Region 7

Biennial Regional Services Strategic Plan

SFY 2019 - 2020

February 2, 2018

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Biennial Regional Services Strategic Plan

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SFY 2019-2020

Region 7

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Approved by:

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Regional Manager: Kelly Broyles **DATE:** 12/8/2017

Mary Holliday
Regional Finance Manager: Mary A Holliday **DATE:** 12-8-17

Signatures of Regional Service Council Members Voting on BRSSP: **DATE:** 12/8/2017

Terry J. Stigdon
Director: Terry Stigdon **DATE:** 2/24/2018

II. Regional Service Council Members:

Regional Manager Kelly Broyles

LOD Jeremy Soultz

LOD Krista Garrett

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FCMS Josh Crist

FCMS Selena Gibbs

FCM Kelly Kirby

Judge Jay Toney

Judge Kimberly Dowling

Judge Dana Kenworthy

Foster Parent Andrea Whigum

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Resident of the Region Savannah Lundgren

Prosecutor Eric Hoffman

III. Biennial Regional Services Strategic Plan 2019-2020 Overview

The Indiana Department of Child Services (DCS) was created as a standalone agency in 2005, charged with administering Indiana's child protection services, foster care, adoption and the Title IV-D child support systems throughout the state of Indiana. After the Department was formed, DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. Over the course of the last 10 years, DCS has launched a number of initiatives to improve the manner in which child welfare is administered in Indiana, including the DCS practice model (Teaming, Engaging, Assessing, Planning and Intervening; TEAPI) and the Safely Home Families First Initiative.

In 2008 State legislation was passed that added the requirement for a Biennial Regional Services Strategic Plan that would be tailored toward the provision of services for children in need of services or delinquent children. The "Biennial Plan" incorporates the "Early Intervention Plan" and the "Child Protection Plan" as well as new requirements under the Biennial Plan. The Early Intervention Plan was a focus on programs and service to prevent child abuse and neglect or to intervene early to prevent families from entering the child welfare or delinquency system. The Child Protection Plan describes the implementation of the plan for the protective services of children. It included the following information: Organization; Staffing; Mode of operations; Financing of the child protection services; and the provisions made for the purchase of services and interagency relations.

The Regional Services Council is the structure responsible for this Biennial plan. The purpose of the Regional Services Council is to: Evaluate and address regional service needs, regional expenditures, and to Serve as a liaison to the community leaders, providers and residents of the region.

The Biennial Plan includes an evaluation of local child welfare service needs and a determination of appropriate delivery mechanisms. Local service providers and community members were represented in the evaluation of local child welfare service needs. A survey was sent to local providers as well as interested community partners. In addition, the regional services council conducted a meeting to take public testimony regarding local service needs and system changes.

The Department of Child Services began the process of analyzing service availability, delivery and perceived effectiveness in the summer of 2017. The planning process to develop the Plan involved a series of activities led by a guided workgroup composed of representatives from the Regional Service Council and others in the community. The activities included a needs assessment survey, public testimony, and review of relevant data. While DCS has several other means with which to determine effectiveness of DCS provided services, such as Federal Child and Family Services Review measures, practice indicator reports, Quality Service Reviews (QSRs) and Quality Assurance Reviews (QARs), this process took that information and looked at it through a contracted service lens. The workgroup considered this information in conjunction with the needs assessment, previous service utilization and public testimony to

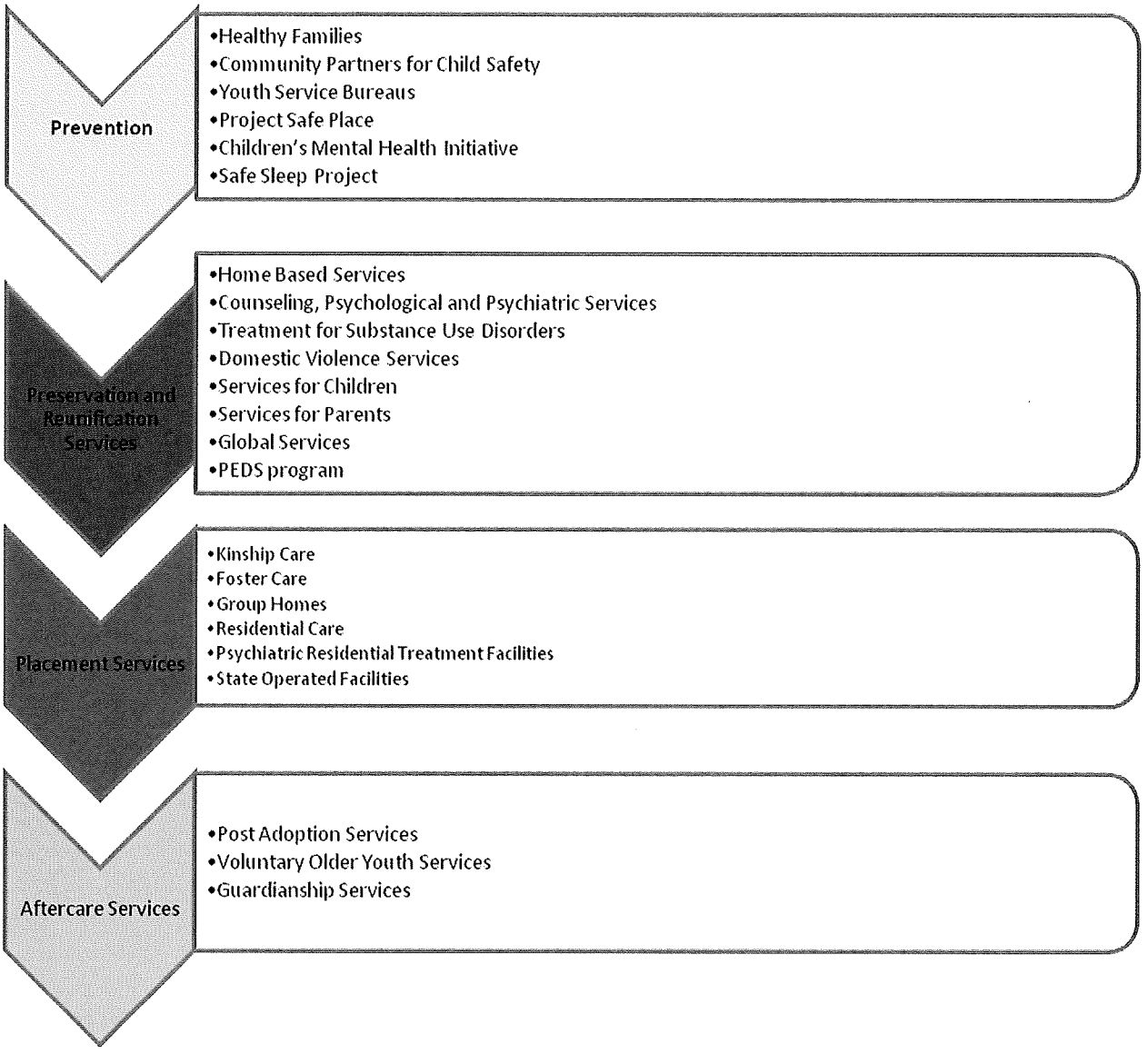
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes specific action steps to address the following areas:

