile, the case manager is helping the juvenile to develop a support network for emotional as well as material needs.

Once all of the previous pieces have been assembled, the juvenile is eligible for formal discharge. It is less a time for paperwork and more a time to recognize the hard work of the juvenile and family to achieve the moment and finally make it all the way home.

JUVENILE FACILITIES

The Juvenile Division operates eight facilities in seven Indiana communities. Seven of the facilities serve juvenile males. Unless otherwise noted, each of the Division's facilities provide educational and treatment services including, but not limited to, classroom, alternative and/or offsite instruction; psychological, behavioral and substance abuse counseling; life skills instruction; and medical services on site or in the community.

Unlike most adults in the Department of Correction, juveniles are committed for indeterminate and court-reviewed periods of time and in most cases are not held beyond the age of 18. However, under Indiana law a juvenile may be prosecuted as an adult in certain circumstances; in which case a juvenile so convicted would serve his/her sentence in the adult system.

BLOOMINGTON JUVENILE TREATMENT FACILITY

Established: 1992
Capacity: 54
Size: 9,700 sq. ft.

The Bloomington Juvenile Treatment Facility (BJTF) offers a residential setting for juvenile males 14 to 18 years old who come from Central and Southern Indiana. The average length of stay is five-and-a-half months, depending on the juvenile's progress. BJTF is not designed to house high-risk offenders, but every effort is made to serve the juveniles referred to BJTF.

Juveniles are also students, and as such they agree to pursue an individualized education and treatment program. The Treatment Team reviews the progress of each student on a biweekly basis and qualifying juveniless advance through a series of promotional levels.

BJTF intends to prepare young men to successfully re-enter their communities. Treatment of each juvenile offender includes the teaching of life skills. In addition, each is offered psychological and behavioral services as well as substance abuse education and counseling.

FORT WAYNE JUVENILE RESIDENTIAL FACILITY

Established: 1986
Capacity: 32
Size: 13,200 sq. ft.

The Fort Wayne Juvenile Residential Facility (FWJRF) serves juvenile male adjudicated delinquents between 12 and 18 years old, as placed by the intake unit at the Indiana Boys' School.

Programming at FWJRF, a community-based facility, heavily depends on the Fort Wayne community. Juveniles attend Fort Wayne Community Schools and use the services of local medical professionals.

A contract specifies the treatment program to which the student has agreed or has been assigned. Residents progress through a system of levels depending on weekly evaluations, disciplinary reports, recreation requirements, group participation and school/work performance. The average stay at FWJRF is five months.

INDIANA BOYS' SCHOOL

Established: 1867
Location: Plainfield
Capacity: 255
Acreage: 250

The Indiana Boys' School is the state's first facility for juvenile offenders. The campus serves as the intake unit for juvenile males 12 to 18 years old who have been committed to the Department of Correction. At IBS, juveniles are classified and the risks they may pose are assessed, resulting in placement at IBS or one of the other seven juvenile facilities currently operating.

Program teams based in IBS housing units design treatment plans for each juvenile. As elsewhere, juvenile offenders are also students and can participate in traditional or alternative education programs at IBS, as well as special education.

Core counseling programs are designed for the individual's need, which may include psychiatric, psychological, substance abuse, and individual/group counseling. Instensive counseling is available to students with chronic substance or sexual abuse problems. In addition, juveniles may participate in recreation and religious programs.

One IBS housing unit operating under maximum security is reserved for high-risk offenders. The majority of the population, however, requires minimal supervision. On average, juveniles stay at IBS between four and five months.

INDIANA GIRLS' SCHOOL

Established: 1869
Location: Indianapolis
Capacity: 180
Acreage: 267

The Indiana Girls' School (IGS) is the Division's lone facility reserved for juvenile female adjudicated delinquents from 12 to 18 years old.

Along with wide educational offerings, IGS provides programming designed specifically for its population, including self esteem enhancement and sexual victimization counseling. In addition, students may participate in Positive Peer Culture, parenting and life skills programs, and receive individual and substance abuse counseling.

IGS juveniles stay for an average of just under seven months.

LOGANSPORT JUVENILE FACILITY

Established: 1993
Capacity: 56
Size: 26,736 sq. ft.

Logansport Juvenile Facility (LJF) is the most recent addition to the Division's locations. While many of the juvenile programs available elsewhere are offered at LJF, the focus is on secure management of the Division's most troubled juvenile males.

Along with one housing unit at IBS, LJF is operated under maximum security. Remedial education and GED preparation classes are available, as well as a range of treatment options from individual counseling through anger management.

LJF also serves as a secure holding unit for juvenile males who have disrupted the environment of other Division facilities. Those directly assigned to LJF would typically stay from three months to a year. Emphasis is placed on juvenile offender improvement to enable transfer to a less-secure facility.

NORTHEAST JUVENILE TREATMENT FACILITY

Established: 1992
Location: Fort Wayne
Capacity: 50
Size: 23,269 sq. ft.

The Northeast Juvenile Treatment Facility (NJTF) serves juvenile males, typically 16 or 17 years old and charged with property offenses.

All juveniles at NJTF participate in pre-GED or GED classes with the intention that most will earn GED certificates by the time they are released from the Division's custody.

NJTF employs the Positive Group Action (PGA) counseling/treatment program. Under PGA, juveniles are divided into groups of no more than ten. With few exceptions, the group lives and acts as a unit in education, recreation, work projects, counseling and dormitory living. In this model, each individual becomes familiar with the strengths, weaknesses and behavioral challenges of other group members. There is a rechanneling of the adolescent need to conform into a positive direction.

SOUTH BEND JUVENILE RESIDENTIAL FACILITY

Established: 1980
Capacity: 41
Size: 20,868 sq. ft.

The South Bend Juvenile Residential Facility (SBJRF) operates two distinct and discrete programs: a Diagnostic Evaluation Unit (DEU) and a Residential Treatment Unit (RTU).

The DEU provides diagnostic services to courts in Northern and Northeast Indiana to develop rehabilitative treatment for male and female juveniles between 12 and 18 years old who are awaiting court disposition. This diagnostic evaluation allows the court to recommend the best available treatment for the juvenile offender, which in many cases need not include commitment to the Juvenile Division.

The RTU accepts juvenile males from 12 to 18 years old as placed by the intake unit at the Indiana Boys' School. Juveniles progress through a system of levels depending on weekly evaluations, disciplinary reports, recreation requirements, participation in groups, and school/work performance. They sign contracts which specify the treatment path to which the juvenile has agreed or been assigned.

On average, juveniles reside at SBJRF for six months.

SUMMIT JUVENILE FACILITY

Established: 1992
Location: rural LaPorte
Capacity: 40
Size: 65,376 sq. ft.

Summit Juvenile Facility (SJF) serves juvenile males from 12 to 16 years old with a full complement of educational and counseling programs.

The Positive Group Action (PGA) program is employed by SJF to encourage positive peer interaction in a limited-size group. Substance abuse, anger management, social/life skills and family/individual counseling are among needs addressed.

SJF makes use of community-based agencies to supplement programming which as yet is not fully available at the facility.

A typical juvenile will stay four months at SJF, assuming he has progressed through levels of individual achievement as set forth.