Region 10

Biennial Regional Services Strategic Plan

SFY 2017 - 2018

February 2, 2016

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Biennial Regional Services Strategic Plan
Table of Contents

Biennial Regional Services Strategic Plan

SFY 2017-2018

Region 10

Regional Coordinator: Carolee Couch

Approved by:

Peggy Surbey
Regional Manager: Peggy Surbey **DATE:** 1-15-16

Lolita Campbell
Regional Finance Manager: Lolita Campbell **DATE:** 1-15-16

Regional Service Council: **DATE:** 1-15-16

Kate Peterson	Karen Hamang
	Peggy Ellis
	Mayor Morrison III

Mary Beth Bonaventura
Director: Mary Beth Bonaventura **DATE:** 2/1/16

Regional Service Council Members:

Peggy Surbey, Regional Manager	**Gregg Ellis, Child Advocates**
The Honorable Marilyn A. Moores, Judge	**Mike Locotosh, Foster parent**
Magistrate Diana Burlson (designee)	**Melinda Schadler, Region 10 Supervisor**
Peter Haughan, Prosecutor	**Brant Ping, Juvenile Court Best Practices**
Maribryan McGeney, Region 10 Division Manager	**Julia Davis, Faith Based Community**
Karis Reid, Region 10 Division Manager	**Vacant-resident who is 16-25 years of age**
Mingo Morrison, Region 10 Division Manager	**Vacant-parent of a child**
Amy Foxworthy, Region 10 Supervisor	
Chris Ball, Chief Probation Officer Juvenile Court	

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

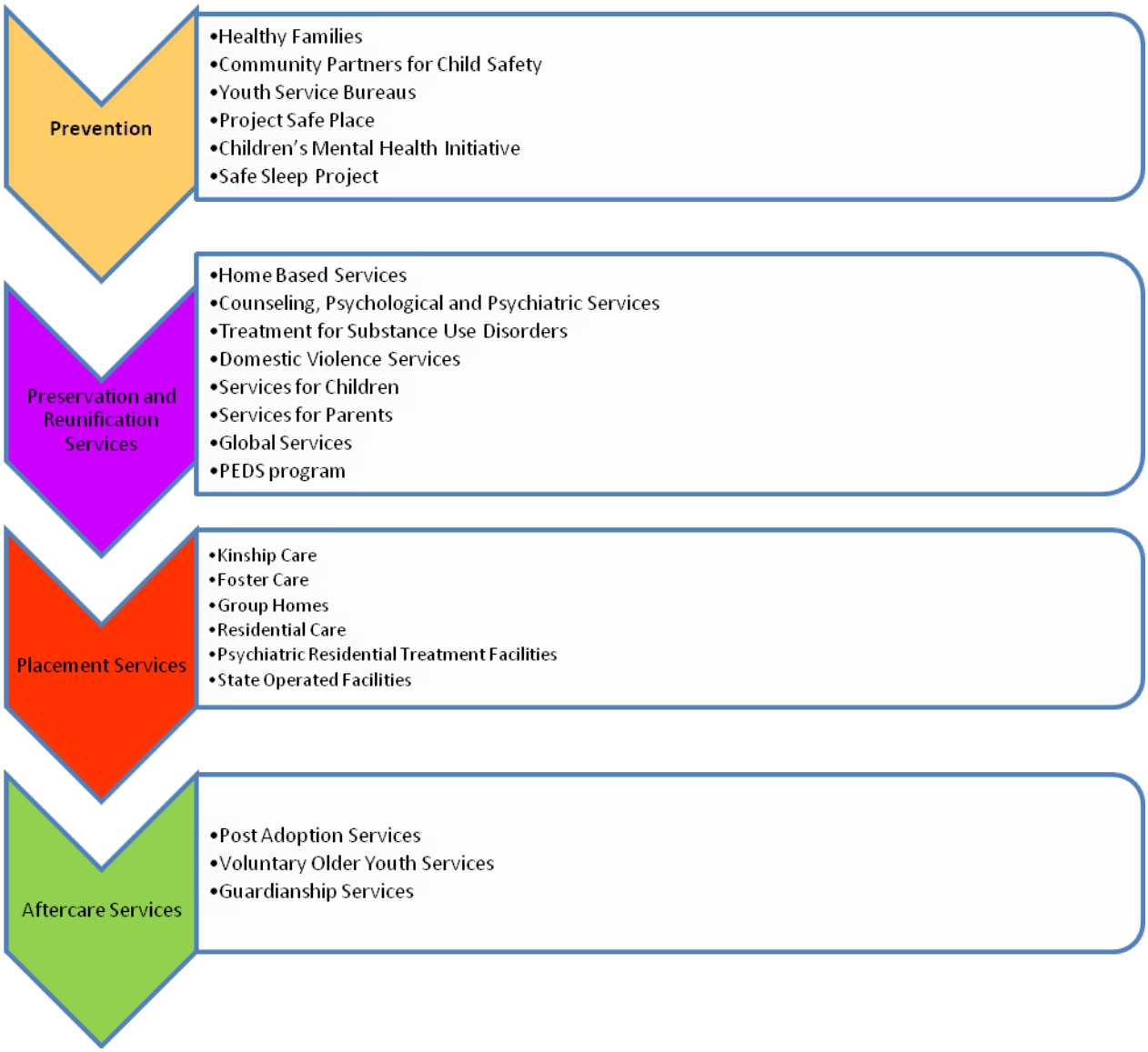
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes 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 state wide. 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 10 has a strong array of services available to the families and children involved with the Department of Child Services and Juvenile Probation. This region has increased the number of contracted service providers and has encouraged existing contracted providers to increase their capacity to serve this population. Partnerships with the Community Mental Health Centers, a strong System of Care organization, and an abundance of social service and mental health providers in Marion County has improved the availability and the selection of services for families. As in most regions in Indiana, there is a shortage of licensed therapists to meet the growing need for mental health and substance use disorder treatment. The Department of Child Services has been working on finding ways to decrease this shortage and build capacity and improve the effectiveness of the services. There is a strong emphasis on bringing and keeping evidence based programming to the state by providing specific training for therapists in programs such as the Family Centered Treatment, Trauma Focused Cognitive Behavioral Therapy, Child Parent Psychotherapy, and Motivational Interviewing. Home Based Services are the most commonly used services and these Evidence Based Programs fit this in home service model well.

