Region #2

Biennial Regional Services Strategic Plan

SFY 2017 - 2018

February 2, 2016

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Biennial Regional Services Strategic Plan
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Biennial Regional Services Strategic Plan

SFY 2017-2018

Region #2

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Regional Service Council Members:

INSERT LIST OF MEMBERS AND ORGANIZATIONS THEY REPRESENT

NAME	REPRESENTING
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I. Biennial Regional Services Strategic Plan 2017-2018 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 2015. 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

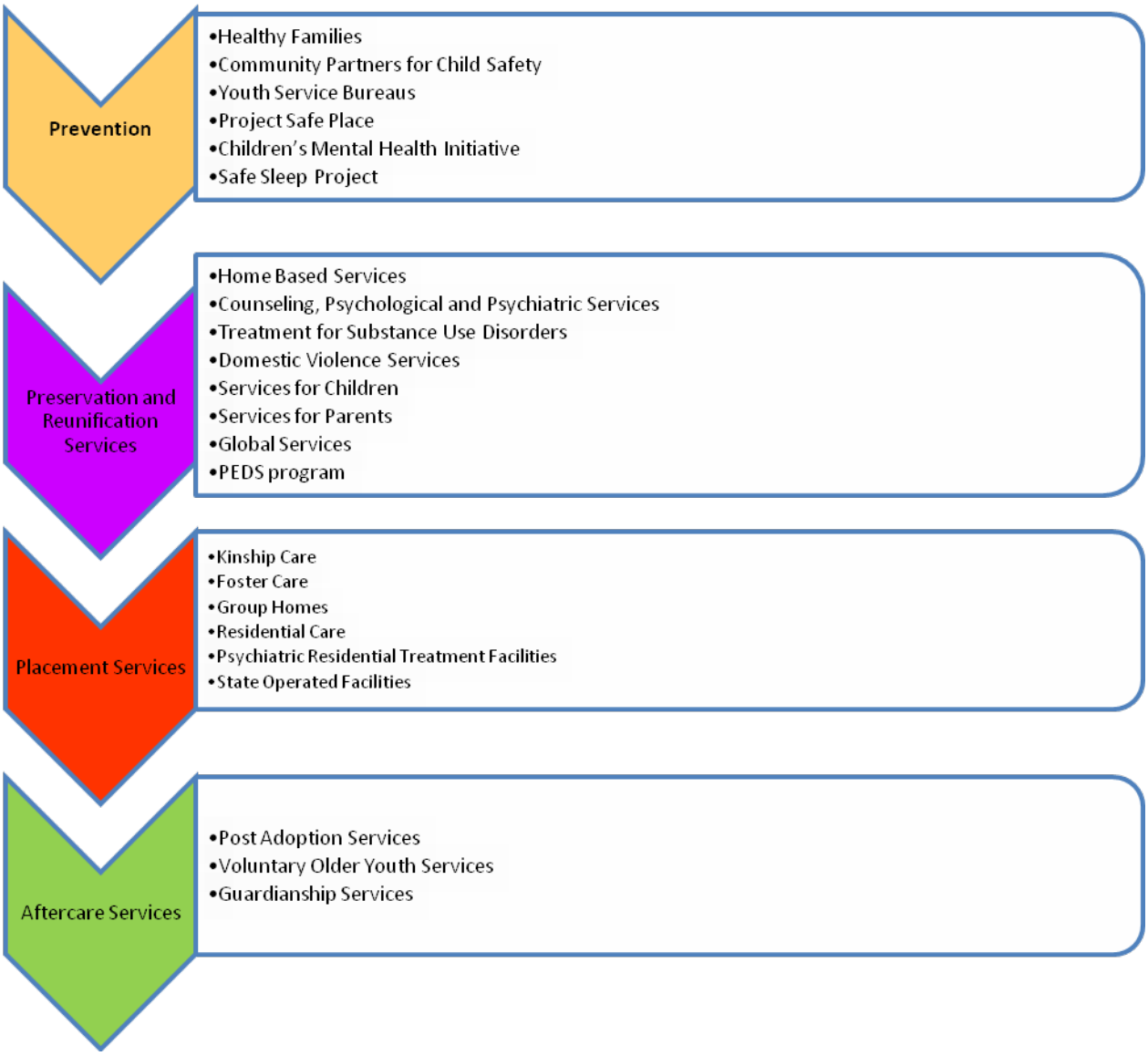
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes 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, 2016 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-IV-TR 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 Behavioural 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 from incarceration or residential placement	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
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.
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.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
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.
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

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
		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

Indiana is currently piloting a promising practice program that has shown very positive outcomes with families in Kentucky. 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 program is being piloted in Monroe County. Currently there are three active Family Case Managers, one Family Mentor and one Treatment Coordinator with the ability to add 2 additional mentors. It is estimated that the full team will be serving approximately 30 families at any given time. Currently DCS is expanding this program into Vigo county.

Adolescent Community Reinforcement Approach (ACRA)

The Department of Mental Health Addictions (DMHA) has trained therapists at two agencies in Indianapolis. This model will be expanded through this inter-department collaboration and ensures that the service is available to adolescents in need. This EBP uses community reinforcers in the form of social capital to support recovery of youth in an outpatient setting. A-CRA is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery.

This outpatient program targets youth 12 to 18 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. Therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in pro-social activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioural rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in pro-social leisure activities. The A-CRA is delivered in one-hour sessions with certified therapists.

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.