1. Prevention Services
2. Maltreatment After Involvement
3. Permanency for children in care 24+ months
4. Substance Use Disorder Treatment

Biennial Regional Services Strategic Plans were approved by the Regional Service Council and subsequently submitted to the Director of the Department of Child Services on February 2, 2018 for final approval.

IV. Service Array

The Indiana Department of Child Services provides a full continuum of services statewide. Those services can be categorized in the following manner:



Prevention Services

Kids First Trust Fund

A member of the National Alliance of Children's Trusts, Indiana raises funds through license

plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute, is overseen by a Board, and staffed by DCS. Kids First funds primary prevention efforts through the Prevent Child Abuse Indiana (PCAI), Healthy Families Indiana and the Community Partners for Child Safety program.

Youth Service Bureau

Youth Service Bureaus are created by Indiana statute for the purpose of funding delinquency prevention programs through a state-wide network. This fund supports 31 Youth Service Bureaus to provide a range of programs including: Teen Court, Mentoring, Recreation Activities, Skills Training, Counselling, Shelter, School Intervention, and Parent Education.

Project Safe Place

This fund, created by Indiana statute, provides a state-wide network of safe places for children to go to report abuse, neglect, and runaway status. These safe places are public places like convenience stores, police departments, fire departments and other places where children gather. Some emergency shelter is also funded through licensed emergency shelter agencies.

Community-Based Child Abuse Prevention

Federal funds available through the Child Abuse Prevention and Treatment Act (CAPTA) support building a community-based child abuse prevention network through which prevention services can be delivered.

Healthy Families Indiana (HFI)

A combination of federal, state, and local funding provides prevention home visiting services through contract to parents of children zero to three years old. The purpose is to teach parents to bond with and nurture their children. The program also advocates for positive, nurturing, non-violent discipline of children.

Community Partners for Child Safety (CPCS)

The purpose of this service is to develop a child abuse prevention service array that can be delivered in every region of the state. This service builds community resources that promote support to families identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended, through the delivery of these prevention services, that the need for referral to Child Protective Services will not be necessary. Community resources include, but are not limited to: schools, social services agencies, local DCS offices, Healthy Families Indiana, Prevent Child Abuse Indiana Chapters, Youth Services Bureaus, Child Advocacy Centers, the faith-based community, local school systems and Twelve Step Programs.

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) grants are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Indiana State Department of Health (ISDH) and the Department of Child Services (DCS) are co-leads of this federal grant, collaborate with Indiana University, Goodwill Industries of Central Indiana, Riley Child Development Center, Women, Infants, and Children (WIC), and the Sunny Start Healthy Bodies, Healthy Minds Initiative at the state agency level to achieve MIECHV goals.

The Indiana MIECHV funding supports direct client service through the expansion of two evidenced-based home visiting programs, Healthy Families Indiana (HFI) and Nurse Family Partnerships (NFP), to pair families—particularly low-income, single-parent families—with trained professionals who can provide parenting information, resources and support during a woman's pregnancy and throughout a child's first few years of life. These models have been shown to make a real difference in a child's health, development, and ability to learn and include supports such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) provides service access for children with significant mental health issues who have historically been unable to access high level services. The Children's Mental Health Initiative specifically focuses on those children and youth who do not qualify for Medicaid services and whose families are struggling to access services due to their inability to pay for the services. The CMHI helps to ensure that children are served in the most appropriate system and that they do not enter the child welfare system or probation system for the sole purpose of accessing mental health services.