Another area of high utilization and high need is for Substance Use Disorder Treatment. With the increase of drug abuse in our communities, the need for treatment has increased over the past few years making it harder for families to get into an assessment and treatment in a timely fashion. The need for Substance Use Disorder Services has increased substantially including a growing need for Intensive Outpatient Substance Use Disorder Treatment, Residential Substance Use Treatment, Inpatient Detoxification, and Sober living/Transitional Housing. Marion County has the Family Drug Dependency Court and could use more services to assist with that process. The START program (Sobriety Treatment & Recovery Teams) is not in Marion County yet and could be used to further support recovery from Substance Use when and if it becomes available in this region.

As in many regions, there are services that would be utilized more if they were more available and shown to be more effective. Under the Comprehensive Home Based Program there are shortages in availability for the following Evidence Based Programs: Alternatives for Family Cognitive Behavioral Therapy, Intercept, Child Parent Interaction Therapy, and Child Parent Psychotherapy. As more clinicians are trained throughout the state on these Evidence Based Models, they should become more available in this region. Efforts continue in bridging the gaps in service availability and effectiveness in this region.

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:

Highest Availability-
1. Substance Use/Abuse Treatment Services
2. Healthcare Services
3. Home Based Case Management
4. Mental Health Services
5. Domestic Violence Services

Highest Utilized-
1. Home Based Case Management
2. Substance Use/Abuse Treatment Services
3. Public Assistance
4. Mental Health Services
5. Services to meet Basic Needs

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

Lowest in Availability-
1. Housing
2. Childcare
3. Motivational Interviewing
4. Legal Assistance
5. Employment/Training Services

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 at 10am on November 20, 2015 at 4150 N. Keystone Ave, Indianapolis, IN 46205. A summary of the testimony is provided in Appendix C.

Public Testimony for the Child Protection Service Plan/Biennial Regional Services Strategic Plan in Region 10 was scheduled for November 20, 2015 at 10am in Marion County at the local DCS office of Marion County Department of Child Services located at 4150 N. Keystone Ave, Indianapolis, IN 46205. This Public Testimony meeting was advertised in the local office lobby, on the DCS website, in the IRACCA newsletter, announced at the previous Regional Services Council meetings and emailed to all DCS contracted providers. This Public Testimony meeting immediately followed the Regional Services Council meeting and around 20 people were in the audience. At 10am on the day of the meeting Regional Manager, Peggy Surbey, announced the opportunity to provide public testimony and waited for approximately twenty minutes. No public testimony was given and the meeting was adjourned.