Parent Child Interaction Therapy

DMHA has started training therapists at Community Mental Health Centers in Parent Child Interaction Therapy (PCIT), which DCS children and families will access through our collaboration and master contracts with the CMHC's. Additionally, with the DCS

Comprehensive Service supporting the usage of evidenced-based models, PCIT will increase in its availability throughout the state.

PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Disruptive behavior is the most common reason for referral of young children for mental health services and can vary from relatively minor infractions such as talking back to significant acts of aggression. The most commonly treated Disruptive Behaviour Disorders may be classified as Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD), depending on the severity of the behaviour and the nature of the presenting problems. The disorders often co-occur with Attention-Deficit Hyperactivity Disorder (ADHD). PCIT uses a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent–child relationship. PCIT draws on both attachment and social learning theories to achieve authoritative parenting. The authoritative parenting style has been associated with fewer child behavior problems than alternative parenting styles.

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:

Region 2 has adequate service providers throughout the region. Providers in the rural counties do not have capacity to service the entire region nor the county. Within the rural counties transportation has been an obstacle our families and providers as well. The lack of transportation needs have been addressed it in the Regional Action Plan.

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 2017 and 2018.

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.

Based on the survey results, the top 5 Highest Availability/Utilized services were:

FCM results for the top 5 Available services:

1. Home- based Case Management
2. Health Care Services
3. Mental Health Services
4. Basic Needs
5. Comprehensive Home-based Services

FCM results for the top 5 Utilized services:

1. Home-based Case Work
2. Public Assistance
3. Health Care Services
4. Substance Use/Abuse
5. Mental Health Services

Provider results for the top 5 Available services:

1. Mental Health Services
2. Case Management
3. Substance Abuse Services
4. Home-based Services
5. Home-based Casework

Provider results for the top 5 Utilized services:

1. Case Management
2. Mental Health Services
3. Substance Abuse Services
4. Home-based Services
5. Home-based Casework

Based on the survey results, services rating the Lowest in availability in the region were:

FCM results for the Lowest in availability:

1. Housing
2. Child Care
3. Employment/ training Services
4. Legal Assistance
5. Other Services

Provider results for Lowest in availability:

1. Respite
2. Father Engagement Services
3. Housing Services (e.g., rent, utilities)
4. Child Care
5. TF-CBT

VII. Public Testimony Meeting

The Public Testimony meetings were advertised on the DCS web page titled "Biennial Plan Public Notices." The web page included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Regions. 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 Regions. 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 Tuesday, October 20, 20115 at 9:30 a.m. CST at 1621 S. Woodland Ave. Michigan City, IN. A summary of the testimony is provided in Appendix C.

The trends from the Public testimony in Region 2 consisted of creating CHINS cases for newborns of families whom already have CHINS cases and Informal Adjustments being open longer than 6 months. The majority of the conversation focused on the needs of a transportation service standard. There have been ongoing issues with rural counties, parents of probation youth, and resource parents needing transportation that cannot be provided.

VIII. Summary of the Workgroup Activities

Region 2 met on October 20, 2015 at the LaPorte County DCS office, Michigan City to discuss the available data for Region 2 and identify work group members for the following four topic areas: prevention services, maltreatment after involvement, permanency for children in care 24+ months, and substance use disorder treatment. The meeting involved the DCS Region 2 management team. Mr. Ciboch went through the following data:

a) Paid Services for DCS Cases during SFY2015
b) FCM Survey Results
c) Maltreatment After Involvement
d) Permanency for Youth Out of Home at least 24 months
e) Service Provider Survey Results
f) Indicator Results at a Glance
g) Stress Factors
h) Statewide Impactful Data Trends

The following meetings were held to discuss the available data mention above.

The topics of discussion included:

1. Prevention Services

The Workgroup for Prevention Services met on October 20, 2015 at the LaPorte County DCS office in Michigan City. Region 2 DCS management was represented for the workgroup. The discussion centered on the Community Partners prevention provider to create a service standard for a Co Parenting/ Parent Mediator to address the custody cases. The workgroup determined that a service standard will need to be developed and a RFP will need to be opened to fill the gap in this prevention service.

2. Maltreatment After Involvement

The Workgroup for Maltreatment after Involvement met on October 20, 2015 at the LaPorte County DCS office in Michigan City. Region 2 DCS management was represented for the workgroup. The discussion on this topic surrounded enhancing the FCMs' understanding and knowledge of the service standard of the top 5 paid Community Based Services. The top 5 paid Community Based Services in Region 2 that will be focused on are: Home-based Casework, Visitation, Counseling, Homemaker Parent Aid, and Diagnostic & Evaluation Services. Each local office local office will schedule training sessions to educate the FCMs on the standards.

3. Permanency for children in care 24+ months

The Workgroup for Permanency for Children in Care 24+ Months met on October 20, 2015 at the LaPorte County DCS office in Michigan City. Region 2 DCS management was represented for the workgroup. This topic did not have enough focus children to be an issue for Region 2.

4. Substance Use Disorder Treatment

The Workgroup for Substance Use Disorder Treatment met on October 20, 2015 at the LaPorte County DCS office in Michigan City. Region 2 DCS management was represented for the workgroup. The discussion on this topic focused on being able to increase the use Substance Use Prevention programs. The workgroup would like to reallocate the prevention monies from specific underused programs to fund the new programs for Substance Use Prevention.

5. Transportation Service Standard

The Workgroup for Transportation met on October 20, 2015 at the LaPorte County DCS office in Michigan City. Region 2 DCS management was represented for the workgroup. The discussion on this topic focused on creating a service standard for transportation to help in the more rural areas of the region.

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:	Service Standard for Co-parenting/ Parent Mediator.

Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Define terms for a service standard	Participate with central office staff to help with workgroup.	RM, LOD, FCM, Regional Coordinator	March 31st 2016	
RFP for Co-parenting/Parent Mediator	Post RFP.	Regional Coordinator	June 30th 2016	
Evaluate and Score Proposals	Region 2 management team will meet to evaluate and score proposals.	Region 2 management team	August 31st 2016	
RSC	Vote on scored proposals for services.	RSC	December 2016	
Contract provided	Service contract in place for provider(s).	Services and Outcomes Management, Regional Coordinator	January 2017	

Measurable Outcome for Maltreatment after Involvement:	Enhance FCM's understanding and knowledge of service standards and utilization.			
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Educate and Train FCM's/Probation on service standards	Schedule training sessions.	FCM, Supervisor, Clinical Consultants, Regional Coordinator, Regional Finance Manager	March 1	

Management team will decide which of the services will be trained in what order	HBCW, Visitation, Counseling, HMPA, D&E .	RM, LOD, Regional Coordinator, Regional Finance Manager, Clinical Consultant	Jan. 2016	
Find out who the top paid provider for each of the 5 services	Provide the names of the providers.	Regional Services Coordinator, Regional Finance Manger	Sept.-Dec. 2015	

Measurable Outcome for Permanency for children in care 24+ months:				
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**

Measurable Outcome for Substance Use Disorder Treatment:	Increase substance use prevention programs.

Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Reallocate prevention funding from Body Safety to Addiction prevention services	RSC will need to know what the allocation of funding will be for next July.	RSC	End of April 2016	
Prevention provider, Dunebrook will identify money being allocated for Body Safety program	Regional Finance manger will get budget numbers for Dunebrook (prevention money).	Regional Finance Manager	July 2016	
RSC vote	Reallocation of prevention funding from Body Safety to Addiction Services.	RSC	2017	

Measurable Outcome for a region identified issue:		Create a Service Standard for Transportation		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Define terms for a service standard	Participate with central office staff to help with workgroup.	RM, LOD, FCM, Regional Coordinator,	March 31, 2016	
RFP for transportation	Post RFP.	Regional Coordinator	December 2016	
Evaluate proposals /Score	Region 2 Management team will have meeting to evaluate	Management team	March 2017	

	and score proposals.			
RSC	Vote scored proposals for services.	RSC	March -April 2017	
Contract provided	Service contract in place for provider(s).	Services and Outcomes Management, Regional Coordinator	July 2017	

X. Unmet Needs

There are no unmet needs that have not been addressed in this plan.

XI. Child Protection Plan

C.

CHILD PROTECTION PLAN

I. Region 2

A. Name and code of local offices of the Department of Child Services located within the region:

County: Jasper	Code: 37
County: LaPorte	Code: 46
County: Newton	Code: 56
County: Porter	Code: 64
County: Pulaski	Code: 66
County: Starke	Code: 75
County:	Code:
County:	Code:

II. Type of Child Protection Plan: Regional Child Protection Plan

III. Planning and Community Involvement: **(Please attach a copy of the notice(s) of the hearings on the county child protection plan.)**

A. Was the notice of the public hearing posted or published at least 48 hours in advance of the hearing (excluding weekends and holidays)?

1. Yes ☒ No ☐ (Please explain)

B. Was the procedure for notice of hearing according to IC 5-14-1.5-5 (attached) followed in detail? (Please check all that apply.)

1. ☒ Public Notice was given by the Local Office Director and Regional Manager
2. ☒ Notice was posted at the building where the hearing occurred and/or at the local offices of the Department of Child Services. (Required procedural element)

C. Give the date(s) and location(s) of the public hearings and attach a copy of the notice posted. 10/20/2015

D. Sign-in sheet(s) for the public hearing(s) and a copy of any written testimony presented can be found in the public testimony section of this plan.

IV. The Staffing and Organization of the Local Child Protection Service

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. 24 Number of Family Case Managers assessing abuse/neglect reports full time.

2. 25 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. 2 Number of Family Case Manager Supervisor IVs supervising CPS work only.

4. 6 Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services; e.g., 50% CPS and 50% ongoing services.

5. 5 Number of clerical staff with only CPS support responsibilities.

6. 9 Number of clerical staff with other responsibilities in addition to CPS support.

7. Does the Local Office Director serve as line supervisor for CPS?
Yes ☒ No ☐

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

1. 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?

Yes ☒ No ☐

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 all 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 <u>abuse</u> 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).

Yes ☒ No ☐

b. Immediately, if the child is in imminent danger of serious bodily harm.

Yes ☒ No ☐

2. Please indicate who will assess abuse complaints received during and after working hours. (Check all that apply)

   a. ☒ CPS

   b. ☒ CPS and/or Law Enforcement Agency (LEA)

   c. ☐ LEA only

4. Please indicate when neglect assessments will be initiated. See Chapter 4, Section 38 of the Child Welfare Manual (Initiation Times for Assessment).

   a. Immediately, if the safety or well-being of the child appears to be endangered.

      Yes ☒ No ☐

   b. Within a reasonably prompt time (5 calendar days).

      Yes ☒ No ☐

5. 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."

Yes ☒ No ☐

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 further 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.

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 (1 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:

1. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
2. School;
3. Hospital;
4. Juvenile Correctional Facility;
5. Adult Correctional Facility that houses juvenile offenders;
6. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
7. Licensed Child Care Home or Center;
8. Unlicensed Registered Child Care Ministry; or
9. Unlicensed Child Care Home or Center (see Related Information).