The Children's Mental Health Initiative is collaboration between DCS and the local Access Sites, Community Mental Health Centers and the Division of Mental Health and Addiction. Available services include:

- Rehabilitation Option Services,
- Clinic Based Therapeutic and Diagnostic Services,
- Children's Mental Health Wraparound Services,
- Wraparound Facilitation,
- Habilitation,
- Family Support and Training,
- Respite (overnight respite must be provided by a DCS licensed provider), and
- Placement Services.

Eligibility for the CMHI mirrors that of Medicaid paid services under the Children's Mental Health Wraparound and includes:

- DSM-V Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17

- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others

Note: The Children's Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.

The CMHI started as a pilot project in 2012 and has spread throughout Indiana in 2013 and early 2014. The CMHI and the Family Evaluation process were implemented jointly to improve service access to families without requiring entry into the probation system or the child welfare system in order to access services. As the CMHI service availability expands, the need for Family Evaluations for this target population diminishes.

Preservation and Reunification Services

Indiana DCS will continue to provide a full service array throughout the state. Services provided to families will include a variety of services outlined below.

Home Based Services

- Comprehensive Home Based Services
- Homebuilders
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy

Counseling, Psychological and Psychiatric Services

- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

Treatment for Substance Use Disorder

- Drug Screens
- Substance Use Disorder Assessment
- Detoxification Services-Inpatient
- Detoxification Services-Outpatient
- Outpatient Services
- Intentive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addictions
- Sobriety Treatment and Recovery Teams (START)

Domestic Violence Services

- Batterers Intervention Program
- Victim and Child Services

Services for Children

- Child Advocacy Center Interview
- Services for Sexually Maladaptive Youth
- Day Treatment
- Day Reporting
- Tutoring
- Transition from Restrictive Placements
- Cross Systems Care Coordination
- Children's Mental Health Wraparound Services
- Services for Truancy
- Older Youth Services
- Therapeutic Services for Autism
- LGBTQ Services

Services for Parents

- Support Services for Parents of CHINS
- Parent Education
- Father Engagement Services
- Groups for Non-offending Parents
- Apartment Based Family Preservation
- Visitation Supervision

Global (Concrete) Services

- Special Services and Products
- Travel
- Rent & Utilities
- Special Occasions
- Extracurricular Activities

These services are provided according to service standards found at:
http://www.in.gov/dcs/3159.htm

Services currently available under the home based service array include:

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Homebuilders ® (Must call provider referral line first to determine appropriateness of services) (Master's Level or Bachelors with 2 yr experience)	4 – 6 Weeks	Minimum of 40 hours of face to face and additional collateral contacts	**Placement Prevention**: Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate **or Reunification:** it is an unusually complex situation and less intensive services are not sufficient for reunification to occur. Services are available 24/7 Maximum case load of 2-3
Home-Based Therapy (HBT) (Master's Level)	Up to 6 months	1-8 direct face-to face service hrs/week (intensity of service should decrease over the duration of the referral)	Structured, goal-oriented, time-limited therapy in the natural environment to assist in recovering from physical, sexual, emotional abuse, and neglect, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction. Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis. Maximum case load of 12.
Home-Based Casework (HBC) (Bachelor's Level)	Up to 6 months	direct face-to-face service hours/week (intensity of service should decrease over the duration of the referral)	Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques, managing crisis, navigating services systems and assistance with developing short and long term goals. Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis.

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
			Maximum case load of 12.
Homemaker/ Parent Aid (HM/PA) (Para-professional)	Up to 6 months	1-8 direct face-to-face service hours/week	Assistance and support to parents who are unable to appropriately fulfill parenting and/or homemaking functions, by assisting the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping. Some providers have a 1 hour response time for families in crisis. Maximum case load of 12.
Comprehensive Home Based Services	Up to 6 months	5-8 direct hours with or on behalf of the family	Utilizing an evidence based model to assist families with high need for multiple home based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency. This is referable through service mapping or the Regional Services Coordinator Maximum case load of 5-8.

Comprehensive Home-Based Services

The most recent addition to the home-based service array includes Comprehensive Home-Based Services. Comprehensive Services include an array of home based services provided by a single provider agency. All providers offering services through this standard are required to utilize an Evidence Based Practice (EBP) model in service implementation, which include but is not limited to, Motivational interviewing, Trauma Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy.

In addition, Family Centered Treatment is being supported by DCS as a model of

Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children at risk of placement or to support the family in transitioning the child from residential placement back to the family. This model also is effective in working with families who have very complex needs. The service works to implement sustainable value change that will improve life functioning and prevent future system involvement.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	• Families that are resistant to services • Families that have had multiple, unsuccessful attempts at home based services • Traditional services that are unable to successfully meet the underlying need • Families that have experienced family violence • Families that have previous DCS involvement • High risk juveniles who are not responding to typical community based services • Juveniles who have been found to need residential placement or are returning	This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
	from incarceration or residential placement	
MI – Motivational Interviewing	• effective in facilitating many types of behavior change • addictions • non-compliance and running away of teens • discipline practices of parents.	This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents.
TFCBT – Trauma Focused Cognitive Behavioral Therapy	• Children ages 3-18 who have experienced trauma • Children who may be experiencing significant emotional problems • Children with PTSD	This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma in order to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
AFCBT – Alternative Family Cognitive Behavioral Therapy	• Children diagnosed with behavior problems • Children with Conduct Disorder • Children with Oppositional Defiant Disorder • Families with a history of physical force and conflict	This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning.
ABA – Applied Behavioral Analysis	• Children with a diagnosis on the Autism Spectrum	This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors and intensive intervention for development of social and academic skills.
CPP – Child Parent Psychotherapy	• Children ages 0-5 who have experienced trauma • Children who have been victims of maltreatment • Children who have witnessed DV • Children with attachment disorders • Toddlers of depressed mothers	This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child's mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
IN-AJSOP	Children with sexually maladaptive behaviors and their families	This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.