VIII. Summary of the Workgroup Activities

In order to have discussion about the issues related to the four topics chosen for the Action Plan of the Biennial Regional Services Strategic Plan for Region 10, six workgroup meetings were held. The regional management team, probation representatives, PQI staff, legal staff, the DCS behavioral health consultant, and representatives from providers were invited to attend the workgroup meetings. After evaluating the data provided for each workgroup meeting and brainstorming solutions that would impact the areas, action steps were crafted for each of the four topics. These four topics included Prevention Services, Maltreatment after Involvement, Permanency for children in care 24+ months, and Substance Use Disorder Treatment.

The following meetings were held to discuss the available data.

1. Prevention Services

Meeting was held on December 11, 2015 to discuss the current Prevention Programming funded by the Regional Services Council and to do the Action Steps for Prevention Services in this Biennial Plan. The RSC is very involved with Prevention funding and evaluating what programs to support. There is an emphasis on empowering the community to improve the lives of our youth and their families. This is done by funding programs that have great impact on the youth and their families so that abuse and neglect can be avoided for today's children and for these children's children. It was decided that Region 10 would partner with the Black Expo's "Your Life Matters" Campaign. This program is grant funded and targets the 46218 zip code in Indianapolis. This campaign is known nationally for its successful approach to reducing violence and crime.

This program focuses on engaging “disconnected” youth; those who have lost hope, may be struggling to stay in school, and may be young parents themselves. This is done by partnering with youth and youth serving organizations to help provide education, mentoring, job opportunities, and hope for a better future in their neighborhood. Prevention funding and public support of this program by the Department of Child Services in Region 10 has the potential to make a huge difference in the lives of the youth in this focus area.

2. Maltreatment After Involvement

On November 2, 2015 the Assessment Division Managers met to discuss the specific data provided to Region 10 on the cases where there was a second substantiation of abuse or neglect after the initial allegation was substantiated. Specific situations were evaluated and trends were looked at before digging deeper into the reasons or situations where this repeat of maltreatment occurred.

A second meeting on November 18, 2015 was held with the Region 10 management team, PQI team, service coordination team and some legal staff to look at the trends and brainstorming that occurred in the earlier meeting. From this second meeting, action steps were put together to work toward reducing the incidence of having further maltreatment after DCS involvement.

3. Permanency for children in care 24+ months

On November 4, 2015 the Permanency Division Managers met to discuss the specific data provided to Region 10 on the cases where the children had not reached permanency after being in DCS care for 24 months or more. Specific cases were looked at from the data set provided to the Region from the State Wide Data Presentation. A list of pending adoptions was pulled from the Region’s records and that list was put into a sortable spreadsheet and sorted for a number of criteria that was being looked at as a way to discern why these youths’ adoptions had not already been completed. The reasons for delays in their permanency was evaluated. It was found that a good number of the youth who had not reached permanency had some type of delay in their adoption process that could be remedied with a good plan. Brainstorming took place and the meeting for writing the action steps was planned.

The Action Step Planning meeting was held on November 18, 2015 with the Region 10 management team, PQI team, service coordination team and some legal staff to look at the trends and brainstorming that occurred in the earlier meeting. From this second meeting, action steps were put together to work toward increasing the number of youth reaching permanency through Adoption.

4. Substance Use Disorder Treatment

On December 1, 2015 a meeting was held at the DCS local office in Marion County to discuss trends and ideas for improving Substance Use Disorder Treatment as part of the Biennial Regional Services Strategic Plan. The Behavioral Health Consultant, Jeff Jamar, attended to give insight to the group as it was looking at possible action steps. The Service Coordination team had members present and a service provider from Youth Villages was in attendance.

