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
Justice Loretta Rush
David Judkins
Dave Powell
Larry Landis
Kevin Moore

DEPARTMENT OF CHILD SERVICES INTERIM STUDY COMMITTEE

Legislative Services Agency
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Authority: P.L. 48-2012

MEETING MINUTES[1]

Meeting Date:	**November 8, 2012**
Meeting Time:	**10:00 A.M.**
Meeting Place:	**IN Govt. Center South, Conference Room B**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**5**

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; Sen. John Broden; Anita Harden; Judge Christopher Burnham; Gloria Hood; Viola J. Taliaferro; Jean Willey Scallon; Jeff Darling; Judge Loretta Rush; David Judkins; Dave Powell; Larry Landis; Kevin Moore.**

Members Absent: **Charles Pratt.**

Sen. Holdman called the meeting to order at 10:10 a.m. and asked the members and staff to introduce themselves. He requested that the Committee's meeting scheduled for November 27, 2012, at 1:00 p.m. be rescheduled for 10:00 a.m. on the same date. There was no objection to the change.

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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.

Followup from Previous Meetings

Brady Brooks, Department of Child Services (DCS), discussed the contents of a handout[2] and responded to questions from members of the Committee. She described meetings that DCS has held as a result of the Committee's work, and plans for followup to those meetings. John Ryan, Interim Director, DCS, emphasized the importance of internal and external communication by DCS and described recent DCS efforts to improve communication.

There was general discussion among the members and DCS personnel concerning various followup items.

Cathy Graham, IARCCA, discussed the need for children and their families to receive timely, adequate, and appropriate services through DCS. She noted the importance of well trained service providers, the use of regional service councils to ensure access to geographically close service providers, and the possible use of the "child welfare advisory committee model" which would serve as a state-wide working committee (with regional subcommittees) comprised of private and public sector members addressing some of the issues that the Committee has discussed during the Interim and issues arising in all areas of child welfare. She noted that the model would provide for the committee and subcommittees to focus on solving problems rather than on oversight.

Roundtable Discussion of Possible Solutions to Identified DCS Issues

Sen. Holdman referred to a chart[3] containing 40 issues (and proposed solutions to the issues) identified throughout the Interim, noting that the number of issues had been reduced from more than 70 based on the Committee's charge and current or previous implementation of a resolution of the issue. There was Committee discussion concerning the manner in which the list was reduced. Notation was made that items from the list[4] of recommendations made by Sen. Lanane, Sen. Broden, Rep. Riecken, and Rep. Summers were included in the chart.

Sen. Holdman began discussing issues specified in the chart. With respect to:

(1) A DCS oversight committee:

Sen. Holdman described this as a permanent committee that could meet throughout the year. There was general discussion among the members, including:

(a) possible consolidation of all child welfare issues currently considered by as many as 30 boards and councils;

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[2]Attachment 1.

[3]Attachment 2.

[4]Attachment 3.

(b) size and composition of the committee;
(c) relation to the DCS Ombudsman;
(d) subject matter assignment to the committee, including provider contracting; and
(e) reporting.

(2) Regional Service Councils:
There was general discussion among the members and DCS personnel concerning:
(a) the current membership and voting membership of the Councils;
(b) timing of meetings;
(c) functions and purpose;
(d) accessibility by the public;
(e) data reviews; and
(f) feedback by the Councils to DCS.

(3) Court oversight of Child in Need of Services (CHINS) cases:
There was discussion among the members and DCS personnel concerning:
(a) "310" and "311" reports being automatically forwarded to the courts;
(b) due process concerns;
(c) facility and home CHINS cases; and
(d) minimal technological changes that DCS would need to make to forward reports administratively.

(4) Funding for "at risk" and CHINS families:
There was discussion about current DCS policy that provides funding for tangible resources that are necessary so a child may stay in the home, preventing disruption for the child and saving funding overall.

(5) Availability of "310" and "311" reports to county prosecutors and judges for CHINS and supervised cases:
There was discussion among the members and DCS personnel concerning:
(a) longer retention of unsubstantiated records;
(b) processes and technological changes to allow more efficient access to the records for prosecutors and judges;
(c) security concerns; and
(d) school corporation reports.

(6) Centralized call center:
The members discussed pages 5 and 6 of Attachment 1, concerning proposals for changes to the centralized call center. The discussion included:
(a) costs of staff training and data collection;
(b) consistency in reporting with decentralized call centers;
(c) methods of determining costs and personnel needs with various proposals;
(d) current law enforcement personnel training concerning child abuse and neglect;
(e) timeliness of addressing reports;

(f) local DCS personnel knowledge of individual families;
(g) call waiting times at various points during a typical day;
(h) data needs for consideration in making a determination about which proposal to support;
(i) need for sufficient information gathering at the call center to make an appropriate determination about handling of a report;
(j) availability of information for law enforcement personnel; and
(k) sufficiency of child abuse and neglect training of law enforcement personnel.

(7) Consolidation of boards and commissions concerning children's issues:
There was discussion among the members about consolidation into a single committee the approximately 30 boards and commissions that currently address children's issues in Indiana. Justice Rush suggested that it should be a nonpolitical body comprised of representatives of child welfare, education, mental health, judiciary, etc., and focused on addressing all issues related to children in Indiana. There was general discussion among the members concerning:
(a) timely addressing issues with specific recommendations for action;
(b) recommendations for legislation;
(c) oversight of government agencies focused on children; and
(d) possible models from other states.

(Before beginning discussion related to child welfare service provider issues, Sen. Holdman referred to a list[5] of providers participating in a group to assist with recommendations to DCS concerning provider billing and invoicing issues. Sen. Holdman then continued the discussion.)

(8) Home based services:
There was discussion among the members and DCS personnel concerning:
(a) requests for proposals for comprehensive in home services;
(b) incorporation of evidence based practices;
(c) training in evidence based practices;
(d) per diem payment changes;
(e) movement toward performance based incentive payments for providers;
(f) covered services; and
(g) financial and child welfare benefits of keeping children in the home with sufficient in home services.

(9) Shelter care:
There was discussion among the members and DCS personnel concerning changes to the maximum number of days during which a child may be kept in an emergency shelter, including discussions attended by Judge Burnham that resulted in increasing the number of days to 20. Judge Burnham explained that since the purpose of emergency care is to make a transition

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[5]Attachment 4.

between a dangerous situation and needed care, the goal is to make the transition as quickly as possible. He noted that, if necessary, additional time may be requested for exceptional cases.

(10) County child protection teams:
Mr. Ryan reported that local child protection teams are applying for grants to provide ongoing training to team members. There was discussion about requesting funding for the training in the DCS budget.

(11) DCS attorney salaries:
The members and DCS personnel discussed the contents of a handout[6] concerning DCS attorney salaries. Among the subjects discussed were:
(a) availability of support staff;
(b) staff attorney turnover;
(c) contracting with attorneys;
(d) data related to conducting a civil practice while contracting as a DCS attorney;
(e) attorney salaries generally;
(f) institutional knowledge;
(g) involvement of the Attorney General in DCS's appellate work; and
(h) DCS attorney work load.

Mr. Ryan agreed to provide a recommendation concerning this subject to the Committee during the November 27, 2012, meeting.

(12) Standardizing DCS practices at local offices:
Discussion among the members and DCS personnel included:
(a) the need for oversight that is currently unnecessary over local office call centers to maintain standardization;
(b) the need for standardization among local office call centers as one of the motivating factors for implementation of the centralized call center; and
(c) recent technological changes that may better enable standardized decision making with decentralized call centers.

(13) Rep. Noe requested that the Committee at some point consider the issue of establishing an abbreviated process for halting the evaluation process when the evaluation reveals that a report of child abuse or neglect (that is initially thought to be likely to be substantiated) will not be substantiated. Mr. Judkins noted that there is not currently such an "abbreviated process".

(14) DCS Ombudsman:
There was discussion among the members concerning:
(a) moving the Ombudsman Office from the Department of Administration to a structure in which the Ombudsman reports to an independent committee that could be formed; and
(b) methods of increasing public awareness of the existence of the

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[6]Attachment 5.

Ombudsman..

(15) Service provider issues:

The discussion among the members and DCS personnel included:

(a) the current requirement for DCS to pay interest on overdue payments to providers;
(b) Mr. Ryan's personal commitment to remedy the current 26 step payment process (some of which steps are statutorily required);
(c) ongoing negotiations between DCS and residential care providers concerning payment rates, and "reasonable" costs;
(d) leveraging funds;
(e) provider sophistication in billing, costs, and leveraging of funding;
(f) the impact of payment rates and processes on availability of providers, particularly in rural areas;
(g) the greater need of small providers for timely and sufficient payment;
(h) the need for DCS accountability and improvement measures to improve promptness of payments; and
(I) the need to dispel fear among providers of retribution for complaints concerning DCS and to implement a structure to improve cooperation and communication with DCS.

(16) Best practices:

There was discussion among the members and DCS personnel concerning:

(a) updates and improvements to data presented in a 1997 Indiana child welfare study;
(b) currently available "real time" data;
(c) DCS personnel turnover rates, particularly in connection with expenses of training personnel, case loads, and compensation;
(d) recent approval for DCS to hire additional family case managers and supervisors;
(e) DCS audits;
(f) follow up care for children; and
(g) comments related to court orders, maintenance of unsubstantiated report records, completeness and sufficiency of information provided and accessible to courts concerning children, and possible legislation related to these issues.

Other Business

Sen. Holdman requested that the members inform the attorneys for the Committee of any requests for legislation not later than noon on November 13, 2012. He indicated that the Final Report would include conceptual recommendations and any legislation that could be agreed upon by the voting members of the Committee.

Rep. Riecken requested discussion of fatality review teams at the November 27, 2012, meeting.

With no further business to discuss, Sen. Holdman adjourned the meeting at 2:55

p.m.

(Written testimony[7] from individuals not in attendance at the meeting was distributed to the members.)

[7]Attachments 6 through 11.

DCS Study Committee Follow Up Items
November 8, 2012

Meeting 1

- Questions/Information Requests for DCS to Follow Up On
  - Is there any legislation that hinders DCS from protecting children?*(Rep. Mahan)*
    - DCS does not believe there is any legislation that hinders the Department's ability to protect children.

- Suggestions/ Recommendations DCS Will Act On
  - Add "Dave's rule", which requires DCS to automatically assess reports from judges, prosecutors and LEA into policy or hotline manual. Then disseminate to committee and those stakeholders. *(Source: Judge Burnham and Judge Rush)*
    - This is already in the DCS Structured Decision Tool (SDM). **See attachment 1.**

  - Add prosecutors, judges and public defenders to the QSR process. *(Source: David Powell)*
    - A letter was sent on October 29, 2012 to IPAC, IPDC and the Judicial Center to forward to their members. **See attachment 2.**

Meeting 3

- Can DCS provide fiscal information on what the costs of the hotline recommendations would be? *(Rep. Riecken and Sen. Holdman)*
  - See **attachment 3 & 4** for fiscal information.

- What happens when a report comes in and what is the process for determining a screen out? Asks that DCS get back to the committee on fixing "screen outs" that are not being investigated. *(Judge Taliaferro)*
  - DCS discussed at meeting four.

- Provide information on the SDM, including a copy of the tool and background information on it. *(Jeff Darling)*
  - A copy of the SDM tool was provided at the fourth meeting.

- DCS to discuss the turnover rate of the Hotline and DCS employees.
  - DCS discussed at the first committee meeting. Please refer to power point presentation for more information.

- Provide update on the provider work groups to help solve payment processing complaints.
  - DCS held the first meeting LCPAs, residential, home-based, and prevention. Compiled their recommendations and working through internal the issues and solutions and then we plan to schedule a larger one with the larger group. We plan to implement and going forward to meet with them.

- Information on what you have to do to qualify to complete the CANS, reliability requirements for that test, how long the certification lasts, who else uses the test, and if all individuals in Indiana use the same set of rules on the test. *(Judge Pratt)*

Overrides (must select one of the items below)

O No overrides apply: Initial screen-in or screen-out recommendations will be followed.

O Screen out: Initial recommendation is to screen in, but referral will be screened out because (*mark all that apply*):

- ☐ Insufficient information to locate child/family.
- ☐ Report of historical event and no current risk of harm described. (Time since alleged incident: _____)
- ☐ Current report includes only neglect allegations AND alleged victim has a current open case type for similar neglect concerns
- ☐ Allegations previously assessed for the same incident of alleged physical abuse, sexual abuse, or neglect.
- ☐ Meets statutory definition of sexual abuse but consideration of factors (age differential, cognitive functioning, behavior, force, parental response) do not warrant an assessment.
- ☐ Other (specify): _____

O 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*):

- ☐ Court requests assessment
- ☐ Prosecutor requests assessment
- ☐ Law enforcement requests assistance
- ☐ DCS regional administrator or other administrator requests referral be screened in
- ☐ Other (specify): _____

Final Screening Decision *(after consideration of overrides)*

O Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked..

O Screen in: At least one maltreatment type OR screen-in override is marked. Complete Section 4, Response Time Decision.

SECTION 4. RESPONSE TIME DECISION *(Complete for all screened-in reports. Review immediate response criteria for all allegations and expedited response criteria for neglect allegations. Mark all that apply. Quickest response time marked will be assigned response time.)*

O **Immediate response required based on one or more criteria below** (*mark all that apply*):

- ☐ Child fatality or near fatality
- ☐ Serious injury to child, and that child or other children remain in home
- ☐ Child left alone/abandoned and requires immediate care
  Age of youngest child in years: _____
- ☐ Sexual abuse; perpetrator lives with or has access to the child
- ☐ Active meth lab
- ☐ LEA requests immediate assistance
- ☐ Other (specify): _____

O **Neglect allegation, within-24-hours response time required**

- ☐ Neglect allegation, and domestic violence incident occurred within past 48 hours
- ☐ Domestic violence incident that involved a deadly weapon is part of the allegation
- ☐ Parent victim or child reporting domestic violence
- ☐ Alleged victim has an open or pending case type for a different allegation
- ☐ Child in hospital or emergency room
- ☐ Unattended minor in a shelter
- ☐ Other (specify): _____

O **No immediate or expedited response criteria exist. The report includes the following allegation type(s) and requires quickest identified response time:**

- ☐ Physical abuse—**response within 24 hours**
- ☐ Sexual abuse—**response within 24 hours**
- ☐ Neglect—**response within 5 days**
- ☐ Screen-in override—**indicate response time** _____

Worker: _____ Date: _____/_____/_____

Supervisor: _____ Date: _____/_____/_____

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Attachment #2

Mitchell E. Daniels, Jr., Governor
John P. Ryan, 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

October 29, 2012

Dear Community Member,

During the recent legislative summer study committee meetings, Judges, Prosecutors and Public Defenders expressed interest in participating in the Department of Child Service's (DCS's) Quality Service Review (QSR) process. As a result, we are offering you the opportunity to have a role in a QSR review. Below you will find information regarding the purpose of a QSR, training requirements, and the QSR process.