Sobriety Treatment and Recovery Teams

The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The Family Mentor is paired with a Family Case Manager and they work the case in conjunction with one another in a dyad structure. Monroe County has 2 dyads and 1 Treatment Coordinator. DCS has seen promising results from the

program and is in the process of evaluating the potential of expanding the program to another site.

Trauma Assessments, TF-CBT, CPP

DCS recently expanded the service array to include Trauma Assessments and Bonding and Attachment Assessments. Trauma Assessments will be provided to appropriate children, using at least one standardized clinical measure to identify types and severity of trauma symptoms. Bonding and Attachment Assessments will use the Boris direct observation protocol. These new assessments will provide recommendations for appropriate treatment.

Child Parent Psychotherapy (CPP) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are two of the possible models that could be utilized. DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy. This first cohort of trained therapists includes 9 teams of 3 therapists from within the CMHC network and one additional DCS clinician. These therapists completed their training in May 2014, but will receive another year of consultation through the Child Trauma Training Institute as they begin to fully implement the model. DCS began offering training to a second cohort of clinicians to ensure service availability for children in need. DCS has trained approximately 300 clinicians throughout the state to provide TF-CBT. These agencies are both CMHC's and community-based providers and will ensure that TF-CBT is available for children and families in need.

Successful Adulthood: Older Youth Services

Indiana's Older Youth Services delivery method utilizes the broker of resources model, which is designed to: 1) ensure youth have or establish ongoing connections with caring adults; and 2) promote youth to develop as productive individuals within their community, by the acquisition and maintenance of gainful employment, the achievement of educational/vocational goals, and the receipt of financial skills training. This model shall also aid in future program development and design for other resources to facilitate the successful transition to adulthood for foster youth.

This model places the provider in the role of connecting youth with services provided in the youth's community or through a natural, unpaid connection to the youth rather than by the contracted provider. Over time, the youth should be able to depend on their social network and

individual knowledge in order to accomplish tasks related to living independently.

V. Available Services

Appendix A shows all contracted services in the region as well as the most frequently used services, expenditures by service, and the projected budget for SFY 2019 and 2020.

VI. Needs Assessment Survey

Each region in the state conducted a needs assessment survey of individuals who have knowledge and experience with child welfare and juvenile probation services. During spring and summer of 2015, the surveys were administered to Family Case Managers (FCMs), service providers, and other community members to measure their perceptions of 26 services in their communities in terms of need, availability, utilization and effectiveness. The intent of the survey was to evaluate local service needs. Results of the survey were used to assist in determining the regional child welfare and juvenile probation service needs, utilization and the appropriate service delivery mechanisms. Results of the surveys are located in Appendix B. Look at the appendix to view the highest available/utilized services and those that are lowest in availability.

VII. Public Testimony Meeting

The Public Testimony meetings were advertised on the DCS web page titled "Biennial Plan Public Notices" at least 48 hours in advance of the hearing (excluding holidays and weekends). The web page included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Region's. Additionally, the Public Testimony meetings were advertised in each of the local offices and included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Region's. Email notifications of the public meetings were sent to all contracted providers and other community groups.

The Public Testimony meeting for the Child Protection Plan/Biennial Regional Services Strategic Plan was held on October 13, 2017 at 1:00 pm at the Delaware County Department of Child Services office located at 3600 Kilgore Ave in Muncie, Indiana. No public testimony was provided. A summary of the testimony is provided in Appendix C.

VIII. Summary of the Workgroup Activities

Workgroups composed of representatives from the Regional Service Council and others in the community were held to review current data, information gained through public testimony, as well as the action plans created for the 2016 Biennial. The workgroups determined what items, if any, from the previous action plan have been accomplished and modified the plans accordingly for each topic area.

The topics of discussion included:

1. Prevention Services

The workgroup met on 10/13/17 at 1:30pm at the Delaware County DCS Office. The workgroup reviewed Prevention data provided as well as the action plan for Prevention from the previous biennial. Discussion occurred around prevention programs and community resources available. The workgroup identified areas where information sharing is needed. The workgroup developed a subcommittee to further explore the prevention resources available.

The workgroup reconvened on 11/9/17. The workgroup determined that the Prevention outcome from the previous biennial needed to be modified as it is currently restrictive, only covering sexual abuse and substance use prevention.

2. Maltreatment After Involvement

The workgroup met on 10/13/17 at 1:30pm at the Delaware County DCS Office. The workgroup reviewed data provided as well as the action plan for this category from the previous biennial. Discussion occurred around the Outcome identified from the previous biennial being specific to educational neglect. The workgroup identified that a more thorough review of reasons for repeat maltreatment needs to occur to determine if the Outcome from the previous biennial should be modified. The workgroup developed a subcommittee to further explore incidences of repeat maltreatment.

