Members

Rep. Cindy Noe, Co-Chairperson
Rep. Kevin Mahan
Rep. Gail Riecken
Rep. Vanessa Summers
Sen. Travis Holdman, Co-Chairperson
Sen. Carlin Yoder
Sen. Timothy Lanane
Sen. John Broden
Anita Harden
Judge Christopher Burnham
Gloria Hood
Viola J. Taliaferro
Jean Willey Scallon
Jeff Darling
Charles Pratt
Judge Loretta Rush
David Judkins
Dave Powell
Larry Landis
Kevin Moore

LSA Staff:

KC Norwalk, Attorney for the Committee
Ann Naughton, Attorney for the Committee
Bill Brumbach, Fiscal Analyst for the Committee

Authority: P.L. 48-2012

DEPARTMENT OF CHILD SERVICES INTERIM STUDY COMMITTEE

Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 233-0696 Fax: (317) 232-2554

MEETING MINUTES[1]

Meeting Date:	**September 5, 2012**
Meeting Time:	**1:00 P.M.**
Meeting Place:	**State House, 200 W. Washington St., House Chamber**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**2**

Members Present: **Rep. Cindy Noe, Co-Chairperson; Rep. Kevin Mahan; Rep. Gail Riecken; Rep. Vanessa Summers; Sen. Travis Holdman, Co-Chairperson; Sen. Carlin Yoder; Sen. Timothy Lanane; Anita Harden; Judge Christopher Burnham; Gloria Hood; Viola J. Taliaferro; Jean Willey Scallon; Jeff Darling; Charles Pratt; Judge Loretta Rush; David Judkins; Dave Powell; Larry Landis; Kevin Moore.**

Members Absent: **Sen. John Broden.**

Rep. Noe called the meeting to order at 1:10 p.m. and asked the members to introduce themselves.

Department of Child Services (DCS) Ombudsman

Susan Hoppe, DCS Ombudsman, provided a handout of her presentation[2]. Ms. Hoppe discussed the history of, authority for, and procedures used by the DCS Ombudsman

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[1] These minutes, exhibits, and other materials referenced in the minutes can be viewed electronically at http://www.in.gov/legislative Hard copies can be obtained in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for hard copies may be mailed to the Legislative Information Center, Legislative Services Agency, West Washington Street, Indianapolis, IN 46204-2789. A fee of $0.15 per page and mailing costs will be charged for hard copies.

[2] Attachment 1.

Office (office) in responding to complaints concerning DCS. She noted that all complaints are reviewed and if a complaint is found to have merit, recommendations are always made to DCS. She explained that, in addition to the specific recommendations about complaints found to have merit, general recommendations (usually concerning policy and procedural changes) are made to DCS based on a compilation of the types of complaints her office receives over time. Ms. Hoppe provided information concerning the types of complaints received and from whom the complaints are received.

In response to questions from Sen. Yoder, Ms. Harden, Rep. Summers, Rep. Riecken, Sen. Lanane, Rep. Mahan, Mr. Powell, Rep. Noe, and Ms. Hood, Ms. Hoppe stated that:

(1) the office has received complaints from 91 of the 92 Indiana counties;
(2) notice of the existence of the office is provided through the Internet site and mailings of brochures to various providers;
(3) complaints about the DCS centralized hotline (hotline) are categorized by the office according to the type of complaint (likely "safety"), rather than according to a "hotline" category;
(4) most hotline complaints are related to the hotline report being "screened out" (not pursued) by hotline personnel;
(5) from 2009 to present the office has received 36 complaints about the hotline, and two of those were determined to have had merit (DCS was determined by Ms. Hoppe not to have met the legal or procedural requirements that apply to the hotline in processing reports);
(6) for each complaint received by the office, Ms. Hoppe makes a determination of whether there is merit to the complaint (whether DCS failed to comply with law, policies, and procedures in addressing a report);
(7) Ms. Hoppe believes the current office staff of two full time employees and one part time employee is sufficient for the current workload;
(8) when a complaint case is opened it is reviewed or investigated and: (a) if a review results in a determination that something needs to be done differently by DCS, there is a finding made with a recommendation to DCS; (b) if a review results in resolution of the complaint without a recommendation to DCS (such as clarification of a communication), no finding is made; and (c) if the case is investigated, there is always a finding;
(9) there is no protocol for local DCS offices to inform individuals of the existence of the office, but the local DCS offices do provide that information;
(10) Ms. Hoppe is appointed by the Governor and has extensive social work experience;
(11) the office is part of the Department of Administration, and Ms. Hoppe is independent of DCS, though she has regular meetings with DCS personnel;
(12) Ms. Hoppe makes recommendations to DCS, which DCS has implemented to this point in time, but Ms. Hoppe has no authority to require DCS to implement the recommendations;
(13) Ms. Hoppe consults with the Attorney General's office for legal counsel when necessary;
(14) the office's required response time of 60 days from the date of a complaint to resolution was established by Ms. Hoppe;
(15) the focus of the office:
(a) is to determine whether or not DCS:
(i) failed to protect; or
(ii) failed to follow laws, policies, and procedures;
in addressing a report; and
(b) is not to advocate for a child who is the subject of a report, but rather to monitor whether fair practice occurs with respect to DCS's addressing the

report;
(16) keeping a child with the child's family is not always in the best interest of the child, and safety is placed above all else in determining the child's best interest;
(17) reports to the office are anonymous except when necessary to disclose the reporter's identity for purposes of an investigation;
(18) when a complaint raises a criminal, ethical, or other concern that does not fall within the office's responsibilities, Ms. Hoppe contacts the authorities responsible for receiving such concerns, such as law enforcement
(19) the office has access to all DCS records; and
(20) the office does not have the power to subpoena.

DCS Hotline

Rep. Noe noted a handout[3] providing information concerning the DCS hotline procedures and a record of the development of the hotline since its implementation in 2010. She stated that DCS had agreed to review any report about which the Committee received testimony at this meeting, and report back to the Committee and the individual completing the review request form, which was available from DCS personnel at the meeting. Rep. Noe noted that each individual would have not more than seven minutes for testimony and that written information submitted would be included in the record of the meeting.

Amber Turientine, former intake supervisor for the DCS hotline, provided several statements[4], from herself as well as current and former hotline employees. Ms. Turientine stated that she worked for the hotline for two years before resigning, but hopes her testimony will assist in making improvements to the centralized hotline, which she believes is beneficial. She stated that, during the time she was employed by the hotline, the director of the hotline created special relationships with certain personnel, which was made obvious to those who did not have such special relationships and resulted in a hostile work environment. She explained that the hotline was understaffed when those certain personnel took breaks together, leaving few employees to provide hotline services during those breaks. She stated that this managerial style created low morale, bullying, and a poor working environment at the hotline, which resulted in high staff turnover rates. Ms. Turientine expressed her belief that the high rate of staff turnover caused difficulty in maintaining a level of work confidence among the intake specialists, which develops over time and the lack of which can compromise the treatment of reports taken by the intake specialists. She noted the difficulty of call center/hotline work as compared to field caseworker work, stating that a caseworker sees occasional successes in the field, but that those who work at the hotline see mainly the worst cases and rarely see successes.

In response to questions from Rep. Summers, Ms. Harden, Judge Taliafero, Sen. Lanane, and Rep. Mahan, Ms. Turientine stated that:

(1) she did "screen in" some reports that she was told to screen out;
(2) hotline staff would not work there if they didn't care about families and children;
(3) parents and professionals who made reports to the hotline would receive followup information concerning the results of the report, other callers would not receive such followup;
(4) waiting times on the hotline were much longer than three minutes at times;

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[3]Attachment 2.

[4]Attachment 3.

(5) centralization of the hotline is good because:

(a) some individuals would not report unless they could do so anonymously, and their voices would be known to the person taking the report if they called a local DCS office;

(b) there was difficulty making a report to the local DCS offices under the decentralized system because of the small number of the staff in local DCS offices and the need to keep one person in a local DCS office to answer phones resulted in one less person in the field;

(c) intake specialists at the hotline are knowledgeable; and

(d) standardization of training and the hotline system is an important benefit of the centralized hotline; and

(6) her reports to her superior at the hotline concerning the hostile work environment and the special treatment of certain personnel received no response.

Robert Herr, Detective, Bedford Police Department, described his employment as a detective for 15 years and his various personal and professional experiences working with children. He expressed his initial concern after being told that reports could no longer be made directly to local DCS offices after implementation of the centralized hotline, but that following a meeting with legislators and DCS staff, DCS created a plan for a pilot program in Lawrence County through which:

(1) certain reports may be made directly to the local DCS office; and

(2) the local office now has discretion to screen in centralized hotline reports that were originally screened out at the central office.

Mr. Herr described the importance of local reporting, and discretion to screen in previously screened out reports, in certain situations because of the local DCS office staff's personal experience with, and knowledge of, families in the geographic area. He stated that the local experience provides information that intake specialists at the central hotline cannot have since they don't live there. Mr. Herr expressed his understanding of the need for standardized protocols, training, and data collection, but emphasized the need for local review of reports to best ensure that appropriate screening is performed.

In response to questions from Rep. Summers, Sen. Lanane, Judge Burnham, Judge Pratt, Rep. Mahan, Mr. Powell, and Rep. Riecken, Mr. Herr stated that:

(1) he is unsure about the time frame for review of cases by the local child review team because he is not on the team;

(2) he initially believed that the local hotline system was better than the centralized hotline, but after experiencing the pilot program with DCS he believes that the centralized hotline is "headed in the right direction";

(3) if local 911 dispatch centers were staffed with DCS intake specialists, individual standards would likely result from the decentralized location;

(4) in light of modern electronic communication methods, the geographic location of intake specialists is not as important, especially with the direct local DCS office reporting under the pilot program for emergency situations where quick response time from the local DCS office is important;

(5) he has been told by local DCS office staff that hotline screen outs go to the local child protection review team on a weekly basis, with some cases being screened back in by the team and by the local supervisor;

(6) based on his experience with the pilot program, he is confident that future necessary changes will be made by DCS;

(7) CHINS reports are reported to law enforcement within hours of the hotline report; and

(8) uniform training, implementation, and reporting is more important than having a hotline location that is centralized.

Teresa Etchison, great aunt, provided a copy of her testimony[5] and described concerns about the actions of DCS with respect to her great niece and nephews. She stated that she was unaware, until this Committee meeting, of the existence of the DCS ombudsman, and that her perception is that DCS is governing itself.

In response to questions from Judge Pratt, Ms. Etchison stated that:

(1) she was not allowed by DCS to attend family team meetings concerning her relatives;
(2) she relinquished her visitation rights due to retaliation from DCS through investigation of her own family; and
(3) the children's foster mother requested attendance at the family team meeting and was denied attendance because the children's birth mother did not want the foster mother to attend.

Linda Hartley, Licensed Clinical Social Worker, Fort Wayne, Indiana, expressed frustration resulting from her contacts with the hotline during the past year. She stated that in her work with severely emotionally disturbed children, she often must file reports with the hotline, and has had difficulty receiving a response that she considered appropriate to the information that she provided to the intake specialists. She described two cases in which she experienced such difficulty.

Rep. Noe requested that Ms. Hartley and Ms. Etchison submit to DCS review requests for each of the cases they described.

In response to questions from Sen. Lanane and Rep. Riecken, Ms. Hartley stated that:

(1) a hotline intake specialist had stated that if no penetration occurred then an investigation of sexual abuse would not be pursued; and
(2) it is possible that intake specialists who have little experience may more readily screen out reports.

Donna Baxter, grandparent, spoke for herself and her husband Bob Baxter concerning her experience with DCS with respect to her grandchild. She expressed concern about procedures related to medical care of the child and failure of birth parent compliance with DCS's reunification requirements before the child was returned to the birth parents. She reported that DCS will not discuss the case with her.

In response to questions from Rep. Noe, Judge Taliafero, and Mr. Darling, Ms. Baxter stated that:

(1) the reason given for allowing the child to remain with the birth parents following hotline reports was that DCS had "no right to remove the child based on a phone call";
(2) no information has been provided to Mr. and Mrs. Baxter concerning the reason that their grandchild was removed from their custody and returned to the birth parents; and
(3) until this Committee meeting, Mrs. Baxter was unaware of the existence of the

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[5]Attachment 4.

DCS ombudsman.

April Dach, parent, provided written testimony[6] and discussed her interactions with the hotline with respect to her children.

Carol Certain, representing herself, explained that she was physically, emotionally, and sexually abused as a child. She noted that the abuse continued for several years before she was placed with a foster family, where she remained until she was 21 years old. She stated that a child whom she described as her "future grandchild" is 4 years old, is currently in an abusive situation, and the abuse continues despite many reports to the hotline.

Edith Kenna, representing herself, provided written testimony[7] and described her interactions with the hotline as a social worker. She expressed concern that a checklist is used to screen out reports, particularly the statutory "child in need of services" criteria that are screened out as mental health or developmental disability reports rather than child abuse or neglect reports. Ms. Kenna stated that she believes that the cause of DCS problems is more the screening tool that is used than the number of DCS staff or salary levels.

In response to questions from Ms. Harden, Ms. Kenna stated that she believes the reason for the use of the screening tool is financial. She stated that she believes there is an underlying policy that if a reported problem can be addressed by a private organization, such as a church, the report will be screened out to save money.

Carole Davis, representing herself, provided written testimony[8], including a list of suggestions for resolution of the problems that she raised with respect to DCS. In response to a question from Rep. Mahan, Ms. Davis stated that current problems with DCS are the same as the problems that have always existed with the child welfare system.

Gina Andrew, parent, discussed the difficulties that she has had with respect to DCS's work with her children since 2006. She described the results of repeated reports to DCS and the difficulty she has experienced in attempting to verify information or discuss previous reports with DCS. She stated that the courts, law enforcement, and guardian ad litem will not act on the reports because DCS has determined that the reports are not substantiated.

Rep. Noe requested that Ms. Andrew complete a review request for DCS.

Fred Gilbert described his 30 years of work for the Family and Social Services Administration prior to his retirement, and provided written testimony[9]. Mr. Gilbert discussed the need for awareness of cultural differences in child welfare work. He expressed his belief that individuals within and outside of DCS feel intimidated by DCS, which discourages those individuals from voicing concerns. He encouraged the Committee to listen to DCS staff when attempting to resolve DCS problems, as he

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[6]Attachment 5.

[7]Attachment 6.

[8]Attachment 7.

[9]Attachment 8.

believes the staff is best aware of the problems and the solutions.

Cynthia Amryn, attorney, Fort Wayne, Indiana, described her 22 years of work as a guardian ad litem. She shared her recent experience with varying telephone waiting periods in attempting to make a report to the hotline. She stated her belief that consistency, standardized review, and cost savings of a centralized hotline are meaningless if a child suffers harm due to delays in addressing reports. Ms. Amryn stated that she believes that a return to local DCS hotlines is most appropriate as the local staff is known by, and knows, those involved so there is more assurance that reports will be addressed.

Tammy Crose, foster mother, spoke about her experience with DCS as a foster parent. She expressed her belief that foster parents can suffer retaliation from DCS for disagreeing with case workers. She explained that the biological parents of one of her foster children called the hotline and alleged that she had abused the child, after which the child was removed from her care. Ms. Crose stated that DCS did not like her "attitude" and terminated her foster care license.

Tamara Carpenter, attorney, shared her experience as a guardian ad litem in Cook County, Illinois. She noted that:

> (1) a guardian ad litem is appointed in Illinois for each child who is the subject of an investigation for child abuse or neglect and the appointment continues until permanent placement of the child occurs;
> (2) the sole interest of the guardian ad litem is the best interest of the child;
> (3) the guardian ad litem interacts with parents, relatives, case workers, and others involved in each case, and acts as a monitor for all involved to be certain that the required actions for placement are completed;
> (4) the guardian ad litem makes specific recommendations concerning placement of the child and those recommendations are given significant deference by the Illinois courts; and
> (5) Illinois law allows anyone to petition a court concerning an allegation of abuse.

In response to questions from Rep. Summers, Judge Burnham, and Rep. Riecken, Ms. Carpenter stated that:

> (1) the recommendations of the guardian ad litem in Illinois' child welfare system are given significant weight in determining permanency;
> (2) 99% of all call center calls in Illinois are investigated;
> (3) if the comparable Illinois agency to DCS decides against filing a petition to bring a child into the system, any other individual, including the guardian ad litem office, can file a petition; and
> (4) if an individual, such as a grandparent, decides to file a petition in Illinois, the individual would hire an attorney to prosecute the petition.

Additional written statements[10] submitted by individuals who did not testify at the Committee meeting were distributed to the members.

<u>Other Business</u>

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[10]Attachment 9.

Rep. Noe noted a document[11] from DCS provided to the members addressing questions asked of DCS at the August 22, 2012, meeting of the Committee, and a letter[12] from John Ryan, Chief of Staff, DCS, responding to a letter sent by Sen. Broden, Sen. Lanane, Rep. Riecken, and Rep. Summers. Rep. Noe stated that the members would be given the time until the next Commitee meeting to review the two documents and that time would be available at the September 24, 2012, meeting to discuss the content of the two documents.

Rep. Noe explained three reasons that the remaining Committee meetings will be held at the State House:

> (1) Indianapolis is centrally located in the state and provides the most equal access for interested parties throughout the state.
> (2) The charge of the Committee is lengthy and, since the approach that the Committee has taken to making the charge manageable is to specify a topic for each of the five Committee meetings, interested parties may limit their travel by attending, in the central location, only meetings at which the topics in which they are interested are discussed.
> (3) Meeting rooms in the State House provide Internet streaming access and archiving, providing additional access for those who are unable to attend.

Rep. Noe stated, in response to questions from Mr. Darling and Rep. Riecken, that:

> (1) the members may question DCS concerning the hotline at the September 24, 2012 meeting; and
> (2) the Committee is open to receiving written testimony and distributing the testimony to all members to allow input from individuals who do not attend a Committee meeting.

With no further business to discuss, Rep. Noe adjourned the meeting at 4:45 p.m.

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[11]Attachment 10.

[12]Attachment 11.

CSIC
September 5, 2012
Attachment 1.