- The QSR uses an in-depth case review method and practice appraisal process to learn how children and their families are benefiting from services received and how well locally coordinated services are working for children and families. The QSR should not be used to judge, train, or work the case. The intent is to measure the child welfare system as a whole in order to improve outcomes for children and families. Participation in the QSR involves a 2 day training as well as the commitment to attend a 2 day review. The QSR training is scheduled November 28 – 29, 2012 in Indianapolis. If you are unable to attend this training, there are additional trainings schedule throughout the year which you may attend.

If you would like to participate in the QSR or have any additional questions, please contact Lisa Whitaker, the Performance and Quality Improvement State Director. She can be reached at 317.233.9354. Thank for your interest in the QSR.

Sincerely,

John Ryan, Director
Indiana Department of Child Services
317.234.5437

Protecting our children, families and future

Establish Hotline in each DCS County Office

At the request of the DCS Study Committee DCS has put together this document with information on the estimated fiscal impact of creating a Hotline in each local office. Based on the discussion at the DCS study committee there are three possible ways this could be set up, see options a, b, and c below.

a. 24/7/365 coverage at the local office

- Proposal:
  - Staff the local office 24 hours a day, 7 days a week to take reports. This would require 3 shifts and 715 new workers needed statewide (789 total workers).
- Additional staff required:
  - 715 new FCM workers
  - 300 new FCM Supervisors
- Total annual costs: $56,942,249
- Technology costs (one time): $1,725,500

b. Local Office coverage from 8am to 11pm, requiring 2 shifts of staff.

- Proposal:
  - Local Office coverage from 8am to 11pm, requiring 2 shifts of staff. All calls between 11pm and 8am would go to local LEA. (law enforcement agency or state police.)
- Additional staff required:
  - 534 new FCMs
  - 200 new FCM Supervisors
- Total annual costs: $40,828,166
- Technology costs (one time): $1,247,800
- Other costs: undetermined cost shift to LEA.

c. Staff locally from 8a-4:30p M-F. All weekend and evening calls directed to LEA.

- Proposal:
  - Staffed at local level from 8- 4:30 and all calls on nights and week-ends and holidays go to local LEA (law enforcement agencies) or State Police.
- Additional staff required:
  - 355 new FCMs
  - 100 new FCM Supervisors
- Total annual cost to DCS: $23,814,083
- Technology cost (one time): $739,500
- Other costs:
  - Undetermined cost shifted to LEA.
  - LEA training cost.

Estimated Cost of Hotline Modification Proposals

The below information was gathered by DCS in response to questions regarding the fiscal impact of three proposed changes the DCS Study Committee members have discussed.

1. Reduce Turnover at Hotline

- Proposal: Add 50 Intake Specialists to the Hotline. This will decrease hold time and allow for more flexibility at the hotline with staff. It will address concerns related to working late, not being able to take sick days without a doctor's note, and only getting a 30 min lunch.
- Additional Staff required: 60 staff
  - 50 FCM Intake Specialists
  - 10 FCM Supervisors
- Total annual costs (staff and space)- $3,431,408
- Total one time technology costs- $102,000

2. Assess all reports from professional report sources.

- Proposal: All reports received by professional report sources would be assessed. Professional report sources include hospital, community mental health center, managed care provider, referring physician, dentist, licensed psychologist, school, licensed child caring institution, licensed group home, secure private facility and licensed child placing agency (IC 31-33-7-8). This would result in approximately 15,000 more assessments every year.
- Additional staff required: 96 staff
  - 80 new Family Case Managers.
  - 16 new Family Case Manager Supervisors.
- Total annual costs (staff and space)- $5,490,253

3. Localize Hotline for professional reporters

- Proposal: Local FCM Intake Specialists would be assigned to each of the 18 DCS regions to receive professional reporter calls from 8am to 11pm (2 shifts) and between 11pm and 8am all calls would be routed to the Hotline. The centralized hotline would continue operating 24/7 for all non-professional report sources. The 8am to 11pm time period covers 90% of the calls received daily.
- Additional staff required: 345 staff
  - 288 new Family Case Managers
  - 57 FCM Supervisors
- Total annual costs (staff and space)- $19,722,527
- Total one time technology costs- $586,500

Calculations

- We utilized the call volume from 2012 to determine the amount of staff needed per county/region. When determining staff calculations we must factor in call offs, vacations, FMLA, breaks and lunches.
    - Each FCM can handle approximately 1.5 reports an hour.
    - 1 FCM Supervisor can review approximately 100 reports during a work day.
- Family Case Manager
    - Each FCM can complete approximately 144-150 assessments a year.
    - FCM staff costs are approximately $50,000 per year. That includes salary, benefits and technology costs (computers).
    - In addition to staff costs, the space costs for each staff member is approximately $4,500 annually.
- Family Case Manager Supervisor
    - Ratio of 5 FCMs to 1 supervisor
    - FCMS costs are approximately $66,141 per year. That includes salary, benefits and technology costs (computers).
    - In addition to staff costs, the space costs for each staff member is approximately $4,500 annually.

INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL	
Chapter 4: Assessment	**Effective Date:** January 1, 2012
Section 32: Child and Adolescent Needs and Strengths (CANS) Assessment	**Version:** 2

POLICY [REVISED]

The Indiana Department of Child Services (DCS) utilizes the Child and Adolescent Needs and Strengths (CANS) Assessment to document and communicate the strengths and needs of the child to assist in determining the appropriate level of behavioral health services for the child. The CANS will be the basis for planning individualized services for children based on their identified strengths and needs. The CANS Assessment will also play a critical role in informed decision making regarding the category of placement recommended for a child once the decision to place has been made.

The DARMHA Database

The CANS will be completed by DCS staff in the Data Assessment Registry Mental Health and Addictions (DARMHA) database. When completed, the CANS instrument will produce a behavioral health recommendation. If a child will be placed out-of-home, the FCM should indicate the DCS decision to remove/place the child within the CANS to generate the CANS placement recommendation.

To gain access into DARMHA, individuals must register in the system by completing the DARMHA Individual User and Confidentiality Agreement Form. For further information on CANS certification see the DCS CANS/DARMHA User Guide or contact a SuperUser at your DCS local office or the DCS CANS mailbox at DCS.CANS@dcs.in.gov.

The DARMHA database includes five (5) versions of the Indiana CANS assessment; CANS Comprehensive 5-17; Comprehensive Birth-5; short 5-17; Short Birth-5; and Crisis Assessment Tool. DCS will use the Comprehensive Birth-5 and 5-17 as well as the Short Birth-5 and 5-17 tools as indicated based on the age of the child and case juncture as outlined below. DCS will not use the Crisis Assessment Tool.

> **[NEW] Note:** For children who are age five (5), FCMs should use the version that will best address the child's developmental needs. For example, consider the child's school involvement. If the child is in school (kindergarten through grade 12), use the CANS 5 to 17. For youth who are age 18+ years, FCMs should use the CANS 5 to 17. For youth 18+ years that do not have a Caregiver, rate the youth's own ability to fulfill the following caregiver functions/items: Supervision, Knowledge, Organization, and Residential Stability. Mark remaining items N/A (they are reflected in other items). If the youth has family or an unpaid caregiver, rate that person or persons regarding their ability to fulfill the caregiver functions. This modification allows the Behavioral Health algorithm to function.

[REVISED] Initial CANS Assessment

DCS will complete an Initial CANS Assessment (short or comprehensive) for each child in the home when:

1. The substantiated assessment has been closed without opening a case;
2. A program of Informal Adjustment (IA) has been initiated;
3. An In-Home Child in Need of Services (CHINS) has been initiated; and/or
4. Children are placed Out-of-Home during a CA/N assessment.

DCS may complete a Short or Comprehensive CANS during the DCS Assessment phase. DCS will complete a Comprehensive CANS Assessment if any needs item is rated a 2 or 3 within the Short CANS Assessment (see practice guidance)

[NEW] When completing a CANS assessment on a child and his or her family, the Family Case Manager (FCM) should first gather information from readily available sources, which may include the child, the family, the Court Appointed Special Advocate (CASA), the Guardian Ad Litem (GAL), foster parents, service providers, the school, and others with relevant information.

DCS will complete a Comprehensive CANS Assessment prior to the development of the Program of Informal Adjustment (IA-R 3091109) or Case Plan (SF 2956/DCS0046). DCS will engage the CFT to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

> **Note**: All needs items rated a 2 or 3 on the CANS should be addressed in the Program of Informal Adjustment (IA-R 3091109) or Case Plan (SF 2956/DCS0046). Strengths rated a 0 or 1 on the CANS can also be central or useful to strength-based planning.

The CFT will also review the family's Initial Safety Assessment and the Initial Family Risk Assessment to assist in identifying the family's needs and corresponding services. See separate policy, 5.10 Family Services. The FCM should also engage the CFT in determining the service level and service type for each family. See separate policy, 4.26 Determining Service Levels and Transitioning to Ongoing Services.

CANS Re-Assessment
DCS will continue to update the Comprehensive CANS every 180 days and at critical case junctures during the life of the case.

CRITICAL CASE JUNCTURES
A critical case juncture is an event or episode involving the child or family that may cause a disruption (e.g. trial home visits, potential placement disruptions, new abuse or neglect allegations, potential runaway situations, pregnancy of the child, lack of parental contact, adoption placements, etc.). DCS will update the Comprehensive CANS at critical case junctures throughout the life of the case.

CANS Transition/Discharge
DCS will complete a Comprehensive CANS upon closing all ongoing cases.

Service(s) and Placement Type Determination

[REVISED] CANS RECOMMENDATIONS

CANS Behavioral Health Recommendations

When the Short or Comprehensive CANS, Birth-5 or 5-17 Assessment is completed in DARMHA, the behavioral health decision model will run, producing one of the following recommendations:

0. No Treatment Services Indicated
1. Outpatient
2. Entry Level Behavioral Health (Birth-5) or Outpatient with Limited Case Management (5-17)
3. Supportive Community Services
4. Intensive Community Services: Wraparound
5. Intensive Community Services: Community Alternative to Psychiatric Residential Treatment Facility (CA-PRTF Grant)
6. Intensive Services: CA-PRTF Grant, PRTF or State hospital

[REVISED] CANS Placement Recommendations

DCS will utilize the CANS placement recommendation to assist the CFT in determining the appropriate category of placement to support a child's individual needs. When the FCM indicates on the CANS tool that DCS or the court decided to remove / place the child, the CANS placement decision model will run, producing one of the following recommendations:

Foster Care

This is the minimum placement level recommended on the CANS for all children identified as removed/placed by DCS. The child's needs can be met in a family and community setting with access to school, friends and community-based resources. Child may have a history of mild behavioral/emotional needs that require a low level of service (such as outpatient therapy).

Foster Care with Services/Moderate Foster Care

This indicates the child has a moderate developmental, behavioral/emotional need. In addition to foster care in the community, the child, family and resource family may be supported with treatment and support services to address and manage identified needs.

Therapeutic Foster Care

This indicates the child has either a severe medical, developmental or behavioral/emotional need, or a high-risk behavior, that is moderate to severe. In addition to foster care in the community, the child, family and foster family are supported with treatment and support services to address and manage identified needs.

Note: A child may also have a combination of any of the above needs.

Group Home

This indicates the child age 12 or older has a moderate developmental, sexual aggression, physical, medical, or delinquency need that may require placement in a specialty program provided in a Group Home setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Residential

This indicates the child age 12 or older has a severe developmental, sexual aggression, physical or medical, and/or delinquency need that may require placement in a specialty program provided in a Residential setting if a suitable resource home is unable to meet this level of service and supervision intensity.

Placement Decision-Making

1. If an out-of-home placement is needed, the FCM will first search for an appropriate relative placement and utilize the CANS behavioral health and placement recommendations to determine any additional services needed to support the relative placement.
2. If an appropriate relative is not identified and a non-relative placement is needed, the FCM will then search for an appropriate licensed foster care home (DCS or Licensed Child Placing Agency (LCPA) and utilize the CANS behavioral health and placement recommendations to determine any additional services which are needed to support the licensed foster home placement.
3. If the CANS placement recommendation is Group Home or Residential Facility, the FCM will review the CANS ratings to determine the needs of the child. The FCM should then determine if the child should be placed in a residential setting or be maintained in a lower category of supervision such as a relative placement or licensed foster home with services. The FCM should then search for an appropriate placement setting to meet the identified needs of the child.
4. Any placement of a child in a placement type other than the CANS placement recommendation will require the DCS Local Office Director or their designee's approval.
5. Placement in a residential facility will require approval from the Residential Placement Committee. DCS will not place a child into a residential care facility prior to receiving court approval of the DCS recommendation. See separate policy. See separate policy, 8.4 Residential Care Review and Approval.

Code Reference
N/A

PROCEDURE

[REVISED] Substantiated and Closed CA/N Assessments

For all substantiated CA/N assessments that are closed without opening a case, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding; and
3. Provide community service information and referral to the child's parent, guardian or custodian as appropriate for the Behavioral Health Recommendation.