The workgroup reconvened on 11/9/17. The workgroup determined that the outcome from the previous biennial needed to be modified as it is currently restrictive to repeat maltreatment related to educational neglect. The workgroup discussed that in order to reduce repeat maltreatment underlying needs must be appropriately identified and addressed through interventions.

3. Permanency for children in care 24+ months

The workgroup met on 10/13/17 at 1:30pm at the Delaware County DCS Office. The workgroup reviewed data provided as well as the action plan for this category from the previous biennial.

The workgroup reconvened on 11/9/17. The workgroup determined that the outcome from the previous biennial would remain in place and a few modifications would occur to the tasks as the current data demonstrates that the

action steps/tasks put in place under the previous biennial have proven effective in reducing the number of children in care over 24 months.

4. Substance Use Disorder Treatment

The workgroup met on 10/13/17 at 1:30pm at the Delaware County DCS Office. The workgroup reviewed data provided as well as the action plan for this category from the previous biennial.

The workgroup reconvened on 11/9/17. The workgroup determined that the outcome from the previous biennial required only slight modification.

The data considered are included in Appendix A: Service Array and Appendix D: Additional Regional Data

IX. Regional Action Plan

Overview

The Regional Action Plan presented in this section is based on all data collected that addressed regional service needs. These data sources assessed the following areas:

- Service availability (through the needs assessment survey)
- Service effectiveness (through the needs assessment survey)
- Public perception of regional child welfare services (through public hearings)
- Quality Service Review Indicators and Stress factors (4 rounds)
- Community Partners for Child Safety prevention services
- Regional services financing
- Regional workgroup determination of service available/accessibility
- Additional input provided by the workgroup

These data sources were considered by regional workgroups to determine service needs that were to be prioritized by a region for the relevant biennium. To address these service needs, regional workgroups formulated action steps which included distinct, measurable outcomes. Action steps also identified the relevant parties to carry out identified tasks, time frames for completion of tasks, and regular monitoring of the progress towards task completion.

Measurable Outcome for Prevention Services:		Increase utilization of prevention programs currently available in the community.		
Date of Workgroup		Workgroups were held on 10/13/17 on 11/9/17		
Workgroup Participants		Kelly Broyles, RM; Jeremy Soultz, LOD; Krista Garrett, LOD; Amanda Hartman, LOD; Jessica Maxwell, LOD; Selena Gibbs, FCMS; Josh Christ, FMCS, Hannah Robinson, Service Coordinator; Mary Holliday, RFM; Rebecca Garcia, Clinical Services Specialist; Ryan Treesh, Probation Consultant; Kelly Kirby, FCM; Kati Haecker, Children's Bureau; Denise Lovelace, Children's Bureau; Regina Drummond, PQI		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Promote education and awareness of prevention programs in the community.	Update resource guides and share information with DCS staff, schools, and other community agencies. Stakeholders will communicate information about new programs to Community Partners so that resource guides can be updated.	Community Partners Service Providers DCS staff Community Stakeholders	Guide sharing quarterly at RSC meetings	Ongoing
	Involve agencies providing community resources in Local Provider Fairs and community connect events.	Community Partners Regional Service Council Local Office Directors	By first quarter of biennial	Bi-annually
	Invite community resource agencies to Regional Service Councils or staff	Community Partners Regional Service Council Local Office Directors	Quarterly	Ongoing

	meetings to present information.			

Measurable Outcome for Maltreatment after Involvement:		**Decrease repeat maltreatment by ongoing formal and informal assessment of families' underlying needs to ensure intervention adequacy.**		
Date of Workgroup		Workgroups were held on 10/13/17 on 11/9/17		
Workgroup Participants		Kelly Broyles, RM; Jeremy Soultz, LOD; Krista Garrett, LOD; Amanda Hartman, LOD; Jessica Maxwell, LOD; Selena Gibbs, FCMS; Josh Christ, FMCS, Hannah Robinson, Service Coordinator; Mary Holliday, RFM; Rebecca Garcia, Clinical Services Specialist; Ryan Treesh, Probation Consultant; Kelly Kirby, FCM; Kati Haecker, Children's Bureau; Denise Lovelace, Children's Bureau; Regina Drummond, PQ		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Use team collaboration when assessing family needs and evaluation of potential risk.	Utilizing CFT process when completing assessment tools such as CANS, risk assessment, provider assessments, safety planning, etc. Ongoing evaluation of what can go wrong-planning for what can go wrong.	DCS staff, service providers, CMHCs, Community partners	Within first quarter of biennial	On-going

	Ensuring smooth transitions to post closure services by initiating those services prior to case closure. Include Community Partners in closing CFTMs for case closure when appropriate.			
Management will incorporate vision alignment in each local office.	Information will be provided during monthly staff meetings.	DCS Management	Within first quarter of biennial	Ongoing at least quarterly and as needed for new staff.