ICPS will NOT conduct assessments involving:

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

Please describe procedures for taking custody of an"abandoned infant," for purposes of IC 31-34-21-5.6, (AbandonedInfant Protocols should be renewed at this time and can be incorporated here to satisfy this item.)

Emergency Placement of Abandoned Infants

The DCS Local Office FCM who needs to place an abandoned infant in substitute care will initially place the child in emergency foster care when the team set out below cannot convene prior to the child's need for substitute care.

Note: This placement should be emergency shelter care only and should not be considered a long-term placement for the child.

In order to determine the final recommendation of placement for the child, the DCS Local Office FCM will convene a multi-disciplinary team comprised of the following team members:

1. CASA or GAL;
2. DCS Local Office Director or designee;
3. Regional Manager;
4. Supervisor;
5. SNAP worker (if appropriate); and
6. Licensing FCM.

The team will make a recommendation for placement, documenting the best interests of the child and the reasoning used in determining the most appropriate placement for the child. This recommendation and report on the interests served with this decision shall

first be submitted to the Local Office Director (LOD), then to the juvenile court for review.

G. **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.**

See Attached Protocols

H. **Describe the procedures that you follow upon receiving and referring child abuse or neglect reports to another county or state where family resides or where abuse or neglect occurs. (Refer to Indiana Child Welfare Policy Manual Chapter 3, Section 1 and Chapter 4, Section 35).**

The Hotline will refer an abuse/neglect report for assessment to the local office where the incident occurred. If it is determined that the incident occurred in another county or additional county to where the Hotline sent the assessment, the local office shall communicate and/or coordinate that information.

If a caller reveals an incident occurred out of state, the Hotline staff will provide the caller with contact information regarding the state where the allegation occurred and recommend the local office to email or fax a copy of any report taken to that agency. If the report presents concerns of a child imminent danger, the Hotline may reach out to the appropriate state agency directly.

If the Hotline receives a call from another state referencing abuse and/or neglect that allegedly occurred in Indiana, Hotline staff will determine if the report meets legal sufficiency to assign for assessment, determine where the incident occurred, and route the report with a recommendation to the local office's county queue.

If the Hotline receives a call from another state seeking home study or placement study, that information is documented as an Information and Referral and provided to the local office. The local office shall determine whether or not they will respond to the request. The Hotline will also refer the report to the ICPC unit via email.

If the Indiana Child Abuse and Neglect Hotline receives a call from another state requesting a service request to check on children that were placed in Indiana by the calling state, the Hotline will notify the local office to complete a safety check on the placed children via a service request and will notify ICPC staff if it appears the placement was illegal.

- **Describe special circumstances warranting an inter-county investigation (Refer to Indiana Child Welfare Policy Manual Chapter 3, Section 11)**

When a DCS local office receives allegations of CA/N that may pose a conflict of interest due to relationships between subjects of the report and local office staff, the local office may transfer the report to another county or region for assessment.

I. Describe the manner in which the confidentiality of records is preserved. (Refer to Indiana Child Welfare Policy Manual Chapter 2, Section 6)

The Indiana Department of Child Services (DCS) will hold confidential all information gained during reports of Child Abuse and/or Neglect (CA/N), CA/N assessments, and ongoing case management.

DCS abides by Indiana law and shares confidential information with only those persons entitled by law to receive it.

DCS shall comply with any request to conduct CA/N history checks received from another state's child welfare agency, as long as the records have not been expunged, when:

1. The check is being conducted for the purpose of placing a child in a foster or adoptive home;
2. The check is being conducted in conjunction with a C/AN assessment; and
3. The requesting state agency has care, custody and control of the child and the request is to check Child Protection Services (CPS) history of an individual who has a prior relationship with the child.

DCS will advise individuals who make calls reporting CA/N, parents, guardian, or custodian and perpetrators of their rights regarding access to confidential CA/N information.

DCS will make available for public review and inspection all statewide assessments, reports of findings, and program improvement plans developed as a result of a full or partial Child and Family Services Review (CFSR) after approval of the Chief Legal Counsel.

DCS will provide unidentifiable CA/N information of a general nature to persons engaged in research. The DCS Central Office shall provide such information upon written request.

DCS Central Office will submit all public records requests for substantiated fatality or near fatality records to the juvenile court in the county where the child died or the near fatality occurred for redaction and release to the requestor.

All records sent from DCS shall be labeled or stamped "CONFIDENTIAL" at the top of each record. Any envelope containing records shall also be labeled "CONFIDENTIAL".

DCS will protect the confidentiality of all information gained from non-offending parents in families experiencing domestic violence. Prior to releasing any information (i.e. during court proceedings where disclosure of certain information is mandatory), the non-offending parent will be notified so they may plan for their safety and the safety of the child(ren).

J. **Describe the follow-up provided relative to specific Assessments (See Chapter 4, Section 21 of the Indiana Child Welfare Policy Manual):**

The Indiana Department of Child Services (DCS) will provide a summary of the information contained in the Assessment Report to the administrator of the following facilities if such a facility reported the Child Abuse and/or Neglect (CA/N) allegations.

1. Hospitals;
2. Community mental health centers;
3. Managed care providers;
4. Referring physicians, dentists;
5. Licensed psychologists;
6. Schools;
7. Child caring institution licensed under IC 31-27;
8. Group home licensed under IC 31-27 or IC 12-28-4;
9. Secure private facility; and
10. Child placing agency as defined in IC 31-9-2-17.5.

DCS will provide this summary 30 days after receipt of the Preliminary Report of Alleged Child Abuse or Neglect (SF 114/CW0310) (CA/N intake report).