DCS Ombudsman Bureau Overview

Department of Child Services Interim Study Committee

Susan Hoppe, Director
DCS Ombudsman Bureau

History

- Created in 2009 by IC 4-13-19 to provide independent oversight of DCS
- Ombudsman assumed duties 12/14/2009
- Agency became operational January 2010
- Annual Reports submitted for 2010 and 2011
- Staff

  2010 Part time assistant

  2012 Full time assistant (Intake/Investigator);recently hired another assistant

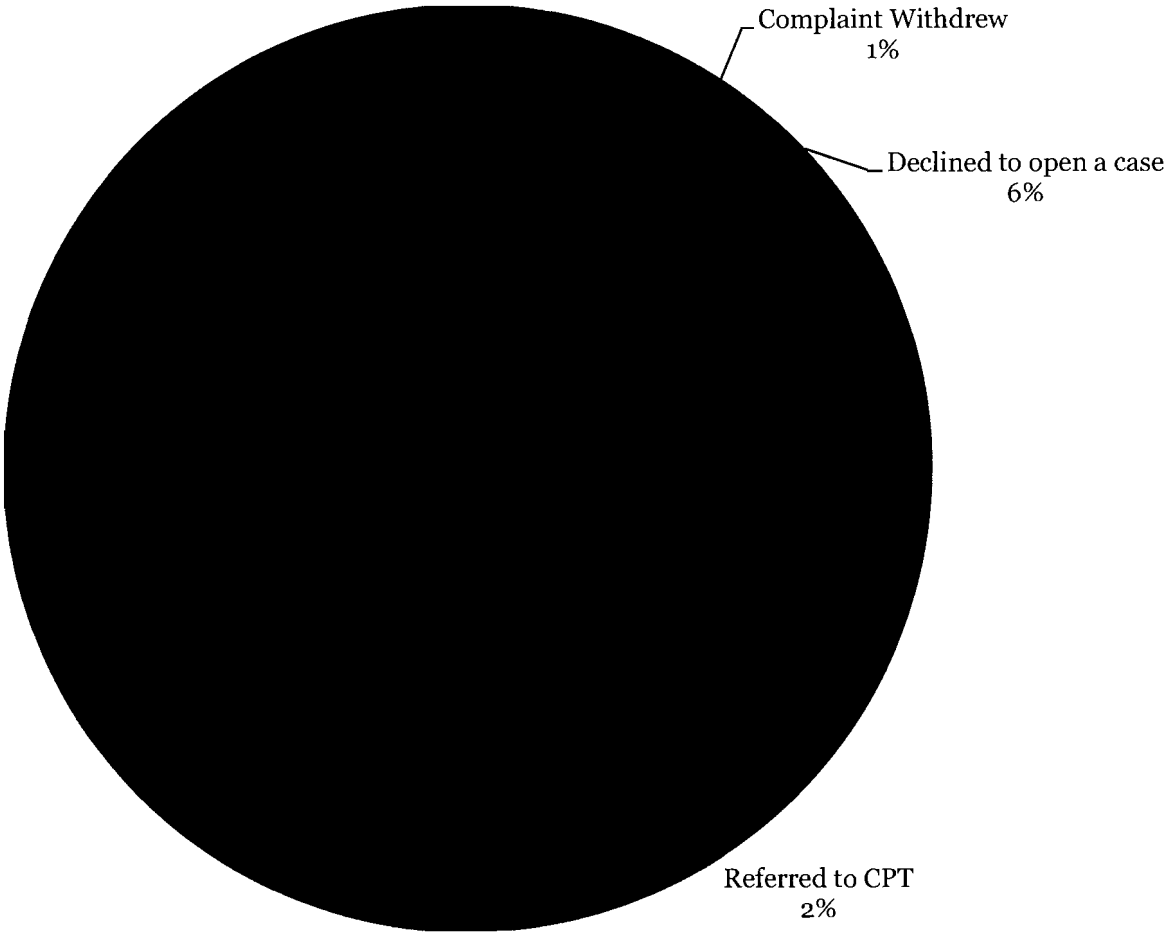
Authority (IC 4-13-19-5)

- To receive, investigate/resolve complaints alleging DCS failed to protect or failed to follow laws, rules and written policies
- To provide recommendations when problems are identified
- To request a response to the recommendation within a reasonable time
- Other
  - *Periodic review of relevant policies and procedures with a view toward safety and child well being*
  - *Recommend changes in procedures for investigating reports of AB/N and overseeing the welfare of children who are under the jurisdiction of a juvenile court.*
  - *Make the public aware of the services of the DCS Ombudsman Bureau*

Ombudsman Services and Levels of Responses

- Provide Information and/or Referrals
  Telephone and email generated
  Responded to 516 inquiries during 2011
- Assist
  Telephone and email generated
- Review
  Requires a written complaint form
- Investigate
  Requires a written complaint form
- Other

2011 Responses to Complaints
(120 Total)



Findings

Findings are determined in some reviews and all investigations

Validity Designations

- ***Merit***
- ***Non Merit***
- ***Both Merit and Non Merit***

During 2011 of the cases that were given a validity determination (64), 6% had merit, 25% had multiple allegations that included both merit and non-merit determinations, and 69% of the allegations did not have merit.

Recommendations

Case Specific

Provided when a complaint is determined to have merit

- Modify, cancel or reconsider an action
- Develop a plan to ensure compliance in the future

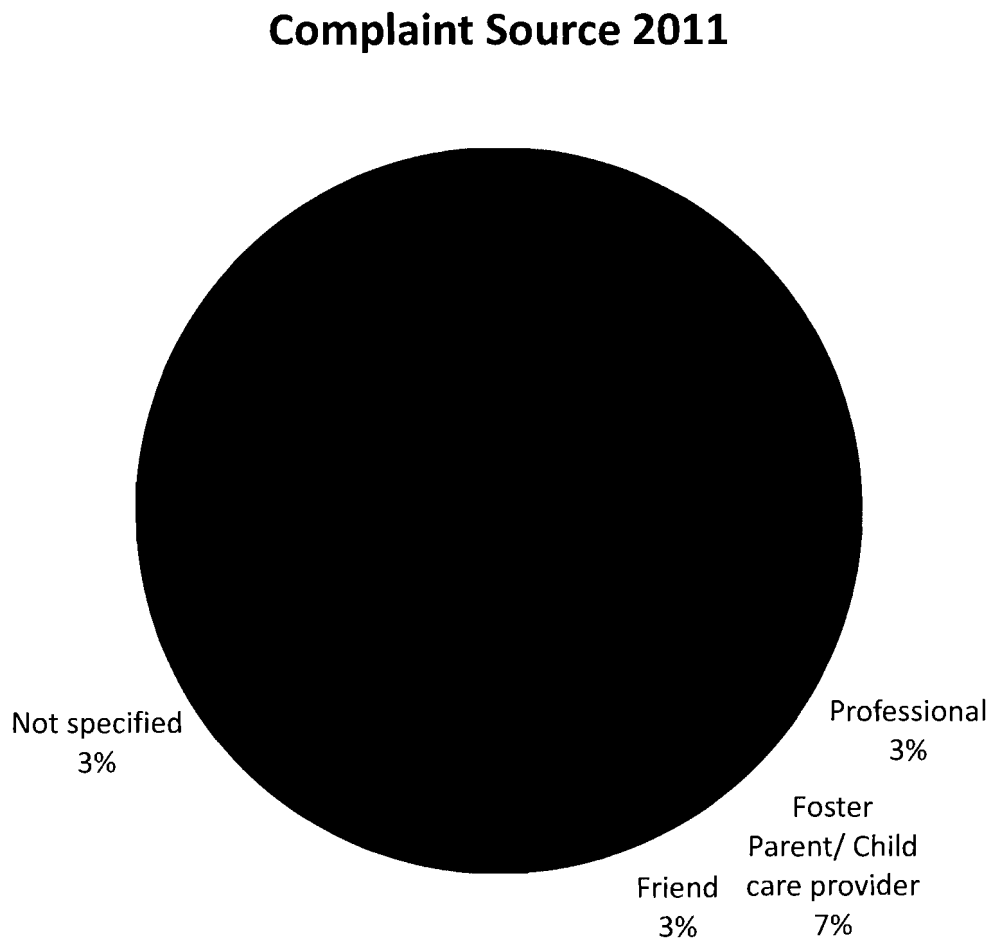
General Recommendations

Provided quarterly based on observations of recurring issues

- Revise, reconsider, or clarify a policy or practice

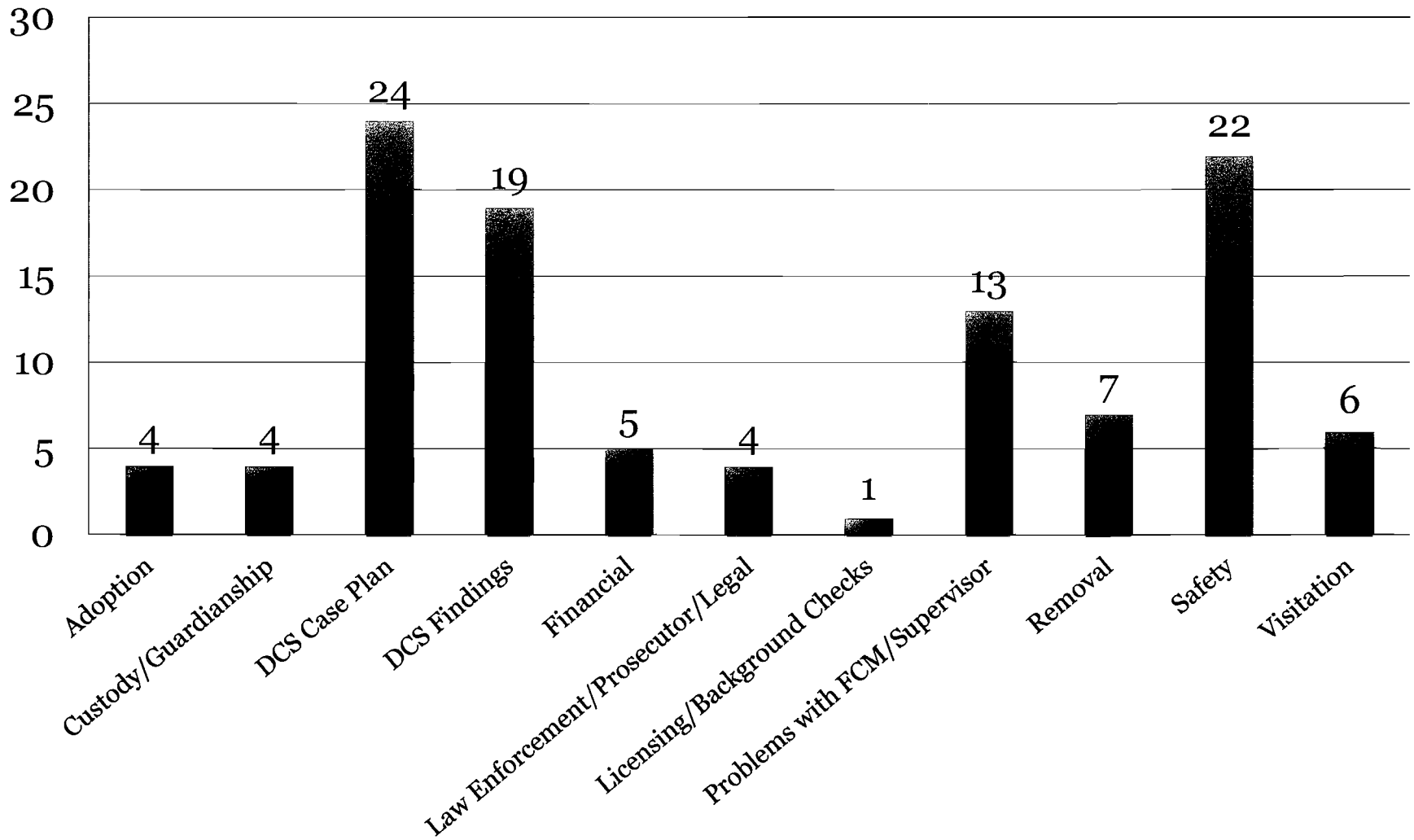
Who Complains…

- Parents
- Grandparents
- Relatives
- Friends
- Foster Parents/ Caregivers
- Professionals
- Other/Unknown



NOTE: Pursuant to IC 4-13-19-7 (3) except as necessary to investigate and resolve a complaint, the identity of the complainant will not be disclosed without the complainant's written consent or a court order. The complainant is provided the opportunity to give written consent on the complaint form.

2011 Major Complaint Topics



Mission

To effectively respond to complaints concerning DCS actions by providing problem resolution services and independent case reviews and to provide recommendations to improve DCS service delivery and promote public confidence

Guiding Principles

- *A healthy family and supportive community serve the best interest of every child.*
- *Independence and impartiality characterizes all Bureau practices and procedures.*
- *All Bureau operations reflect respect for parents' interest in being good parents and DCS professionals' interest in implementing best practice.*

Contact Us

DCS Ombudsman Bureau
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Indianapolis, Indiana 46204
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www.IN.gov/IDOA/2610.htm

INDIANA DEPARTMENT OF CHILD SERVICES

Indiana Child Abuse and Neglect Hotline

To make a report of Child Abuse or Neglect call:

1-800-800-5556

All Indiana citizens are mandatory reporters of Child Abuse and Neglect.

The Indiana Child Abuse and Neglect Hotline
1-800-800-5556

Step-by-Step Process of Reporting Child Abuse and Neglect

1. Citizen calls the Hotline at 1-800-800-5556 to make a report of Child Abuse or Neglect
    - Spanish speaking callers can select the appropriate prompt and their call will be sent to a Spanish speaking Intake specialist if available.
    - Law Enforcement has a special access code that puts there call at the front of the line.

2. Intake specialist from the DCS Child Abuse and Neglect Hotline answers the call

3. Intake specialist gathers information from the reporter and enters the information into MaGik (DCS case management system)
    - Intake specialist are specifically trained on what questions to ask based on what information is provided by the report source during the course of the intake (ie; allegations related to physical abuse, sexual abuse or neglect).
    - The Intake specialists asks questions related to domestic violence history as well as any known safety concerns in the home (ie; weapons, drugs, criminal history, propensity to violence) there are many questions that are important because they could affect the safety of the Family Case Manager.

4. If the reporter is a law enforcement officer and they request DCS on the scene the Hotline gathers their name and location and then calls the on call Local Office FCM to tell them to go to the scene.
    a. Due to the technology of the new Hotline phone system, the Hotline is able to route a call to a specific county, each county has the calls routed to their specific case manager on call that night. The Hotline is then able to have a consistent means of contacting the appropriate assigned on-call person.

5. Once the Intake specialist has gathered all the information they will finalize the report.

6. If the report is from a parent or professional report source the intake specialist will tell them if they are recommending the report for assessment or not. If the report is not being recommended for assessment, the intake specialist will also provide them with appropriate community resources that may be able to assist the family depending on the circumstances.

7. The intake specialist determines whether or not the report meets legal sufficiency for DCS to complete an assessment or whether the report will not be sent for assessment. DCS can only assess allegations which meet the statutory definition of alleged child abuse or neglect.

8. If the report will be screened in, it is given a response time in line with state statute of 1 hour, 24 hours, or 5 days.
    a. Response times are determined by statute, (ie; physical or sexual abuse-24 hour response time; neglect-5 day response time; request for immediate assistance is given a one hour response time and a child in imminent danger is a one hour response time. Response times can be overridden and shortened if determined appropriate by the Hotline and local office staff but cannot be extended.

9. All reports are reviewed by a supervisor at the Hotline.

10. The report is sent to the local office
    At this point in the process the Hotline is no longer involved.
    a. If the report has been screened out it is sent to the local office Director and Regional Manager who can then review the reports, they have the ability to request that the Hotline change the status of a report to be screened in or out.
    b. If the report is screened in to be assessed it then the report is then sent to the local office unassigned caseload. Each local office is responsible for developing a system as to how they handle assigning those reports. If a report requires a one hour response, the Intake specialist will contact the local office and advise them of the report prior to it being sent to the unassigned caseload. All reports with a 1 or 24 hour response time are sent to the local office distribution list which may include the local office director, division manager, supervisors, family case managers and possibly clerical staff depending on the size of the office to ensure that the information is received as timely as possible.

11. Family Case Manager (FCM) in the local office completes an assessment
    a. The FCM will make contact with the family in line with the response time determined by the Hotline (1 hr, 24 hrs, or 5 days).
    b. The FCM has 30 days to complete the assessment.
    c. The FCM must determine if the information presented in the assessment meets a preponderance of the evidence (51%) that child abuse or neglect occurred.
        i. If a preponderance of the evidence exists then the FCM will substantiate the report for child abuse or neglect.
        ii. If a preponderance of evidence doesn't exist then the FCM will unsubstantiated the report. At that time DCS will no longer be involved with the family.

12. Involvement with families after an assessment has been completed
    a. Once a report has been substantiated DCS may become involved with the family in a number of ways:
        i. Informal Adjustment: DCS can enter into an informal adjustment with the family. This is a voluntary agreement the family and DCS signs. At times the IA may be signed by the Judge.
        ii. CHINS Case: If there is enough evidence that the coercive intervention of the court is needed in order to ensure the safety and well being of the children then DCS can file a CHINS petition. The petition must be approved by a judge, if approved the child becomes a ward of the state.

Why did Indiana implement a centralized Hotline?

To provide a consistent and accurate way of receiving child abuse and neglect reports and to ensure those reports were handled by trained staff. The Hotline improves quality, consistency and accuracy of reports of child abuse and neglect.

Child Abuse and Neglect Reporting - Before and After the Hotline

	Prior to Implementation of the Hotline	After Implementation of the Hotline
Abuse and Neglect Reports Received	Calls were received at over 350 different locations. During business hours the local office received the calls and at night they were routed to law enforcement.	All calls are received at one central location and logged to ensure accuracy.
Staff Taking the Reports	No requirement that trained and qualified staff take reports.	All intake specialists receive 7-12 weeks of training prior to ever taking a call at the Hotline. They are required to have the same qualifications as staff assessing reports in the local office.
Report Tracking	No way to ensure that all reports received were logged into the DCS system.	Each call is recorded and stored in our system. As well, each report is logged into the system and stored electronically.
Evaluation of Reports	92 different ways of applying the Indiana Code on Child Abuse and Neglect.	One consistent way of applying the legal definition of child abuse and neglect to all counties. Ensuring all children, no matter where they live, receive the same evaluation.
Tracking of Intake Data	No way to track the number of calls received, the amount of time spent waiting to speak to a DCS staffer, or the amount of time talking with an intake specialist.	All calls are tracked, including the amount of time spent waiting to speak to an intake specialist, the amount of time spent talking to an intake specialist, the time of day that calls are received, and the number of abandoned calls.

Changes to The Hotline Since Its Creation

Since implementation of the Hotline on January 1, 2010 the Hotline has made numerous changes due to feedback from DCS staff and outside stakeholders. A timeline of those changes can be found below.

January 1, 2010:

- Hotline went live in Marion County.

January 2010:

- Hotline implemented immediate assistance for law enforcement, allowing them to take priority.

February 2010:

- Hotline implemented procedure that the intake specialist would call a professional report source back if the decision was made to change the decision after the verbal recommendation was given.

June 2010:

- Immediate assistance request was implemented for law enforcement, allowing them to inform the intake specialist that they needed immediate assistance at the scene. Upon notification the intake specialist would ask an abbreviated set of questions and immediately dispatch the local office to the scene.
- A shortened set of questions was created for emergency medical professionals to help shorten the amount of time they spent speaking with an intake specialist based on the crisis nature of their work.
- All parents would be given a verbal recommendation prior to hanging up the phone.

July 2010:

- Hotline required that all calls reporting fatalities and near fatalities be monitored by a supervisor at the Hotline at the time of the call.

August 2010:

- The Hotline went live in all 92 counties.

September 2010:

- A staff schedule change was implemented to meet the demand of call volume.

October 2010:

- Implemented the practice that the local office could reverse the decision of the Hotline by requesting their Regional manager.

December 2010:

- Automatic assessments were implemented for reports received from Judges and Magistrates.

June 2011:

- Hotline staff training was updated to incorporate a more comprehensive internal training to ensure field shadowing days and more intensive one-on-one work with a supervisor.

July 2011:

- The Hotline began meeting with the Indiana Department of Education to work on implementation of on-line reporting for educators. This initiative is on-going and we hope to launch it in January of 2013.