Jeff Jamar had been visiting community mental health centers around the state and had discussed substance use disorder assessments and treatment with them. He reported that he found:

Programs dealing w/ adolescent substance abuse struggle due to lack of referrals. This is a nationwide issue. Standardized screening and assessments need to be utilized for adolescent substance abuse treatment. Providers do not have a shared understanding of Intensive Outpatient Treatment. Providers do not want to accept assessments from other providers. A disconnection between working with youth and family members on substance abuse issues (primarily JD/JS cases) was noted. CMHC Feedback indicate referral for a Substance Abuse assessment lack information in the actual referral. There is a disconnect between provider assessment and FCM identified needs of the family. Assessments need to contain detailed information on why an assessment is needed, history of drug use and what is the assement going to be used for. Training needs to be done for both providers and Field Staff on substance use disorders and how to treat them.

On December 2, 2015 the Region 10 DCS Management team met to discuss the meeting notes from the previous day and to come up with some action steps to address improving issues surrounding substance use disorder treatment.

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:		**To partner with and support the "Your Life Matters" Campaign in Indianapolis by collaborating with the <u>Performance Partnership Pilots for Disconnected Youth</u> providing prevention funding and increased awareness of programs.**		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Meet with the Campaign Partners to learn about the program grant and discuss how to best be supportive/involved	Regional Manager (RM) Peggy Surbey contacts Tonya Bell (Black Expo) and Michael Tyman (Your Life Matters) to set up a meeting to discuss the grant and how DCS prevention funding could further assist the campaign.	Regional Manager, Peggy Surbey	July 2016	July 2016 until completed
Help Organize programs and resources in the 46218 zip code (targeted area)	Peggy Surbey and the Community Partners for Child Safety will organize meetings to brainstorm and determine what resources are available and then provide this information to the Campaign.	Regional Manager and her appointees along with the Children's Bureau—Prevention Funding	July 2016 and 2017	Ongoing throughout the project
Connect the Father Engagement Program to this initiative and have a booth at the Indiana Black Expo	Regional Manager will contact the Indiana Black Expo to get a booth reserved. DM Morrison and the	Regional Manager Peggy Surbey, Division Manager Mingo Morrison, Father	July 2016 and 2017	During both Indiana Black Expo's Summer Celebration in 2016 and 2017

about resources for young fathers	Regional Coordinator will contact the Father Engagement providers for their participation .	Engagement providers		
Educate the public on the CMHI (Children's Mental Health Initiative)	Obtain information about his program to distribute at the Indiana Black Expo—DCS booth. Have a booth at Black Expo specifically on the CMHI program and have someone knowledgeable about it there to interact with the public.	CMHI Manager and Services Coordinators Regional Manager	July 2016 and 2017	During both Indiana Black Expo's Summer Celebration in 2016 and 2017
Have a booth at the Indiana Black Expo for the Children's Bureau to present the Community Partners for Child Safety and other prevention programs to the public	RM will obtain booth at the Expo and will work with Children's Bureau to make sure they are there and educating the public on the prevention programs in Marion County.	Regional Manager, Peggy Surbey, or her appointee and the Children's Bureau NACS team	July 2016 and 2017	During both Indiana Black Expo's Summer Celebration in 2016 and 2017
Assist with funding the Indiana Black Expo's Summer Celebration Education Conference	RM will work with the Indiana Black Expo's Education Conference committee on funding needs, proposal submission for funding.	Peggy Surbey, Children's Bureau and the Indiana Black Expo's Education Conference Staff	July 2016 and 1017	During both Indiana Black Expo's Summer Celebration in 2016 and 2017

Measurable Outcome for Maltreatment after Involvement:		**To reduce repeat maltreatment after first substantiated incident of abuse/neglect to 5%, half of what the rate is currently**		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Reviewing the Policies on Assessments	1 During the Assessment Staffing Meetings, Supervisors will be reviewing the policy on Assessments and discussing how to make sure policy is being followed. 2 Each Supervisor will go over the policy about assessments with their FCMs and have the FCM sign a copy of the policy for their fact file.	1 DMs, Supervisors 2 Supervisors and FCMs	1 Yearly expectation for all assessment staff 2 Yearly and when a new FCM starts	November 2016-2017
Review Policies on the use of the tools available for assessing a child or family. Some of these tools include; Safety and Risk Assessments, CANS Scores, Child and Family Team Meetings	All Supervisors review policies on using Safety and Risk Assessments and then go over these policies with their FCMs and have the FCM sign a copy of the policy for their Fact File.	DMs, Supervisors Both Assessment and Permanency	Yearly expectation for all staff and for each new staff to complete when starting with DCS	Each November