K. **Describe GAL/CASA appointments in each county**.

Describe how guardian ad litem or court appointed special advocates are appointed in your county? Region wide they are appointed at the detention hearing by the Juvenile Judge or Magistrate.

What percentages of CHINS cases are able to have advocates assigned? Jasper 62%, LaPorte 65%, Newton 100%, Porter 100%, Pulaski 40%, Starke 90%

L. **Describe the procedure for Administrative Review for Child Abuse or Neglect Substantiation in DCS (See IC 31-33-26, 465 IAC 3 and the Indiana Child Welfare Policy Manual, Chapter 2, Section 2).**

For any report substantiated by DCS after October 15, 2006, DCS will send or hand deliver written notification of the DCS decision to substantiate child abuse or neglect allegations to every person identified as a perpetrator. The notice will include the opportunity to request administrative review of the decision.

DCS Administrative Review is a process by which an individual identified as a perpetrator, who has had allegations of child abuse and/or neglect substantiated on or after October 15, 2006, has the opportunity to have a review of the assessment done by an Indiana Department of Child Services (DCS) employee not previously involved in the case. The alleged perpetrator can present information for the Administrative Review with his or her request to unsubstantiate the allegations.

A request for Administrative Review must be submitted by the individual identified as a perpetrator and **received** by the DCS local office that conducted the assessment or the DCS Institutional Child Protection Services (ICPS) within **fifteen (15) calendar days** from the date that the Notice of Child Abuse and/or Neglect Assessment Outcome and Right to Administrative Review (State Form 54317) was hand delivered to the alleged perpetrator. If the Notice is mailed, an additional three (3) days is added to the deadline.

Note: If the request for an Administrative Review deadline is on a day that the DCS local office is closed, the deadline is extended to the next business day.

DCS requires that the Administrative Review be conducted by one of the following:

1. The DCS Local Office Director in the county responsible for the assessment;
2. The DCS Local Office Deputy Director in the county responsible for the assessment;
3. The DCS Local Office Division Manager in the county responsible for the assessment; or
4. The Regional Manager in the region responsible for the assessment.

If the DCS Local Office Director, Deputy Director, Division Manager or Regional Manager was the person who approved the initial Assessment of Child Abuse or Neglect (SF113/CW0311) determination, or was otherwise involved in the assessment, preparation of the report, or has a conflict of interest, he or she will not conduct the Administrative Review. The Administrative Review will be conducted by a different DCS Local Office Director, Deputy Director, Division Manager or Regional Manager.

The individual identified by DCS to conduct the Administrative Review may at his or her discretion and subject to the time limits stated herein, refer the request to the community Child Protection Team (CPT) review and make a recommendation.

DCS will require that the Administrative Review decision is made by the appropriate DCS Local Office Director, Regional Manager, Local Office Deputy Director or Division Manager. Community CPT's are prohibited from making the decision.

The objectives of an Administrative Review are to:

1. Provide an internal review of the assessment by DCS at the request of the perpetrator; to determine whether or not the assessment provides a preponderance of evidence to support the conclusion to substantiate the allegation(s);
2. Provide an opportunity for the alleged perpetrator to submit documentation (not testimony) regarding the allegation(s) substantiated to challenge the substantiation;
3. Comply with due process requirements that mandate DCS to offer a person identified as a perpetrator the opportunity to challenge allegations classified as substantiated. An Administrative Review is one step in the DCS administrative process.

If a Court's finding(s) support the substantiation, DCS **will not conduct** an Administrative Review, the person will remain on the Child Protection Index (CPI) and any request for Administrative Review will be denied. Findings of this type can be found in a Child in Need of Services (CHINS) or criminal/juvenile delinquency case orders.

1. A court in a Child in Need of Services (CHINS) case may determine that the report of child abuse and/or neglect is properly substantiated, child abuse and/or neglect occurred or a person was a perpetrator of child abuse and/or neglect. The determinations made by the court are binding.
2. A criminal (or juvenile delinquency) case may result in a conviction of the person identified as an alleged perpetrator in the report (or a true finding in a juvenile delinquency case). If the facts that provided a necessary element for the conviction also provided the basis for the substantiation, the conviction supports the substantiation and is binding.

If a CHINS Court orders a finding that the alleged child abuse or neglect identified in the report did not occur; or the person named as a perpetrator in a report of suspected child abuse or neglect was not a perpetrator of the alleged child abuse or neglect, DCS **will not conduct** an Administrative Review. The finding of the court is binding and the report will be unsubstantiated consistent with the court's finding. The DCS local office will notify the alleged perpetrator of the assessment conclusion, whether or not an Administrative Review occurs based on the court's finding. Upon notification, the individual identified as a perpetrator will have the opportunity to request reconsideration of a denial in writing within 15 days of the denial (including an additional three days if the denial is sent by mail) and provide any basis he/she may have to support the basis for alleging an error in the decision to deny administrative review.

The individual identified by DCS to conduct the Administrative Review may deny the Administrative Review, uphold the classification of the allegation(s) as substantiated, reverse the allegations classified as substantiated or return the report for further assessment so that additional information can be obtained. An Informal Adjustment does not justify a denial of an Administrative Review. The individual identified by DCS to conduct the Administrative Review may not stay the administrative review process.

Note: For those Administrative Reviews that were stayed before the effective date of this policy, the administrative review process must be concluded in accordance with

the stay letter provided to the perpetrator. If no deadline was provided by DCS, see Notice of to Reactivate Administrative Review or Appeal Request (Chapter 2 Notification Tool- Section M).