Informal Adjustments (IAs) and In-Home Child in Need of Services (CHINS)

For all IAs and In-Home CHINS assessments, the FCM will:

1. Gather information necessary to complete the CANS Assessment;
2. Complete the Initial CANS Assessment within five (5) days of the CA/N assessment finding;
3. **[REVISED]** For all Informal Adjustments and In-Home CHINS, if an item is rated a 2 or 3 on the Short CANS Assessment, then the Comprehensive CANS

Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the Progress Report on the Progress of Informal Adjustment (IA ProgRptR1073008) or Case Plan (SF 2956/DCS0046), whichever is first. See separate policy, 5.8 Developing the Case Plan;

4. Complete "additional steps" below.

Placement Out-of-Home during the Child Abuse and/or Neglect (CA/N) Assessment and Out-of-Home Child and Need of Services (CHINS)

For all children placed out-of-home during the CA/N assessment, the FCM will:

1. Gather information necessary to complete the CANS;
2. Complete the Initial CANS Assessment:
   a. Prior to placement, or
   b. Within five (5) days of removal or opening the case if there was an "emergency" removal;
3. The Comprehensive CANS Assessment must be completed within thirty (30) days of completion of the Short CANS or prior to development of the Case Plan (SF 2956/DCS0046), whichever is first. See separate policy, 5.8 Developing the Case Plan; and
4. Complete "additional steps" below.

Critical Case Junctures

For all children or families who are involved in a critical case juncture (e.g., any time there is an apparent change in the child or family needs that might require a different intensity of services), the FCM will:

1. Complete the Comprehensive CANS Assessment within five (5) days of the beginning of the event, unless a placement change is necessary which would require a Comprehensive CANS Assessment prior to placement; and
2. Complete "Additional Steps" below.

Additional Steps for All CANS Assessments

In addition to the steps listed above, the FCM must complete the following for all CANS Assessments:

1. After completion of the CANS Assessment, discuss the appropriateness of the recommendations first with the parent, guardian, or custodian during the CFTM prep meeting. Distribute copies of the CANS assessment and prompt discussion of the ratings and recommendations with the CFT members. Should the CFT members significantly disagree on any of the needs ratings, behavioral health or placement recommendations those disagreements may be addressed in the CFTM or other team meeting in order to build consensus among team members;
2. If it is determined that the child should be placed at a category lower than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in Indiana Child Welfare Information System prior to placing;
3. If it is determined that the child should be placed at a category higher than the CANS recommendation, seek the DCS Local Office Director or his or her designee's approval and document in the Indiana Child Welfare Information System prior to placing;
4. Document all behavioral health recommendations and decisions in the 'Comments' portion of the Case Plan (SF 2956/DCS0046). Progress Report on Program of Informal Adjustment (IAProgRptR1073008) for all IAs.

5. Document the placement recommendation and decisions in the 'Placement' portion of the Case Plan (SF 2956/DCS0046);
6. Print a hard copy of the CANS Assessment and recommendation and place in the child's file;
7. Provide a copy of the CANS Assessment and recommendation to the child's parent(s), guardian or custodian if the case plan goal is reunification and provide a copy to service or placement providers and Child and Family Team members as appropriate.
8. Document the CANS results in the Indiana Child Welfare Information System;
9. **[REVISED]** Complete a CANS Assessment every 180 days when updating the Case Plan (SF 2956/DCS0046), to develop an IA or at critical case junctures, using the Comprehensive CANS tool. This is not applicable when CA/N has been substantiated and the assessment has been closed; and
10. **[REVISED]** Modify Case Plan (SF 2956/DCS0046) or Program of Informal Adjustment (IA-R3091109) based on progress and changing needs of youth and family. This is not applicable when CA/N has been substantiated and the assessment has been closed.

The Supervisor will:

1. Discuss any questions or concerns the FCM may have regarding the CANS Assessment ratings and/or its recommendations;
2. Monitor the quality of the FCM's CANS Assessments on an ongoing basis; and
3. Monitor the FCM's CANS certification and recertification.

The DCS Local Office Director or his or her designee's will:

1. Discuss any questions or concerns the Supervisor and FCM may have regarding placements at a higher category of care than the CANS recommendation or any placements in residential facilities; and
2. Make a final decision regarding requests to place a child in a higher category of care than the CANS recommends or requests to place a child in a residential facility and inform the Supervisor and FCM of his or her decision.

PRACTICE GUIDANCE

The CANS Friendly Interview Guide can be referenced for suggested questions when conducting the CANS Assessment. CANS users may want to look at the questions for tips and/or ideas about asking sensitive questions in a manner that is respectful to youth and parents. However, good practice is to engage the family and child in telling their story, guiding the conversation to cover relevant issues. The interview guide is not a required strategy for collecting information to complete the CANS. Rather, the interview guide is intended for use as an aide or supplement to the CANS.

Additional documents are available on the DHARMA documents webs page to assist in accurately rating each CANS measure such as the Indiana CANS Manuals, Score sheets, and Glossary.

The FCM and Supervisor should determine if the Short or Comprehensive CANS Assessment is most appropriate in this situation based on the amount of information they have available at the time of the assessment. DCS may complete a Short CANS at this time unless the child scores a 2 or 3 on specific measures. If the child scores a 2 or

3 on the Adjustment to Trauma, Substance Use, Danger to Others, Sexual Aggression, Runaway, Delinquency, Fire Setting, School Functioning and/or Developmental measures, DCS will complete the Comprehensive CANS.

FORMS AND TOOLS

1. Case Plan (SF 2956/DCS0046) - Available in the Indiana Child Welfare Information System
2. Program of Informal Adjustment (IA-R3091109)
3. Safety Assessment - Available in the Indiana Child Welfare Information System
4. Strengths and Needs Assessment - Available in the Indiana Child Welfare Information System
5. Risk Assessment - Available in the Indiana Child Welfare Information System
6. CANS Friendly Interview Guide
7. DARHMA
8. DARMHA Documents Page
9. Communimetrics
10. DCS CANS/DARMHA User Guide-Available in hard copy

RELATED INFORMATION

[REVISED] CANS CERTIFICATION

All DCS Field Staff must certify using the web-based training available through the Communimetrics database at www.communimetrics.com/CansCentralIndiana. A reliability rating of .70 or higher is required for certification. Periodic re-certification is required based on reliability ratings as follows:

>.80 valid for two (2) years
.75 to .80 valid for one (1) year
.70 to .75 valid for six (6) months

All FCM Supervisors must attend SuperUser classroom training in order to become certified as a CANS SuperUser. A SuperUser receives additional training on how to train and mentor CANS users and is required to achieve a reliability rating of .75 or higher in the CANS. FCM Supervisors must attend a SuperUser Booster training annually from previous date attended, to maintain SuperUser status. Recertification must be completed through the Communimetrics database.

Once FCM Supervisors are certified as SuperUsers, they are responsible for assisting FCMs in their DCS local office in becoming and maintaining CANS Certification.

Attachment #6

Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2739

317-234-5437
FAX: 317-234-4497

www.in.gov/dcs

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

October 29, 2012

To: DCS Regional Managers
DCS Local Office Directors
DCS Family Case Manager Supervisors

Dear Staff,

During the process of implementing the Indiana Child Abuse and Neglect Hotline some misconceptions about the Department's position on contact between local professionals and the DCS Local Office have been brought to my attention, and I would like to clarify the Department's position regarding this matter.

Staff at the DCS Local Office should feel free to speak with report sources and professionals, while the Hotline will still be used as the central point for receiving reports of child abuse or neglect; it is not intended to serve as a filter for all communication between DCS and local professionals. The Hotline was designed to ensure that all reports are recorded in a uniformly and consistently. This may also occasionally include calling the hotline to assist a professional in making a report, or simply discussing legal sufficiency and acting in an advisory manner.

Local input and discussion is critical to the work DCS does. We encourage you to work within your local communities to ensure that there is an open dialogue with professionals. Local discussion can occur in a one-on-one basis or at venues such as the Child Protection Team or the Regional Service Councils. Please help share this position with your communities and staff to clear up any misconception that may exist.

Best,

John Ryan
Department of Child Services, Director

Protecting our children, families and future

Number	Recommended Change	Proposed Resolution
Statutory Oversight Committee		
1	Creation of standing committee to review DCS	**Permanent DCS Oversight Committee (DCS-OC)**
2	There should be a legislative review of reports mandated monthly under a law which sets specific procedures to follow.	**DCS-OC**
3	Active legislative oversight directly involving workers and clients examining outcomes.	**DCS-OC**
4	Formation of an oversight committee (with public access) to review and guide changes to DCS .	**DCS-OC**
CHINS 6/Juvenile Court/County Prosecutor/"At Risk" Classification Resolution		
5	DCS should be required to enforce IC 31-34-1-6 "CHINS 6."	**DCS-OC**
6	Juvenile courts should be able to commit juveniles to mental health facilities, similar to adult mental health committees.	**DCS-OC**
7	Restore CHINS 6 filing authority to prosecutors.	**DCS-OC**
8	Combine present status offenders and CHINS 6 in a new category called "at-risk" youth. Have the prosecutor file and pursue these cases. Have probation enter Title IV-E information, and use DCS monies to treat and have courts/DCS/probation supervise these youth.	**DCS-OC**
9	Establish another classification of CHINS/Status Offenders.	**DCS-OC**
10	Adequate consideration of particular needs of children who enter the system through the courts rather than DCS.	**DCS-OC**
11	There is a critical need for addressing troubled pre-teens and teens in an environment that would not label them as juvenile delinquents.	**DCS-OC**
Composition of Regional Service Councils		
12	Statutory composition of regional service councils should be changed to not have such a majority held by DCS and to have probation representation.	**Further Committee Discussion**

Court oversight of CHINS		
13	In-home CHINS case should be supervised by the judiciary.	All CHINS (in-home and out-of-home) petitions are supervised by the court. Informal Adjustments allow parents to voluntarily agree to receive services. IAs must be approved by the court to be created or extended beyond 6 months. It is at the discretion of the court whether or not they want to hold a hearing.
14	If DCS receives a report of abuse or neglect on any child already in care or an existing CHINS case, the information must be given to the juvenile court already supervising the child.	Juvenile Court having supervision should receive 310/311 reports "real time."
Funding of hard services for "at-risk" and CHINS families		
15	Establish a fund for hard services for a family to prevent removal and supplement home-based service (e.g. utilities, rent, repairs, etc.). Limited use by DCS per family (emergency only).	DCS currently funds these items and has a policy developed on it (policy 5.17). **(DCS-OC)**
Consolidate boards and commissions dealing with children's issues		
16	Consolidate all boards and commissions dealing with children (currently 30 different ones).	**(DCS-OC)**
310/311 to County Prosecutor/Judges for CHINS/supervised cases		
17	All abuse and neglect reports made to the centralized hotline should be given from the hotline to the county prosecutor each day for investigation, not just to the local DCS director one time a week.	Give prosecutors real time access to these reports in our system. This would require system changes which would take some time to complete and would have some fiscal impact that DCS is not able to provide at this early stage.
18	311s going back to mandatory reporters (i.e. judges).	IC 31-33-3-5 requires DCS to send a report back to certain professional report sources on the status of the Departments investigation.
Hotline issues/reform		
19	Provide direct access for community professionals, such as law enforcement (including local judges and prosecutors), school personnel, medical professionals, and mental health providers to a local DCS office through the creation of a separate hotline or calling code number but maintain the state's centralized child abuse and neglect hotline for all other reports.	See Hotline modification document for fiscal impact.
20	Require DCS call center to conduct a full assessment if a call is made by the judges, prosecutors, law enforcement, probation, schools, and medical professionals.	See Hotline modification.

21	Staff county DCS offices with additional Family Case Managers to receive and act on hotline reports made by the community professionals.	One option in the hotline modifications proposal. See attachment for fiscal implications.
22	Employ a sufficient number of Family Case Managers and put technology in place with the goal of reducing caller wait time to zero in the current centralized hotline system.	See hotline modification proposals to add an additional 50 intake specialists.
23	Lack of leadership/professionalism at the call center for the Indiana Child Abuse Hotline lead to low morale, high turnover rates, and added stress and overtime requirements to intake specialists.	DCS make changes to Hotline training to require that all Hotline employees have field days. Expand training to include cultural competency, networking, trust-based professionalism. Review process and procedures regarding staff turnover and morale. **(DCS-OC)**
Home-based services issues		
24	Rebuilding community home-based services and adequately funding these services.	DCS is already in the process of doing this through an RFP that has been issued. This will allow providers to propose a per diem payment for these home based services that use evidence based practices. The per diem system should reduce billing issues and will help to address the issue between rural and urban providers. The RFP's are due December 14th.
Shelter care		
25	Children should be allowed to stay in emergency shelter care for up to 30 days.	During the 2012 session the DCS and the Juvenile Judges agreed to support legislation limiting the number of days that a child could stay in shelter care stay to 20 days, unless an exception has been granted. This has been in place since January. It has helped to increase dialogue between probation and DCS, allowing DCS to provide them with more information about other services that are available.
Focus on county Child Protection Teams		
26	Conduct ongoing training, in conjunction with local Child Protection Teams, on detecting signs of abuse and neglect identified by community professionals.	DCS has entered into a contract with Prevent Child Indiana to update the Child Protection Team Manual and for Prevent Child Abuse Indiana staff to provide regional training to Child Protection Teams starting in Feb 2013 regarding their responsibilities. This will be made into a DVD and given to the local office as well. DCS has entered into a contract with Briljent to develop a 45 minute on-line training for the public on child abuse/neglect. A committee is being formed to oversee the development of material for this video and includes representatives from the following: Law Enforcement, State CASA Program, Public Defender, State Prosecuting Council, DCS Staff (policy, legal, communications, field, staff development), magistrate and others. **(DCS-OC)**