October 2011:

- A monthly on-going staff training calendar for 2012.

January 2012:

- Hotline implemented a practice that incorporated an advisement of a PEDS referral to the local office on all reports that indicated an injury from the neck or above. A PEDS referral is a resource that DCS has developed for FCMs to receive a consultation from a trained professional at Riley Children's Hospital.

April 2012:

- Hotline implemented Structure Decision Tool used to evaluate whether or not a report met the legal requirements for assessment.

June 2012:

- Hotline implemented a practice that if a hospital made a report that would require an assessment, it would be assigned a 1 hour response time.

July 2012:

- A pilot program with Lawrence County LEA began. The pilot allows LEA to contact their local office if they require immediate assistance.

August- October 2012:

- All Local Child Protection Teams have the option to review all reports not sent for assessment (screen outs). If the Child Protection Team disagrees with a Non Assessment they can request that the local office director assign the report for assessment.

CSIC
September 5, 2012
Attachment 3.

September 3, 2012

To whom it may concern:

As a former supervisor of the Indiana Child Abuse Hotline I would like to address a few concerns. The lack of leadership/professionalism at the hotline which has a huge impact on the morale at the hotline leading to the high turn over rate and added stress and overtime requirements on the current intake specialists.

Andrea Goodwin, director of the Indiana Child Abuse Hotline hired supervisors that she had personal relationships with and continued to socialize with these particular people once they were direct subordinates. Parties, drinking, sports leagues and sleepovers would be discussed during staff meetings and while sitting in her office chatting with these supervisors. The subordinates would get time approved to participate in extracurricular activities and partying and were open about discussing this with peers. One of the supervisors was given the sole responsibility for interviewing and choosing applicants to hire for the hotline. This then allowed the director to choose employees that she has a prior relationship with instead of hiring candidates based on who is most qualified. When the hotline first went into effect the interview process was shared amongst supervisors so that there was input from several different people. This process changed and despite supervisors with many years of interviewing experience offering to assist in this area, Director Goodwin has only allowed this one supervisor to interview potential candidates for the hotline.

Another concern is that these particular supervisors on many occasions screened out reports that should have been assigned without any type of corrective action. They would screen out a report and then during the second review another supervisor would catch the mistake and take corrective actions. This would often be hours after the original report was called in and the report then had to be called in to a local office after hours. Director Goodwin would not speak to the supervisors directly to assist in correcting the decision making process. I speak from experience to say that it became a running joke amongst staff. These supervisors were untouchable and they knew it. They would come in to work late, stay in Director Goodwin's office for hours at a time leaving only one supervisor on the floor or take numerous breaks in groups leaving the hotline floor staffed at a minimum causing delays and backups. Director Goodwin also encouraged supervisors to bully and target staff members so that people would be afraid of being fired. One of the supervisors would joke about what staff members she was going to make cry on any particular day. I began to wonder how these individuals treated families when they were field staff. The staff were told at one point that if they did not like their jobs that human resources had 200 qualified applicants ready to hire. This was not the case but only used as a scare tactic. The lack of leadership led to extremely low morale which still exists at the hot line. The low morale and bullying that took place daily has created the high turn over rate at the hot line.

I left in October 2011 after 7 straight months of training new hot line workers. We could not train people quick enough to replace those that were leaving. This was a huge safety risk to the children of Indiana as it took 4-6 months to properly train and acclimate to DCS policies and procedures. The new workers are on the phones before this 4-6 month time frame but it takes them longer to take a call, check on history and background information, process the report and then enter the report into the system. There is also the decision making that must take place in a quick and timely manner. The decisions are not easy ones and it takes experience and confidence to make these type of decisions in the time required to complete a report. Until the new worker is trained and confident in his or her decision making they cannot process reports as quickly as a seasoned worker. I created a step by step tool to assist new workers with processing reports but again the job takes knowledge and confidence. As the supervisor in charge of training new workers I took these concerns both to the director and deputy director of the hotline. They constantly made excuses and would not address the leadership problems at the hotline that directly correlated to the turnover. The hotline lost experienced dedicated intake specialists who were dedicated to the mission of DCS and the children of Indiana. Some intake specialists left their job despite having other employment options. Those that did not leave the hotline put in requests to go back to the field.

I also want to address intake worker confidence. As seasoned intake specialists where ridiculed, micromanaged and bullied I began to see knowledgeable, experienced and capable intake specialists unable to make appropriate decisions due to a decrease in their confidence. Intake specialists began to worry about spelling errors and other minor mistakes leading them to miss valuable information or decisions. If individuals were on FMLA leave they became a target as well. The management staff took offense to people who were

approved for FMLA and they would target their reports. We had people that were really sick and worked even while going through grueling medical procedures or side effects and the management staff would question why a person was either not able to come into work or why they worked at a slower pace when they were present. Intake specialists began to call in sick. This led to mandated overtime and a larger workload for those that did come in everyday. This only perpetuated the number of people calling in sick on a daily basis. Director Goodwin's solution was to penalize all intake specialists by incorporating a policy that anyone calling in sick on a Monday or Friday must have a doctor's note upon returning, instead of addressing the excessive call offs with the handful of individuals that were showing patterns of calling off on particular days. This only perpetuated the low morale that had already took hold of everyone at the hotline. These concerns were brought to the director and deputy director on many occasions with no success. Their only explanation for everything was that this was a tough job so that was the reason we were loosing people left and right. They would not address the favoritism, bullying and lack of professionalism amongst a select few staff and themselves. These are some of the problems that have led to the low morale and high turnover rate at the hotline. As I said I left in October of 2011 but I have been told by many people still working at the hotline that things have gotten worse in the past ten months. I cannot speak for the past ten months but I can say that without a solution I do not see things changing for the better.

There are many current and former intake specialists that would love to speak up but they are afraid of what will happen if they do. Just like the many children who are being abused are afraid to speak up for themselves. The intake specialists have either experienced the bullying first hand or they have seen many others bullied and pushed around until they couldn't take it any more.

I offer up two solutions toward beginning to fix the problems at the hot line. The first is that you must speak to every current intake specialist. This needs to be done privately and in a safe environment. I know that even then some will be afraid to say what is really going on but there are some just waiting for the opportunity. There should also be a face to face exit interview with each employee that leaves the hot line. This should be with someone outside of the management team so that they feel comfortable to share openly. Second I am willing to volunteer time to assist in anyway. I was at the hotline when we first rolled out and have been apart of the many changes through the first two years. I am willing to assist in anyway possible. I believe that the centralized hot line was a great idea and with the right leadership it will vastly improve.

Sincerely,

Amber Turientine

I am currently employed at the Indiana Child Abuse Hotline. The purpose of me writing this letter is to present my experience in working at the hotline. I have been employed at the hotline for over 2 years now.

Positives:

Working at the Indiana Child Abuse Hotline is a potentially rewarding career to those who have chosen to work in the field of Child Welfare. It is imperative however that the "right management team" lead the Hotline in saving the lives of Indiana children.

The Structured Decision Making tool is very useful. It helps intake specialist to make consistent and reliable recommendations to supervisors as far as whether to assign reports for investigations or to screen them out.

You have the choice of overtime pay or comp time if you have to stay past your shift.

Negatives:

Once the Hotline went completely statewide in Setember 2010, the atmosphere drastically changed. Hotline staff were told by management that a statewide Hotline for Indiana was a new concept and that the bus was being built while it was being driven.

The first negative situation I noticed was that Hotline Management did not practice fairness in offering current intake specialist the opportunity to change their shift before offering newly created shifts to new hire intake specialist. For example if three 9am to 5pm positions opened they would fill the positions instead of asking current workers if they wanted it first. A solution to this issue would have been to allow the current intake specialists the opportunities to change their shifts first according to seniority. When the issue was brought up with management, we were told they would considered it on a first come first served basis but new hires often came in working desired hours that current employees wanted and waited patiently for. It appeared that management was annoyed with the responsibility of having to tend to the workers request when it came to shift changes. This was something that easily could have been fixed but this contributed to turnover because management did not care. They just wanted "bodies on the phone" and yes I had a management person say this with my own ears.

Then in September 2010, The hotline was fully rolled out to all 92 counties and the call volume drastically increased. It appeared that management did not provide HR with the correct projections for how many workers they needed to take calls. The call volume kept growing and growing and so did the micromanagement. It seemed as if management panicked at this point and started rolling out polices every other month that was geared to invoked fear and intimidation.

At first we were told it could take approximately 20 to 30 minutes to take a quality report and it was estimated that and additional 20 to 30 minutes was needed to enter the information in the system and create a professional report. So one of the first policies I remembered when the call volume increased drastically was you needed to take a minimum of 10 reports per day. A worker who had been their at least 6 to 12 months felt the pressure of this demand. I felt this was possible and I strived to the best of my abilities to get it done. Some days it was obtainable and other days it was not but I kept at it because I was doing this for the children of Indiana. The longest call I ever took was 45 minutes and 30 minute calls can be frequent at times. As an intake specialist you never know what kind of report source you get or what type of information they will provide. Honestly, I felt the pressure of either rushing the caller through the report process or getting a bad review on my performance appraisal for falling short of the 10 report requirement.

If you consider a 7.5 workday with a 30 minute lunch and 2 breaks of 15 minutes each. A intake specialist does not have much room to be flexible because you only work a total of 7 hours which is a total of 420 minutes. Think about it! A conservative estimate is 20 minutes per call and 20 minutes to create a professional report. This was one of the first demands that stressed a lot of workers out and then you started to see the call offs on Mondays and Fridays especially. This was due to the increased call volume coupled with the demands of getting a minimum of 10 reports per day. In 2011, this increased to 12 reports. Management justified this new increase by saying the average reports increased recently but little do they know intake specialist will forfeit their lunch and 15 minutes breaks to keep up with the demand because they fear losing their job or getting a bad employee appraisal. That is not fair. We need our lunches and breaks to recoup and get refueled to continue to listen to at times very difficult situations that happen to innocent children.

Management requires a doctor's note if you call off on Mondays and Fridays instead of going after the small amount of workers who abuse their sick days. This is not fair as it presents a $100 doctor's visit cost for those who do not abuse the policy.

A certain hotline supervisor (LZ) bullies intake specialists and forces them to take calls even though they are schedule to get off in 15 minutes and the worker has 4 reports pending in their queue that need to be entered in. She sends out chat after chat after chat after chat about people getting on the phone and what are you working on which is severe micromanagement. We all have degrees at the hotline and if we are not taking a call common sense will tell you, we are trying to enter the reports in. Management believes taking calls are the major priority and when it comes to entering the report information into Magik and creating a quality report this is the last priority. Both are very important. A sloppy report with errors can also be a child safety issue. Their philosophy is get the calls out of queue and if you need to stay past your shift to enter the information in so be it. This is the part of the job that I hate the most. I feel like an economic slave at times instead of an intake specialist. Management does not seem to care about the intake specialist personal lives outside of work. It's common to see intake specialist having to

To whom it may concern,

I would just like to explain that I worked in DCS for almost 4 years with the last year being at the hotline. My wife worked for DCS 5 years and with the last year at the hotline. We both worked under the leadership of Director Andrea Goodwin.

While at the hotline we found that the hotline had many flaws that were not being addressed. On a daily basis the hotline had changing policy. We knew the the hotline was a work in progress, but the policy changed due to questions by the Marion County office. The hotline based their policy changes on how things are done in Marion County and not on what was best for child safety. The hotline had no real idea as to how things operated outside of Marion County.

During our time at the hotline we saw many good workers let go or leave at their own choosing due to the lack of communication between upper management and the workers. We worked only 3 days a week on third shift and from the time we left on Sunday morning till we came back on Thursday night things would change. Policy changes as to what was to be considered a report or what would be investigated would change. The director would not make this information available to third shift through paper or email.

The hotline is now staffed by more and more people that have no idea of what happens in the field. The people they have brought in have no experience as to what take place in the field. The hotline has employed one girl to take calls and make decisions that does not make attempt to hide the fact that she is on several mental health drugs and has had more than one psychological exam. She will tell all that she has many psychological diagnoses, but they continue to allow her to make decisions on child welfare.

During the time that we were Intake Specialist we had 2 supervisors that between them hand 40 years of experience in DCS, but were constantly told that their decisions were not right. The supervisor's decisions were based on the safety of the children, but were overruled due to being told that the person did not directly see the abuse or they were not based on the script of questions.

The hotline uses an out dated list of questions that they say is a guideline for what is to be asked by Intake specialist, but I was written up for not asking the questions in the exact order as they are written. I would get the necessary information, but would not ask questions that were not concerning what is being reported. The written questions are a script and workers are punished for not asking all questions on the sheet no matter the report. There are separate questions for professionals, but those questions varied on a regular basis. The professional reports from medical personnel were constantly changed on what we had to have to make the report investigated.

The Director has brought in only people around her that will not stand up to her and tell her that the hotline is flawed and that the hotline can't only be based on what Marion County does. The Director allows her personal connection to a supervisor at the Marion County office cloud her judgment as to what should be sent for investigation for the Marion County office. The Marion County office could and did call on many occasions and ask that a decision be changed on whether to investigate abuse or neglect and the director did overrule the previous decision.

[redacted]

Concerns
Despite having significant statistical data gathered from Indianapolis, Gary, and Evansville (three largest counties all with hotlines or quasi-hotlines) the State Hotline started and remained grossly understaffed.

During training there were several discrepancies in the ICWIS system that were pointed out for improvements or clarification (such as how to list caller information for Institution reports) that were never corrected nor clarified.

Instead of complimenting and encouraging intake specialisist that were able to complete intakes in under 15 minutes, the hotline initiated a call quota. However, the specialists that were still not meeting quota were not disciplined and those that continued to perform well were ignored.

Enforcing mandatory overtime due to the failure to hire and properly train efficient staff. [redacted]

Forcing part-time staff to get a doctor's note if they only missed one day (but that day happened to be a Monday or Friday), despite part-time staff not having insurance to pay for doctors visits.

Creating a hostile work environment with constant threats to be fired for "poor performance", but never giving an exact definition of expectations.

Creating a hostile work environment as evidenced by overhearing superiors screaming through closed doors.

Praises
There were several supervisors that were willing to answer questions or give constructive feedback.

There were attempts to boost staff morale such as having theme weeks. However, these were not initiated until there was almost no morale left.

This is all I can think of at this time. I tried to state them with as little emotion as I could. My true feelings are as follows:

[redacted]

I was very excited to be a ground zero intake specialist for the new State Hotline. I knew as soon as training started that there were going to be a lot of obstacles. After I learned how many employees they had requested, I was furious that they ignored the fact that in the only 3 counties that had hotlines before this there were already about 30 hotline employees and we had only requested 32 more for the remaining 89 counties. I was denied the schedule I wanted when I was hired to learn that another employee was offered my requested schedule less than 4 hours later. The longer I worked at the Hotline the less I liked working at the Hotline. I felt like I was being threatened via email all the time. When I went part-time it felt like the superiors washed their hands of me and at one point tried to get me fired for missing two consecutive shifts due to severe illness and severe weather. In the end, I took a 50% pay cut so that I could get out of the Hotline's hostile environment.

Sincerely,

[redacted]

To whom it may concern,

I am an ex-employee who worked at the Hotline for over a year and my time there was very unpleasant to say the least. While working at the Hotline I found that management was unprofessional, dysfunctional, disrespectful, and unable to properly run a business as it should be. When I first started my position as an FCM I was so excited because I thought I was becoming apart of this big institution that made sure every child in an abused/neglected situation would be helped in the appropriate manner. I soon found out that the only thing management at the Hotline was concerned about was the number of reports each FCM churned out and not what was actually going on with a child.

I say this because a lot of times employees would have to do what is known as staffing with management. This consists of employees taking the reported concerns to management and figuring out how to handle it correctly. A lot of times Supervisors would tell employees including myself "Who gives a damn as long as the kid is not dead", "I don't give a damn if the kid is getting hit, does the child have visible marks," as well as responses such as "The kid probably deserved whatever happened". These kinds of things were said when I first started my position through to the end, which provided great insight on how much management really did not care about the welfare of the children.

Management also did not care about their own employees one bit, which started from the top down. One day while working the Director, Andrea Goodwin could be heard screaming to the top of her lungs about the employees who were due to leave at 3:00 p.m. because at the Hotline you were expected to take reports, hang up the phone, take reports, hang up the phone, and so on and so on which would make employees be in the hole with more reports than they could count. This would then cause employees to have to stay two or three hours beyond their regular time to get off and many employees had children of their own to care for after work, but no one cared when that was addressed to Andrea and the Supervisors.

Employees were forced to work overtime on the weekends and after they were to get off at their regular time as well and if we did not follow the rules termination was the outcome. Employees have been threatened and cussed out by Supervisors also. Lyndsey Zweig, Chantelle Jamison, and Amy Obermeyer are the worse Supervisors that were ever set in place. Lyndsey is a ruthless, unfair, and evil person. She is known at the Hotline as the "Bully" because that is what she did. Lyndsey told an employee who was having difficulty with her timecard the following "If you touch this fucking timecard one more fucking time I will see that you don't fucking get paid". Lyndsey has made employees cry and treated them less than a human.

Chantelle got in an employee face when they were having a conversation and asked the employee in an unprofessional manner if the employee thought she was scared and if the employee understood what she was saying. The employee walked away in tears and was afraid of Chantelle after that. Chantelle was a new Supervisor when I

terminated my time at the Hotline and to be honest in that little time she had already made a bad name for herself because the way she interacted with staff, which was rude, mean, and unprofessional. Chantelle was a FCM before she was a Supervisor so she knew how bad it was to be on the other side of management, but yet she fit right in instead of trying to make a difference.

Amy was very rude to employees, unapproachable, and uncaring. Amy was very happy to assist in an unjust write up or firing of an employee. There were countless incidents with the Supervisors. Employees would have to get certain reports checked by Supervisors before they were to leave at the end of their shifts. Supervisors would hold the reports for a long time out of spite, go to lunch fully aware that they had to check reports, but the employee would have to wait, or would just tell the employees to wait because other things were more important. If at any time an employee had a problem they were scared to report it to Andrea as some have before. Instead employees would trust in HR who in turn only reported any concerns back to Andrea and as you see I am writing to you today so obviously the appropriate action was never taken and the problems continued.

I am here to say that I know Andrea has a long history with DCS and maybe she did well in certain departments prior to the Hotline, but she was a horrible leader at the Hotline. Andrea was well aware of the problems when I was an employee and I know she still is. I would bet both my arms that the same issues and beyond those have continued because Andrea allowed the problems to continue. All of these Supervisors named are great friends with Andrea and could not be "touched" so to speak. At one point some of the employees wanted to start a group in which we would discuss all of the issues that were going on at the Hotline, put them in writing, and try to find someone who we could trust to give them to, but as I said HR was not helpful and Andrea did not have the kind of "open door policy" she should have had.

I went into that position not knowing the many lies of the Hotline. I was not informed that I would have to work well over my allotted time, weekends would be mandatory work days or termination would occur, threats toward the employees, derogatory language used towards the employees, cussed out and spoken to in a degrading and terrible way by reporters from professional to unprofessional and the employees just had to take it. I have never in all my years of working have ever been in a position at a job where I was scared every time I had to work that I would be fired for some unjustly reason. I can't tell you how many people I saw leave in under a month because they could not catch on to the job in a few short weeks.