DCS will complete the Administrative Review and will notify the DCS local office of the decision so that appropriate action can be taken consistent with the decision. The individual identified by DCS to conduct the Administrative Review will also notify the individual identified as a perpetrator in writing of the outcome within **fifteen (15) calendar days** from the DCS local office receipt of the individual's request for administrative review.

The DCS LOD or designee will maintain in the assessment case file a record of:

1. The date of the Administrative Review;
2. The person who conducted the Administrative Review;
3. The Administrative Review decision; and
4. The copy of the review decision letter. See Practice Guidance.

This procedure does not apply to child abuse and/or neglect (CA/N) substantiated assessments involving child care workers, licensed resource parents or DCS employees. DCS will notify a DCS employee substantiated for child abuse or neglect that an automatic administrative review will be conducted after substantiation has been approved. The review will be conducted by a team of DCS staff members as designated by DCS Policy. DCS will notify a child care worker or a licensed foster parent, in writing, of the date, time and place of a face to face meeting with the DCS staff member who conducts the administrative review before the DCS determination to substantiate is approved. These administrative reviews are conducted automatically, without any request for review from the individual identified as a perpetrator. While these individuals are invited to attend their administrative review, the administrative review will occur regardless of the attendance of the individual identified as a perpetrator. DCS will require that the administrative review occur prior to supervisory approval of the assessment finding. A written review decision will be mailed or hand delivered to the individual identified as a perpetrator. Following the review, the DCS staff member will notify the person of the review decision. The written review decision will include procedures that the person must follow to request an administrative appeal hearing before an Administrative Law Judge. (Refer to the Indiana Child Welfare Manual, Chapter 2, Sections 3 and 4.)

Are you automatically holding an Administrative Review on all Child Care Workers, foster parents substantiated for child abuse and/or neglect prior to substantiation?

Yes ☒ No ☐

Does your region schedule administrative reviews for child care workers and foster parents in accordance with DCS Policy?

Yes ☒ No ☐

The Indiana Department of Child Services (DCS) recognizes the right of the alleged perpetrator to request an Administrative Appeal Hearing if substantiated allegations of Child Abuse and/or Neglect (CA/N) are upheld in the DCS Administrative Review or when an administrative review is denied. The process outlined herein will apply to all assessments that substantiate CA/N against a named individual identified as a perpetrator on or after October 15, 2006. (Refer to the Indiana Child Welfare Manual, Chapter 2, Section 5.)

If the substantiated assessment is against a minor perpetrator, the request for an Administrative Appeal Hearing must be made by the child's parent, guardian, custodian, attorney, Guardian ad Litem (GAL), or Court Appointed Special Advocate (CASA).

DCS requires that all requests for Administrative Appeal Hearing by an individual identified as a perpetrator utilize the Request for an Administrative Appeal Hearing for Child Abuse or Neglect Substantiation (54776) and that the request be received by DCS Hearings and Appeals within **thirty (30) calendar days** (if request hand delivered) or **thirty-three (33) calendar days** (if request mailed) from the date identified on the Notice of Right to Administrative Appeal of Child Abuse/Neglect Determination (State Form 55148).

> **Note**: If the request for an Administrative Appeal is received on a day that the DCS Hearings and Appeals is closed, the next business day is considered the receipt date. If the request deadline is on a day that DCS Hearings and Appeals is closed, the deadline is extended to the next business day.
>
> If the substantiated assessment is against a DCS employee or a child care worker as defined in DCS policies Chapter 2, Section 3 Child Care Worker Assessment Review (CCWAR) Process and Chapter 2, Section 4 Assessment and Review of DCS Staff Alleged Perpetrators, the Administrative Appeal Hearing will be scheduled to be heard within twenty (20) calendar days of the date the request is received by Hearings and Appeals, unless the perpetrator (appellant) waives the time limit in writing as outlined in 465 IAC 3-3-9.
>
> At the hearing, the DCS local office representative will:
>
> 1. Review assessment documentation prior to the hearing; and
> 2. Bring supporting documentation to be entered as evidence and witnesses to the hearing. Exhibits should be appropriately redacted to eliminate all Social Security numbers, identification of the report source, and any other information necessary for redaction.

V. Community Child Protection Team (CPT)

A. Have confidentiality forms been signed by all team members?

County	Yes	No
Jasper	☒	☐
LaPorte	☒	☐
Newton	☒	☐
Porter	☒	☐
Pulaski	☒	☐
Starke	☒	☐
	☐	☐
	☐	☐

B. How often are CPT meetings scheduled at the present time? Include the date of the last meeting.

County	Weekly	Monthly	Telephone	As necessary, but at least	Date of last meeting
Jasper	☐	☒	☐	☐	10/19/2015
LaPorte	☐	☒	☐	☐	10/13/2015
Newton	☐	☒	☐	☐	11/17/2015
Porter	☐	☒	☐	☐	10/16/2015
Pulaski	☐	☒	☐	☐	11/02/2015
Starke	☐	☒	☐	☐	10/21/2015
	☐	☐	☐	☐	
	☐	☐	☐	☐	

C. How many meetings were held in:

County	SFY 2014	SFY 2015
Jasper	10	10
LaPorte	10	10
Newton	10	10
Porter	8	7
Pulaski	11	10
Starke	11	12