27	Follow state and federal law—require Community Child Protection Team and a Citizens Review Panel to submit periodic reviews.	CRPs are required to submit periodic reports that are published in the Annual Performance Service Review (APSR) that is submitted to the Fed's each year. It can be found on the DCS website. CPTs are not required to submit reports.
DCS Attorneys		
28	Salaries for DCS attorneys should be increased to a market rate.	**Further Committee Discussion**
DCS staff training/organizational issues		
29	Standardization of DCS practices from county to county.	Since DCS was created in 2005, practices have been standardized from county to county.
Enhance/strengthen Office of Ombudsman		
30	Strengthen the Office of Ombudsman (i.e. public awareness of the office).	During the 2012 session additional staff were added to the DCS Ombudsman Office in SEA 286. The office now employs three people. Focus on promoting the office. A couple options are that legislators could send out a newsletter on the ombudsman, and DCS could include information about the office in our constituent replies. DCS already includes information on our web page. **Further Committee Discussion.**
Rates paid for service providers/payment for services		
31	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 promises made to parents who adopt special needs children.	In May 2012, home based providers' rates were increased 15%. Foster families can be offered home based services to support the placement.
32	1) expedited permanent placement and sufficient services at locations geographically close to family to address the needs of children in DCS care; 2) appropriate and timely reimbursement; 3) use of regional service councils; and 4) coordination and communication between public and private entities providing services to children in DCS care.	1- DCS already does this. 2- DCS is working to resolve issues in provider billing meetings. 3- Already addressed above. 4- DCS has regularly scheduled meetings with all different provider groups and additional meetings on specific topics such as billing and contracts. **(DCS-OC)**
33	DCS to request assistance from providers in resolving provider issues, including perception that there will be retribution from DCS if the providers are critical of DCS, particularly concerning rates, lack of renegotiation of rates, lack of local options, and increased documentation for billing.	DCS has been working with providers to come up with ideas to help improve the billing process, including the implementation of e-invoicing. DCS has met with the group of providers once and the follow up meeting is scheduled for 11/13. Depending on feedback we hope to roll out many of the recommendations by the end of the year. In addition, DCS continues to have regular meetings with all provider groups to talk through issues. **(DCS-OC)**
34	Conduct an in-depth vetting of all service providers and present the results on a cost and outcome effectiveness basis.	DCS is working to gather outcome data from providers to ensure that children are receiving the best care possible. **(DCS-OC)**

Best Practice/Other		
35	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.	This data is currently available on the DCS website.
36	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.	DCS has a real time data system.
37	Review DCS supervisory longevity, pay, perks, and pensions.	DCS recently provided pay increases to FCMs, effective 10.22.12. The changes establish a new minimum salary of $35,776. In addition a new FCM trainee category has been established for FCMs during their initial 12 week training period, during this time they will be paid $33,748. Lastly in order to reward and support those workers who have been with the agency longer the following raises were applied: 6% increase for FCMs with 0-2 years experience; 8% increase for FCMs with 2-5 years experience; 10% increase for FCMs with 5+ years of experience; 7% increase for all FCM Supervisors and LODs. DCS plans to monitor the effects of these changes on the turnover and retention of employees.
38	Conduct an independent audit of DCS in all aspects of their operation.	**(DCS-OC)**
39	Provide after care for children.	**(DCS-OC)**
40	1) enforcement of court orders needs to occur; 2) DCS and law enforcement need access to civil court orders; 3) DCS policy should include investigating the family history in child abuse or neglect cases; 4) "indicated" should be an alternative category to "substantiated" and "unsubstantiated" so that children don't become lost in the system; 5) DCS should be required to verify information obtained from a suspected abuser; and 6) one person in the Ombudsman office is insufficient to cover the entire state.	1- DCS enforces our court orders. 2- Requires a legislative change. 3- This is already included in DCS policy. 4- Indicated would not help ensure children are not lost in the system. DCS changed statute last year to allow unsubstantiated assessments to be kept until the youngest child is 21, which should address her issue. 5- DCS already does this. 6- The ombudsman employs three people.

GUIDING PRINCIPLES FOR THE DEPARTMENT OF CHILD SERVICES:

- TO MAKE SURE THAT THE ALL OF THE CHILDREN WHO NEED SERVICES AND INTERVENTION ARE IN THE SYSTEM;
- TO MAKE SURE THE RIGHT ASSESSMENT FOR EACH CHILD IS MADE THE FIRST TIME;
- TO MAKE SURE PLACEMENT FOR EACH CHILD IS THE RIGHT ONE THE FIRST TIME; AND
- TO MAKE SURE SERVICES ARE OFFERED THAT MEET THE NEEDS OF THE CHILD AS EARLY AS POSSIBLE AND AS LONG AS NEEDED FOR THE CHILD TO LIVE A HAPPY, HEALTHY, WELL-ADJUSTED CHILDHOOD.

DEPARTMENT OF CHILD SERVICES INTERIM STUDY COMMITTEE

Recommendations for consideration by the committee

November 1, 2012

State Representative Gail Riecken
State Representative Vanessa Summers
Assistant Senate Democratic Leader Tim Lanane
State Senator John Broden

• STRENGTHENING THE CHILD ABUSE HOTLINE THROUGH LOCAL CONTROL

- Return to county-based hotline that includes direct involvement of local family case managers and local law enforcement.
- Review and revise the definition of child abuse, including sexual abuse, and neglect. Amend statute and policies as necessary based on the review. to decrease the number of screen-outs to less than 16% after the institution of the centralized hotline.
- The DCS Committee should review all policies to ensure they are in the best interest of the child; that all of the children who need services and intervention are in entered in the system.
- Continue to reduce the wait time to zero time for local professional staff.
- Any development of online reporting should include options for printing those reports.
- DCS should establish standards and procedures for interstate child abuse and neglect reporting, including babies born to addicted mothers in hospitals.
- Create a form to advise school personnel and other professionals of a follow up of a report to the hotline.

• EMPHASIZING DCS STAFF TRAINING AND EDUCATION

- Encourage the establishment of Child Maltreatment Chairs at universities to promote the care of Hoosier children.
- Review and affirm DCS staff training and education that will promote the concept of "the right assessment for each child is made the first time".
- Require DCS, by the end of 2014, to provide cultural competency training to all staff.
- Set strategies to increase racial and gender diversity in all levels of DCS operation.
- Set strategies to reduce turnover in any hotline operation to less than 16.24% (reported July,2009 –June 30,2012 – negative turnover).
- Require training to create a zero tolerance environment for fear and intimidation in the DCS workplace.

- Establish minimum educational criteria needed for the job description of family case manager.
- Establish a continuous training curriculum for family case managers in best practices:
  1. assessment
  2. mental health issues - diagnosis and treatment
  3. substance abuse
  4. trauma
  5. interviewing skills
  6. early childhood development
  7. family dynamics
  8. communication strategies with community stakeholders - school, day care, etc
  9. sexual abuse
  10. gender identity issues to include homosexuality, lesbianism and transgendered youth
  11. suicide prevention
  12. bullying
  13. caseworker self care (prevent compassion fatigue)
  14. debriefing - clinical supervision
  15. teaching parenting skills

• PROMOTING THE SHARING OF INFORMATION WITH THE COURT SYSTEM

- Allow Prosecutors to file all CHINS petitions in court.
- Review the concept of "least restrictive" placement as applies to child placement as relates to the child's needs as a priority.

• STRENGTHENING PARTNERSHIPS WITH THE LOCAL COMMUNITY FOR IMPROVED CHILD PROTECTION

- Require DCS to work with hospitals and law enforcement to establish a meth decontamination protocol for children.
- Require DCS to go through the rule making process instead of issuing internal policies.
- Set strategies to increase the diversity of foster parents to meet the cultural demographics of a community.
- Set strategies to continue to strengthen the relationship between Regional Directors Councils and local providers and the state department.
- Charge the DCS Oversight Committee with conducting a review of the Regional Service Councils to determine what changes should be made to improve responsiveness to local input and local-level decision-making authority.
  - Use this study as the basis for establishing a multi-disciplinary and community activist represented Child Protection Team to meet periodically to review data, policies and programs of DCS

        - Require the DCS multi-disciplinary team to report to the community child welfare advisory committee the annual child abuse plan required in IC 31-33-4-1 prior to the February date and schedule for public comment.
        - Require local child welfare advisory committee to receive and review local data as relates to the local office's ability to perform assessments from hotline referrals within the time allowed by law.
        - Require the local Child Protection Team to make an annual report to a newly establish Commission on Children.
    - Set objectives and standards for use of local providers and services vs. out of area/state contracted service providers
        - Require all contracts with out-of-state service providers be assessed to see if services could be provided by a vendor in the state of Indiana.
        - Example. Cuts to Healthy Families funding
    - Require that counties statewide allow case managers to arrive at the scene of a child fatality upon request by law enforcement.
    - Require DCS to develop a means to encourage communication, including concerns, complaints and suggestions, with treatment providers.
    - Adequately fund the State Adoption Subsidy.
    - Adequately fund relative placements for children's services.
    - Adequately provide services to children with mental and emotional issues, recognizing the pilot program of the Commission on Mental Health and Addiction as one possible program to include.
    - Pay residential treatment facilities the cost of providing quality residential treatment for needy and in-risk (they are beyond at-risk) youth, and the cost of meeting all the DCS requirements, including sufficient staff to make a difference, not just provide custodial care.
    - DCS rate setting and other rules should not be vague and detrimental to providing adequate services to help youth address issues.
        - Assess all billing processes for all groups of service providers, including foster care providers, to ensure timeliness, adequacy of reimbursement rates, bundled billing, simplification of billing, including instituting a procedure for electronic claiming.
        - Study and report by the end of July, 2013 to newly establish Commission on Children the quantity and quality of psychotropic drugs (behavior modification drugs) given children in DCS system .
        - Set strategies to increase the attendance of providers at family team meetings.

- **RESTORE TRUST IN DCS WITH AUDITS & INTERNAL PROCEDURE CHANGE**
    - Conduct an external audit of DCS and all functions.
    - Set target goals to eliminate interest paid by DCS on slow pay, interest that totaled $620,896.00 from 2010 to present date.

- The DCS should develop and implement a Quality Assurance system and include a schedule for reporting to the General Assembly.
- Prioritize the allocation of financial and staff resources to childrens' services and field staff at the local level.
- Establish process to determine how to meet critical needs of counties with highest incidence of abuse and neglect.
- Establish an ongoing audit commission for the DCS to renew agency policies and procedures.
    - Include in the first year: A study of comparable wages for family case managers; and, an assessment that the original reasons for changes, outdated technology, has been addressed successfully.

- Provide and annual update of the Indiana Child Welfare: the State of Our Children, last published in 1997.

• OMBUDSMAN

- Adequately fund the program.

• CHILD FATALITY REVIEW TEAMS

STATEWIDE CHILD FATALITY REVIEW TEAM

- Review and confirm that the statewide team performs its mission to review all sudden and unexpected child deaths in the state in an effort to identify trend and prevention strategies.
- Re-establish the Indiana child fatality review team under the state health department.
- Study and report on strategies statewide to reduce child fatalities, accidental and child abuse and neglect.

LOCAL CHILD FATALITY REVIEW TEAMS

- Establish policies and procedures to evaluate each child death under 18 where death is not medically explained.
- Re-establish the child fatality review teams under the local health departments either county by county or joint county.
- Study and report recommendations to statewide child fatality review team on reduction of child fatalities in child abuse and neglect.

***

List of Providers in "DCS/Provider Bill & Invoicing Issues Group

Licensed Child Placing Agencies

- Brittany McNay, Regional Youth Services
- David Crowley, Regional Youth Services
- Jeanean Jacobs, Regional Youth Services
- Y'Nesha Johnson, Mentor

Home Based Service Providers

- Mike Singleton, Ireland Home Based Services
- Michelle Gwaltney, Families First
- Nancy Hughes, Family Solutions

Residential & Home Based Providers

- Reda Thur-Miller, YSB of Jay County
- *Tina Closer-Adolt & Child Mental Health *they are also a CMHC

Residential Provider

- Lisa Machado, Resource

LCPA, Residential & Home Based Providers

- Lisa Peck, Children's Bureau
- Mark Kern, Children's Bureau
- Nathan Samuels, Childplace

*If providers have additional recommendations they want to submit then send to Gina Ashley at Regina.Ashley@dcs.in.gov

CSIC
November 8, 2012
Attachment 5.

Maureen Gordin

From: Travis Holdman[redacted]
Sent: Wednesday, November 07, 2012 3:19 PM
To: Maureen Gordin
Subject: FW: Follow Up from Meeting this Morning

From: Brookes, Brady M [mailto:Brady.Brookes@dcs.IN.gov]
Sent: Wednesday, November 07, 2012 1:40 PM
To: 'Travis Holdman'[redacted]
Cc: 'Jill Carnell'; 'Lesley Crane'; Ryan, John P (DCS)
Subject: Follow Up from Meeting this Morning

Sen. Holdman,
I have attached updated version of the estimated cost for the changes to the Hotline and our information regarding attorney salaries is below. I am still working on comments for the democrat recommendations and our follow up document. I will get you those sometime tonight.
Thanks,
Brady

DCS Attorney Salary Information and Recommendation

1. Raise the minimum salary from $41,574.00 to $43,652.70.
2. Increase salary for attorney's with 4-8 years of legal experience (not just DCS experience).
3. Increase salary for attorney's with 8 or more years of legal experience (not DCS experience) by 8%.

DCS Attorney Current Salary Summary

Salary	Less than 1 year	1 - < 3 Yrs	3 - < 5 Yrs	5 - < 10 Yrs	10 - < 20 Yrs	> 20 Yrs
Average	$41,574.00	$ 43,263.25	$ 49,630.51	$ 53,565.04	$ 58,578.39	$ 54,032.71
High	$41,574.00	$ 56,610.32	$ 61,658.74	$ 62,524.54	$ 62,681.84	$ 54,032.71
Midpoint	$41,574.00	$ 41,769.00	$ 47,580.26	$ 54,607.54	$ 58,569.55	$ 54,032.71
Low	$41,574.00	$ 41,574.00	$ 42,279.12	$ 41,769.00	$ 54,492.62	$ 54,032.71

Brady Brookes
Legislative Director
Indiana Department of Child Services
302 West Washington Street, E306- MS47
Indianapolis, IN 46204
317.234.5789 (W)
[redacted]
317.234.4633 (Fax)
Children thrive in safe, caring, supportive families and communities.

Establish Hotline in each DCS County Office

At the request of the DCS Study Committee DCS has put together this document with information on the estimated fiscal impact of creating a Hotline in each local office. Based on the discussion at the DCS study committee there are three possible ways this could be set up, see options a, b, and c below.

a. 24/7/365 coverage at the local office

- Proposal:
  - Staff the local office 24 hours a day, 7 days a week to take reports. This would require 3 shifts and 715 new workers needed statewide (789 total workers).
- Additional staff required:
  - 715 new FCM workers
  - 300 new FCM Supervisors
- Total annual costs: $56,942,249
- Technology costs (one time): $1,725,500

b. Local Office coverage from 8am to 11pm, requiring 2 shifts of staff.