Measurable Outcome for Permanency for children in care 24+ months:		Reduce the number of children still in care after 24+months with no achievable Permanency Plan.		
Date of Workgroup		Workgroups were held on 10/13/17 on 11/9/17		
Workgroup Participants		Kelly Broyles, RM; Jeremy Soultz, LOD; Krista Garrett, LOD; Amanda Hartman, LOD; Jessica Maxwell, LOD; Selena Gibbs, FCMS; Josh Christ, FMCS, Hannah Robinson, Service Coordinator; Mary Holliday, RFM; Rebecca Garcia, Clinical Services Specialist; Ryan Treesh, Probation Consultant; Kelly Kirby, FCM; Kati Haecker, Children's Bureau; Denise Lovelace, Children's Bureau; Regina Drummond, PQI		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**

Develop a shared plan for permanency for children.	Ensure that effective teams are built around each child and case. Ensure development of realistic case plan outcomes and activities.	Regional Manager Local Office Directors Family Case Manager Supervisors Regional Perm Teams	Within the first 30 days of each case starting Within 45 days of Disposition	Ongoing throughout the life of each case Ongoing throughout the life of each case
Monitor the shared vision for permanency for each child.	Regional Permanency teams will review each child that have been in care 6+ months Convene a Permanency Round Table (PRT) for every child who has been in out of home placement 12-18 months.	Regional Manager Local Office Directors Family Case Manager Supervisors Regional Perm Teams PRT Liaison	Monthly when children have been out of the home 6+ months Quarterly when children have been out of the home 12-18 months and been identified as appropriate for PRT.	Ongoing review will occur until permanency is achieved. PRT follow up will occur quarterly until permanency is achieved.

Measurable Outcome for Substance Use Disorder Treatment:		All Region 7 staff will receive ongoing education on substance abuse.		
Date of Workgroup		Workgroups were held on 10/13/17 on 11/9/17		
Workgroup Participants		Kelly Broyles, RM; Jeremy Soultz, LOD; Krista Garrett, LOD; Amanda Hartman, LOD; Jessica Maxwell, LOD; Selena Gibbs, FCMS; Josh Christ, FMCS, Hannah Robinson, Service Coordinator; Mary Holliday, RFM; Rebecca Garcia, Clinical Services Specialist; Ryan Treesh, Probation Consultant; Kelly Kirby, FCM; Kati Haecker, Children's Bureau; Denise Lovelace, Children's Bureau; Regina Drummond, PQI		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Provide training on identifying environmental indicators of substance use, current drug trends, and treatment programs available within the region.	Partner with local drug task forces to train DCS staff. Collaborate with staff development, services and outcomes, and substance use treatment providers to educate staff on local programs to address substance use.	LODs Community Providers Regional Service Coordinator Staff Development	Within first quarter	Initial training/in service will be held prior to Nov. 2018 Ongoing training will be provided
	Invite Redwood and Forensic fluids to train local offices.	LODs/FCMSs	Began scheduling July 1, 2018	Bi-annually
Develop In-Service for DCS staff using client perspective.	Partner with community programs (Brianna's Hope/A Better Way) to reach out to clients to present to local DCS offices.	LOD/FCMS collaboration (Jessica Maxwell, Selena Gibbs)	By end of first year of the Biennial	July 1, 2019

	Create exit survey for DCS clients to complete upon case closure.			

X. Organization, Staffing and Mode of Operation

a. Describe the number of staff and the organization of the local child protection services (CPS) including any specialized unit or use of back-up personnel. **NOTE: The term CPS refers only to the reporting and assessment of child abuse and neglect**

1.	33		Number of Family Case Managers assessing abuse/neglect reports full time.
2.	23		Number of Family Case Managers with dual responsibilities; e.g., 50% CPS assessments and 50% ongoing services or 20% CPS and 80% ongoing services
3.	3		Number of Family Case Manager Supervisor IVs supervising CPS work only
4.	3		Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services e.g., 50% CPS and 50% ongoing services
5.	0		Number of clerical staff with only CPS support responsibilities
6.	15		Number of clerical staff with other responsibilities in addition to CPS support
7.	Y ☒	N ☐	Does the Local Office Director serve as a line Supervisor for CPS?

b. Describe the manner in which suspected child abuse or neglect reports are received.

1.	Y ☒	N ☐	Is the 24 hour Child Abuse and Neglect Hotline (1-800-800-5556) listed in your local directories with the emergency numbers as required by law?
2.	All calls concerning suspected child abuse and neglect are received through the Indiana child abuse and Neglect Hotline at 1-800-800-5556, including times when the local DCS offices are closed.		

c. Describe your current system of screening calls and reporting allegations of child abuse and neglect. (Attach any tools you presently use if helpful.)The Indiana Child Abuse and Neglect Hotline (hereinafter "Hotline") receives all calls, faxes, e-mails, etc. from inside and outside the state regarding the suspected abuse and neglect of children occurring within the state of Indiana. Intake Specialists, most of whom have been Family Case Managers, gather the information from each caller and provide a verbal recommendation to parents, guardians, and professionals. The Intake Specialist bases that recommendation on current laws, policies, and practices regarding abuse or neglect. The Intake Specialist routes their completed report to a Hotline supervisor for approval via MaGIK. The Hotline supervisor can make edits/changes within the MaGIK system or send the report back to the Intake Specialist for changes. Once approved by the supervisor, all reports with a recommendation of assess or screen out are routed to the local county's queue for final approval. In the county queue, the local county has the ability to agree with or disagree with the Hotline recommendation. If the local county changes the decision, the local county will notify individuals who received a Hotline recommendation of that decision change. If an immediate response to a report is required, the Intake specialist calls the local office via telephone during regular business hours. After hours, the Intake Specialist provides the on call designee essential information needed to immediately initiate the assessment. The written documentation is then forwarded via MaGIK to the local office's county queue. From 4:30-9:30p, Monday-Thursday, the on-call designee is notified via telephone of all 24 hour response time reports. Upon Hotline Supervisor approval, 24 hour response time

reports will be routed to the county queue. From 9:30p-7:00a Sunday-Thursday, the Hotline will contact the on-call designee **ONLY** for reports requiring an immediate initiation.