D. Are emergency CPT meetings held?

Yes ☐ No ☒

If yes, how many:

a. in SFY 2014? _____

b. in SFY 2015? _____

E. What was the average attendance for the CPT meetings?

1. in SFY 2014? 8

2. in SFY 2015? 9

F. What was the number of reports reviewed by the CPT:

1. in SFY 2014? 1043

2. in SFY 2015? 1098

D. What was the number of complaints reviewed by the CPT:

1. in SFY 2014? 0

2. in SFY 2015? 0

H. Please list **names, addresses,** and **telephone numbers of CPT members** (Refer to I.C. 31-33-3) and **note the name of the coordinator by adding ** next to their name:** For 1 – 13 see notation

1. Director of local DCS or director's designee

2-3 Two (2) designees of juvenile court judge

4. County prosecutor or prosecutor's designee

5. County sheriff or sheriff's designee

6. The chief law enforcement officer of the largest LEA in the county or designee

7. **Either** president of county executive or president's designee **or** executive of consolidated city or executive's designee

8. Director of CASA or GAL program or director's designee (*See note after #13.)

The following members are to be appointed by the county director:

9. **Either** public school superintendent or superintendent's designee **or** director of local special education cooperative or director's designee

10-11. Two (2) persons, each of whom is a physician or nurse experienced in pediatric or family practice

12-13. One (2) citizens of the community

***Note:** If #8 was left blank because your county does not yet have a CASA or GAL program, add another citizen of the community to make your number of team members total 13 as specified by I.C. 31-33-3-1Director of local CPS or director's designee. (Refer to Child Welfare Manual, Chapter 1, Section 1.)

County	Name	Address	Phone
Jasper	Sharon Mathew 1	105 E. Drexel Parkway, Ste. 2, P.O. Box 279, Rensselaer, IN 47978	2198664186
Jasper	Monica Oliver 1	105 E. Drexel Parkway, Ste. 2, P.O. Box 279, Rensselaer, IN 47978	2198664186
Jasper	Cyndi Urbano 2	1114 South Halleck St., DeMotte, IN 46310	2199872200
Jasper	Christine Haskell ** 4	128 North Cullen St., Rensselaer, IN 47978	2198665321
Jasper	Pat Williamson 5	P.O. Box 296, Rensselaer, IN 17978	2198664433
Jasper	Katie Hall 8	910 S. Sparling Ave., Rensselaer, IN 47978	2198662179
Jasper	Claudia Earnest 9	P.O. Box 340, DeMotte, IN 46310	2199872789
Jasper	Cheryl Querry 10	1104 E. Grace St., Rensselaer, IN 47978	2198665141
Jasper	Stacy Vaughan 2	105 1/2 W. Kellner Blvd., Rensselaer, IN 47978	2198664903
Jasper	Shayla Wiseman 12	P.O. Box 212, Rensselaer, IN 47978	2198668281
Jasper	Jennifer Rheese-Fuller 13	P.O. Box 212, Rensselaer, IN 47978	2198668281

County	Name	Address	Phone

LaPorte	Karen Biernacki 8	1005 Michigan Ave., LaPorte , Indiana 46350	2193243385
LaPorte	Michelle Goebel 1	1621 S. Woodland Ave, Michigan City, Indiana 46360	2198786370
LaPorte	Desiree Nichols 2	300 Washington St., Michigan City, IN 46360	2198745611
LaPorte	Jillian Ashley 6	102 West 2nd St., Michigan City, IN 46360	2198743221
LaPorte	Gail Boss 4	1206 Michigan Ave., LaPorte, IN 46350	2193629446
LaPorte	Jen Rhine-Walker 5	809 State St., Suite #503A, LaPorte, IN 46350	2193267700
LaPorte	Elizabeth Stahl 9	408 South Carroll Ave., Michigan City, IN 46360	2198732000
LaPorte	Melissa Morse 12	1921 A St., LaPorte, IN 46350	2193627056
LaPorte	Christy Moss 2	324 Ziegler Rd., LaPorte, IN 46350	2193245130
LaPorte	Angie Marsh ** 13	7451 West Johnson Rd., Michigan City, IN 46360	2198740007

County	Name	Address	Phone
Newton	Ron Fisher 1	4117 South 240 West, Suite 200-A, Morocca, IN 47963	2192852206
Newton	Linda Drinski **2	P.O. Box 325, Lake Village, IN 46349-0325	2199923611
Newton	Cathy Ticen 2	131 West Drexel Parkway, Rensselaer, IN 47978	2198664194
Newton	Jeff Drinski 4	210 East Graham St., Kentland, IN 47951	2194749556
Newton	Cpt. Shannon Cothran 6	304 East Seymour St., Kentland, IN 47951	2194745661
Newton	Mickey Read 7	9904 North 108 West, Lake Village, IN 46349	2199922131
Newton	Kaite Hall 8	910 South Sparling Ave., Rensselaer, IN 47978	2198660843
Newton	Destin Haas 9	310 South Lincoln St., Morocco, IN 47963	2192852228
Newton	Scott McCord 10	4117 South 240 West, Suite 500, Morocco, IN 47963	2192852515
Newton	Paul McCarthy 11	13102 South 50 East, Kentland, IN 47951	2194745167
Newton	Diane Gonczy 12	407 South Clay St., P.O. Box 513, Morocco, IN 47963	2192856328
Newton	Linda Anderson 13	1641 West 250 North Rd., Morocco, IN 47963	2192852252
Newton	Michelle Dresbaugh 3	201 North 3rd St., P.O. Box 152, Kentland, IN 47951	2194746081 ext. 176