1. Using Assessment Tools appropriately for making decisions about the safety and wellbeing of children including decisions about the safety of children, case type involvement, and level of intervention.	1. After reviewing the policies on assessment tools and the FCM will utilize the tools available to make consistently appropriate decisions about the need for and level of intervention with the family's being assessed.	1 FCMs and Supervisors	1 During daily safety staffing	Ongoing
2. FCMs will staff the case/ assessment recommendations with their Supervisor. If the FCM and Supervisor choose to override the recommendations of the Safety and Risk Assessments, they must document situation in MaGIK	2. During Safety Staffing and Clinical Staffing, the FCM will bring the Safety and Risk Assessment results, the CANS Scores, and the details of the situation to the Supervisor for review and guidance on best practice and decisions being made on cases.	2. Supervisors and FCMs	2. During clinical supervision/ case staffing	
3. If an override of the recommendation occurs then it must be staffed with the Division Manager	3. When Supervisors staff with their DM, they have to bring with them; all of the assessment tools utilized for making the decision on the situation.	3. Supervisors and Division Managers	3. During supervision and case staffing	
4. Have Reassessment of safety/risk when case plans are being done, every 6 months, and prior to closure	4. Have transition meetings, CFTMs, and discussions about the children's safety,	4 FCM, Supervisors, Family Teams, GAL, Service Providers	4 When needed, at critical junctures and	

and critical case junctures	wellbeing, stability, and permanency.		around case planning, permanency	
Ensure that the right services at the right intensity level are being put in place with a family quickly so that service providers can begin working with the families from the very beginning of involvement	1. After ensuring that the CANS is up to date and that the Safety and Risk Assessment is accurate, Service Mapping in the Referral Wizard to get recommendations for services should be completed. These recommendations are staffed with the Child and Family Team when making referrals. 2. If a case is not being opened—Ensure that the family has the resources they need by doing a referral to Community Partners, a Community Mental Health Center, Public Assistance, Medical Services, etc.	1 Supervisors, Family Case Managers, Child and Family Team, Potential Service Providers 2 FCM to make referrals to Community Partners or other needed resources with the help of the family	Once the decision has been made to open a case 2 When the decision to not open a DCS case is made	Within 30 days of the assessment decision
Reduce the frequency of second reports being called	1 Provide information and education to providers who	1 Family Case Managers	1 At the time of sending the	Ongoing

in for the same issues that are already being addressed in the current case	are working with families so that they know what issues and allegations are being addressed through the current case/services. This should include when to call the Hotline with new allegations. 2 Region 10 Orientation for Providers training will add this information to the training material.	2 Regional Services Coordinator, Training Presenters	referral to the service provider and then in the treatment planning for the family 2 Material will be added by the first Orientation in this Biennial Cycle	
Work with Legal and Central Office on how assessment tools can be used in writing the Preliminary Inquiry to ensure that the PI language matches the assessment tools used.	The Regional Manager will work with the Legal Team to determine what language can be used in the PI that matches the Safety/Risk Assessments and other tools used during the Assessment of Allegations.	Regional Manager and the Legal Department Staff	First quarter of the Biennial	July 1, 2016

Measurable Outcome for Permanency for children in care 24+ months:	**Move youth to permanency of adoption—Decrease time from Termination of Parental Rights to Adoption Finalization.**

Action Step	Identified Tasks	Responsible Party	Time Frame	Date of Completion
Cleaning up report to make sure that all kids with Permanency plan of adoption are accurate (is it really the plan). Accurate reports in MaGIK	Supervisors & DMs pull the MaGIK report and determine if it matches the actual case plans. Correct those that need changed in the case plan and after court orders.	DMs& Supervisors, FCMs will do the change with the case plan after court orders	Monthly	Ongoing
Adoption	Put together/update the adoption flow chart and CEU/legal process form. Get report of when adoption petitions are filed. Legal keeps a list and following up to move the process along. Talk with the adoption attorneys. Give DMs a list of when petitions are filed. Annual review of the adoption process.	Division Managers (Karis) and Legal Staff Supervisors and DMs along with Legal Staff Region 10 Management Staff	As needed, when changes are made Monthly Yearly	July 1, 2016 Ongoing Yearly
Give MaGIK team feedback on report issues that need fixed—some info pulling from old closed cases, is it the right child on the case	Look at the report, CHINs Children with Case Plan goals of Adoption report, make sure that there is a current case plan/accurate plan.	Division Managers	Monthly	Ongoing