First of all being an employee at the Hotline is stressful enough, but then you throw in unprofessional management as well as all the work and information you are expected to know in such a short time after a horrible training that does not prepare you any way, shape, or form to perform your job duties correctly makes the job even more difficult. It costs money to put a new employee through training, but it costs even more money after an employee is fired and has not been given a fair chance to prove him/herself at the job because hiring will have to begin again.

stay 15minutes to 1 hour past there shift on a regular basis. I feel like those who have families are disregarded at the hotline. How can an intake specialist profess to assist in protecting the children of Indiana if the Hotline holds you hostage past your shift up to an hour on a frequent basis? Do they realize that our children need us too. HR was informed of this situation and they did nothing about it. They said basically said Hotline Management can do whatever they deem is necessary. This is when a lot of people started leaving. If calls in the queue is a child safety issue, why don't Hotline supervisors jump on the phones and help? It's at least 8 to 12 of them but they will not do it? Management and most of the supervisor's do not have children or spouses which is a lack of diversity. This is why I think they do not care about making us stay past our shift. They are not supposed to discriminate based on race, gender or marital statues (families), etc but they do.

At one point hotline workers had to work 6 days a week straight every two weeks without being allowed the opportunity to take a day off during the week. People left during this time too.

Hotline Management staff does not respect hotline seniority. People who work day shift have to work 2 night shifts (1-9, 2-10 and/or 3 -11)for Mandatory Saturday overtime which is completely inappropriate. I understand dayshift people have to help out with overtime on the weekends to make it fair but why make a dayshift person have to work until 10pm and 11pm on Saturdays when we work dayshift. That's a double slap in the face. Hotline management does not care that dayshift people have to walk 3 blocks to an open parking lot that is across the street from the city jail. People who work at night are allowed to park in the parking garage that is adjacent to the Hotline building. This shows no regard for our safety.

I am also appalled that the scandal with Andrea Goodwin was swept under the rug like nothing did not happen. Judge Payne himself emailed everyone at DCS and asked that we support her. I could not believe this, had it been someone else that is not in the clique they would have been walked out of the door and fired after a pending investigation. What message does that send? If you're in the clique nothing will happen to you. I hope I did not write this letter in vain. I hope this letter will be seen by someone who will do something to make the hotline a better place for the citizens of Indiana, the children we serve and the hotline workers. The hotline is great concept, we just need the right person to manage it with integrity and good work practices.

I ask that you realize DCS has a high turnover which can only fall back on the people who are in charge. An employee can't do their job appropriately without the proper leaders, but unfortunately the leaders at the Hotline have been less than mediocre and have failed as far as I am concerned. I feel sorry for the abused/neglected children because it seems to me that they are just a number starting with one and ending with ten, which is the minimum amount of reports you have to get everyday to meet the quota. I never knew that a child's needs were based on numbers which seems to be alright in the eyes of DCS.

I will leave you with the following; in the future I beg you to follow-up on who is placed in charge of any department in DCS, especially the Hotline since I was once an employee there and to interview current and past employees so that you can get their take on how the Hotline was operated by Andrea and the above named Supervisors at the Hotline. Some employees will be scared to talk for fear of losing their jobs, but if you dig long enough and show that you care just a little bit I am sure you will get a lot of answers you are searching for. Remember that just because a person works for an institution for a long time does not mean that person is actually qualified or deserving of an important title like Director or Supervisor because some people live by the title alone instead of properly implementing what the title stands for.

I am not a disgruntled worker who is out for revenge due to being fired because I was not, however I am disappointed and ashamed to say that I was ever apart of the DCS Hotline due to the above concerns which there are many more that need to be addressed quickly. The Hotline is just one factor in the DCS equation that has a long list of problems which need to be solved desperately because the problems within DCS have been broken for a long time, but no one has ever really tried to fix them.

Signed,

Disappointed and Ashamed.

To the honorable representatives of the Indiana House:

I want to thank all of you for understanding this difficult and important task.

As this letter finds you, I am in fear of my job, not just because of this letter, but on a daily basis at the hotline. There are many reasons I as well as many of my colleagues feel the same way. Many of them would like to send a letter, but live in fear of retaliation of speaking up about the conditions at the DCS hotline.

August 27th was a record breaking day regarding calls taken. However, on that day there were 140 calls lost due to the fact that there were not enough intake specialists to handle the call volume. This is a major concern. Some of those 140 callers were not able to get their concerns reported to DCS and possibly several children's lives are in further danger now. The reason there are not enough intake specialists relates directly to the way the hotline workers are treated.

Supervisors such as Lyndsey Zweig, Chantelle Jameson, among others harass and intimidate workers under them. Director Goodwin adn Deputy Director Cramer not only fail to address supervisor behavior, but actually encourage the maltreatment of those workers. Mistakes made by supervisor Zweig are blamed on her staff. Supervisor Zweig on many occassions fails to complete her assigned tasks related to the completion of DHC reports. She will often push that task off onto intake specialists even though it is her responsibility. The results of these behaviors reduce the number of workers available to handle calls.

Other factors contributing to turnover include firing senior, field experienced staff for questionable reasons. Intake specialist and former CPS investigator Jennifer Sweazy had several years experience handling the worst DCS cases in Marion County. Ms. Sweazy was assigned to the medically fragile unit in Marion County. These are the hardest of child abuse and neglect cases for any workers in the field. Ms. Sweazy was an asset to this department. Due to personal reasons, Ms. Sweazy was fired in retaliation for speaking to the press about Director Goodwin's alleged improprieties. Field-experienced staff are desperately needed at the hotline as most of the workers are not experienced in the field and most lack college degrees in the field of social work.

There are also many great supervisors on staff as well. In fact, most of them. Unfortunately, the ones who resort to petty retribution are the ones who impact the formulation of policy the most. Retaliation for personal reasons is common at the hotline.

Poor scheduling of employees leads also to massive amounts of overtime accrual. Workers are routinely mandated several hours of overtime each month due to the high turnover rates and lack of adequate phone coverage.

On 8/30/2012 at 10:49am there were 25 workers taking calls out of approximently 75 workers at the hotline. This time frame is when we have the highest call volume and wehn most calls have the longest wäit times due to lack of staff. At that time there were three calls waiting to be answered with a wäit time of over 9 minutes. Those numbers are actually quite low. There have been instances where 20 of more calls were waiting in the queue for nearly 20 minutes. Staffing levels are at their lowest possible levels during hotline operations day and night.

The manner in which the director and deputy director disregard the need for staff in addition to the overworking of existing hotline workers endangers the lives of children. Hotline workers are often mandated to work 6 days a week and frequently have to work over the end of their shifts due to requirements to take calls until the end of their shift. Oftentimes calls come in at five minutes before a shift ends and those workers will then have to remain over, collecting overtime pay, to

complete reports in addition to working overtime on weekends and holidays simply because there is not enough staff. Fatigue can affect job performance and decision making. Supervisors, deputy director Cramer and director Goodwin have complete disregard for employee fatigue or stress and ignore the impact of those factors on decision making which can endanger the lives of children.

The director and deputy director further decrease hotline staff numbers by moving intake specialists to perform supervisorial duties such as training staff. Other concerns include supervisors refusing to answer the phones during extremely high call volumes as the director once mandated them to do. Calls that could be answered by available supervisorial staff go unanswered and instead of helping with the task of taking reports, supervisors will instead send chat messages instructing workers (who are often on emergency reports of 1 or 24 hours response times) to neglect finishing the report they are working on in order to answer the waiting calls. This can delay reprots reaching the county office for hours.

It is with the hope that something can be done to change the manner in which the hotline operates so that we can ensure the safety of children in Indiana. Overworked and over-stressed workers will make mistakes. There is serious concern that mangement at the hotline is not going to improve. In fact, the exodus of workers occurs every month in numbers that are staggering even for DCS. There is a reason this is occurring. The workers at the hotline, every one of them, are dedicated to ensuring the safety of Indiana's children. Changes need to be made so that we can actually acomplish this task. I chose to work in the field of social work because I want to advocate for children. As a social worker, we are taught to advocate for ourselves, our clients and our coworkers. It is sad that as social workers, the ethics we are taught to abide by are discouraged by our director. I am tired and worried. I hope that something will change. Without needed change in management, I am very afraid that a child fatality will be directly the result of failure of this hotline. Things are that serious.

As someone who was a DCS Casemanager for several years, as well as having been an Intake Specialist for multiple years, I have several concerns with the DCS hotline. The main focus of my concern is that the safety and welfare of the children of Indiana is not a primary concern, as evienced in the actions by the Director, Andrea Goodwin. Ms. Goodwin has made it her priority to discipline intake specialist who fail to ask the required worker safety questions. It is more important for Ms. Goodwin to ensure the safety of the workers in the field than it is to the vunerable children of our state. One of the worker safety questions, "Does anyone in the home have any communicable diseases?" is one that would be challenged on the basis of legality by anyone remotely familiar with HIPPA.

When the hotline, under the direction of Ms. Goodwin, came under fire earlier this year for the high percentange of screen out reports, instead of taking time to evaluate the issue and determine what was in the best interest of the children, her solution was to alter the documentation of reports so there would be less "screen out" and more "information and referral reports". By changing the reports to information and referrals, instead of screen outs, this also limited the reports that were reviewed by the screen out committee. Also, by having the intake specialist document every call, including hang ups, that statistically decreased the number of screen outs. I have documentation from Ms. Goodwin outlining the new procedure of changing reports to informaton and referral, as well as documenting every call, that I am willing to provide if requested.

The low morale and high turnover rate has little to do with the stress of the call center environment but has a tremendous amount of culpability due to the lack of leadership ability on the part of Ms. Goodwin. Ms Goodwin obviously fails to realize that when she spends hours at a time chatting with her good friend Lyndsey Zweig, in Ms Goodwin's office, with the door shut, that those working right outside her office door can hear them laughing and joking around; all while the other supervisors on the floor scramble to meet the needs of all of the intake specialists. Lyndsey is a supervisor under Andrea; however, she is also one of Andrea's best friends and often spends the night at her house. Of course if she and Lyndsey would not be talking about this during work hours in Andrea's office, no one would know. But people do. Andrea is unable to draw a line between professional and working relationships. When another one of her friends, Amy Obermeyer, who is also a supervisor, told Andrea she didn't want to work nights and weekends, as was required by the other supervisors, Andrea allowed her to continue to work Monday-Friday days.

The concept of a statewide hotline is a fantastic one; unfortunately, under the leadership of Ms. Goodwin, the priority of child safety is not being met. The counties look to the hotline as the initial resource regarding problems with families in their counties and when those reports are screened out or changed to information and referral (which does not insigate an investgation), it is the children and families who suffer.

CSIC
September 5, 2012
Attachment 4.

September 5th, 2012

I am here today to express my deep belief that the State of Indiana's DCS offices are in need of major reform. Our family had notified Madison County DCS for over a period of 4 years that my great-nephews and nieces were in unfit home and needed their services. Our family believes the removal of these children would have prevented the death of my 3 year old great niece who died from an overdose of oxycontin. Although it would seem the nightmare began the day she died, it actually started with birth of my niece's 1st child in 2006.

I called DCS throughout my great-nephew's first year of life after watching his biological mother fail at providing basic needs for him. Free housing, a car, and numerous items for my niece and her son were provided only to later discover that they were sold or left behind somewhere that she had fled. Each Christmas and new season brought us new opportunities to clothe and supply necessities that were not being provided by the mother. My great-nephew would be taken in and out of various relationships, living in cars at times and houses made available to my niece by people that she was obviously using drugs with. Then my great-niece was born.

Again, our family kept track of various trails the mother would leave from one house to another. Shortly after leaving the 2nd father to her 2nd child she found another boyfriend. This boyfriend had criminal charges filed against him for causing bodily injury to child from one of his previous relationships. They fled these charges to Oklahoma with the kids in tow. They returned from Oklahoma after living in a camper and a motel and staying with his sister. At this time my sister [redacted] provided monetary support to them in hopes of them providing a stable environment for the children. They returned to Indiana and lived with my sister who also has drug and alcohol addictions and has a lengthy list of felonies in Madison County. This home was provided free of charge by my parents who owned rental properties.

Then my great nephew was born. He was the third child to be subjected to neglect and abuse. My sister, the children's grandmother would complain of the boyfriend being abusive to my great niece and nephew. There were often conflicts regarding the boyfriend physically punishing the children. When I confronted my niece regarding these issues she supported her boyfriend doing this. They later fled to a home in Anderson. My sister provided me with an address to this home and I would often visit the children on my way to work or on my way home. The home was dirty and not well-maintained. They were staying in one large bedroom with mattresses on the floor. My great nephew was sleeping in a closet as a make shift nursery. The children had severe asthma. My niece and her boyfriend would continuously smoke near the children. The children were receiving nebulizer treatments 4-5 times daily.

In June of 2010, my niece and her boyfriend went to Mississippi to live with the oldest child' father. My great nephew's father had financially supported my niece and her first child since he was born and was only provided information about his location when he would give my niece money. He would often

contact our family to try to locate them. During this visit, the father to my great nephew stated he had witnessed my niece and her boyfriend giving my great niece Xanax so she would sleep at night. She was 2 years old at the time of this event. This information again was provided to the Madison County Prosecutor's office after my great niece died. I asked him how he knew this and he stated he had eventually asked my niece and she said they would give her only a little to help her sleep. My great niece was not a restful sleeper. I had her overnight in early 2010 and had to rock her most of the night to keep her asleep, something I would give anything to have the chance to do again.

In July of 2010, another daughter was born to my niece. The cycle started all over again.

In December of 2010, our family received calls from my sister stating my niece had left the children to use drugs and be with another man, while her boyfriend was left to care for the children on his own. My niece eventually returned and later that month the Anderson Police Department was called to the home that they were squatting in by my sister, stating she had walked in on the boyfriend telling my 2 year old great niece he was going to "knock her teeth down her throat". I have brought this police report with me today that clearly states that abuse was reported and DCS did nothing.

During Christmas of 2010 my sister [redacted] again provided money to give the children a much deserved Christmas. Any gifts bought for the children always had to have tags and receipts removed to prevent the parents from selling and pawning the children's toys and clothes. Neither parent would work. They would receive state benefits while using illegal drugs.

In January of 2011, the place where they were squatting caught on fire. They were given money from Red Cross to clothe the children and a hotel room. Instead, they purchased a cell phone and items for themselves. It was then that I begged my niece to let our family help her if only she could get out of the abusive relationship she was in. She refused. I called the mayor of Anderson regarding their plan to allow them to stay at the firehouse. I let them aware of the abuse and drug use. My niece and her boyfriend were then sent to Alexandria, and again our family contacted the City of Alexandria to discuss the type of situation that was going on. Again DCS did nothing.

After being unable to obtain a house to live in they moved in with my sister. On March 12th, I received a call from my mother stating my great niece was at the hospital. I rushed to the hospital and was told by Detective that she was dead. After this suspicious event, multiple calls to DCS were made by numerous family members urging DCS to intervene. It took DCS days to pick up the children from a motel.

There are many questions that have not been answered and may never be able to about the night she died. Our family believes my niece and her boyfriend are responsible for my great niece's death. It is a fact both my niece and her boyfriend tested positive for drugs the night my great niece died. It is a fact that they waited hours after knowing something was wrong with her before they sought medical attention. The surviving children should not be returned to this situation. I obtained legal visitation with my great nephews and great niece and attempted to support reunification as I was asked to do by DCS caseworkers. As time went on the situation grew worse and my niece and her boyfriend did not keep the list of obligations that were asked of them by DCS. The children were then placed in a foster home. The foster parents were unique individuals whom provided a loving and stable environment for the

children. They were given structure and developed a deep bond with them. DCS's decision to remove the children from this foster home was unprovoked. This move was abusive towards the children and their situation. I was told by DCS simply did not like the foster mother's attitude. Safety was not an issue. This is unacceptable. The foster mother spoke up regarding issues with the biological parents and we believe she was targeted. On the day the children were removed from the foster home, I went there to see the children for what I knew would probably be one of the last times. I encountered a DCS employee at the foster home that had arrived without proper identification and an aggressive attitude. I simply stated to him that the items he wanted to take were not mine to give him. I stated that in the past, items we had provided the children were sold or traded in for cash by the biological parents. In fact, a DCS employee had placed my great nephew in the car and had the engine running with the doors closed and had walked away from the vehicle. There was a court order issued and the toys were picked up. This event was a complete waste of taxpayer money and a civil officer's time. It took DCS just one afternoon to retrieve toys. This was a much shorter period than it took to retrieve children from an unsafe environment just a year earlier when my great niece had died. I later learned that DCS had filed a motion to terminate my visitation rights. Our family has done nothing wrong to have this course of action taken. We have simply spoken out loud.

I placed calls to the children's caseworker inquiring about the children and how they were doing and was told she had not spoken with them for almost a week. This concerned me considering this was new environment for the children. I have also been told that the State only requires home visits by caseworkers every 30 days. This is unacceptable.

My family has offered our home to be a place for my great-nephews and niece to have a safe and stable environment permanently. I have taken time off of work to attend a doctor appointment, a Christmas program and even provided transportation to the children visiting their biological parents. I believe our family has more than acted appropriately and have not wagered the children's safety. We have developed a deep bond with the children. It has cemented our belief that they deserve something better than the State and the biological parents can provide. Our family no longer feels reunification is the best option for them. We have had to relinquish our visitation rights with the children due to the fact we cannot support reunification, a mantra that DCS also needs to review. We also feel that DCS is retaliating against our family for being so vocal and forthcoming. I have had correspondence with James Payne, Reba James, Michelle Burns, and Pam Knight regarding this situation and am being treated as though I am a meddling family member. They boast "confidentiality" as their curtain of protection, but the pain and loss our family has suffered due to this situation is not a private matter. This is the same pain and suffering many children in our State are living in daily.

Our persistence in protecting the rights of these children and all others improperly treated in Indiana will not end today. Crimes against children are not a matter for the State of Indiana, they are a matter for the FBI. I am calling that the State of Indiana's DCS offices be opened to a thorough investigation by Federal Bureau.

XFINITY Connect [redacted]

± Font Size -

From : DCS Constituent Services <ConstituentServices@dcs.IN.gov> Fri, Apr 13, 2012 12:21 PM
Subject : <No Subject>
To : [redacted]

April 13, 2012

Ms. Teresa Etchison
[redacted]

Dear Ms. Etchison:

Your email to Governor Mitch Daniels' Office and the Attorney General's Office regarding your great niece and great nephews has been forwarded to me for response as the Director of the Department of Child Services. Below you will find the response to your inquiry.

I certainly appreciate your letter of advocacy for these children. Your emails requesting assistance with this case is brought to the attention of our local DCS office Director, Pamela Knight to ensure that all children are protected under the Law. In addition, Ms. Michelle Burns our Regional Manager has been informed of this inquiry. I assure you, DCS takes your concerns very seriously. In accordance with Agency policy, DCS will review this case thoroughly to ensure the children are being cared for appropriately in a safe, stable and nurturing home free from abuse or neglect. However, please note that Indiana Law prohibits me from sharing any case specific confidential information about the case with anyone other than a parent, guardian or custodian and therefore my findings cannot be made available to you.