- Proposal:
  - Local Office coverage from 8am to 11pm, requiring 2 shifts of staff. All calls between 11pm and 8am would go to local LEA.
- Additional staff required:
  - 534 new FCMs
  - 200 new FCM Supervisors
- Total annual costs: $40,828,166
- Technology costs (one time): $1,247,800
- Other costs: undetermined cost shift to LEA.

c. Staff locally from 8a-4:30p M-F. All weekend and evening calls directed to LEA.

- Proposal:
  - Staffed at local level from 8- 4:30 and all calls on nights and week-ends and holidays go to local LEA (law enforcement agencies) or State Police.
- Additional staff required:
  - 355 new FCMs
  - 100 new FCM Supervisors
- Total annual cost to DCS: $23,814,083
- Technology cost (one time): $739,500
- Other costs:
  - Undetermined cost shifted to LEA.
  - LEA training cost.

Estimated Cost of Hotline Modification Proposals

The below information was gathered by DCS in response to questions regarding the fiscal impact of three proposed changes the DCS Study Committee members have discussed.

1. Reduce Turnover at Hotline

- Proposal: Add 50 Intake Specialists to the Hotline. This will decrease hold time and allow for more flexibility at the hotline with staff. It will address concerns related to working late, not being able to take sick days without a doctor's note, and only getting a 30 min lunch.
- Additional Staff required: 60 staff
  - 50 FCM Intake Specialists
  - 10 FCM Supervisors
- Total annual costs (staff and space)- $3,431,408
- Total one time technology costs- $102,000

2. Assess all reports from professional report sources.

- Proposal: All reports received by professional report sources would be assessed. Professional report sources include hospital, community mental health center, managed care provider, referring physician, dentist, licensed psychologist, school, licensed child caring institution, licensed group home, secure private facility and licensed child placing agency (IC 31-33-7-8). This would result in approximately 15,000 more assessments every year.
- Additional staff required: 96 staff
  - 80 new Family Case Managers.
  - 16 new Family Case Manager Supervisors.
- Total annual costs (staff and space)- $5,490,253

3. Localize Hotline for professional reporters

- Proposal: Local FCM Intake Specialists would be assigned to each of the 18 DCS regions to receive professional reporter calls from 8am to 11pm (2 shifts) and between 11pm and 8am all calls would be routed to the Hotline. The centralized hotline would continue operating 24/7 for all non-professional report sources. The 8am to 11pm time period covers 90% of the calls received daily.
- Additional staff required: 345 staff
  - 288 new Family Case Managers
  - 57 FCM Supervisors
- Total annual costs (staff and space)- $19,722,527
- Total one time technology costs- $586,500

CSIC
November 8, 2012
Attachment 6.

State of Indiana

Senate

Senator John E. Broden
200 West Washington Street
Indianapoils, Indiana 46204
Office: (317) 232-9849
Email: S10@IN.gov

Committees:
State Budget Committee
Appropriations, R.M.M.
Elections
Judiciary
Tax and Fiscal Policy

November 1, 2012

Senator Travis Holdman
200 West Washington Street
Indianapolis, Indiana 46204

Senator Holdman:

On October 3, 2012 a request was sent from your office asking that all constituent testimony be submitted to you in a written format, since public testimony would no longer be accepted in the Department of Child Services Study Committee.

I wish to submit the attached written comments from the following constituents into the official record of this committee. These individuals were unable to travel to Indianapolis to testify in person, but have valuable insight into the operations of this Department and what improvements are needed.

Bruce L. Greenberg, President & CEO of the Family & Children's Center, South Bend
The Honorable Peter J. Nemeth, Judge, St. Joseph County Probate Court
Carole Davis, Child Advocate, Evansville
Dick Huber, M.D., former CASA volunteer, Greenwood
Robert C. Adams, LSW, LCAC, Mishawaka

Thank you for your consideration.

Sincerely,

John Broden
Indiana State Senator
Senate District 10

CC: Members of The Department of Child Services Interim Study Committee

TESTIMONY TO COMMUNITY MEETING REGARDING DCS- October 18, 2012

Submitted by Bruce L. Greenberg

Good evening. Thank you Senator Broden and Senator Yoder for hosting this important meeting. We certainly appreciate your advocacy and hard work on learning about the challenges involved with DCS and its relationship to the constituencies it serves and I appreciate the opportunity to share my views with you.

My name is Bruce Greenberg and I have served as the President and CEO of Family and Children's Center in Mishawaka for seven and one-half years. FCC offers a wide spectrum of life changing behavioral health services including residential treatment for severely emotionally challenged children and their families and outpatient counseling services with an emphasis toward providing compassionate, therapeutic counseling to victims of physical, emotional, and sexual abuse. Prior to my role at FCC, I served as the CEO for PARTNERS Health Plan for more than 12 years. Under my direction and leadership we formed and operated a behavioral health care management division within PARTNERS that delivered and financed the behavioral health needs for the more than 75,000 members of our Michiana based health plan. Prior to my service with PARTNERS, I served as a regional vice president for American Biodyne, a national, publicly traded behavior care company (ultimately acquired by MEDCO). My responsibilities included overall management including provider network development and contracting, care quality, clinical and administrative policy development, claims payment, and finances for an 11 state region covering more than 1.4 million covered lives.

I share my career information with you simply to provide a basis for the legitimacy of my comments which has been formed over decades of providing and financing mental health services for commercial and Medicaid populations. My success was based on the understanding that the provider community has to be our partners if we were to succeed. That included responsive customer service, reasonable policies, respect for our providers and clients, and a willingness to listen and resolve problems.

My testimony this evening is not to criticize the performance of DCS but rather to offer constructive feedback and suggestions for how DCS and its constituents can partner for improved outcomes and client care.

Five years ago, then Director Payne was handed the challenge to repair a broken system. The enormity of this challenge cannot be overstated. At many levels, there are problems inherent in a statewide child welfare system. There is indeed value in standardization of certain operational practices and I applaud DCS for implementing some of the standardization. On the other hand,

there should be a willingness to allow for some adaptation of procedures and policies for different regions of the State based on differences in delivery system capabilities and also and permitting many pilot programs to be developed. In our dealings with DCS, we have found a general rigidity in response that we would certainly like to see relaxed. The previous director was very top down, authoritative, and extremely heavy handed in many of its practices. Hopefully with Mr. Ryan at the helm, **the approach toward working with providers will be modified to be more of a partnering approach than a "take it or leave it".**

- There are a number of issues that I would urge DCS officials and the legislature to address going forward:

- **DCS as a standalone agency reporting directly to the Governor provided unchecked power and authority to the administration of DCS.** This is an ill-advised reporting relationship and restricts any meaningful oversight of DCS by the legislature. As currently designed, there is no balance of power or authority. The past five years have provided many reasons why DCS should have a greater responsibility to the legislature for reporting.
    - **SUGGESTION- Develop an independent DCS Oversight committee made up of Legislators, consumers, Judges, and providers with the authority to implement policy and have DCS report to this committee, not solely to the Governor.**

- **There is insufficient COOPERATIVE and formalized communication opportunities to work WITH DCS to improve the DCS system.** The Regional Service Councils *could* be a terrific vehicle for interaction between the provider community and DCS. While I remain unclear what the original purpose was, from a provider perspective it is not an effective means of communication. Common issues could be discussed and solutions developed. <u>In my view, the Regional Service Councils have insufficient authority and generally have to defer to "Central Office" for a decision.</u> The RSC's are nothing more than financial/budget reviews without any real opportunity for input, discussion, or problem solving from providers.
    - **SUGGESTION- REVAMP THE FORMAT OF THE RSC TO BE MORE INTERACTIVE AND HAVE GREATER AUTHORITY FOR DECISION MAKING IN THE REGION IN WHICH THEY OPERATE.**

- **Changing Service Standards without notifying providers and then holding providers accountable to the amended standard regardless of the provider was ever notified of the change.** For example, we were audited on 10/16 and were told by DCS Auditors that had we not closed our Day Treatment Program last month, they would have had to issue a "cease and desist" order shutting down our Day Treatment program because DCS changed the standards mid-way through the contract period thus now requiring college

graduates for the minimum educational standard. When the program/contract began, this was not required and there was NO notification to us the standards had changed. We shared with auditors that we had no idea, and they acknowledged that were running into the very same issue in other Day Tx providers. The auditors said it became apparent to them that providers were not blatantly defying the requirements; they were not made aware of the changes; however they were still subject to the cease and desist order if their staff were not college graduates, regardless of the abrupt impact on the children in these Day Tx Programs.

- **SUGGESTION: If service standards are to be changed or policies modified, they must be clearly articulated and implemented on a GOING FORWARD basis, NOT retroactively. Further, an opportunity for providers to offer input before a policy is mandated to go into effect should occur.**

- **Stop Unfunded Mandates;** Residential Tx Providers were informed in January,2012 that they all needed to have their therapists **trained** in Trauma Focused- Cognitive Behavioral Therapy (TF-CBT). On-line training is available at no cost and providers had their therapists complete that training. In late August, 2012, residential providers were informed by DCS that their therapists needed to be **certified** in TF-CBT by October 1, 2012, by a Nationally Accredited TF-CBT Trainer (there are only 50 in the country). The certification process is a 1-2 year process, with 6 steps. DCS stated that they would require residential therapists to complete Step 1 (on-line training) and Step 2 (2 day workshop with an accredited trainer, at a cost of $4000) by 10/1/12. The total cost for TCC to have the therapist TF-CBT Certified will be approximately $5500.00; this assumes we do not have any new staff to get certified. DCS has offered no avenue to providers to get reimbursed for this training.
  - **SUGGESTION: If additional responsibilities are added to providers which result in additional expense beyond what was originally calculated at beginning of the contracting period, DCS should pay for that.**

- **Funding for DCS, which had been authorized by the Legislature, has been decimated by hundreds of millions of dollars over the last several years when the Director of DCS determined that the funding wasn't needed.** This is an outrage and is an affront to the citizens of Indiana especially those in need. Some small and incremental funding has been restored but it was only done in my opinion because the number of providers dropping out of certain service standards resulted in insufficient numbers of providers able to see all the clients in need and for public relations purposes. I applaud DCS for targeting improved prevention efforts but this was as a result of shifting funds around and not by adding new money.

- **The Hotline has been the source of much widely publicized and deserved criticism and until the Study Committee begin its review of DCS practices, DCS officials steadfastly defended its effectiveness.** I believe the Study committee has heard enough to know that meaningful change in the HOTLINE practices is required. The effort to standardize 92 different counties reporting of abuse was admirable. However, having just one location for this HOTLINE in Indianapolis negates the possibility for local protection and law enforcement systems to adequately protect those at risk. Unfortunately, we have seen too often how cases slip through the cracks, do not get investigated, and injury or death results to a child. This is inexcusable.
    - **SUGGESTION: Revise the HOTLINE system into regions of the State thus enabling closer interaction between DCS case workers, law enforcement, and social workers. Additionally, I strongly urge a statutory change requiring DCS to investigate ALL reports of alleged abuse by callers that are from Law enforcement, the Judiciary, school officials, physicians and mental health professionals. DCS should view these trained professionals as their field eyes and ears and not be permitted to close a case or not investigate a case called in by these professionals.**

- **The jobs of DCS workers is extremely difficult.** The stress of the position combined with low pay has been cited by DCS administrators for the unacceptable turnover rates in staff. This problem is largely self- inflicted. Had DCS not returned all the funding it said wasn't necessary, staff could be paid appropriately, turnover would be reduced, and clients in need would have greater continuity.
    - **Suggestion: After analyzing compensation levels, determine a plan to raise compensation of DCS workers to reduce turnover and reinstate funding to DCS from the general fund to pay for these much needed raises. Frankly, we have been losing staff to DCS because of their wage structure being superior to ours in the nonprofit arena. Resolving the administrative cap issue and fringe benefits issue in residential contracts would be an important improvement in resolving our own turnover problems resulting from low wages.**

- **DCS should review and revise its approach to contracting , fee schedule setting, and claims payment.** The current path has resulted in even fewer providers willing to accept DCS clients for treatment because of the inadequate reimbursement, payment hassles, insufficient service responsiveness, authorization and reauthorization challenges and an archaic system for matching claims and authorizations. Claims denials for DCS system failures are a common occurence. Years ago, I gave testimony to local DCS officials during an Annual Meeting that if rates were continually reduced that fewer and fewer providers would be willing to see clients. That has occurred and in fact, earlier this week, we announced that FCC would be exiting the outpatient counseling arena effective November 26th due to insufficient reimbursement. After more than 40 years of providing high quality counseling services from deeply caring therapists and helping tens of

thousands of clients and their families, we are no longer able to afford to do so despite aggressive cost cutting, diversifying our payor mix, and increasing private donations and grants.

And, finally DCS needs to be honest with the public about fee reductions to providers. As recently as a couple of weeks ago, DCS representatives were still denying that any cuts in reimbursement occurred over the last couple of years or that any decisions are made due to financial constraints. This is simply not the truth.

Senators- There is additional technical information and suggestions listed at the end of my written testimony but didn't want to take your time up here to go through that.

Again, I thank you for hosting this evening and seeking input from Michiana about the importance of an effective safety net which prevents the devastating effects of child abuse. As citizens of Indiana, we have a moral imperative to provide a safe and nurturing environment for those among us who cannot protect themselves due to their age or mental illness. I hope that we can work together WITH DCS and the legislature in improving our safety systems. Adequate funding MUST be restored. I hope that my testimony this evening offers some helpful suggestions to as to how that might be accomplished.

Thank you and good night.