From Friday at 4:30 PM to Sunday at 9:30 p.m., the Hotline will contact the on-call designee on all 24 hour reports and Information/Referrals involving open cases. The Hotline will follow weekend processes for contacting on-call on Holidays.

All reports approved to a county queue will be emailed to that county's distribution list by MaGIK. All reports approved from the county queue with a decision of assess will automatically be e-mailed to that county's distribution list by MaGIK. Reports approved by the local office with a decision of screen out, can be changed after closure to assess.

d. Describe the procedure for assessing suspected child abuse or neglect reports:

1.	Please indicate when abuse assessments will be initiated		
	a.	Within 24 hours of complaint receipt. See Chapter 4, Section 38 of the Child Welfare Manual (Initiation Times for Assessment).	Y ☒
			N ☐
	b.	Immediately, if the child is in imminent danger of serious bodily harm.	Y ☒
			N ☐
2.	Please indicate who will assess abuse complaints received during and after work hours. (Check all that apply)		
	a.	CPS	☒
	b.	CPS and/or Law Enforcement Agency (LEA)	☒
	c.	LEA only	☐
3.	Please indicate when neglect assessments will be initiated. See Chapter 4, Section 38 of the Child Welfare Manual (Initiation Times for Assessment).		
	a.		Y ☒

		Immediately, if the safety or well-being of the child appears to be endangered.	N ☐
	b.	Within a reasonably prompt time (5 calendar days).	Y ☒
			N ☐
4.	Please indicate who will assess neglect complaints received during and after working hours. (Check all that apply)		
	a.	CPS only	☒
	b.	CPS and/or LEA	☒
	c.	LEA only	☐

e. Describe the manner in which unsubstantiated child abuse or neglect reports are maintained. Refer to Indiana Child Welfare Manual Chapter 2 Section 13, Expungement of Records.

Please indicate if you have received and are following the "Record Retention Guidelines."	Y ☒
	N ☐

f. Describe the policy and procedure you follow when receiving complaints of institutional child abuse/neglect from the Hotline. State assessments: Please describe procedures for reporting allegations in state institutions and facilities. Refer to Indiana Child Welfare Manual Chapter 4, Section 30 Institutional Assessments:

1. **Statewide Assessments:** The Indiana Department of Child Services Hotline receives and processes reports of possible Child Abuse and/or Neglect (CA/N) that occurred in an institution setting located within the state. Licensed residential placement providers are mandated reporters and are required to report CA/N incidents and allegations. The Hotline staff will determine if the incident/allegation rises to the level of legal sufficiency to warrant further assessment and provide their recommendation to the Institutional Child Protection Services unit (ICPS). If the CA/N report is screened in for assessment, the ICPS unit will assess allegations of abuse and neglect in

group homes, residential treatment centers, emergency shelter care centers, day cares, schools, correctional facilities, etc. Allegations involving a foster home will be assessed by the local DCS office staff where the alleged incident occurred. The ICPS Director will assign the new report to the ICPS assessor in the respective Super Region for follow up. There are currently ten (10) ICPS Family Case Managers based in local DCS offices throughout the state.
The ICPS unit handles the 24 hour and 5 day response times. In cases where immediate attention is warranted, ICPS staff works in tandem with the Hotline and DCS local offices to ensure one hour response times are achieved and child safety is established. All reports are forwarded to the appropriate licensing/governing bodies at the time of report and again at completion for further review. Reports that are screened out, are forwarded to the appropriate licensing people when applicable.

2. **Institutional Abuse or Neglect:** Institutional Child Protection Services (ICPS) for the Department of Child Services assesses allegations of abuse or neglect regarding children in an Institutional setting, when the alleged perpetrator is responsible for the children's care and safety. Reports are received through the statewide hotline and assessments are initiated within the assigned timeframes (I hour, 24 hour or 5 day) to determine the safety of the child.

   Upon completion of the assessment, ICPS will make a determination of the allegations to be either unsubstantiated or substantiated. Further services, referrals, safety plans may take place during and at the conclusion of the assessment to continue to ensure child's safety and reduce future risk. ICPS assessments are completed by the ICPS unit, consisting of Family Case Managers stationed throughout the state. The Institutional Child Protection Service (ICPS) Unit will conduct an assessment of a report of Child Abuse and/or Neglect (CA/N) if the allegations state the incident of CA/N occurred while the child was in the care of one of the following:

   a. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
   b. School;
   c. Hospital;

d. Juvenile Correction Facility;
e. Adult Correctional Facility that houses juvenile offenders;
f. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
g. Licensed Child Care Home or Center;
h. Unlicensed Registered Child Care Ministry; or
i. Unlicensed Child Care Home or Center (see Related Information). ICPS will NOT conduct assessments involving:

a. Licensed Foster Homes through DCS
b. Licensed Foster Homes through a private agency
c. Fatality or near-fatality assessments regardless of allegations or where said allegations took place.
d. Abandoned infants (IC 31-9-2-0.5, as amended):

XI. Inter-Agency Relations

a. Describe the inter-agency relations and protocols in existence regarding the provision of child protection service. Describe protocols outlining information sharing between DCS, law enforcement and prosecutors.