Determine the barriers that are keeping the adoptions from being completed and remedy those barriers and delays to get youths' adoptions finalized	Knowing who the cases have been assigned to for negotiations; getting CEU eligibility done timely; List clean up to know who is where in the adoption process; Ask CEU to send an email when paperwork has been submitted; DM contacts CEU to find out what is causing delays; List once per month of the determinations received that month and progress on CEU. Build a MaGIK report CEUs submitted and Completed. Adoption Mentors, Each Division has Subject Matter Experts in adoption to help coach the FCMs with completing adoptions; adoption workgroups, think tanks.	Regional Manager, Peggy Surbey to Central Eligibility Unit Director Division Managers and Supervisors checking with CEU team Permanency Division Managers Family Case Managers trained to be Mentors for Adoption in each Division	July 2016-ongoing	Ongoing

Measurable Outcome for Substance Use Disorder Treatment:		**Improve the quality and accuracy of Substance Use Assessment recommendations by providing more information to the Assessment provider in the referral and by improving the understanding of what is needed from the assessments.**		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Clarify what information and documentations are allowed to be released to the Substance Use Assessment provider with the referral	Contact legal department and policy for guidance on what is legally allowed to be shared with a referral.	Legal Team in Region 10 and the Regional Manager	First Quarter of this Biennial Plan	By September 1, 2016
Provide Training on making referrals for Substance Use Assessments and Treatment to both FCMs and Supervisors	Take the information learned from legal and policy on what can be released with a referral, incorporate best practices on what needs to be provided to the agency doing the assessment/treatment, and create a training/In Service for Region 10 staff.	Regional Coordinator and the Regional Manager along with the Chief Legal Attorney in Region 10	Have first training by the end of the 2nd quarter of FY2017	Do these In Service Trainings each Quarter and with each new FCM cohort during this Biennial period
Provide extra training/in service to the FCM Mentors on referrals in general and also specifics on Substance Use Assessment/Treatment referrals	After the first In Service on SUB referrals, create an in service for mentors that goes deeper into issues related to substance use assessment and treatment.	Regional Manager and the Regional Services Coordinator will work with Mentoring Training	October 2016	Ongoing throughout the Biennial Period

Improve Supervisors' knowledge and practice skills dealing with referral approvals	Create an in service training for Supervisors, reiterating what is supposed to be included on a referral, what should be sent to the provider with the referral, what the array of services for those suffering with a Substance use Disorder are with DCS and how to determine what should be referred.	Regional Manager, Regional Services Coordinator, and Staff Development Team	October 2016	Ongoing Throughout the Biennial Period
Add Drop Down Questions in the Referral Wizard that must be selected before the referral can be sent for approval	1. Regional Manager and Regional Services Coordinator speak with Central Office on this request/need 2.Talk with the KidTraks technology team to give them information on what would be most helpful to include in these new drop down box questions/answers 3. Set up a timeline for the KidTraks/Referral Wizard Team to make these changes	1 Regional Manager and Regional Services Coordinator 2 Services And Outcomes Deputy and Assistance Deputy Directors, Other C/O Staff as needed 3 Central Office and KidTraks Team	This process should begin Summer of 2016 and continue until completed	By the end of this Biennial Plan period June 2018

	4. Monitor the progress on getting this completed . 5. Launch the new design of the referral wizard to the DCS Staff. 6. Send a tutorial out on how to use the new form/changes.	4 Central Office, RM and RC 5 KidTraks 6 KidTraks Team along with the Services Coordination Team		
Allow Substance Use Treatment Providers to do in service training to Region 10 Staff on the Disease Model of Substance Use Disorders, Treatment Available, and overcoming barriers to successful sobriety/recovery	1. Regional Manager and Regional Services Coordinator will work with the contracted Substance Use Assessment/Treatment providers to get in service trainings prepared and scheduled. 2. This group will meet to preview the training and to make any needed changes.	1 RM, RC, Consultant Jeff Jamar, and SUB contracted providers 2 Workgroup made up of the RM, RC, SUB Providers, and Consultant Jeff Jamar	Start this process in the first Quarter of this Biennial Plan	

X. Unmet Needs

Mentoring and transportation are needs that are currently being evaluated in order to find the best solutions to fill these gaps. There are some shortages on Evidence Based Programming in this region as well. The Intercept Program, Child Parent Interaction Therapy, Child Parent Psychotherapy and Alternatives for Families Cognitive Behavioral Therapy are all highly needed but very limited in availability. Services for Human Trafficking victims as well as services for sexual abuse victims are needed in a greater capacity than is currently available. Efforts to fill these gaps are ongoing.