With regard to your concerns about reunifying the children with their parents, while there are certain statutory requirements, safety is always our primary concern when we have children in our care and responsibility. One of the issues we must address is the issue of parent's rights regarding children – a long and fundamental right established by the United States Supreme Court, as well as our own Indiana courts. In making our determination, we are required to review all of the facts including the original allegations balanced with the actions by the parent or parents. We work closely with our service providers, community partners, and the courts, to provide opportunities for families through intensive services, individual and family counseling, parenting classes, anger management, drug and alcohol interventions, and other services. It is, of course, the parent's responsibility to successfully complete all court ordered programs and when they have satisfactorily done so, it is up to the Court to determine whether or not children shall be placed back with the parents.

While I cannot discuss individual cases with you because of confidentiality, I have reviewed this matter in detail, received communication from our local office, and assure you that everything is being done to make sure that the children are safe and protected.

DCS values the special relationships of close family members and loved ones providing them with the love and support they so desperately need during this difficult time in their young lives. Thank you for taking the time to express your concerns.

Best Regards,

James W. Payne, Director
Department of Child Services

JWP: kak
G: 2514938, 2514939
Cc: Office of the Governor
Director, Madison County DCS

CSIC
September 5, 2012
Attachment 5.

I want to thank the panel for being open to hear what I have to say. Also, thanks to Rep Kathy Hewer for getting me in this direction by responding to my emails via personal calls.

I'm April Dach, a mother of 3 girls. I'm also a RN in NICU at Lutheran Hospital. I have had to deal w Dept of Children Services on a personal and professional level.

From a personal level I have had to make numerous phone calls to DCS regarding 2 of my girls with their father. I have experienced being on hold for lengthy wait times while listening to recordings of how they "protect children." I had a man answer one time and was compassionate, asked questions and listened to what I had to say. Every other call I made was dismissed by the hotline with this statement "there hasn't been any penetration." I replied with" what about good touch and bad touch?" Every time the hotline told me I needed to teach the girls "bad touch inside, bad touch outside." I had another hotline employee tell me that 'every parent has the right to bathe a child." They also told me they are a "reactive organization not a proactive organization." I asked them if I could have a copy of all the calls I made to them to show I tried. The hotline replied we "destroy records after 6 months." With every phone call I made, their reply was the same "but there hasn't been any penetration."

The only way I was able to get help for my children was to call the Fort Wayne Police. Twice the FWPD came to my daughters to help them to only be stopped abruptly by DCS. The FWPD told me they were concerned and called DCS to investigate. The second time I called FWPD they again called DCS. The detective listened to my oldest daughter and informed me "there was great concern, grooming etc." Not to let them see their dad until DCS lets me know. The next day DCS called me and said they asked their dad and he denies so they need to "resume normal visitation." That's all it takes, a perpetuator to deny any wrong doing however, a child gets ignored. If there was concern recognized by police, counselors and attorneys. But one person from DCS makes this decision based on what? No training, manual or protocol.

I can testify that the phone operators are unprofessional, opinionated and uncaring because every call I made was dismissed with excuses and rebuttal. Being told that inappropriate behavior by a parent of opposite sex is ok when your children are asking for help is so frustrated. Exact things my oldest daughter said to the detective was "please help my dad because no doesn't mean no." DCS said "dad denies such behavior so resume visitation." Kids' pediatrician, counselors, uncle and FWPD have contacted DCS on their behalf and no results. Every phone operator shut me down without any direction and only waiting for more/penetration to happen.

According to IND.CODE 35-42-4-7 Class D is "any fondling or touching with intent." I have done a lot of research and NEVER came across where it stated "penetration needed to happen before intervention."

I can also testify to the things that didn't happen which DCS mentioned on Aug22 that they do. Because the hotline operators didn't think situations that have been happening for 2yrs wasn't bad enough. Once the call is done there isn't any other path to take. What they don't know is they were my last resort already. I contacted counselors, pastors and because their father was uncooperative and the bad behavior continued I had to call. Why does the state law requires us to call when it doesn't go beyond that call?

I can testify that both of my situations, once the FWPD forced the DCS to contact me I didn't experience anything they mentioned on Aug 22, 2012. Vision, Mission (partnership), the teaming, engaging, assessing, planning, intervening. The 2 case workers we had were unprofessional, biased and very unhelpful. I had to talk to a supervisor to get any information about our case. None of the following were offered in my unsubstantial cases by DCS: Family case management, family meetings, resources, services such as "protection, prevention, preservation." I saw both of our case workers 1-2x in the 30 days. WE signed a plan (by a substitute caseworker) and never saw/heard from anyone again. The hotline heard from me because I wanted it to be on record that the behavior was continuing but apparently there aren't any records after 6 months.

My suggestion is the following: manual or protocol, referral to services, consequences to safe plans of care that are not followed, follow up visits w kids (preferably unannounced) during the 30 days. What good is the safe plan if it's not followed? How do DCS know if it's followed when there isn't any contact after it's in place? If Indianapolis is the main center, how do they know all the places and contacts for the best services suitable to each family?

I want to thank the following for taking the time to respond to my emails in regards of my girls situation when the DCS wasn't there for them. Dick Lugar, Senator David Long, Marvin Stutzman, Mitch Daniels, Kathy Heuer. When know else would listen, they took time out of their line of work and busy schedules to acknowledge this issue and get me to where I am today.

Sincerely,

April Dach

CSIC
September 5, 2012
Attachment 6.

To Whom It May Concern:

I am making this statement as an individual citizen under my first amendment right to free speech. I am reporting under my own independent license as a Licensed Clinical Social Worker in the state of Indiana. I do not represent either of my employers.

I have a Master's Degree in Social Work, and thirty years of experience in the mental health field. I am currently a therapist in a program for disabled children, those disabled by severe behavior problems, sometimes with mental illness, developmental delay or brain damage. Many of our children have already suffered abuse and neglect; most live in poverty.

Since the inception of the Child Abuse Hotline, I believe, I have made numerous reports, but have had only one case investigated. This occurred last December 2011, when I made the fourth in a series of calls; first from the school, from me, the probation officer, and then another call to the hotline from me. I was reporting a young girl being taken to a crack house by her addicted mother. Knowing this family well, and the mother's ongoing problems with addiction, I did indeed believe this was happening and wanted CPS to investigate. I was very worried about the safety of my client. When I was told by the hotline operator, that this report did not merit investigation, I called my Senator, David Long. I stated that I was so sure that my client was in danger that, if this case were not investigated, I would go to the local DCS office along with other social workers, and hold a press conference reporting the hotline for child endangerment and neglect. I am sure Senator Long was not afraid of a press conference. I am sure he thought kids should not be taken to a crack house. if you have never been in a crack house, there are often guns, dogs and drunk or high adults. No place for a child. This case then was investigated, a CHINS granted, and currently this case is moving towards expedited permanency due to the serious addiction of the mother and her inability to care for her children. Had Senator Long not intervened, where would this little girl be today? Would she be safe? Would she have been sold? Raped ? It seems to me that Senator Long believed that I may know something about my clients. Thank you, Senator Long, on behalf of my young client.

I heard Mr. Ryan state that DCS could hire more workers, investigate all calls from school, judges, and prosecutors. It is not the number of hotline operators that is the problem, it is the policies that do not protect the vulnerable. You may know that a disabled child is 4 times more likely to be physically abused than a normal child. Why are you not investigating children who harm themselves? These children are most often developmentally delayed or mentally ill. Hurting themselves is likely a call for help. Often an investigation does not have to move to CHINS status in order to make changes in a system, bring resources to a family. When the goal is helping others, not just saving money, the citizens of the state of Indiana are served. I know no Democrat or no Republican who thinks children are expendable.

CPS worked much better when it was operated from the local DCS office. We worked as a team. Helping people was our goal, not balancing the budget. Mr. Ryan may think the

salary of $34,000 is the problem. I don't. Social workers, human service workers are used to making little. We see are jobs as standing in the path of evolution, attempting to protect the sick and the vulnerable; to attempt to bring dignity to life. We need the help of a functioning and dedicated local CPS office of investigation to do our jobs.

Edith Kenna, ACSW, LCSW
[redacted]
[redacted] Indiana, [redacted]
[redacted]

CSIC
September 5, 2012
Attachment 7.

Carole Davis
[redacted]
[redacted], IN [redacted]
September 2012
Address to Legislative Study Committee

(1) BABY PP

As a child advocate for decades, I have witnessed politics being played with the lives of children. Neither Republicans nor Democrats can hold their heads up with bravado.

Democrats, for instance, look to unions for votes and donations.
Significantly, when Indiana was #1 in child abuse deaths, child welfare employees were members of a public union.

Republicans, grovel for votes from Right to Life, which rallies for life before birth, but where Is the concern from these two groups for abused children dying after they are born?

All too often the Department of Child Services has shown itself to be unable to provide the protection needed to safeguard the lives of children-at-risk in their care. And yet, because the DCS has been allowed to function as an autonomous body, it has continued as usual without their providing a full disclosure of facts that may be self-incriminating.

(2) SENATOR EMAIL PP

Some time ago, in response to an email I had sent, I received an email from a state senator who stated, "I'm also convinced you are right in your opinion of the 'system'...Getting to the inside, however, is very difficult. They [the DCS] don't give all the facts, even to the legislature...They have an army of vested interests to protect them."

(3)(4)(5) STUDY GRAPHS PP

When other interests are considered more important than the lives of children-at-risk who are in the care of our state, there can be disastrous results. All too often these results never come to light because the DCS is allowed by the legislature to run as an autonomy. I have asked repeatedly for an update to the Indiana University School of Public and Environmental Affairs study entitled "Indiana Child Welfare: The State of Our Children--1997". The study reflected so badly on the DCS that another study has not been commissioned. For example, the study revealed that foster care expenditures increased more than 742% from 1991 to 1995. The study further revealed that Indiana lead the nation in cases of neglect and child abuse, with the USA average being 59% and Indiana's being 82%.

If a study was conducted today with complete transparency, what would this study reveal about DCS and its policies and practices?

Some of the most recent information available that was published by the Indianapolis Star indicates that there are troubling statistics concerning children in DCS. The Star asserted that based on Indiana's child population, DCS removes children from their homes at a rate of 10th highest in the U.S. and 59% higher than the national average.

What is more alarming is that Indiana continues to do poorly in what is considered one of the most important indicators of how well a child welfare system is performing: children who suffer repeat maltreatment within six months after a state intervention. The Indiana repeat maltreatment rate for 2008 was basically the same for 2008 as it was in 2004, the year the reform project was launched. It remains

worse than the national standard. In 2008, that translated into 506 repeat victims or almost 10 children every week.

Children in Indiana State custody really have the state positioned as surrogate parents. Shouldn't the state be responsible for neglect just as any parent who knows their child is being abused by someone and is charged for neglect by the state? What actions would be taken by the legislature if they knew they could be charged with neglect or for being responsible for a child's death? And that is my point: As representatives and senators, you have chosen to ignore this crisis and children today are being abused, neglected and even killed. Are you not responsible? For their sake, you need to take action now.

(6) (7) LAWS PP

State and Federal law require a Community Child Protection Team and a Citizens Review Panel with each submitting periodic reports. These laws are not being followed, and consequently, there are no reports available for review.

And speaking of the law...

The family courts operate to decide "what is best" for the child. The judge decides this in a closed court usually with input from only the child's case worker and the parents. The judge can literally sentence a child to whatever life the court sees fit with scant evidence and no input from the child. The DCS states that the judge decides the case, while the judge says he must follow the law; thus, neither takes the ultimate responsibility for the decision. As legislators, you have the opportunity to pass laws that mandate transparency, that eliminate the autonomous structure of the DCS, and that provide oversight of the DCS policies and procedures.

The legal field is benefiting handsomely from the lives of children in need. I've been told custody battles are often their "bread and butter". However, neither the ACLU nor individual lawyers have made a concerted effort to lobby for the rights of children-at-risk in Indiana.

(8) STATE LETTER PP

At the core of these inequities is the autonomous DCS itself and its failure to first adequately protect the children under its care and then, of course, under-reporting the information concerning the deaths of children in their care. Perhaps that explains why Indiana was one of the last four states to establish a statewide Fatality Review Team.

Obviously, having all the pertinent information is essential for accurate statistics and funding for the well-being of children. No private business could operate with such fraud and lackadaisical carelessness. The DCS touts success and yet is the only business I know of that grows despite its failures and remains immune to accountability and responsibility. Quite simply, the power of the DCS exceeds its level of expertise.

We are meeting in this legislative session to bring a critical priority to light: our concern for children-at-risk who are under the care of the DCS. I have testified for previous committees and found them lacking; they did not allow enough time to hear testimony from citizens who had vital information, and most important, they did not get the total truth from the DCS, which was not forthcoming with information that reflected badly on them.

But this is a new day and a new committee. It is my challenge that this committee should be solution-focused. To that end, I offer these suggestions:

(9) LAW PP

1) Immediately recall the DCS 800# that is used for specifically reporting child abuse. This is discriminatory as stipulated by the 1964 Civil Rights Act. All suspected crimes should be investigated by law enforcement.

(10) REFERENCE PP

2) Revise and distribute the study of the 1997 "Indiana Child Welfare: The State of Our Children". The latest statistics concerning the DCS could be put in a user friendly format of graphs.

3) Conduct an in-depth vetting of all service providers and present the results on a cost and outcome effectiveness basis .

(11) 3% GRAPH

4) Implement a real time data search on each child in the system. We should care at least as much about the counting of our children as the balancing of our checkbooks. We have a bank headquartered in Indiana which would possibly loan manpower to help set up a data program.

5) Establish a chair on child maltreatment in an Indiana higher learning institution.

6) There should be legislative review of reports mandated monthly under a law which sets specific procedures to follow.

7) Review DCS supervisory longevity, pay, perks, and pensions. At what level is their turnover rate of personnel in DCS?

(12) CARTOON PP

8) Review the policies and procedures that went into implementing the IBM partnership. Because government businesses are always monopolies, was the IBM privatization flawed from the beginning?

9) There is a critical need for addressing troubled pre-teens and teens in an environment that would not label them as juvenile delinquents.

10) Conduct an independent audit of the Indiana Department of Child Services in all aspects of their operation.

Indiana has been particularly discriminatory towards children in relation to their socio-economic position in life. These children have become economic assets to the DCS; they provide employment and all of its government benefits. These children are, in essence, their employers and therefore, DCS should be accountable for their well-being.

I'm here today as an advocate for the most vulnerable among us, children-at-risk in Indiana.

I'm making a formal request for a complete overhaul of the child welfare system here in Indiana. It's a "Humpty Dumpty" system. The Indiana Department of Child Services (DCS) is broken, and if we are to make a difference in the lives of these children, the DCS must be changed top down and made whole again.

Ignorance and indifference are the only two reasons for the epidemic of child maltreatment. Education solves ignorance; indifference is hopelessness. My hope is that this legislative body is enlightened by all of the available information and will act with speed and determination to bring real change to the Indiana Department of Child Services.

(13) FAMILY CIRCUS CARTOON

(14) MARVEL CARTOON

CSIC
September 5, 2012
Attachment 8.

Dear DCS Committee Members: 8-31-2012

I was warmed with Representative Noe's final comments when she embraced the concept of "Culture". A culture of service. More than 30 years in welfare services at all local levels taught us what that means. Senator Holdman knows what it meant in his smaller Wells county office and we both know what it meant in a much larger Allen office. Mr. Judkins knows it over many years. It meant we were a family.

Privatization and centralization in FSSA, DCS, BMV and Workforce have largely destroyed the family concept of service provision. Inter-contractor walls cause delays, held up progress and destroyed creativity.
Barriers of access to responsible workers or an abandonment of caseloads has left the public, including community support staff with no participation in the system. Individuals without advocates are lost. Foreign language speakers find themselves truly in a foreign country.

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I have three primary recommendations:

1. **Active legislative oversight directly involving workers and clients examining outcomes**. Advocates will be large parts of this hearing but, as Carl Moldthan showed, internal workers usually know the needs and solutions, if consulted. This would be a statewide effort in all state agencies, beginning with all privatized entities and call centers and centralized action centers. Call centers have a culture of top down pressure to shorten contacts rather than solve problems. Some are truly evil with little supervisory oversight or training. **Worker input must be protected from ALL intimidation, especially by contractors**. This includes private agencies holding outside contracts from the state.

Worker intimidation has become the hallmark of the administration. Privatized entities have little or no worker protection and the removal of workers from merit status has been aggressive. In the run up to FSSA privatization Mssrs. Roob and Daniels posted security thugs around the audience, reporting worker opposition. The infamous FSSA Chaplain brought his own spies, taking notes at individual workstations of worker opposition until being banished from the work areas in his home county for alleged harassment.
When Secretary Murphy asked for input, local contractor officials explained "the company" is not interested in any such input and workers were warned.

2. **Investigate the end products of Call Center activities**. Local DFR (FSSA) offices see an enormous plethora of agency problems caused by high pressure decisions based in short contact times when document capture failed, requirements were poorly explained or cases were force processed without checking for client compliance. **EVERY LOSS OF BENEFIT, NEW APPLICATION, HEARING AND REAPPLICATION MUST BE EXAMINED FOR THE ACTUAL CAUSE OF AGENCY ACTION**. Closing Dilbert's case is not the goal.

3. **Through local entities like Child Protection Teams and Regional and local Advocates Committees open public channels for regular input. Establish an Ombudsman center in each call center** to address agency failures. Performance Review duties cannot be tied to 7 minute contacts. In the DCS Call center, local office involvement is critical when examining local venues Call Centers cannot know. Before privatization on screen-out reviews and also as Emergency Services Supervisor in DCS, the value of eligibility workers was a priceless advantage for family stability now totally lost in the privatization. Unlike the journalistic claptrap by Andrea O'Neal and the Indiana Policy Review, food stamp workers have real value in DCS situations and they haven't a clue on DCS work. Judge Payne should be reminded they are not journalists, only worker-hating wonks. Transparency is your only solace.

In short, call centers, BMV, Workforce, FSSA and now DCS Centralization cannot replace individual, usually local responsiveness. Inter contractor silos are totally anti service. Centralization solves no problems of service. There cannot ever be a culture of caring in most of these arenas. I was blessed to do what I did for more that 30 years. The saddest reality is that no one beginning now can ever hope to enjoy a career like that in most Indiana State Government venues.

Fred Gilbert, [redacted] email: [redacted]

For the Committee:

Written Testimony to the Select Joint Commission on Medicaid Oversight 10-10-2010

Follow-up to testimony given 9-21-2010

From Fred Gilbert, M.A., [redacted]

I plead first amendment rights in making this testimony. Eligibility Workers are and always have been the arbiters of the system.. It is in the interest of Indiana to bring forth Mr. Carl Moldthan's recommendations in all regions, especially new hardware in "as-is" coun ties and also to open an honest discussion involving workers in the field as he did so well...Eligibility work must be professionalized at all levels.

After more than 30 years in welfare work in Indiana's FSSA, with two years under "modernization", I believe this will never "work" until certain parts are repaired.. After the release of Advance Indiana's interview with Carl Moldthan, my professional passion demanded I speak for eligibility work. I begin my introduction in Burmese and Turkish as most of my work was with refugees from 29 nations.

" We trained hard - it seemed that every time we were beginning to form up into teams we would be reorganized. I was to learn later in life that we tend to meet any new situation by reorganizing; and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralization." by Petronius Arbiter 210 B.C.