ADDITIONAL TECHNICAL INFORMATION AND SUGGESTIONS

- **4E Cost Reports,** annual financial reports required by DCS form the residential providers to establish each residential providers per diem, were due March 31, 2012, with promises that the provider would receive their per diem rates for 2013 by late summer/ early fall, so providers could develop their budgets for the following calendar year in a timely manner. The Children's Campus submitted the 4E reports before 3/31/12 and did not receive any questions for 7 months, and no per diem rates were issued. On Friday, 10/12/12, at 3:30pm. DCS Auditors emailed TCC multiple questions from their desk audit of our reports and gave TCC 3 days to respond. As of date, no rates have been issued and we were told that DCS "hopes" to have them to providers by November 1, 2012.
    - **SUGGESTION: Reasonable response times should be permitted in requests to providers for information or responses and dates issued by DCS for definitive answers should be adhered to by DCS.**

- **Rate Appeal Process is futile.** DCS has emphasized that if a provider is unhappy with a DCS determination on a rate matter, providers have an appeal process. It is enormously time, staff and resource consuming. A provider must first request an ***Administrative Review*** (see below), where turnaround time is typically 40 days, (although DCS did not meet the 30 day timeline as stated in the requirements, and requested an extension from us to get our rate). If the outcome of the Review is unsatisfactory or erroneous, providers then can file an ***Administrative Appeal*** (see below). The Appeal process per DCS rules, can take up to 5 months before provider receives a ruling. As of date, there are providers that have still not received their rates or a response from the Appeal and there are only 2.5 months left in the year. The majority of providers that did appeal, had to retain lawyers to represent them at additional costs to the provider and the Administrative Law Judge is appointed by DCS.
    - **SUGGESTION: If the appeal process is to be fair, a committee of providers without a conflict of interest should be appointed to help DCS make decisions that are actually objective.**

Residential Treatment Services Provider (RTSP) and Child Placing Agency (CPA) Rates

Administrative Review Request

Upon proper submission, DCS will conduct an Administrative Review of your submitted written documentation. DCS will mail notice of the review decision to your agency within thirty (30) days of DCS's receipt of this Administrative Review Request Form.

DCS will pay, during the time the review is being conducted, the amount stated in the most recent "Notice of Approved Rate and Right to Administrative Review" letter. If a new rate is calculated based on the Administrative Review, such rate will be retroactive to the effective date stated in the "Notice of Approved Rate and Right to Administrative Review" letter. Any payments made by DCS to your agency after the effective date in the "Notice of Approved Rate and Right to Administrative Review" letter will be adjusted up or down in accordance with the new rate, if applicable, following completion of the Administrative Review.

Residential Treatment Services Provider (RTSP) and Child Placing Agency (CPA) Rates

Administrative Appeal Request

1. Before requesting an Administrative Appeal, your agency must have requested an Administrative Review and received a review decision from the Indiana Department of Child Services (DCS).

2. To request a hearing, your agency must submit to DCS, within fifteen (15) days of your receipt of the Notice of Administrative Review Decision and Right to Administrative Appeal:

a. This completed form;

b. A written statement as to why the RTSP or CPA is aggrieved or adversely affected by the DCS review

decision; and,

c. A copy of Notice of Administrative Review Decision and Right to Administrative Appeal.

3. Mail this form along with all required attachments

You will be notified by mail of the date, time and place that your hearing will take place. Unless a continuance is granted under 465 IAC 2-16-27(g) or 465 IAC 2-17(g), the Administrative Law Judge (ALJ) will hold an administrative hearing not more than sixty (60) days after DCS receives this written request.

Unless a continuance is granted, hearings will be scheduled and held in the order in which the appeals are assigned to the ALJ. In any Administrative Appeal under 465 IAC 2-17-28 or 465 IAC 2-16-27, your Agency has the burden of proof and the burden of persuasion to establish, by a preponderance of the evidence that the Department's decision following the Administrative Review is erroneous, based on
the applicable provisions of IC 4-21.5-3-7(a).

When an administrative hearing is requested, please note that the administrative appeal case file will contain only information that is filed with the Hearings and Appeals office for a specific case. It will not contain the file from the Administrative Review.

Following the appeal hearing, you will be notified of the ALJ's decision within ninety (90) days of the hearing, unless an extension of time is granted by the DCS General Counsel for good cause stated on the record.

> **SUGGESTION: Revamp the entire appeal process by including a more objective review team and require by statute that response times for an answer be enforced with penalties for a failure to comply.**

ST. JOSEPH PROBATE COURT

Peter J. Nemeth, Judge
judgenemeth@jjconline.org
1000 S. Michigan St.
South Bend, IN 46601-3426
Phone: 574-235-5378
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October 5, 2012

Senator John Broden
Indiana State Senate
200 W. Washington Street
Indianapolis, IN 46204-2785

RE: DCS Interim Study Committee

Dear John,

I am writing this letter to advise you of certain items which I think should be seriously considered in trying to improve the Indiana Department of Child Services.

My recommendations are as follows:

1. Eliminate the central call center in Indianapolis.

2. Allow prosecutors to once again file CHINS actions.

3. Take the power to license service providers away from DCS. Under the current set up the DCS is judge, jury and prosecutor, and too much power is centralized in one office. It is my view that this power has been misused in that service providers have been forced to reduce rates and as a result services for children have been cut dramatically in the State of Indiana. It would appear to me that the free market is the best place to control costs.

4. Restore the ability of Juvenile Judges to place children in out of state placements. As you may be aware, this Court had used several out of state placements which cost less and produced better results than any such placements in the State of Indiana. It also provides a free market check on cost because it gives the Juvenile Judge a wider latitude in determining the best service for the best price.

Very truly yours,

Pete

Peter J. Nemeth, Judge
St. Joseph Probate Court

PJN/sab

Carole Davis
3905 Needle Leaf Pointe
Evansville, IN 47715
September 2012
Address to DCS Legislative Study Committee

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.

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."

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.

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.

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:

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.

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 .

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?

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.

Carole Davis
3905 Needle Leaf Pointe
Evansville, IN 47715
812-477-0660
kiddosfirst@hotmail.com

Brent Stinson

Subject: FW: Child Services

From: hubermd@comcast.net [mailto:hubermd@comcast.net]
Sent: Wednesday, October 03, 2012 12:50 PM
To: Senate District10
Subject: Child Services

Senator John Broden,

Re: Child Services Interim Study Committee

Recently, a 3-year-old died in Johnson County of an apparent intentional drowning during an overnight, unsupervised visit with his mother who was on probation and had a history of drug abuse and mental health issues.

According to media reports, a court-appointed special advocate (CASA) had been appointed. But the judge did not wait for the recommendations from the CASA volunteer before making the decision for an overnight unsupervised visit that resulted in a tragic ending.

I'm Dick Huber, a retired physician, and a former CASA volunteer for several years who finally had enough. Female CASA volunteers seem to tolerate the "system" much better than male volunteers. Females stay focused on the children. Male volunteers finally say "They are not going to treat me that way" and leave the program. Our program had very few male volunteers and that is probably the situation in most counties.

I had planned to attend one of the committee hearing meetings but was not sure where CASA matters really fit in. Therefore this e-mail.

We often want to throw more money into programs hoping for improvements. Hopefully you will also look at the CASA programs which I believe could be more beneficial in protecting our children. Apparently there are at least two types of CASA programs - one supervised by the courts and one by an outside agency. Please look and compare the two types of programs.

As a CASA volunteer who experienced concerns about the handling of some children's affairs by the court and child services, I would talk to the CASA director but not much ever changed.

Example #1: a teenager stated that her mother's boyfriend had sexually molested the daughter. I brought the concern to the court hearing and an attorney was appointed. Two months later, nothing had been investigated and nothing had changed. Example #2: I made a foster home visit when three children were initially placed in the home. One week later upon returning for a visit, I was informed that the children had been relocated to another unknown foster home. Example #3: During a visit to the school in another county of two children, I learned of excessive absences, only to discover the judge/court had closed the case without any notification to the school, CASA director or volunteer.

I realized later that the director might find it difficult to bring concerns to her boss, the judge, in fear of jeopardizing her own position/employment. This situation might be avoided if the CASA director were not an employee of the court or supervised by the judge. Please address this issue.

I often experienced the court and child services making decisions, changing orders or closing a case without the CASA director or volunteer ever being notified or aware of such action. I was asked for my report at court hearings but not notified of concerns and actions until the next court hearing.

CASA volunteers can provide a valuable service. But if the court/judge/child protective service makes decisions without input or recommendations from the CASA volunteer, tragic event may occur as it did in our county.

Please address the issue of better utilizing the CASA program and whom has direct supervision of the CASA program. Valuable services of findings and recommendations for the children can be offered by the CASA volunteer but the courts, attorneys and child services often find it difficult to include the CASA workers, or choose to exclude CASA input.

Thanks for listening and please provide more safety for our abused and neglected children.

Dick Huber, M.D.
31 N. Restin Rd.
Greenwood, IN 46142
317-885-9078

From: Bob Adams [mailto:adams.bob32@yahoo.com]
Sent: Thursday, October 04, 2012 12:07 PM
To: Senate District10
Subject: DCS

Senator;

I am writing in regards to the upcoming hearings on DCS. I am a Licensed Social Worker as well as a Clinical Addictions Counselor. I have been providing services to DCS in the South Bend area for 3 1/2 years now. I am hoping to give you a service providers position on this matter. First, I see most of the case workers as being very poorly trained, overworked, and burnt out. Very rarely do I see a case worker begin and end a case due to a large number of turnovers in staff. The clients that are involved in the DCS system are some of the toughest to work with. They are defensive, argumentative, and resistant to all change. While I am used to resistant to change in clients, I find most of the resistance I face coming from the current DCS system. While I am a social worker, I did not take a vow of poverty. DCS clients pay the least amount, require the most work, and the current turn around for payment of services is well over the stated 90 days. There is no way to budget my pay, because, I never know whether or not DCS is going to pay. Since I already have limited finances, this makes personal budgeting impossible. As a result of all these issues, my coworkers are urging the director to not renew next years DCS contract. Since the decision to centralize all services to Indy the problem as only gotten worse. What also has gotten worse is the 1-800 call center. Making reports are joke. I have reported cases and have been told over and over that the cases do not meet criteria. In the past this was not the case. My fear is that unless drastic changes to the system are made, you are going to find fewer and fewer providers willing to work with DCS. This is just not my opinion, but the opinions of most every professional I have contact with.
Respectively submitted,

Robert C Adams LSW, LCAC
2125 Homewood Ave
Mishawaka, In 46544
574-993-3889

CSIC
November 8, 2012
Attachment 7.

Debbie L. Browning
1443 Aaron Drive West
Shelbyville, IN, 46176
317-398-0533
debbielbrowning@aol.com

October 25, 2012

Senator Travis Holdman
200 West Washington Street
Indianapolis, IN, 46204

Dear Senator Holdman,

My name is Debbie L. Browning, I am a child advocate, and have been informed by my Senator, Senator Leising to contact you given the fact that the day I was to speak, the committee "had heard enough of public speaking". Senator Holdman, when I was told by Senator Leising that there would be no more public speaking, I will have to say Sir, there was an anger that took over my body, one that entered my soul, an anger that will remain.

It is well beyond my real of comprehension that you believe the members of the committee are ready to begin "fixing" this broken system, how? Senator Holdman I am sure you are not going to like what you are going to be reading from me, my voice, but Sir, I write the truth, and you need to hear my voice, as there is no way, you, or any of our lawmakers can fix this system, because you are the ones that are making it worse to protect our innocent children by passing pieces of legislation, making them laws, but you do not research these, before acting. Let me introduce myself to you, you may have a better understanding.

43 years ago I lived with my mother, an alcoholic; at 13 years old I began to endure abuse, neglect, and sexual assault. I was forced to live in the back seat of a car nightly, winter, spring, summer and fall, while my mother visited her friends at all of the local bars. My mother met and married her third husband, also an alcoholic. This man would come to my room at night, I was awakened because there was something running down my face, and there he stood with his penis in his hand, threating me if I said anything to my mother. He would also force me to do many things to him, as well as, lying there quietly, as he raped me, time and time again.

Sir, I did everything right. I told my teachers, they made reports and law enforcement came only to be told by my mother, "Yes we know there is a problem with her lying. She is not taking her father and I divorce very well", my parents divorced when I was 3 years old, and these actions continued. One day I was walking home from school there was a law enforcement officer sitting in his car. I went to his car and told him what was happening to me. He told me to get in and he would take me home. When we arrived, again my mother told him the same thing as she told my teacher and the first officer that came to her home. This time it was different, the officer explained to my mother that we would have to go to court, and allow the Judge to hear both of us. My mother received a letter that informed her of the date we needed to appear. We arrived on this date, and went before, Judge[redacted]

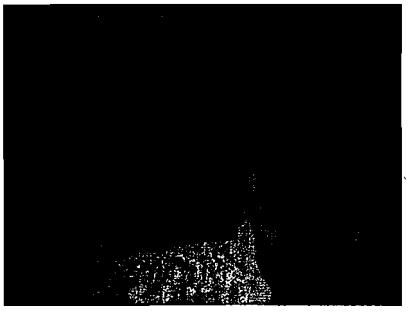
He asked my mother as to the reason why she and I were before him, he stated he had read the report and how would like to hear from each of us. He addressed me first, in asking me did I know the difference between the truth and a lie, I said yes. He said okay tell me why you are here. I went into detail with him about what was happening to me. He listened and then asks my mother, is this true. Once again my mother explained that I had a problem of lying since she and my father divorced, and she was at her wits end with me, and did not

know what to do. Judge [redacted] simply looked at me, and he told me that if I continued to lie and if I ever came before him again he was going to send me to the juvenile center for three or four days and, he was going to let me see what happens to kids who lie, and I would be taught what abuse really was. He asks me if I understood, I simply said yes, and we left.

Over the next three years I kept my mouth shut because I did not want to go to the juvenile center. Finally one day when I was sixteen years old, I walked in the front door from school, my mother already passed out from her morning drinking, and he met me at the door. He told me to sit down on the living room couch. With his left hand he grabbed the back of my hair, with his right hand he unzipped his pants, removed his penis and began pulling my head towards it with his left hand. At that very moment I took both of my hands and placed them on his left arm and with all of my strength I turned his arm until I heard a pop. He fell to the floor yelling which woke my mother up. She came in to the room and looked at me and began yelling what did you do to him, and he yelled, she broke my arm. Need I remind you that his penis was still out? I told my mother what he was doing, again I was a liar. As she began to help him up to take him to the hospital I walked around to the other side of his body, I lifted my leg and with all of my strength I stomped on his right shoulder. My mother threw me to the floor and informed me that she was going to call you as soon as she returned from the hospital. While they were gone, I ran away, never to return.