XI. Child Protection Plan

C.
CHILD PROTECTION PLAN

I. Region 10

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

County: Marion	Code: 49
County:	Code:
County:	Code:
County:	Code:
County:	Code:
County:	Code:
County:	Code:
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.

PUBLIC NOTICE
Public Testimony
Child Protection Service Plan/Biennial Regional Services Strategic Plan

Notice of Public Hearing to take Public Testimony
The Child Protection Service Plan/Biennial Regional Service Strategic Plan is prepared bi-annually pursuant to IC 21-33-4-1 and IC 31-26-6-5. REGION 10, consisting of Marion County is seeking Public Testimony on the provision of child protection services, local service need and system change. The services will be targeted to the individual needs of children identified by the Department of Child Services or children alleged or adjudicated as children in need of services or delinquent.
To accommodate a large number of potential speakers, testimony will be limited to 3 minutes per speaker and will be given in the order of signature on Sign-In Sheet available the day of the Hearing. Submission of written comments/testimony is encouraged at the time of the Hearing.
Public Testimony on: Region 10 Child Protection Service Plan/Biennial Regional Services Strategic Plan
DATE: November 20, 2015
TIME: 10am
PLACE: Region 10 Local DCS Office

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.	88	Number of Family Case Managers assessing abuse/neglect reports full time.
2.	0	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.	23	Number of Family Case Manager Supervisor IVs supervising CPS work only.
4.	0	Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services; e.g., 50% CPS and 50% ongoing services.
5.	13	Number of clerical staff with only CPS support responsibilities.
6.	0	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

3. Please indicate when <u>neglect</u> 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 ☐

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."

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.
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 (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:

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):

Please describe procedures for taking custody of an "abandoned infant," for purposes of IC 31-34-21-5.6, (Abandoned Infant 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 in 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? Child Advocates, Inc. is the agency which serves as the Guardian ad Litem in Marion County/Region 10. Child Advocates, Inc., has employees who act as advocates for children. Child Advocates, Inc., is appointed to serve as the Guardian ad Litem by the Marion Superior Court, Juvenile Division, and written orders of appointment are issued by the court.

What percentages of CHINS cases are able to have advocates assigned? 100%

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
Marion	☒	☐
	☐	☐
	☐	☐
	☐	☐

	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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
Marion	☐	☒	☐	☐	11/17/15
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	
	☐	☐	☐	☐	

C. How many meetings were held in:

County	SFY 2014	SFY 2015
Marion	10	10

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? 8-10

2. in SFY 2015? 8-10

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

1. in SFY 2014? 36-40

2. in SFY 2015? 36-40

G. 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:**

1. Director of local DCS or director's designee Peggy Surbey, RM; Kate Peterson, designee; Maribryan McGeney, designee

2-3 Two (2) designees of juvenile court judge Brant Ping, vacant

4. County prosecutor or prosecutor's designee Kim Rasheed or Jeff Knopp

5. County sheriff or sheriff's designee Sgt George Shrum or Lt. Robert Hann

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

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

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

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 Carol Robinson

10-11. Two (2) persons, each of whom is a physician or nurse experienced in pediatric or family practice Dr. Roberta Hibbard and Dr. Dana Hiller

12-13. One (2) citizens of the community Julia Davis and vacant

***Note:** If 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. 31-33-3-1 Director of local CPS or director's designee. (Refer to Child Welfare Manual, Chapter 1, Section 1.)