Early in my career, I swore an affidavit of loyalty similar to that of the Governor and Legislature and as a military veteran, I took that seriously. Now, most workers sign a company contract. The difference is profound.

The most powerful requirement remains worker expertise. Grandma's new Medicaid application from the nursing home after a long life is a chasm away from a new legal immigrant family moving to Indiana. Case process errors are likely in both where training, supervision and specialization are lacking. Additionally, processes are now handled by workers with widely variable pay, benefits, training, task instructions, supervision, experience, overtime and processing quotas with the citizen/client experiencing all those variables. The state now functions under three major systems of processing with huge differences.

The in-person trouble shooting at our local Refugee Center in Allen County , especially for limited English clients, is one model that works. With its joint posting of State and multiple contractor and agency shared staff, multilingual written and verbal competencies and community agency liaisons, it sees 50 to 80 people on Thursday, troubleshooting day. Most problems can be solved in about 8 minutes if an experienced worker with state authority can simply work the case. Ongoing interview and app processing is routine thru the week. The key success is communication and access to specialized, experienced workers and multiple contractor and agency sharing. Under the former state system, Allen county worked as a whole team system in similar fashion with an award winning expertise. Errors in the processing of these cases remains rampant outside a specialized system for immigrants and refugees.

In the studies leading up to "modernization", information was removed from context to support the falsehood that Indiana had the "worst welfare system in the country". Many of us saw those inaccuracies but got no response as the web was complicated and workers were threatened for any outside contact, even being told that communication with Mr. Roob was forbidden. Many of these initial documents are now "temporarily unavailable" at the FSSA website. A study by Mr. Chad Rayle is attached with most of these cited. The state is one more step removed, the public and legislature are now two steps away from the truth.

There were immediate rollout delays as "software" problems surfaced. Errors in the document capture system were immediate and continue. All red pens were confiscated as "the system won't copy red". Color documents are still badly copied. Documents without the correct cover letter just vanish to a black hole full of "unindexed documents" or are mislabeled unless "discovered" by workers up against quotas

Recently an outside advocate advised that Allen County had more than 600 hearings last month, most of which were remanded back to correct agency error. Public statistics do not reflect this detail. Phone calls to the center are routinely on hold as workers unfamiliar with the programs bungle calls and the initial phone transfer system is slow and complicated and is in only English and Spanish. Where cases used to be specialized, the current case bank approach leads to errors and poor client service. The new "hybrid" involves all workers passing competency tests in all program areas as all will be expected to work all programs; a sure recipe for errors.

Recent news articles announce the failure of the food stamp program with federal fines and an option to spend $600,000 to correct the problems. No money should go to any contractor. All should go to hiring and training of state workers to handle the overload of the recession avalanche. State workers approve all case actions. It is in the interest of Indiana to bring forth Mr. Moldthan's recommendations and also to open an honest discussion involving workers in the field as he did so well.

Some pieces of the new system are wonderful. The old computer systems were so overloaded after 9 years that signing on took an average of 15 minutes, with multiple interviews causing an average of two hours lost each day just signing on. This still remains in the "as-is" counties, including Lake, St. Joseph and Marion. I also insist that ICES is NOT the problem. Integration and worker expertise is and has always been the problem. Indeed, these were Mr. Moldthan's first recommendations and would have solved most of the problems without "privatization".

If the color copy problems, lost documents and the on-line form support system can be fixed, the document capture system is the most important innovation. The failure to copy permanent and basic case information prior to rollout caused huge time and client wastes. All case files in Marion, Lake Counties and St. Joseph should be digitized before any new rollout is considered...unless the system is to be abandoned.

The phone interview was a special blessing for isolated and disabled clients, especially in rural settings. Unfortunately, low state staff levels prevented many interview completions with additional callbacks to already overscheduled clients. Food stamps require a state interview.

When Vanderburg went "hybrid" the rest of the state worked the overload and backlog as well as doing phone interviews allegedly scheduled as "office". When Vigo went hybrid, the wait time for state second interview went from 1 ½ minutes to 7 or 12, forcing a "callback" (wait is limited to 2 minutes). This meant a "second interview", compromising federal policy and increasing client inconvenience. It also meant that requests for documents were delayed until the state interview.

Statistically documenting these details is complicated and uses precious resources, again, making them generally unknown to the outside. Ongoing hybrid pressures on overtime and "daily quotas" by state and private staff result in shallow decisions, often cursory denials.

The legislature needs to institute an in-depth study of the entire process and each contractor as well as state administration oversight and feedback needs to be examined. The state needs to know how each contractor really serves the people.

Retired and current eligibility workers from around the state are available to assist with corrective measures. Secretary Murphy must demand all contractors to allow their staff to contribute without fear or retribution.

Carl Moldthan's Advance Indiana Interview:
http://advanceindiana.blogspot.com/2010/07/republican-view-of-fssas-failed.html

n depth study of the history of the Modernization, by Chad L. Rayle of the Yoder Law firm in Auburn:
http://www.yoderlaw.com/documents/FSSA_Comment.pdf

Mr. Gilbert is a retired social worker who spent more than 34 years in FSSA work in Fort Wayne, in DCS as well as Eligibility. best contact - email: [redacted]

Summarized from Advance Indiana Interview
http://advanceindiana.blogspot.com/2010/07/republican-view-of-fssas-failed.html

Moldthan outlined some of the basic problems that these workers confronted on a day-to-day basis:

**1. No new computers for over 9 years.

**2. Many of the forms are still done in paper which takes many extra hours from caseworker's days.

3. Many very simple problems that cause counties extra work have not been addressed and have been left to fester.

4. Contrary to current beliefs county caseworkers DO NOT make decisions. Indiana's written polices must be followed. If changes are expected the rules need to be changed and this move would save millions in the cost of employees alone.

**5. Present computer forms for various programs such as Medicaid and TANF are out dated and are not equipped with relationship databases.

6. Counties DO NOT control or have any input into their yearly budgets.

7. No raises. According to some people, out of 25 years they have only received raises 11 times. These people eat their lunch at their desks, work over without extra pay, come in early without pay and many other things that most people would quit over. This being the case they deserve a chance to make it work.

8. Starting wage for a caseworker is $22,700 and most are college graduates and are NOT big supporters of the union. Most are also very dedicated, however, they are anything but liberals in their beliefs about whom and how much the State gives to clients.

"County Offices have computers that are over 9 years old, forms and computer programs that are over 12 years old and many totally outdated policies, rules and regulations," Moldthan lamented to his superiors. "If a private company is hired the rules will be changed and regulations will be suspended to allow things such as phone banks and rules and regulations will be waived." Moldthan was right about that. We all know about the infamous call center in Marion, Indiana run by ACS that mueh has been written about over the past few years. Moldthan had a whole list of changes Roob and his superiors could make that would achieve real savings without actually privatizing. They included:

- **Closing 15 to 20 offices and combining them with other local county offices.
- Reduce staffing at the offices by one-third.
- **Modernize the technology used by the workers to increase efficiency, including newer leased computers supported by relational databases instead of static information contained on outdated computers that are unable to communicate with other databases.
- Employ independent medical review teams rather than relying on a client's physician exclusively. Moldthan noted that some offices experienced as many as 50% of the disability claims being based on a clients' claims that they suffered from bipolar disorder. Workers told Moldthan they believed that many of those claims would have and should have been disallowed if independent medical review teams were utilized instead of the client's physician.
- Hire more fraud investigators. Moldthan learned that as much as 25% of the benefits may have been consumed by fraudulently-claimed benefits.
- **Allow clients access to computers placed in the office lobbies to fill out basic information in advance of meeting with welfare workers to aid the workers in assisting the clients more efficiently.
- Provide incentive bonuses to county workers who come up with ideas that are implemented and save the agency money.

After Moldthan failed on numerous occasions to get Roob or his other superiors to listen to him and act on any of his suggestions, causing him to become increasingly frustrated, he hand-delivered his findings to Gov. Mitch Daniels, then-Senate President Robert Garton and then-House Speaker Brian Bosma.

Carl E Moldthan
[redacted]
[redacted], IN [redacted]
Personal & Confidential

Office of the Governor
Statehouse
Indianapolis, Indiana 46204
October 31, 2005

Dear Governor Daniels;

First, I would like to thank you for your call in January. I appreciated it very much. I was very impressed with your plan and felt I wanted to be involved. To accomplish this I put my involvement with Hoosier Taxpayers Association on hold for a while. I have been employed by FSSA since March. I hope what we are doing will indeed be making a difference.

My job with FSSA was to suggest methods to save money. To date, I have made over 70 suggestions with an estimated savings of many hundreds of millions of dollars. However, not one of these suggestions has been implemented and as far as I know have not even been studied. In fact, I have heard every obscure and ridiculous reason NOT to do them. I wish I could count the number of times I have heard, "that's not our problem" or "that's not our area".
I have seen irresponsible management within the agencies and a total **disregard for taxpayer's dollars**. I have also witnessed incompetence. The sad part is the only people who seem to give a damn about saving taxpayer money are those employees who work in the trenches and deal directly with the public. They see the waste and tell the appropriate people and then they are ignored.

I believe one of your favorite sayings is, "If you are not keeping score then all you are doing is practicing". It is sad for me to say that many of the functions in
Indiana Government are just practicing due to a lack of interest in change found in middle and upper management.

It is this type of total disregard for taxpayer's funds that concerns me and creates skeptics in the public sector. After careful thought and consideration I have come to the conclusion that the leaders of FSSA are so focused on privatization that they are disregarding numerous opportunities worth potentially hundreds of millions of dollars in savings. I generally am in favor of privatization and I have made that known on many occasions, however, I have made known my reservations about moving too quickly and without studying this situation to insure success.

These are not lunches and dinners at the prisons, this involves people's lives. I think it is dangerous and we could very well lose ground in 2006 over this terribly timed and poorly communicated move. Each area should be carefully studied before this endeavor is undertaken.

We should setup five or six pilot counties to insure success before we undertake the entire state. And presently, that is not being done. I believe in privatization but when done it must be a proven method or if it isn't we should move with caution. At this time there is no state that has successfully executed a model of privatization of public assistance programs with a proven track record.

After reviewing the circumstances of FSSA, I believe that the input and ideas of many of our present county employees could save as much, if not more than privatization. However, their suggestions are not even being considered. Their work experience and day to day contact with our current rules and regulations, as well as knowledge of many of the ways persons abuse the system, could be used productively to protect Indiana taxpayer's funds from gross fraud and misuse.

I have attached a summary of the savings I have proposed and a complete listing that explains each one, and the response I have received. It's a
lot of reading but gives a clear picture of what can be done with a management wanting to make a difference in a positive way and still serve the people.

I would propose a "Suggestions Clearing House (SCH)" in your office where anyone can send a suggestion or an idea. The SCH person in charge of this office would read each one and follow up on its viability. The SCH person would take or send the suggestion to the department head of the appropriate office and explain it to them. The department head would either have to deny or review the idea. If the idea is denied an explanation of the reasons would be sent back to the SCH person. If the person in charge of the clearing house did not accept the explanation they could follow through with an independent review. A report would be made straight to your office from the SCH person on what should take place. I believe very strongly this would force accountability and necessary change.

I voted for you and have worked very hard for your administration because I feel you stand for good and low cost government. I am not convinced that those in middle and upper management are looking out for your best interests and believe as you do in serving the people. Thank you very much for your time and consideration. I would be happy to sit down and talk with you further about my findings and how I think FSSA can better serve the public and make your administration look good while costing less.

Sincerely Yours,

Carl E Moldthan

Cc. Brian Bosma
Robert Garton

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Dear DCS Committee Members: 8-31-2012

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Fred Gilbert, 1[redacted] email: [redacted]

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Carl E Moldthan

Cc. Brian Bosma
Robert Garton

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8.22.12 DCS Interim Study Committee Meeting- Follow Up Items from DCS

Questions/ Information Requests

1. Is there any legislation that hinders DCS from protecting children?
    a. DCS will consider and provide the committee with suggestions.

2. Provide a breakdown of number of CHINS per year.
    a. Please see attached document labeled "Total Number of DCS CHINS Cases".

3. Provide a breakdown of what happens to children that are removed from home- reunified, with relative, guardianship, adoption, etc?
    a. The most recent *Child Welfare Outcomes 2006- 2009: Report to Congress* shows Federal Fiscal Year information relating to exits of children from foster care. The below chart breaks down what happened to those children who entered the foster care system for FFY 2007 through FFY 2010. The exit type "Other" includes relatives, transfer to another state agency, wardship dismissal due to runaway and emancipation. The information can be found at the following link- http://cwoutcomes.acf.hhs.gov/data/overview

Exit Type	FFY 2007	FFY 2008	FFY 2009	FFY 2010
Adoption	17.40%	18.80%	17.70%	17.50%
Guardianship	7%	7.90%	8.50%	11%
Reunification	63.90%	61.80%	65.20%	64.30%
Other	11.80%	11.50%	8.70%	7.20%
Total Number	7,426	7,509	8,382	8,240

4. Is the Indiana movement to a centralized hotline common in other states? Have they experienced any problems and have they come up with any resolutions?
    a. Please see attached map of states with a central statewide Hotline.
        i. There are thirty two states that have a statewide central child abuse and neglect hotline: Arizona, Arkansas, Connecticut, Delaware, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, Texas, Utah, Virginia, Washington, and West Virginia.
    b. There are five states that have a regional hotline.
    c. Indiana has been approached by nine other states to receive Indiana's input and advice on ways to improve their child abuse and neglect Hotline. Indiana has consulted with Arizona, Illinois, Michigan, West Virginia, Iowa, Louisiana, Pennsylvania, Mississippi and Florida.
        i. Indiana assisted the following states with their implementation of a centralized hotline: Michigan, West Virginia, Iowa, and Louisiana.

ii. Arizona and Illinois approached Indiana looking for suggestions on how to improve wait times and visited Indiana to see its Hotline in action.
iii. Indiana worked with Pennsylvania, Mississippi and Florida to identify best practices and to learn about their experience with a centralized hotline.
iv. Indiana worked with the following outside sources when developing the Hotline:
    1. Midwest Child Welfare Implementation Center (MICWIC) which is a national and accredited center.
    2. Child Research Center to help identify and create ongoing quality assurance measurements and practices.
    3. The University of Nebraska helped provide extensive planning around Indiana's implementation of a statewide Hotline.

Changes DCS Agreed to Make During 8.22.12 Committee Meeting

1. Add "Dave's rule", which is defined as DCS automatically assigning reports received of child abuse or neglect from judges, prosecutors and law enforcement, into a written policy. The committee also requested that DCS ensure this document was disseminated to all appropriate stakeholders.
    - On page 14 of the Policy and Procedures Manual on The Structured Decision Making System for child protective services (available on the DCS website) the following language can be found:

      Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because *(mark all that apply)*:
        - Mark this decision if no maltreatment types in Section 2 are marked, which means that the referral does not meet statutory requirements for an in-person response. However, a referral will be opened and assigned for assessment for one or more of the following reasons:
            - Court requests assessment;
            - Law enforcement requests assistance;
            - DCS regional administrator or other administrator requests referral be screened in;
            - Other (specify).
    - Please note that law enforcement reports are automatically sent for assessment only if they request immediate assistance.
    - While this information is already outlined in DCS policy, DCS will wait until this committee has made its final recommendations on any changes to the Hotline prior to disseminating this information to all stakeholders.

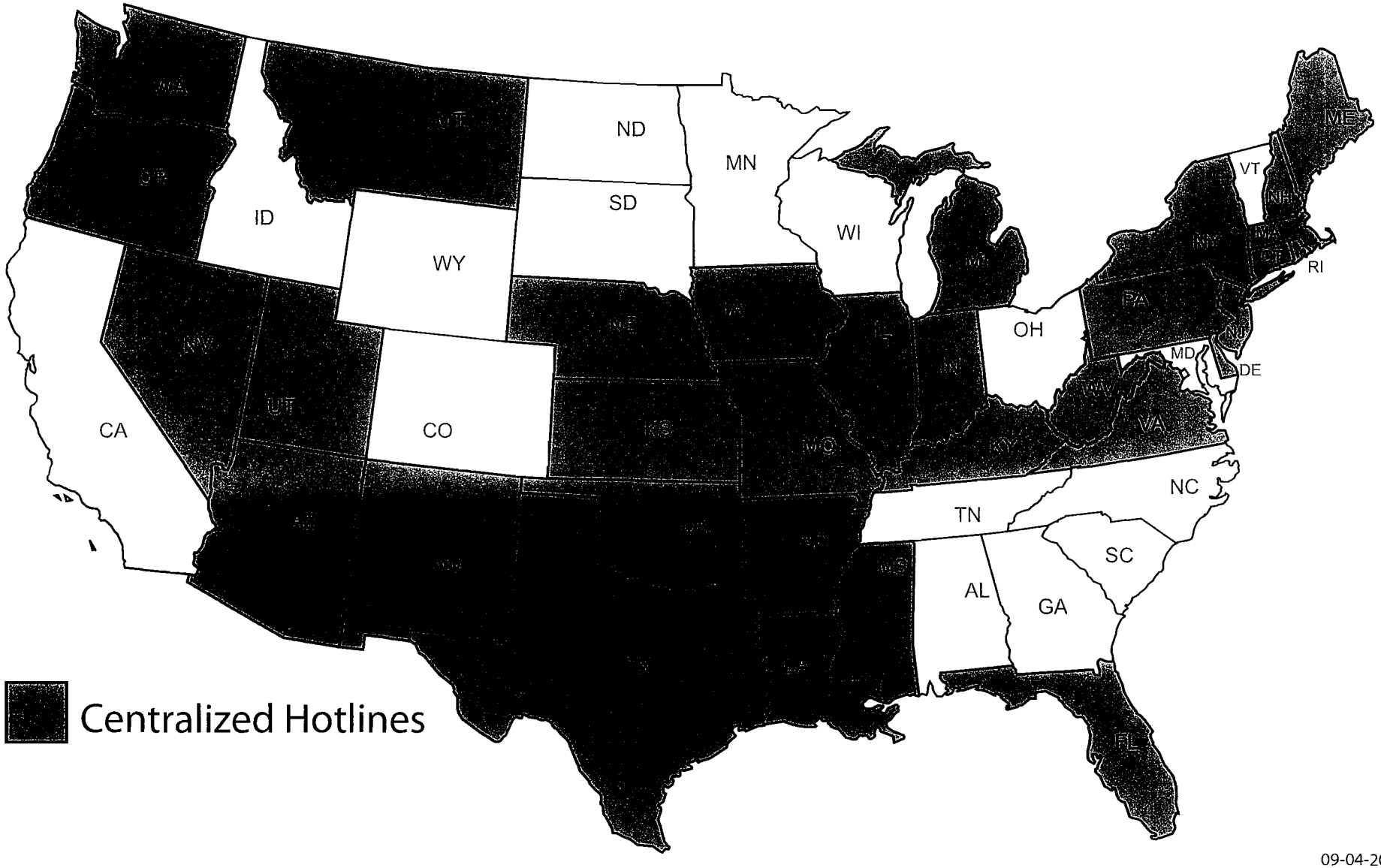
2. Add prosecutor and other stakeholders, such as judge's and law enforcement to the Quality Service Review (QSR) process, or some sort of review.
    - The DCS Quality Service Review (QSR) team is evaluating the best way to get additional partners involved in the review processes. The team will be developing a process for this to occur. DCS will update the committee on the progress of this change throughout the meetings.