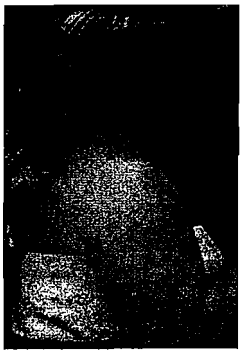
Today I am a very strong person, I use my voice to protect children, and I do not take no for an answer. With this being said, I find myself addressing you due to the many cases that are much like mine, but I am thankful that I am alive, many of our innocent children are not. Many of our children in this state, and throughout this country are being forced to live in the deep abyss of abuse, neglect, sexual assault, being tortured, and murdered, directly due to our law makers, nothing more, nothing less.

I would like introduce you to [redacted]



"On March 28, 2009, Sixteen month old [redacted] was in the sole care and custody of her mother's cousin, [redacted] when she was killed from Blunt Force Trauma to her head. Her death was legally ruled as a HOMICIDE. In the months prior to her death, [redacted] had also endured multiple bruising all over her body, a broken elbow, stitches to the head, multiple severe cuts inside of her mouth, and her once beautiful blonde hair had been ripped out, all while in the custody of [redacted].

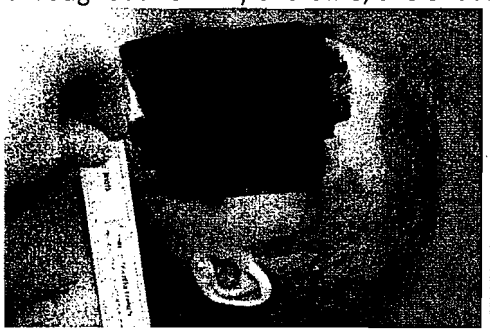
Please allow me to introduce me to [redacted] as of today:

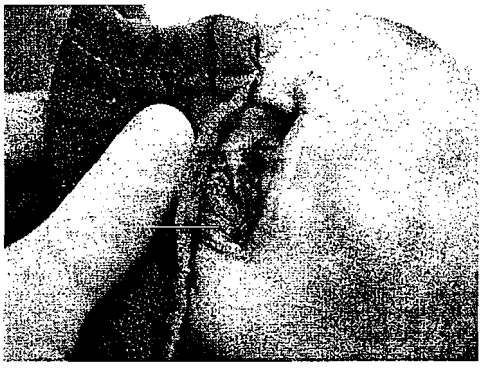


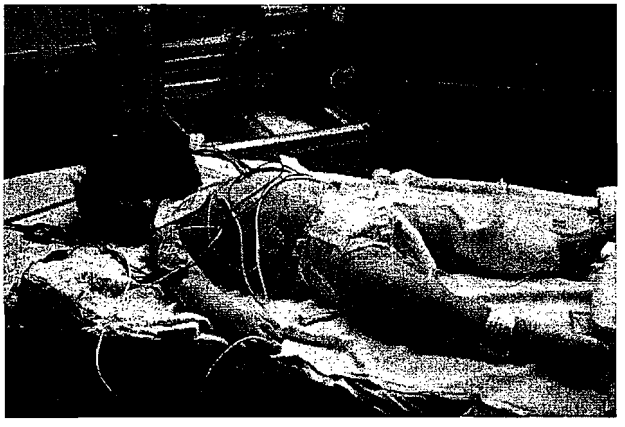
Senator Holdman, the broken justice system continued to fail this Innocent children each and every day:

Please allow me to introduce you again to Miss [redacted]

Throughout her very short life, she endured abuse, neglect, being tortured until she was murdered:







The person, [redacted] who had the responsibility to protect, assure the "best interest of this baby", did not do so, did she? Ms. [redacted] was charged with neglect, and spent 77 days in prison, please explain to me how this happens, the only word that comes to my mind is, corruption, can we agree?

Senator Holdman, [redacted] was charged with two counts of Neglect of a Dependent, a Class B and C felony. She was allowed to plea down to just the Class B charge, the Class C was dropped. She was given a 10 year sentence, with 6 years suspended. Judge [redacted] revisited her sentence and she was released after serving just 77 DAYS, how does this happen? Due to her direct actions, and clearly in the coroner's pictures, this child was murdered. The corner in this case ruled it was homicide. On her last day of life [redacted] was strapped in a car seat and driven around as Ms. [redacted] left her in the car while renting videos, shopping, and running other errands. Prior to going home [redacted] pulled through a McDonald's she ordered Happy Meals for the children and a meal for her. There was a security camera at McDonald's which slowed [redacted] slumped over in her car seat. Senator Holdman can you even imagine this child's pain as she sat in a car seat all day, until she took her final breath? This person [redacted] did nothing, noting to help this child, and received 77 days for murder. I am respectfully requesting a full Senate investigation into this case and into the Prosecutor, the Judge and Ms. [redacted] father in this case. I want answers such as, why was Ms. [redacted] not charged with murder, why the Indiana Department of Child Services not check on this child? In this case there are too many unanswered questions.

Senator Holdman, I am asking for a full Senate investigation into this matter. Which would include, the Judge, the Prosecutor, and the [redacted] family, this Sir was nothing more than corruption, and once again the DCS allowed another child to be murdered. I would also respectfully request that as a child advocate I be allowed in these hearings. Senator Holdman, again I ask that I become a member of the "roundtable" as in Senate Bill 286. I would like for my voice to be heard, and prove to you Sir, I will find the wrongs in all new pieces of legislation in 2012 concerning our children's safety, and report back to you. I know I can make a difference, I know I can help fix this broken system that is not protecting our innocent children. I also believe that with my help, other states will follow our laws. I am asking for your trust, for a chance to prove myself.

I thank you for your time, and I do hope you contact me, this is needed.

Best regards,

Debbie L. Browning

November 5, 2012

CSIC
November 8, 2012
Attachment 8.

Kenneth Lee Howey
1602 Kelly Drive
Fort Wayne, IN 46808
260-579-6417

On January 24th 2008, I was on the phone with the mother of my child[redacted] She is now 6 years old. I was in Yoder, IN and it was snowing bad, 12 – 14 inches and rising. She had called 3 times in 15 minutes. She was very drunk. She passed out and fell. I heard furniture breaking and a loud thud. She wouldn't answer the phone. I heard the child asking "mommy are you ok?" No one would answer me. I called sheriff and asked they check on her. They called me back and told me to come ge[redacted] When I got there DCS was already there, the police "breath tested" me and asked me to wait in car. Was told DCS wanted to keep all three children together for one night only. Was told to call DCS on Monday, Jan. 27th. I did that. I was ordered to court soon after. Was told I did the right thing, was a hero. Well then I was put in Drug & Alcohol classes 72 hours. I went to 76 hours and told not to come back I was done.
DCS says I didn't complete. Now they know I did the hours, but they sent me to other classes for 52 hours - went to 58 hours again they said I didn't complete. For 4 years and some months I had[redacted] DCS manager. He told the mother and me that we could drink as long as one was sober, well that's all the mother needed to hear. He should be fired for that. Well they split us up so I could see my child. Lost many visits due to the mother drinking. Over 2 hundred test by classes. DCS. I tested 2 ½ years into this for drinking beer. Was told it was ok. All along my M.O. was same I drink beer I'm 53 years old. It's hard to put all 5 years of this mess on 2 pages. Well August 31st, 2010 Judg[redacted]aid give the children to fathers. Three hours later [redacted]was in Fremont IN with the mother's sister. Broke court order. My lawyer quit. I was not told for 5 ½ months no calls returned by him or DCS. When all over was told because I didn't ask to see her, well I was seeing on a set day and time for 2 – 3 years. 4/30/12 my trial was canceled by court. I had unsupervised visit on weekend. Over. My day in court came Sept 25th 2012 spent it is hallway. I guessed it hard to have trial with no change expect calling police. Sept 28th was tested with same thing. The test was to turn green if drinking.[redacted]and her witness had me take it 2 times said they thought it looked green, was not said they could get 3rd opinion. Was told my Sept. 30th unsupervised visit was cancelled. Would like to know how this can be done in USA. DCS may not like me but[redacted]does. This is child abuse in my mind. Shame on DCS. Five years for mother drinking, then the reason for these hearings children dying for lack of DCS action. Please look into the nonsense out of paper. Thanks Kenneth Lee Howey

This test was the dirtiest thing done to me all my life. I worked on Railroad for 11 years. I know green when I see it. I was tested for blindness 2 times a year plus I'm a painter. Supervised-unsupervised I don't care. All times (3) I was given unsupervised with 2-3 days they stopped it. Judge means nothing to these people. After court a target in on me. I've found many people scared of DCS. I'm not but I don't give up my blood you must get it yourself.

CSIC
November 8, 2012
Attachment 9.

YOUTH SERVICES CENTER

CHRIST

11805 Lima Road, Fort Wayne, IN 46818 (260) 44- Fax (260)449-7943

October 17, 2012

Dear Co-Chairs Rep. Cindy Noe and Sen. Travis Holdman and other members of the DCS Study Committee:

Thanks to all of you for the hard work you are doing on behalf of Indiana's children.

I am writing from the perspective of a 27-year employee of a county-run emergency shelter care (ESC) in Fort Wayne. On December 30, 2011, we received a shocking, lengthy e-mail from DCS Director James Payne regarding his views on emergency shelter care (attached). It opened with "The issue of Emergency Shelter Care is one that has been lurking around for some time. It is no secret and should come as no surprise to many that I have had concerns about the use of Emergency Shelter Care for years. Its use and in fact misuse has been clear to me as it has to many professionals." We at Youth Services Center (YSC) were astonished by many of his statements and had no idea of his negative view of ESC.

We are a small agency with a long history of providing quality care and a safe, clean environment for youth placed by DCS and probation. Being county operated, our facilities and grounds are exceptional and all our energies are focused on providing excellent shelter care services for the northeastern corner of the state. We are adept at normalizing youth who are out-of-control and comforting those who are in crisis. Being emergency shelter care, we accept all youth ages 6 to 18. They have every problem and diagnosis imaginable. We get those in crisis who were screened but not admitted to mental health hospitals and those ordered to have psychological testing. Some residents leave YSC for placement in long-term mental health facilities or secure residential. We care for young people with autism and low IQ's. We provide services to delinquent, abused, and neglected children and teens. We also have those who are out-of-control of parental authority and those who have health issues (wheelchair bound, asthmatic, diabetic, pregnant, STD's, have not been taking their psychotropic medication properly, etc.). We are always adapting to take care of a resident's individual needs. Staff members are well-trained and employee turnover is low.

Mr. Payne's e-mail went on to say "DCS and the Judiciary have agreed to a statutory change that Emergency Shelter Care shall last no more than 20 days, the one exception is if there is approval by the Director of the Department." This was a large reduction from the previous allowable length of stay of 60 days. Though, according to Mr. Payne's own statistics in his e-mail, the average length of stay for emergency shelter care in Indiana was only eleven days at that time. We were unaware that this legislative maximum length of stay was being discussed and had absolutely no input.

We were notified that as of January 1, 2012, per the DCS Residential Master Contract, and the pending legislation to take place in July 2012, an emergency shelter care "is only available for twenty (20) days unless an exception is made in writing by the DCS Director or designee." This is quoted from an e-mail sent by [redacted] on January 10, 2012.

Results we have seen of limiting ESC to 20 days for the last 10 months:

- Our number of intakes and length of stay statistics both plummeted.
- After Mr. Payne's email, many DCS family case managers thought that they could no longer use ESC.
- Probation officers did not know what to do since court dates for a client detained at his/her initial hearing might result in more than a 20 day stay in ESC.
- Some probation youth are held in locked detention rather than ESC since the 20 day limit does not apply to detention.
- Status offender probationers that were previously detained in shelter care for repeated or multiple probation violations are now more likely to go to court and immediately return home sometimes frustrating probation officers who have lost this as a tool. The probationer may then re-offend within days.
- A recent repeat probation offender was sent home after 20 days (his time ran out) even though his mother had not yet obtained a phone to bring him home on the anklet which had been court-ordered.
- Per DCS policy, even when diagnostic testing is ordered to determine the best placement for a child, "the 20 day time frame still applies." Depending on the type of testing needed, it is not always possible to refer, get an appointment, test, get a completed report to the DCS family case manager or probation officer, and get back into court within 20 days.
- ESC is not used as much as before as a safe place for a child to stay while services are initiated and actually begun before re-uniting the family.
- A child is not left in ESC to allow time to find the best foster home for them and allow for visits before having to abruptly move in with strangers. Instead, foster parents may just show up to pick up the child because the emphasis is on moving the child out of ESC as quickly as possible.
- Probation officers and family case managers recommend, or even get court-orders, for youth to go to a group home or residential placement, but then the resident is suddenly released home or into foster care.

An ESC administrator is required to notify DCS of any residents that potentially appear to be going to stay beyond the 20 days. Policy states "All requests to go beyond the 20 days must be sent to [redacted] with the rational and explanation of circumstances which justify the extension. The extension must be sent no later than day 15 and must only be sent for exceptional circumstances." This is an odd position for the ESC because the ESC is not in charge of the case and because it creates an adversarial relationship with our "customer" – the placing agency (DCS family case manager or juvenile probation officer).

The DCS family case manager or the juvenile probation officer assigned to the case make the decisions as to what will happen to the child and when, not the ESC. Depending on the particular case and worker, the ESC is not likely to know what is happening on a day to day basis. In the last year, recommendations are less likely to be followed than in the past. So, on or before day 15, the ESC must try to determine if the child is potentially going to stay longer than day 20 and, if so, provide the rational and explanation as to why the extension should be granted. It seems this should be the responsibility of the person in charge of the case. Especially in the event of a DCS resident needing to stay longer, it would be the local DCS reporting to the state DCS. The ESC tries to get the best information available and reports to [redacted] who, in turn, e-mails the FCM or probation officer. The ESC is reporting the FCM or probation officer for not moving their client within 20 days and is seen as the one pushing the issue rather than it being a DCS administrative rule. It is an awkward position for the ESC.