VI. Regional 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.)**

1.	List items purchased for the Child Protection Team and costs	**2014** **0**	**2015** **0**
2.	Child Advocacy Center/Other Interviewing Costs		**$1,367.806 (683,903 x 2 fiscal years)**

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	$ 38,031.61	Salary X (1.2375)+ $12,446	$ 38,184.72	Salary X (1.2375)+ $12,446
Family Case Manager Supervisor	$ 49,418.15	Salary X (1.2375)+ $12,446	$ 46,784.28	Salary X (1.2375)+ $12,446

Clerical Support	$ 24,620.93	Salary X (1.2375)+ $12,446	$ 24,061.15	Salary X (1.2375)+ $12,446
Local Office Director	$ 62,052.12	Salary X (1.2375)+ $12,446	$ 62,922.62	Salary X (1.2375)+ $12,446

		2014	**2015**
1	Family Case Managers IIs	$4,154,088.33	$4,170,762.01
2	FCM Supervisors (or Local Director)	$1,344,043.57	$1,419,010.09
3	Clerical Support Staff	$399,529.521	$408,535.211
	Total Cost of Salaries	$5,897,661.65	$5,998,307.31
C.	**Grand Total of VI (Total Cost of Services In A, plus Total Cost of Salaries in B**	$6,581,564.65	$6,682,210.31

CERTIFICATION

I certify and attest that the local Child Protection Service Plan of Region 10 is in compliance with IC 31-33-4-1; and copies of the plan have been distributed in conformity with same.

Peggy Surber
Signature of Regional Manager

Peggy Surber
Regional Manager's Name

1/15/16
Date

Michael R. Pence, Governor
Mary Beth Bonaventura, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-234-4497

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

PROTOCOL WITH EMERGENCY MEDICAL SERVICE PROVIDERS REGARDING ABANDONED INFANTS INDIANA DEPARTMENT OF CHILD SERVICES

The following protocol has been established between the Indiana Department of Child Services (DCS) and Emergency Medical Service Providers (EMS). Emergency Medical Service Providers include Law Enforcement Agencies, Fire Station Employees, and Hospital Emergency Room Staff/Doctors or Nurses.

Emergency Medical Services Providers Responsibilities

1. An EMS provider shall, without a court order, take custody of a child who is, or who appears to be, not more than thirty (30) days of age if:
   (1) The child is voluntarily left with the provider by the child's parent, guardian, or custodian; and
   (2) The parent, guardian, or custodian does not express an intent to return for the child.
2. The EMS provider shall perform any act necessary to protect the child's physical health or safety.
3. Immediately after an EMS provider takes custody of an abandoned infant, the provider shall notify the Indiana Department of Child Services Child Abuse and Neglect Hotline at 1-800-800-5556.

Department of Child Services Responsibilities

1. The Indiana Department of Child Services Child Abuse and Neglect Hotline will transition the intake to the appropriate local county DCS office. The local county DCS office shall assume the care, control, and custody of the child immediately after receiving notice from the EMS provider of the abandoned infant. The person designated by DCS shall be responsible for taking custody of the child from the EMS provider at the provider's location and delivering the child to an emergency placement caregiver selected by DCS.
2. DCS shall contact the Indiana Clearinghouse within 48 hours.
   *Indiana Missing Children Clearinghouse
   100 North Senate Avenue
   Third Floor

Indianapolis, IN 46204-2259
(317)232-8310/ (800) 831-8953 (nationwide)
FAX: (317) 233-3057
www.state.in.us/isp
Indiana Clearinghouse for Missing Children and Missing Endangered Adults

3. Conduct a diligent search Affidavit of Diligent Inquiry (ADI)(SEARCH100801ADI) to locate either of the child's parents or other family members.
4. Ensure that a CHINS petition is filed and includes a request for the court to make findings of Best Interest/Contrary to the Welfare, Reasonable Efforts to prevent placement, and Placement and Care responsibility to DCS;
5. Works with the DCS Local Office Attorney to complete and file all documents necessary for court proceedings; and
6. Ensure a placement staffing occurs within five days of taking custody of the child.

This protocol is effective as of the date of the last signature below (the "Effective Date").

Peggy Jenner — 1-15-16

Local Office Director, Indiana Department of Child Services — Date

Sheriff/County Sheriff's Department — Date

Chief/Local Police Department — Date

Chief/Local Fire Department — Date

Doctor or Director/Emergency Room Services — Date

**Sources: IC 31-34-2.5 – Emergency Custody of Certain Abandoned Children
Indiana Department of Child Services Child Welfare Manual, Chapter 4, Section 34: Assessment of Safe Haven and Abandoned Infants, Version 3