Total Number of DCS CHINS Cases

Reflects CHINS at a point in time

Month	Total CHINS	Month	Total CHINS	Month	Total CHINS
Jan 2005	11,822	Jul 2007	13,266	Jan 2010	15,201
Feb 2005	11,726	Aug 2007	13,333	Feb 2010	15,201
Mar 2005	11,896	Sep 2007	13,476	Mar 2010	15,357
Apr 2005	11,995	Oct 2007	13,439	Apr 2010	15,329
May 2005	12,179	Nov 2007	13,528	May 2010	15,334
Jun 2005	12,243	Dec 2007	13,519	Jun 2010	15,396
Jul 2005	12,363	Jan 2008	13,513	Jul 2010	15,136
Aug 2005	12,474	Feb 2008	13,736	Aug 2010	14,927
Sep 2005	12,711	Mar 2008	13,907	Sep 2010	14,748
Oct 2005	12794	Apr 2008	14,224	Oct 2010	14,653
Nov 2005	12838	May 2008	14,358	Nov 2010	14,528
Dec 2005	12839	Jun 2008	14,525	Dec 2010	14,315
Jan 2006	12778	Jul 2008	14,576	Jan 2011	14,172
Feb 2006	12959	Aug 2008	14,797	Feb 2011	14,102
Mar 2006	13,105	Sep 2008	15,032	Mar 2011	13,924
Apr 2006	13,239	Oct 2008	14,998	Apr 2011	13,763
May 2006	13,401	Nov 2008	14,859	May 2011	13,710
Jun 2006	13,241	Dec 2008	14,702	Jun 2011	13,694
Jul 2006	13,114	Jan 2009	14,561	Jul 2011	13,575
Aug 2006	13,105	Feb 2009	14,665	Aug 2011	13,328
Sep 2006	13,201	Mar 2009	14,636	Sep 2011	13,179
Oct 2006	13,101	Apr 2009	14,776	Oct 2011	13,051
Nov 2006	13,042	May 2009	14,940	Nov 2011	12,890
Dec 2006	12,952	Jun 2009	14,824	Dec 2011	12,627
Jan 2007	12,871	Jul 2009	14,830	Jan 2012	12,494
Feb 2007	12,979	Aug 2009	14,967	Feb 2012	12,629
Mar 2007	13,080	Sep 2009	15,037	Mar 2012	12,871
Apr 2007	13,153	Oct 2009	15,034	Apr 2012	13,128
May 2007	13,169	Nov 2009	15,050	May 2012	13,184
Jun 2007	13,221	Dec 2009	15,088	Jun 2012	13,037

32 States with Centralized Hotlines



09-04-2012

Mitchell E. Daniels, Jr., Governor
James W. Payne, Director

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

317-234-KIDS
FAX: 317-232-4497

www.in.gov/dcs

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

September 5, 2012

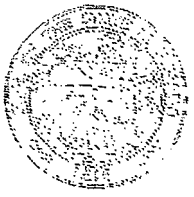
Dear Senator Broden, Senator Lanane, Rep. Riecken and Rep. Summers,

Please find the information below in reply to your letter dated August 31, 2012. We appreciate your concern and interest in learning about the Indiana Child Abuse and Neglect Hotline and the Indiana child protection system. We all have the same goal in mind: to protect children. DCS looks forward to working with you in the coming months to evaluate how the system can be improved. Please feel free to contact myself or Brady Brookes, DCS Legislative Director, with any questions you may have.

Respectfully,

John Ryan
Chief of Staff
Indiana Department of Child Services

cc: DCS Interim Study Committee Members



Protecting our children, families and future

1. What is the total number of hotline calls for each month since its inception? Please provide subtotals by county.

   DCS Response: The Hotline receives child abuse and neglect reports via a variety of methods, including phone calls, emails, faxes or mail. Please see **Attachment A** for a breakdown of the total number of reports received and the method used to submit those reports to DCS. DCS is currently gathering the information broken down by county and hopes to have the information available to the committee at the third meeting.

2. Although calls to the hotline are increasing, the number of investigations conducted as a result of hotline calls is decreasing. What accounts for that discrepancy?

   DCS Response: DCS data shows that the number of assessments completed during the first 6 months of this year has increased over 2011 by 8,894 assessments.

   - Assessments completed Jan. to Jun. 2011: 73,848
   - Assessments completed Jan. to Jun. 2012: 82,832

3. How many calls to the hotline have not been answered because the caller hangs up before speaking to a staff person?

   DCS Response: please see below chart. This information would not have been available prior to implementation of the Hotline.

Year	Answered	Abandoned	% of Total Calls Abandoned
2010	102,686	16,070	13.50%
2011	146,070	20,266	12.20%
2012*	104,978	14,309	12.00%

**2012 numbers reflect 1.1.12 through 9.4.12.*

4. What is the protocol for handling calls from front-line medical providers such as emergency room nurses?

   DCS Response: The protocol that the Hotline family case manager intake specialists follow when they receive a report from emergency room doctors and nurses is as follows:

   - The Hotline will not go through the entire intake guidance tool with these professionals. The questions that will be asked are the following:
     1. Who is the caller? (full name of the medical professional)
     2. What is a call back number?
     3. What hospital or location are they calling from?
     4. What is the situation (children involved)? What are the approximate ages of the children?

5. How many calls were received by the hotline but not referred for investigation? Please provide monthly subtotals by county since the hotline's inception.

   DCS Response: When DCS receives a report of child abuse or neglect there are a number of actions that can be taken:

   - Assessment: when a report meets the legal requirements of child abuse or neglect it will be sent to the DCS local office for assessment.
   - Information and Referral: information sent to the local office regarding an open assessment, information to follow up on a case management issue, information on prevention services, etc.

- Service Referral: a request from another state for Indiana to do a check on their ward that is placed in Indiana to ensure the safety of the child(ren) while they are placed in Indiana.
- Non Assessment: when a report does not meet the legal requirement of child abuse and neglect and no action will be taken by DCS, the report is not recommended for assessment.

When evaluating the action on each assessment the decisions are broken down into the above categories. Please see **Attachment B** for the data. Please not when reviewing the data that the DCS Structured Decision Model (SDM) was implemented in April of 2012. DCS is currently working on compiling the information at the county level and hopes to have it available for the committee members by the third meeting.
**Prior to the Hotline this information would not have been collectively available across counties.*

6. Local offices do a review of cases the hotline has screened out as not needing an investigation. How much time can pass between the call to the time local staff conduct the hotline review?

   DCS Response: As a part of the Hotline pilot project the local office can determine whether or not to review all reports not sent for assessment in their county. The amount of time between the reports and the time of review is determined by the local office.

   a. How many screened out cases do the local offices request for an investigation?

      DCS Response: The local office can review reports (not cases) and reverse the decision made by the Hotline. The two types of decisions that the local office can make are:

      1. The local office can review a report sent to the local office for assessment and ask that the report not be assessed.
      2. The local office can review a report that did not meet the legal requirements for action to be taken and ask that the report be assigned for assessment by the local office.

      Since implementation of the Hotline, over seventy percent of the reviews conducted by the local office have resulted in the local office requesting that a report sent to them from the Hotline not be assessed. See chart below for further detail.

Year	# of Reports where the Local Office Reversed the Hotline's Decision	Breakdown # of Reports Where the Local Office Reversed Hotline Decision	
		Hotline Assigned for Assessment, but Local Office Reversed to Non Assessment	Hotline Determined Non Assessment, Local Office Reversed and Assigned for Assessment
2010	119	89	30
2011	523	387	146
2012*	492	355	137

**Data is for 1.1.12 through 9.4.12.*

   b. Does the hotline have veto power over the local review or is the final determination on whether to investigate up to the local supervisor?

      - DCS Response: The DCS local office has the final decision; the Hotline does not have veto power.

7. Please list the staffing levels on the hotline, by week, for the month of August 2012. Please also provide the yearly average and median staffing levels for the hotline.

   DCS Response: The Hotline technology allows DCS to evaluate what time of day calls are received. Please see below for the 2012 call distribution to date. Due to the distribution of calls, DCS staggers shifts at the Hotline to accommodate the peak call times. During August there were twenty different shifts at the Hotline, see below for a breakdown of those shift. For example at 1pm on a weekday there would be 48 individuals from ten different shifts at the Hotline.

Time Interval	2012 Call Distribution
12a-8a	5.2%
8a-12p	29.2%
12p-4p	39.2%
4p-8p	18.7%
8p-12a	7.7%

August 2012 Hotline Shifts

- Monday through Friday:
  1. 7am – 3pm: 4 employees
  2. 8am – 4pm: 7 employees
  3. 8:30am- 4:30 pm: 3 employees
  4. 9am – 5pm: 7 employees
  5. 9:30am – 5:30: 5 employees
  6. 10am- 6pm: 6 employees
  7. 10:30am- 6:30: 2 employees
  8. 11am- 7pm: 5 employees
  9. 12pm- 8pm: 6 employees
  10. 1pm- 9pm: 3 employees
  11. 3pm- 11pm: 6 employees
  12. 2pm- 10pm: 2 employees
- Overnights:
  1. Sunday to Wednesday 9:30pm to 8am: 4 employees
  2. Thursday to Saturday 9:30pm to 8am: 4 employees
- Weekend:
  1. 7am- 5:30pm: 1 employee
  2. 8am- 6:30pm: 1 employee
  3. 9am- 7:30pm: 1 employee
  4. 11am- 9:30pm: 2 employees
  5. 12pm- 10:30pm: 1 employee
  6. 1pm- 11:30pm: 4 employees

8. How many current hotline staff have field experience?

   DCS Response: The Hotline currently employs 85 individuals; this includes the director, intake specialists, supervisors and administrative support. Of those 85 people, 36 have previous field experience. The previous employment experience of the other 49 individuals employed by the Hotline is as follows:

   - Service provider: 25
   - Probation/courts: 4
   - Medical field: 3

- Law enforcement: 3
- Security: 2
- Child services in another states: 2
- Customer service: 2
- Education: 2
- Legal: 1
- Corrections: 1
- Legislative intern: 1

9. What other department functions are being considered for centralization?
   DCS Response: None.

10. How does DCS prepare relative caregivers for issues related to trauma when a child is removed from their home and placed with that relative?
    DCS Response: Relative caregivers participate in the DCS Resource and Adoptive Parent Training during the foster care licensing process, which provides information on the effects of abuse and neglect on children and their development. Additionally, DCS is able to put services in place for relatives and the children they care for to address the effects of trauma. DCS is in the process of releasing a request for proposal that will allow DCS to refer a "relative specialist" to all relative caregivers when a child is placed. The relative specialist will be a contracted worker who can assist the relative in accessing resources and assessing their needs, including training, therapeutic support, etc.

11. How often are providers who are involved in providing services to children encouraged to attend the family team meetings?
    DCS Response: DCS encourages the family to include service providers on their Child and Family Team. However, the decision on who participates ultimately rests with the family.

12. What is the department's stance on fatality review teams being placed under the Indiana State Department of Health to better insure objectivity and an unbiased multidiscipline approach?
    DCS Response: The Department only cares that fatality review teams are meeting to review child deaths, so that future child fatalities can be prevented.

13. Do judges hearing cases that involve changes to visitation agreements have access to police reports on runs to a non-custodial, biological parent who is asking for the visitation?
    DCS Response: DCS can only speak to those cases where the Department is a party to the case, which only includes CHINS proceedings. DCS has no legal authority to interfere in private custody, visitation or paternity case. This question would need to be answered by the courts and law enforcement.
    a. If not, what changes can be made in the system to protect the child and ensure all involved entities are communicating critical information?
       DCS Response: In CHINS cases DCS has developed relationships with law enforcement in which DCS, if it has a report of abuse or neglect, an open assessment, or an ongoing case, can ask and receive information from law enforcement. DCS has had a longstanding policy and practice of referring reports which describe potentially criminal conduct to law enforcement.
    b. Should DCS mandate that the courts be notified when guardianships are dissolved after a prior CHINS case?
       DCS Response: Only courts can create, modify, dissolve or terminate guardianships or other custody arrangements. However, in 2011 DCS sought changes to IC 29-3-8-9 to require courts to notify DCS in the event a guardianship was created, modified or terminated for a child who had been a CHINS, or who is the subject of

an open Informal Adjustment (IA). DCS, upon receiving notice from the court, is allowed to participate in such cases. It should be noted that this change can only be applied to those guardianships created after the law went into effect on July 1, 2011.

c. Does DCS have any responsibilities with a family after a case is closed?

DCS Response: DCS has no legal requirements with a family after a case is closed. However, DCS does provide referrals to families upon case closure and has recently announced that funds would be reallocated to establish a new program to provide services to families meeting certain requirements for six months after their DCS case is closed. The details of this new program are not yet available.

Attachment A: Indiana Child Abuse and Neglect Hotline Breakdown of Reports by Method Received

Date	Total Reports	Method Reports Were Received by Hotline			
		Phone		Fax, Email or Mail	
		Number	Percent	Number	Percent
Oct- 10*	12,998	11,906	92%	1092	8%
Nov- 10*	12,520	11,526	92%	994	8%
Dec- 2010*	11,073	10,198	92%	875	8%
Jan-11	12,389	11,300	92%	1089	8%
Feb-11	11,226	10,654	95%	572	5%
Mar-11	14,576	13,192	91%	1312	9%
April 2011	13,684	12,606	92%	1078	8%
May-11	14,155	12,923	91%	1232	9%
Jun-11	12,578	11,429	91%	1149	9%
Jul-11	12,501	11,346	91%	1155	9%
Aug-11	13,251	11,956	90%	1295	10%
Sep-11	12,504	11,337	91%	1167	9%
Oct-11	11,670	10,675	91%	995	9%
Nov-11	11,931	10,942	92%	989	8%
Dec-11	11,026	10,079	91%	947	9%
Jan-12	12,078	11,065	92%	1013	8%
Feb-12	13,085	11,952	91%	1133	9%
Mar-12	15,426	14,290	93%	1136	7%
Apr-12	14,288	13,305	93%	983	7%
May-12	16,104	14,992	93%	1,112	7%
Jun-12	13,452	12,536	93%	916	7%

**The data for 2010 was captured during roll out of the Hotline and does not reflect all counties.*

Attachment B: Indiana Child Abuse and Neglect Reports by Action Type

Date	Total # of Reports	Reports with Action Taken						Reports with No Action Taken	
		Assess		Information & Referral		Service Referral		Non-Assessment	
		#	%	#	%	#	%	#	%
Oct- 10*	12,998	6351	49%	1822	14%	37	--	4788	37%
Nov- 10*	12,520	6221	50%	1892	15%	31	---	4375	35%
Dec- 2010*	11,073	5482	50%	1821	17%	45	---	3675	33%
Jan-11	12,389	6165	50%	1702	14%	68	---	4454	36%
Feb-11	11,226	5325	47%	1531	14%	75	---	4295	38%
Mar-11	14,576	7095	49%	1908	13%	94	---	5479	38%
April 2011	13,684	6721	49%	1678	12%	76	---	5209	38%
May-11	14,155	7110	50%	1807	13%	81	---	5157	36%
Jun-11	12,578	6142	49%	1938	15%	100	---	4398	35%
Jul-11	12,501	5975	48%	2000	16%	99	---	4427	35%
Aug-11	13,251	7005	53%	1082	8%	113	---	5051	38%
Sep-11	12,504	6775	54%	788	6%	85	---	4856	39%
Oct-11	11,670	6048	52%	834	7%	74	---	4714	40%
Nov-11	11,931	6414	54%	739	6%	87	---	4691	39%
Dec-11	11,026	5967	54%	803	7%	73	---	4183	38%
Jan-12	12,078	6734	56%	787	7%	105	---	4452	37%
Feb-12	13,085	6957	53%	1457	11%	62	---	4609	35%
Mar-12	15,426	8213	53%	3425	22%	157	---	3631	24%
Apr-12	14,288	8126	57%	3101	22%	86	---	2975	21%
May-12	16,104	8707	54%	3752	23%	84	---	3561	22%
Jun-12	13,452	6823	51%	3633	27%	85	---	2911	22%
Total Since Hotline Implementation	121,024	63,614	51.5%	21,690	13.8%	692	---	34,977	34.3 %

**The data for 2010 was captured during roll out of the Hotline and does not reflect all counties.*

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COMMITTEES:
FAMILY, CHILDREN AND HUMAN AFFAIRS
FINANCIAL INSTITUTIONS
VETERANS AFFAIRS AND PUBLIC SAFETY

STATE OF INDIANA
HOUSE OF REPRESENTATIVES
THIRD FLOOR STATE HOUSE
INDIANAPOLIS, INDIANA 46204

August 31, 2012

James W. Payne, Judge, Director, Department of Child Services
State Senator Travis Holdman
State Representative Cindy Noe

Despite lengthy testimony at the August 22, 2012, meeting of the Department of Child Services (DCS) Interim Study Committee, many important questions remained unanswered. A child died at the hands of an abuser as we were meeting last week. Today the details of another recent death were reported in the Indianapolis Star. Both children had contact with either DCS or a medical professional that could likely have prevented these tragedies.

This is an urgent matter. The safety of Hoosier children is at stake, and the public should accept nothing less than a forthright discussion about the reality of a system that allows these tragedies to occur - and how it can be fixed.

Our intent is to learn as much as we can about current flaws in the system and to identify the best possible solutions to ensure more children don't fall through the cracks. We are hoping to engage the DCS staff in a discussion about tangible solutions that will help create an effective child welfare system that is centrally focused on the best interest of children.

To facilitate that discussion, please consider this letter our official request for the following information to be presented by DCS to the committee at our September 5, 2012, meeting.

1) What is the total number of hotline calls for each month since its inception? Please provide subtotals by county.
2) Although calls to the hotline are increasing, the number of investigations conducted as a result of hotline calls is decreasing. What accounts for this discrepancy?
3) How many calls to the hotline have not been answered because the caller hangs up before speaking to a staff person?
4) What is the protocol for handling calls from front-line medical providers such as emergency room nurses?
5) How many calls were received by the hotline but not referred for investigation? Please provide monthly subtotals by county since the hotline's inception.
6) Local offices do a review of cases the hotline has screened out as not needing an investigation. How much time can pass between the call to the time local staff conduct the hotline review?
    a. How many screened out cases do the local offices request for an investigation?
    b. Does the hotline have veto power over the local review or is the final determination on whether to investigate up to the local supervisor?
7) Please list the staffing levels on the hotline, by week, for the month of August 2012. Please also provide the yearly average and median staffing levels for the hotline.
8) How many of the current hotline staff have field experience?
9) What other department functions are being considered for centralization?
10) How does DCS prepare relative caregivers for issues related to trauma when a child is removed from their home and placed with that relative?

11) How often are providers who are involved in providing serviœs to children encouraged to attend the family team meetings?
12) What is the department's stance on fatality review teams being placed under the Indiana State Department of Health to better insure objectivity and an unbiased multidiscipline approach?
13) Do judges hearing cases that involve changes to visitation agreements have access to police reports on runs to a non-custodial, biological parent who is asking for the visitation?
    a. If not, what changes can be made in the system to protect the child and ensure all involved entities are communicating critical information?
    b. Should DCS mandate that the courts be notified when guardianships are dissolved after a prior CHINS case?
    c. Does DCS have any responsibilities with a family after a case is closed?