Solution: The maximum allowable length of stay for emergency shelter care needs to be extended, or the 2012 legislation for a 20 day limit needs repealed. Many of these cases are complicated and it is simplistic to believe all of these children/youth can immediately return home, go to relatives, or go to a foster home.

Children and teens in ESC may not want to be here (though some ask to stay when conditions or relationships in the home are intolerable) but they feel safe, quickly develop relationships with staff and peers, and have their needs met. We provide a full-time nurse, doctor visits, transportation, on-grounds school, well-trained staff, positive point program, recreational activities, appetizing meals, supervised family visits, and a structured day. We emphasize teaching in every area from basic hygiene issues, chores, how to get along with others, to showing respect for authority and more.

Emergency shelter care facilities are a vital component in the circle of care Indiana provides for its children. Many have already closed due to all the changes in the past couple of years. Come visit us. We would be proud to show you what we do.

Sincerely,

Deborah L. Evans

Deborah L. Evans
Social Services Coordinator
Youth Services Center of Allen County

Subject: Emergency Shelter Care

Director's Note

Emergency Shelter Care

December 29, 2011

The issue of Emergency Shelter Care is one that has been lurking around for some time. It is no secret and should come as no surprise to many that I have had concerns about the use of Emergency Shelter Care for years. Its use and in fact misuse has been clear to me as it has to many professionals. This is especially true when compared to other states and their use and implementation of the concept of Emergency Shelter Care.

Because this seems to be a continuing issue, I want to explain some historical information, talk about current utilization, and then explain the current policy and agreement.

Historical Information

Particularly in Indiana, the use of Emergency Shelter Care goes back literally more than a century. In Marion County as well as other jurisdictions, an Emergency Shelter Care building and services were the historic method of caring for children when they were initially involved with challenging family circumstances and then government. Since, decades ago, not much was known about youth development, the importance of bonding and attachment, the impact of removal and the importance of least restrictive environment, Emergency Shelter Care primarily was a placement for a period of time where traditionally services of support were not available. It was essentially a stopgap method to give "the system" the opportunity to figure out what to do.

Each county, through its juvenile court Judge, was given the responsibility to designate and develop its own emergency placement for children – called Emergency Shelter Care (see IC 31-31-8-3). Because of the importance of its implementation, government, traditionally through the predecessors of the Department of Child Services (DCS), assumed the responsibility of licensing these locations, recognizing the importance of ensuring some standards of placement at that initial placement (IC 31-31-8 et. seq.).

Over time, the licensing of Emergency Shelter Care came to be 60 days. In addition, the services to be provided, cost to be paid and communication between the shelter facility and the governmental agency was left individually to the local counties. I have no independent information as to why 60 days was chosen as the timeframe. The fact that 60 days was deemed to qualify as an "emergency" timeframe is historically something I've never been able to determine. It is fair to say, however, that over decades many communities and facilities came to expect that children would stay the 60 days.

What was clear from all of that was Emergency Shelter Care was not being appropriately implemented or managed. In fact, it can now be unequivocally said that it literally was doing more harm than good. And change was inevitable.

Current Circumstances

I think the federal government decided that the opportunity for an assessment, for a limited period of time, would provide the next and best placement –best for meeting the needs of the child and family. In its evaluation, and for the second round of the CFSR, the federal government indicated that a first temporary placement of under 8 days would not count toward the number of moves within one year. This determination was based on the data of many states and recognized that the first placement must be short, more in line with an emergency placement, and provide some benefit to the child, family, and the system.

In looking at the data of Emergency Shelter Care in Indiana, it was determined that the average length was close to 11 days. It was also determined that the common practice was that few if any therapeutic in behavioral health services, much less assessments, were being conducted at the Emergency Shelter Care facilities. Finally, it was determined anecdotally that there was a pattern in a few Emergency Shelter Care facilities of keeping children for an extended period of time, past the 60 days, and that the system utilizing those facilities did not see the harm that was caused to children. The research and evidence-based concept of Adverse Childhood Experience (available on the Web through a search engine) clearly demonstrate the harm that comes from removal of the child, the importance of quick service delivery and the importance of keeping a child in their home when safety permits or with relatives.

Knowing all of that, DCS began looking at best practice more than a year ago and how we could pilot and implement changes in the system. One process implemented was the use of "emergency foster homes" – licensed foster homes willing to take children in the home any time, day or night, even providing transportation at the time of removal, all with the understanding that the placement would be time-limited to prepare the child and family for the next best and least restrictive placement. This pilot initiative has met with great success and the goal is to implement that further throughout the state.

Current Policy and Agreement

Recognizing the current research, it is clear that the longer children stay out of home without a good assessment in a best placement supported by services, we are not doing our best for children. Therefore, DCS and the Judiciary have agreed to a statutory change that Emergency Shelter Care shall last no more than 20 days. The one exception is if there is approval by the Director of the Department. We have also agreed that 10 days after the initial placement, unless some other alternative arrangement has been made and implemented, the Judiciary and the Department will engage in a review of the emergency placement and the next alternative recommendation through a placement team. This will be a meeting among several representatives of the Department and the Judiciary – it may include family case managers, supervisors, other DCS administrative staff, probation officers and other selected experts to discuss the needs and assessment of the child and family to make recommendations for placement before the 20 days expires.

This will certainly require communication and cooperation among all of the parties – family case managers and DCS, probation and the Judiciary, the Emergency Shelter Care Facility, and service providers. Frankly, this ought to be real simple. When a child is placed – either by family case managers, probation, even law enforcement or some other individual or agency – timing will be everything. Managing and watching that is the responsibility of those who accept responsibility for the best interests and safety of a child . That will include the Emergency Shelter Care Facility. Long before the 20th placement day, decisions should be made to make sure the child is receiving appropriate and acceptable care and placement. It is not acceptable that children languish in care, remain in limbo, and not receive our very best in treatment. The system should not raise children, and children should, to the extent possible, be placed in a homelike and safe environment with services.

Indiana is being recognized as a state that is achieving great things. Many of those great things have happened because someone asked a question and proposed a solution. This change in Emergency Shelter Care recognizes the importance of the front end of the system. We do our absolute best work when we recognize and address early the needs of children and their families and address those in a coordinated and systemic way. Keeping children in Emergency Shelter Care without the services they need for an extended period of time does a disservice to our system and injustice to the children. There is no question that this is what we would want for our own children and families. The individuals and systems involved in this significant improvement deserve great praise and admiration for making this statement on behalf of children.

James W. Payne, Director
Indiana Department of Child Services
302 W. Washington Street, E306
Indianapolis, IN 46204
Office: 317-234-1391
Fax: 317-234-4497
Children thrive in safe, caring, supportive families and communities

Residential Emergency Shelter Providers:

As stated in the residential master contract, an emergency shelter care (ESC) stay cannot last more than 20 days without the approval of Director Payne or his designee. See contract excerpt below:

> Emergency Shelter: This program provides emergency services to meet basic needs for safety, food, clothing, shelter, education, and recreation on a short-term basis, and allows access and admission on a 24-hour basis. This program can only be operated by facilities with an emergency shelter care license, a child caring institution license, or group home license and is only available for twenty (20) days unless an exception is made in writing by the DCS Director or designee. An exception request must be submitted in writing prior to the fifteenth day of placement and will only be granted for exceptional circumstances.

I wanted to provide some additional guidance on an ESC stay with regard to the new contract language. As such, the following apply to an ESC stay:

1) The 20 day time frame is effective with any placement made on or after 1/1/12. For children placed prior to 1/1/12, the 60 day licensing time frame applies. No extensions will be granted past 60 days for children placed prior to 1/1/12.
2) Planning for services and discharge must begin on the first day of placement.
3) All requests to go beyond the 20 days must be sent to Regina Ashley with the rational and explanation of circumstances which justify the extension. The extension must be sent no later than day 15 and must only be sent for exceptional circumstances.
4) For a diagnostic and evaluation within the ESC facility, the 20 day time frame still applies.

DCS is sharing this information with DCS local office staff and local probation staff also.

For additional information, see the Director's Note on ESC attached hereto.

CSIC
November 8, 2012
Attachment 10.

Maureen Gordin

From: Carole Davis <kiddosfirst@hotmail.com>
Sent: Wednesday, November 07, 2012 5:55 PM
To: Senate District19; Cindy Noe; h31@in.gov; gail riecken; Vanessa Summers; ron bacon; suzanne crouch; kreg battles; h88@in.gov; sue ellspermann; wendy mcnamara; Jim Tomes; vaneta becker; lindel humes; s40@in.gov; s10@in.gov; s16@in.gov; s12@in.gov; s25@in.gov; deanna.dewberry@wishtv.com; Tim Evans; Virginia Black; [redacted]
Subject: FW: Presentation and Speech 09/05/12 DCS study

11/07/12

Sen.Holdman, please see that all DCS study committee members receive this e-mail.

I know only providers will be able to present their testimony in the meeting scheduled for thurs. 11/08/12.

ALL providers should be vetted.

There should be an outside audit done of these providers, too many cozy relationships!

The magnitude of providers & monetary amounts, warrants the justification of an audit.
In my original presentation on 09/05/12, I asked that the providers be audited, I hope the committee will heed my requests, the audit is long overdue!

Testimony from the public was miniscule, compared to the propaganda from DCS.

All public testimony before this committee was not about the hotline.

There were concerns about the operation of DCS period, and the roughshod way people were treated reporting child maltreatment, not to mention
children being left in situations that not only caused more abuse, but also their death.

What I have surmised from these meetings so far is; the hotline was going to be the focus, and this was pretty much going to be all the real tweaking of DCS.

Condorcet's Paradox comes to mind here, sometimes a preferred outcome is manipulated by the agenda!

Politics as usual, has no place in the well-being of a child's life.

Indiana politics has already proven to have been #1 in the U.S. in the culpability of killing children from abuse after their born.

I'm making a formal request of this committee, to change the status quo and truly put children at risk before politics.

Carole Davis
812-477-0660
kiddosfirst@hotmail.com

Maureen Gordin

From: ewells55@aol.com
Sent: Wednesday, October 17, 2012 8:04 PM
To: House District87; Senate District19
Subject: Fwd: Policies email sent to [redacted]

-----Original Message-----
From: ewells55 <ewells55@aol.com>
To [redacted]
Cc [redacted]
Sent: Tue, Oct 9, 2012 10:08 pm
Subject: Policies

[redacted]

Like I was asking you today at court, I want you to show me in your policies:
1. Where DCS has the right to overrule judgements already put in place by previous court orders. IE [redacted] parenting time order. Remember that it took you almost five months to obey the no contact order between [redacted] and everyone.

2. The policy on equal treatment among parents? [redacted] had visits taken away when they did not comply with services and negative drug screens [redacted] has:
a. Had 2 major blow ups-Feb. and June
b. Stated on more than one occasion that he was over it. He was done with everything. That I could have [redacted] Was even ready to sign adoption papers.
c. Doesn't have visits for 2 weeks, no contact
d. No team meeting in July or August
e. Threatens to kill [redacted] myself and ever [redacted]
f. Shortens or cancels almost 70% of his supervised visits. Important note left out: After his home was approved on or before Sept. 15, he still shortened 3 visits. Two of those were only 2 hour visits.

Please explain DCS recommendations, that during any of this, you feel nothing should change. It is important that you answer. I am forming another letter to be submitted as written testimony for the DCS forum, so I want to be educated and I don't want to misrepresent your stand.

3. Your policy or explanation as to why there has been no follow up on information given to you???
For ex. a. [redacted] Morgan Co. DCS, who interviewed [redacted] in 10/2010 and he threatened to harm all of us. She stated she was scared talking to him.
b. Meadows Hospital to confirm [redacted] mental health diagnosis. You waited and wanted to tag along wit [redacted]
Did you not do these things because of lack of concern on DCS's part or part of policy??

4. Your policy on separating siblings.

I numbered these so it would be easier for you to address and not forget to answer any of them. To be honest, when I ask you in person, most of the time I walk away going," She never really answered my question..."

Also, I want to share with everyone that I was promised by you several times that I would get my chance to speak today. Whether or not, I was allowed to have an attorney. Again, another let down. I even heard the DCS attorney, as well as, the other attorneys, say, that we had a right to speak, so we did not need an attorney to intervene and drag things out. We are never allowed or given the opportunity to speak at court. So please show me your policy on this, or supply a statement from your attorney, stating that why you did mention it to her several times, the reason why I was not allowed to speak.

I feel I have been fighting the battle of my life. Mostly, an uphill battle. But the love I have for [redacted] and [redacted] nd my desire for them to have a chance to be children and remain together, like they have ALWAYS been, will continue to fuel my fire.

Most of you know that I work in surgery. I am a CST. My role is to pass instruments to the surgeon. The patients journey starts in the doctor's office. And probably, hopefully, ends in the doctor's office with a follow up visit. But along that journey, there are many people that patients comes in contact with who are responsible for the care and ultimately the outcome for that patient. While in the OR room, there is a nurse, a surgeon, an anesthesiologist, sometimes implant reps, nursing students. While I am responsible for the sterile field and instruments, I am, along with everyone in the room, our patients advocate. If I see someone do something that might even possibly put our patient at risk, it is my responsibility to say something. Whether it is in my field or practice or not. All of us, have a role in this case, as well as others you are involved in. My granddaughters NEED you to be their advocate. Let's break the silence. Silence about a lot of things. We can change things for the future of other children, but we have to start somewhere.

I do want to make a difference...not just in [redacted] and [redacted] life, but other children as well. Whenever we go to court, I walk away feeling like everyone is making me out to be the bad guy. I just want people to know the truth and sometimes feel like I am the only one who is willing to put myself out there for it to be heard. Not everything about a team meeting, is positive or a feel good thing. If we don't address the truth, we will all be back here again sometime. I know you have all seen it. DCS was called over 20 times to the [redacted] residence. Over 20...Wow, that amazes me. Not in a good way. When this is over, I will KNOW that I have done my part to try and give my granddaughter's the best possible chance they can have.

Thank you, [redacted] for your time and I look forward to your reply. I will be sharing it. Thanks to all of you, who put [redacted] and [redacted] first. When you look into those adorable faces, think of their future. See that teacher!!! I don't know what [redacted] is going to be, I just hope the world is ready for it =)

Ernie