County	Name	Address	Phone

Porter	**Lou Richey 1	19 E. Lincolnway, Valparaiso, IN 46383	219-462-2112
Porter	Chris Buyer 2	1660 St. Rd. 2, Valparaiso, IN 46383	219-465-3475
Porter	Trista Hudson 4	16 Lincolnway, Valparaiso, IN 46383	219-465-3415
Porter	Brian Gensel 3	16 Lincolnway, Valparaiso, IN 46383	219-465-3415
Porter	Daryl Henson 5	2755 State Road 49, Valparaiso, IN 46383	219-477-3000
Porter	Melanie Sheets 6	355 Washington St., Valparaiso, IN 46383	219-462-2135
Porter	Laura Shurr Blaney 12	155 Indiana Ave., Valparaiso,IN 46383	219-465-3349
Porter	Regina Pagetti Cross 12	253 W. Lincolnway, Valparaiso, IN 46383	219-464-9585
Porter	Claudia Clark 8	253 W. Lincolnway, Valparaiso, IN 46383	219-465-9585
Porter	Lois Felten 9	6161 Old Porter Road, Portage, IN 46368	219-764-6612
Porter	Dr. Alice Harrington 10	1101 E. Glendale, Valparaiso, IN 46383	219-462-0555
Porter	Tamara Barnes, RN 11	814 LaPorte Ave., Valparaiso, IN 46383	219-465-4600
Porter	Melanie Yagelski 13	Westville, IN	

County	Name	Address	Phone
Pulaski	Crystal Williams ** 1	222 North Sally Drive, Winamac, IN 46996	5749463312
Pulaski	Christine Allen 2	110 E. Meridian, Ste 201, Winamac, IN 46996	5749466558
Pulaski	Dan Murphy 4	110 E. Meridian, Ste 210, Winamac, IN 46996	5749466858
Pulaski	Crystal Brucker 3	110 E. Meridian, Winamac, IN 46996	5749463411
Pulaski	Jason Woodruff 5	110 E. Meridian, Winamac, IN 46996	5749463411
Pulaski	Teresa Hansen 10	112 East Main St., Winamac, IN 46996	5749466080
Pulaski	Sara Kroft 8	112 East main St., Winamac, IN 46996	5742252227
Pulaski	John King 9	815 School Drive, Winamac, IN 46996	5749466525
Pulaski	Vicki White 11	540 Hospital Drive, Winamac, IN 46996	5749462140
Pulaski	Jean Widup	8977 West S.R. 14, P.O. Box 437, Winamac, IN 46996	5742420205
Pulaski	Sherry Landrum 12		5749466017
Pulaski	Chris Schramm 6	110 E. Meridian, Winamac, IN 46996	5749463411

County	Name	Address	Phone
Starke	Dee Lynch 1	318 East Culver Rd., Knox, IN 46534	5747723411
Starke	Kristi Nolcheff 2	P.O. Box 395, Knox, IN 46534	5747729151
Starke	Rhonda Adcock 8	3250 South 700 East, Knox, IN 46534	5747724552
Starke	Melinda McCarty4	108 North Pearl St., Knox, IN 46534	5747727756

Starke	Rob Olejniczak 5	5435 East St., Rd. 8, Knox, IN 46534	5747723771
Starke	Dave Combs 6	101 W. Washington St., Knox, IN 46534	5747723771
Starke	Doug Vessley ** 7	206 Keller Ave., North Judson, IN 46366	574896550
Starke	Chuck Rebeck9	809 W. Talmer Ave., North Judson, IN 46366	5748962129
Starke	Frank Lynch 10	53 E. Washington St., Knox, IN 46534	5747729137
Starke	Jaymie Rose 11	1195 East 900 North, Knox, IN 46534	5743797903
Starke	Ivyl Wallace 12	333 W. Jackson St., Knox, IN 46534	5747722967
Starke	Larry Keisier 13	7040 East 50 South, Knox, IN 46534	5747723771

VI. County Child Protection Service Data Sheet

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.)**

		2014	2015
1.	List items purchased for the Child Protection Team and costs	**0**	**0**
2.	Child Advocacy Center/Other Interviewing Costs		**NA**

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 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 line supervisor for CPS, include the proper percentage of salary on the line for Family Case Manager Supervisors. (**Attach a separate sheet showing your computations.**)

Average Salaries to be used in calculations

	SFY 2014		SFY 2015	
Job Classification	***Average Salary***	***Fringe***	***Average Salary***	***Fringe***
Family Case Manager	$35,307.76	Salary X (1.1953)+$10,444	$37,955.75	Salary X (2.223)+$10,444

Family Case Manager Supervisor	$42,970.25	Salary X (1.1953)+$10,444		$46,185.92	Salary X (2.223)+$10,444
Clerical Support	$25,520.94	Salary X (1.1953)+$10,444		$26,113.07	Salary X (2.223)+$10,444
Local Office Director	$51,200.47	Salary X (1.1953)+$10,444		$56,069.35	Salary X (2.223)+$10,444

		2014	**2015**
1	Family Case Managers IIs	$1,288733.24	$1,385,384.87
2	FCM Supervisors (or Local Director)	$266,051.72	$286,998.95
3	Clerical Support Staff	$242,448.93	$248,074.17
	Total Cost of Salaries	$1,797,233.89	$1,920,457.99
C.	**Grand Total of VI (Total Cost of Services In A, plus Total Cost of Salaries in B**	$1,797,233.89	$1,920,457.99

CERTIFICATION

I certify and attest that the local Child Protection Service Plan of Region 2 is in compliance with IC 31-33-4-1; and copies of the plan have been distributed in conformity with same.

Signature of Regional Manager

Terrance K. Ciboch
Regional Manager's Name

1/19/16
Date