In addition to the above, we request that two of the previously scheduled committee meetings be held in locations outside Marion County. We think it is important to hear the unique perspectives of Hoosiers from all over the state, including those who are unable to attend meetings in Indianapolis. We look forward to hearing from you to discuss possible locations for these meetings.

Thank you for your attention to these matters.

Respectfully,

John Broden
State Senator
District 10

Gail Riecken
State Representative
District 77

Tim Lanane
State Senator
District 25

Vanessa Summers
State Representative
District 99

CSIC
September 5, 2012
Attachment 11.

I can't attend this Wednesday but wanted you to know that regarding the hotline this fact: My daughter took her daughter to the hospital who reported the molestation report to the Hotline. A week passed and finally the police who wouldn't let it go convinced DCS to have the Assessor interview my granddaughter, and then lied about the video. When the police still would not let it go, the Assessor took all four children from their home; the two oldest boys were taken from the middle of the school day. Your hotline is a failure.

Just an update: I have spent a year asking that the ' system' make the man accused of molestation take another lie detector test since he failed the first one March 2011 and five years earlier another grandchild living with this man was molested by a 'magic man.' I asked that the sexual psychological evaluation be completed on this man since the 'system' requested it be done a year ago. And I have asked that an expert in child molestation interview all children living with this man and relatives he has had under his care alone. Nothing yet. But more than a week ago the Jasper County Court ordered that a forensic interview take place with the two children. If this forensic interview is completed by DCS I am not accepting it. It is bad enough that this was ordered and not completed IMMEDIATELY. The children are afraid to talk and tell us daddy says they can't tell us anything. Ariel tells us she wants to live with mommy because mommy doesn't do bad things to her but when we ask her who does bad things, she runs.

Again, I want assurance that my grandchildren are not being molested. I thought that was a simple request a year ago. DCS failed my grandchildren – the hotline is a failure.

Thanks for listening – see you all very soon.

Shirley Rhye

INDIANA COALITION FOR HUMAN SERVICES

ICHS Concerns about Department of Child Services Provided to Department of Child Services Interim Study Committee

(9/5/2012)

Indiana Coalition for Human Services (ICHS) appreciates the in-depth review of the functions and performance of the Department of Child Services (DCS) in its mission to protect Hoosier children and provide support to their families.

ICHS represents a cross-section of human service providers—many of which work with families touched by DCS--throughout the state and makes the following **observations** and ***recommendations***:

- The Child Abuse and Neglect **Hotline needs improvement**, as recognized by DCS management and numerous other stakeholders. ICHS recommends that ***plans for improvement be developed in partnership with key stakeholders***, including DCS case management staff, mandatory reporters and human service organizations that interact regularly with families affected by DCS.
- Rather than abandoning the hotline model entirely, ICHS encourages ***consideration of a modified or hybrid model*** where certain hotline functions may remain centralized with appropriate staffing and protocols, and local and regional offices receive additional staffing, connections and authority.
- **Frequent complaints about the hotline** include: 1) the amount of time it takes to make a report to the hotline because of **hold time** and **lack of staff familiarity with local jurisdictions**; 2) **inappropriate screening out** of calls; 3) lengthened **response times** to critical incidents due to additional steps the hotline has mandated for screening and dispatch; and 4) **mandatory reporters** such as doctors, teachers, social workers, counselors or law enforcement officers **are treated the same** as members of the general public. These matters could be improved with additional training, protocols, staffing and new processes for mandatory reporters.
- ***Trained professionals*** such as social workers, child care workers, school personnel, medical personnel and law enforcement ***should be treated as partners in the mission of protecting children***. Human service providers, such as many members of ICHS, also have mandatory reporting due to professional licenses, organizational missions and policies. ***Organizations working to improve conditions and outcomes for children should be able to communicate and coordinate collaboratively***. Many service providers and DCS staff are afraid to speak up about problems they see in the system for fear of retaliation via state contracts, client referrals or personnel-related actions. Instead of creating an opportunity to collaboratively find a solution, the tantamount result is a failure to protect children.
- Finally, ICHS previously has voiced **concerns about the DCS budgetary issues**, especially related to cuts and reversions and rate cuts for providers. ICHS believes that DCS should ***restore rates*** for providers working with families at risk of abuse or neglect, ***provide support to foster care children and families*** and ***keep the promises made to parents who adopt special needs children***.

About Indiana Coalition for Human Services (ICHS): **ICHS is a nonpartisan advocacy coalition of almost thirty direct service providers and advocacy organizations committed to providing needed human services to vulnerable Hoosiers.** Key policy priorities for 2012 are to:

- Maximize public resources and demonstrate transparency, accountability and outcomes;
- Ensure a quality education for all Hoosiers;
- Guarantee access to affordable, quality healthcare and a healthy environment for all Hoosiers;
- Advance family sustaining policies; and
- Enhance community-sustaining policies.

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Legislative Service Agency
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Jim Walsh
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(574) 842 4074
August 23, 2012

Dear Legislators,

In this day of modern communications, the central DCS phone center should have direct links to every Indiana county's DCS office. So, in real time the involved county director is apprized of the referral and thus is able to verbalize an opinion as to response. There could be simultaneous evaluation of the referral, and if immediacy is required, one of the county's trained caseworkers, along with police, could respond.

This approach to child abuse alerts calls for 24 hour communication to each of the county directors (or trained substitutes), instant alerts, and a trained team of casework immediate responders, who, equipped with modern technology, could keep in touch with the county office and from there to the State DCS, record conversations and take phonographs as needed.

Jim Walsh, MSW

I am Nancy Hemphill, from Henryville, Indiana. I wish to first thank you the members of the interim committee for allowing me to speak and especially to my State Representative Steve Davisson, who invited me to be here.

I wish to bring to your attention the outrageous behavior by the CPS of Clark County which is not only out of control but appears unwilling to answer to any overseeing authority. On May 12th, 2010, my husband received a call from Anna Kreig from the Clark County Department of Child Protective Services. He was informed that some accusations had been made and he needed to come in the next day. They had also advised him that we should cancel my daughter's birthday party the following weekend until they gave us permission to have children in our home.

I called them back to inform them they would not cause that kind of disturbance in our home on the basis of a rumor and that I was continuing on with the party plans. They then settled by advising my

husband to take a hotel room during our daughter's birthday party as he was now seen as a potential danger to children. That weekend he did as he was asked to do, only as a way of easing the tension of the case.

When he arrived at the CPS office, he found that he had been accused of molesting a young friend of our daughter who had stayed at our home on occasion. Despite the hideous detail of the acts which the girl related to the authorities, she couldn't remember when it happened or how many times. It was estimated that it could have been as often as 4 to 5 times but she just wasn't sure. Anna Kreig and the detective, Rachel Lee wanted my husband to do them a favor and fill in the blanks. He naturally refused. They threatened him with immediate imprisonment if he didn't cooperate; again he refused and eventually left the office.

That night, I spent five hours at the Clark Memorial Urgent Care praying that the doctors would be able to lower his blood pressure. It

had risen to the danger zone and had stayed that way long enough to wonder if he was about to suffer a major stroke. Thankfully, his blood pressure was able to come down but, I spent the rest of the night watching him for any further problems.

The next morning, my daughter and I were called in to speak with Anna Kreig and Rachel Lee. We were immediately separated despite the fact that my daughter did not want to leave me to stay alone in a strange room. I was given a choice; do as they said and remove my crying child from the room, out of my sight or come back the next day and do the exact same thing all over again. At the time, I couldn't imagine putting my child through that kind of treatment twice and I honestly thought that to walk out would harm my husband's case. Her crying could be heard through the wall but I truly felt that I had no good options at that moment. I doubt I will ever forgive myself for my decision; however I chose the lesser of two evils and stayed.

Anna Krieg as well as Detective Lee were upset that I had told my daughter about the case and that they wanted to talk with her about it. I informed them that we raised our child in a way that we saw fit, that this was a family matter and our child was involved, therefore she was to know at least some of what had been said about her father.

They asked me what my initial thoughts were after they had contacted my husband. I said "Oh no, she's done it again." They sat up with interest and said, "You mean he has done it again!"

I answered, "No, my husband has never touched a child. But since the girl in question had quit my scout troop, several mothers have come to me with stories about her accusing others. I knew immediately what the girl had done and what we were in for."

They didn't like my answer. I was informed that the girl's past had nothing to do with the case and I needed to keep my opinions to myself. I reminded them that they asked for my thoughts. They didn't like that either.

I repeatedly told them that my husband was innocent, they would reply that I had a bad attitude and wasn't cooperative.

CPS and the detective still had no idea when the alleged crime or crimes had been committed. They decided to use the process of elimination to zero in on a date range; somehow they assumed that I would be willing to help them. They first told me that they just knew it must have happened the summer before. They were visibly shocked to find that none of our daughter's friends come over in the summer as she is gone visiting relatives in Louisiana. They actually had to take a minute to recover their composure.

The detective then asked how many times the victim had visited our home in the first semester of the 2009-2010 school year. I replied "I don't know, it was too long ago." They tried to wheedle the answers out of me, by saying "Oh, come on now. Just make a guess. This is just between us and it won't go any farther." I refused to play along and repeated my same answer twice more until they changed the subject.

They then demanded to know when the supposed victim came to our home during the second semester of that year. As a Girl Scout Leader, I will need to know where my girls are during the Cookie selling season of January to March. In my calendar it showed that the young girl had stayed at our home in March. I pointed out that this was only two months prior to when the accusations were filed and yet the girl couldn't remember this? They told me that I was not an expert in child psychology and the point I was trying to make was irrelevant to the case.

I told them that I had photos of the trip to the Louisville Zoo where I had taken the girl and my daughter that March. In those photos, she was laughing and having a wonderful time. She had begged repeatedly to stay another night in our home. The mother of the girl refused as they were leaving for vacation the next morning. CPS decided that this point was also irrelevant to the case.

I reminded them that I could have printed the photos the night before, however, I was at the Urgent Care with my husband and photos were the last thing on my mind. I also asked them when they assumed the other 4-5 dates were and would they announce them? Again, they felt my arguments were irrelevant to the case and I needed to tone down my attitude.

I asked them why they were refusing evidence. They informed me that they decided what was relevant as the photos couldn't prove that my husband didn't commit the alleged crime. If I insisted I could email the photos to them. But, they reminded me that they had already decided not to use them, sight unseen.

I offered the names and contact numbers of the parents of other girls who had stayed at our home and who felt perfectly safe. I was told that they weren't necessary. I reminded them that it would show a pattern of conduct that would prove my husband's innocence. They decided they weren't interested.

I asked them if they were going to visit our home where I could show them how impossible the accusation was. They felt that this would be unnecessary. I asked if they would check our computer for pornography, they declined, not seeing a need to do so. I reminded them that monsters who do prey on children will often molest their own children first. Weren't they even worried about my own child who was taken from me and was crying in the next room? They replied that she was not the focus of their investigation.

I also reminded them that they had no proof that my husband was guilty and I demanded to know why they were so cavalier with evidence. Again I was told I had a poor attitude and that they were the professionals. They then, told me that a child wouldn't lie about such a thing and the victim's word was good enough for them.

When my daughter was returned to me, she clung to me and wouldn't answer their questions for quite a while. I was told that I was manipulating her and was keeping her from speaking.

None of this interview was recorded and yet afterwards, my husband was told that I had voluntarily presented evidence that resulted in the agency going forward with the investigation. Immediately, I called Anna Kreig to find out just what it was that I had said that was so helpful to her. I was especially interested since they had repeatedly told me how uncooperative I was. She refused to tell me as the subject was confidential. I reminded her that my words were what helped her form her decision. She informed me that my need to know was irrelevant to the case but that I could have my husband call and she would tell him. I said, "hold on he's sitting right here." I handed the phone to my husband who was also informed that he didn't have the right to know about what goes into their decision-making any more than I did.

For two years my family lived with the stress that this false accusation had brought. We went without in order to pay legal bills. We homeschooled our daughter so that she wouldn't be bullied by

those who didn't believe in my husband's innocence. A news crew was stationed outside our home and my husband's face and the name of his business was on the front page of the local paper which resulted in the loss of customers. And although the charges have been dismissed, no public retraction has been made in the media.

And yet, I know that we wouldn't have made it through this difficult time had it not been for our faith in God and the support of our church and our friends and family.

Why though did we have to endure this entire situation? I understand that there are monsters in our society who attack our children and steal away their innocence. But, not everyone who is accused is guilty.

How can we protect our children when those in charge of these investigations do so with closed minds and a sense of self-righteousness, seeing no need to fulfill their duty to even visit the home where the alleged crime happened?

In Clark County, we don't have an agency that should be trying to protect children from actual or potential harm. We have a band of crusaders who conduct their witch-hunts without fear of reprisal or condemnation. Whether or not they truly have supervision is a moot point. They act as if they alone are the final word and the public in general is guilty until They, the Department of Child Protective Services decide otherwise.

Friends and neighbors have expressed the possibility of moving out of the county for fear that what happened to my husband may happen to them.

The fathers of my Girl Scouts, who all stood with us, will no longer volunteer out of sheer fear of an accusation which can be filed up to a year later.

I was also told by friends that the two year investigation might possibly be my fault as I didn't play ball with the agency but continually defended my husband. That it was possible, my arguments had in

effect brought the wrath of the CPS on us. I am merely a wife and mother, nothing special. But, if by standing up for my family, I am to blame for the agency's actions then I will not apologize. Their egos are not more important than my family's welfare.

I have been asked why I am coming today. What if the CPS should come after my family again? These fears should be unfounded and unnecessary in our country.

We, in Clark County, are in desperate need of help. We are always watching our every word. We jump each time a child might want to hug us, then checking to see if anyone might have witnessed the simple act of compassion. It is an impossible way to live, yet it has become our life. We are afraid of our government and what it can do to us. This should not be. This is not the America I know and certainly not the America I have taught my daughter to love.

I hope that these few moments which you have allowed me, will go a long way toward bringing a resolution to this problem.

Thank you for your time.

August 27th, 2012

Representative Cindy Noe

Dear Representative Noe,

My name is Kelsey Cottrell and I am a Community Education Coordinator in Fort Wayne, Indiana. I have been a member of the National Association of Social Workers Since 2010. I am a member of the Region Three NASW members and enjoy working in this region to promote social justice and peace in our communities. As you may know, I am a mandated reporter and take my duty seriously to protect all children in the area I serve. Over the past year, I've noticed nearly all of the reports I've made have not been taken into consideration and/or investigated. This is a sincere concern from my standpoint and from that of other advocates in the state. I have made many calls into the Department of Child Services hotline and have not had my voice heard in regards to the safety and wellbeing of the children I serve. The calls I made varied from drugs in a home with young children to sexual abuse. Due to this, I am asking that you reconsider how the Department of Child Services hotline conducts its services. I think it's important that our children are protected and without the proper amount of workers and locations, this is hard to achieve. Please know that your decision helps shape the lives of children all around Indiana.

Thank you for your time,

Sincerely,

Kelsey R. Cottrell, BSW

[redacted]e
[redacted], IN[redacted]

August 21, 2012

Senator Travis Holdman, Co-Chairperson
Representative Cindy Noe, Co-Chairperson
Department of Child Services Interim Study Committee
Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789

RE: Child Abuse and Neglect Hotline

Dear Senator Holdman and Representative Noe,

On behalf of Region 3 northeast Indiana) of the National Association of Social workers, Indiana Chapter (NASW-IN), I am writing you regarding our assessment of the recent changes to the child abuse and neglect hotline number. We are concerned that these changes are not working effectively and that ultimately, the safety and lives of abused and neglected children in our state are at greater risk for not being protected.

Our concerns stem primarily from the changes in the child abuse and neglect hotline organization, reporting, and opening investigations. As you well know, people can no longer report child abuse and neglect concerns directly in their local office; instead they are required to call the state hotline in Indianapolis. This major organizational change has resulted in the following concerns: 1) callers are having problems with getting through to the hotline itself, 2) there are major delays in getting the information processed through the reporting system in a timely manner, 3) there are concerns that the hotline has been staffed with those who might not be trained well to effectively handle these calls, 4) reports show that the number of new cases and investigations has decreased significantly, and 5) there have been reports of deaths of children who have fallen through the cracks as a result of the changes in this system.

Thank you for commencing the DCS Interim Study Committee in order to review the changes and to address the concerns about the hotline. We are asking that the Committee take in to account the verbal and written testimonies about the experiences of those who are serving this population and to hear the personal stories from those whose lives have been negatively impacted by the changes in the hotline.

Thank you and thanks to the rest of the DCS Interim Study Committee for considering this written testimony about our concerns related to the hotline process.

Sincerely,

Andra D. Johnson, MSSA, LISW, LCSW, LICDC, LCAC
Region 3 Representative
NASW-IN Chapter

Investing in Youth Today, Improving Conditions Tomorrow

Department of Child Services Interim Study Committee
RE: Department of Child Services Child Abuse and Neglect Hotline
September 5, 2012

The Marion County Commission on Youth (MCCOY), Inc. appreciates the Committee's examination of the processes and procedures of the Department of Child Services (DCS) in protecting Hoosier children and providing support to families in their time of crisis.

MCCOY advocates for the positive development of youth in Indiana and believes that prevention is the best way to protect children from abuse and neglect. We have been privileged to work collaboratively with and be funded by our regional DCS office. Region 10 has shown a firm commitment to funding best-practice prevention efforts and we look forward to continued support in the years to come.

We recognize, however, that because many barriers exist for families to seek out prevention services before reaching crisis, we also need to ensure that we respond to all calls of crisis efficiently and effectively. This is accomplished through thorough training of those who first receive a call of a child in crisis and consistent procedures of how to handle calls that come in. Equally as important is education of professionals and general citizens who are mandated to make those calls to ensure that all information needed to screen the call in the proper direction is provided.

Best practices in child welfare show us that the sooner we can reach a child or family in crisis, the more effectively we can intervene to protect the child and help the family. If this system breaks down, whether through difficulty in making reports to DCS or improper screening of calls, children are left even more vulnerable, in some cases with tragic results. As organizations who have committed to protecting these children, we cannot let tragedies happen. It is our responsibility to work together to identify where the system is broken and our collective responsibility in fixing those problems in a collaborative and coordinated manner. Accountability and transparency of all parts of the system should be expected – not to penalize any one organization or agency, but rather to continue to make improvements that will better the lives of all Hoosier children.

MCCOY is committed to assisting in the improvement process to prevent children from even entering the system and ensuring that families have access to services before they are in crisis. We look forward to doing what we can to support the Committee and DCS in the recommended solutions put forth from this study.

About Marion County Commission on Youth, (MCCOY) Inc. *– MCCOY is a private, non-profit, nonpartisan organization that champions positive youth development through leadership in key issues and support of the youth worker community. MCCOY works toward the goal of ensuring that every young person in central Indiana has opportunities to thrive, learn, engage, and contribute. MCCOY serves as an advocate on behalf of youth, a capacity builder that prepares youth-serving organizations to support youth, a convener that brings the community together to address youth issues, and a resource that provides tools and information to young people.*

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