DCS provides all 310 Preliminary Report of Alleged Child Abuse or Neglect to law enforcement for review. DCS provides all substantiated 311 Assessment of Alleged Child Abuse or Neglect reports to the prosecutor for review. Local law enforcement provides criminal history checks and investigation reports to DCS upon request.

b. Describe the Community Child Protection Team.
A Community Child Protection Team (CPT) is established in each county. The CPT is a multidisciplinary team comprised of members who reside in or provide services to residents of the county in which the team in formed. The team includes 13 members:

1. DCS Local Office Director (LOD) or designee
2. Two designees of the juvenile court judge
3. The county prosecuting attorney or designee
4. The county sheriff or designee

5. Either: (a) the president of the county executive in a county not containing a consolidated city or the president's designee; or (b) the executive of a consolidated city in a county containing a consolidated city or the executive's designee
6. Director of CASA or GAL program or designee
7. Either: (a) a public school superintendent or designee or; (b) a director of a local special education cooperative or designee
8. Two persons, physicians or nurses, with experience in pediatrics or a family practice
9. Two county residents
10. Chief law enforcement officer or designee

The CPT shall meet at least monthly. The CPT members are bound by confidentiality. The CPT shall receive and review child abuse and neglect cases and complaints. The CPT shall prepare a periodic report regarding the child abuse and neglect reports and complaints reviewed by the team. Additional information on periodic reports can be found in IC 31-33-3-7.

XII. Financing of Child Protection Services

a. List the cost of the following services for CPS only: **(Please do not include items which were purchased with Title IV-B or other federal monies).**

1. List items purchased for the Child Protection Team and costs

2016	2017
none	none

2. Child Advocacy Center/Other Interviewing Costs

$107,372.00

b. Please provide the annual salary for the following positions and total the salaries for each of the classifications listed below: (Please include all staff with dual responsibilities and estimate and indicate the percentage of salary for CPS time only. For example, if a Family Case Manager works 40% CPS and 60% ongoing child

welfare services, use 40% of the salary, the CPS portion. Also, if the Local Director acts as a line supervisor for CPS, include the proper percentage of the salary on the line for Family Case Manager Supervisors. (**Attach a separate sheet showing your computations.**))

Average Salaries to be used in calculations attached

XIII. Provision Made for the Purchase of Services

a. The Indiana Department of Administration's (IDOA) Request for Proposal (RFP) process is used to procure goods and services for Indiana Agencies. A RFP may be utilized to solicit providers that can satisfy the service needs for the Region. IDOA's fair bid process ensures that state agencies gain quality products/services at competitive prices while also ensuring equal opportunity to all qualified vendors and contractors. Additional information regarding RFPs for Community Based Services can be located on the DCS page http://www.in.gov/dcs/3158.htm.

	SFY 2016	
Job Classification	***Average Salary***	***Fringe***
Family Case Manager	59781.15	Salary X (1,2375) + $12,204
Family Case Manager Supervisor	69795.07	Salary X (1,2375) + $12,204
Clerical Support	45209.09	Salary X (1,2375) + $12,204
Local Office Director	83881.54	Salary X (1,2375) + $12,204

	SFY 2017	
Job Classification	***Average Salary***	***Fringe***
Family Case Manager	58668.29	Salary X (1,2375) + $12,204
Family Case Manager Supervisor	68346.26	Salary X (1,2375) + $12,204
Clerical Support	45319.93	Salary X (1,2375) + $12,204
Local Office Director	83779.93	Salary X (1,2375) + $12,204

		2016	2017
1	Family Case Managers II	$3,658,606.38	$4,740,397.83
2	FCM Supervisors (or Local Office Director)	$543,215.95	$534,645.19
3	Clerical Support Staff	$235,087.27	$217,535.66
Total Cost of Salaries		$4,436,909.60	$5,492,578.69
Grand Total of VI (Total cost of services in A, plus total Cost of salaries in B)		$4,436,909.60	$5,492,578.69

JOB TITLES	**# EMPLOYEES**	**PERCENTAGE**	**average**	**2016**
FCM II	50	100%	$59,781.15	$2,989,057.50
FCM II	28	40%	$23,912.46	$669,548.88
FCM SUPERVISORS	3	40%	$69,795.07	$209,385.21
FCM SUPERVISORS	7	100%	$27,918.03	$195,426.20
CLERICAL SUPPORT STAFF	13	40%	$18,083.64	$235,087.27
LOCAL OFFICE DIRECTOR	5	33%	$27,680.91	$138,404.54

JOB TITLES	**# EMPLOYEES**	**PERCENTAGE**	**average**	**2017**
FCM II	68	100%	$58,668.29	$3,989,443.72
FCM II	32	36%	$23,467.32	$750,954.11
FCM SUPERVISORS	3	100%	$68,346.26	$205,038.78
FCM SUPERVISORS	7	40%	$27,338.50	$191,369.53
CLERICAL SUPPORT STAFF	12	40%	$18,127.97	$217,535.66
LOCAL OFFICE DIRECTOR	5	33%	$27,647.38	$138,236.88