Members

Sen. Carlin Yoder, Chairperson
Sen. John Broden
Rep. Kevin Mahan
Rep. Gail Riecken
Sean McCrindle
Judge Christopher L. Burnham
Jolene Bracale
Suzanne O'Malley
Mary Beth Bonaventura
Larry Landis
Leslie Dunn

CHILD SERVICES OVERSIGHT COMMITTEE

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

LSA Staff:

Eliza Stephenson, Attorney for the Committee
KC Norwalk, Attorney for the Committee
William Brumbach, Fiscal Analyst for the Committee

Authority: IC 2-5-36.1-4

MEETING MINUTES[1]

Meeting Date:	**July 31, 2013**
Meeting Time:	**1:00 P.M.**
Meeting Place:	**State House, 200 W. Washington St., Senate Chambers**
Meeting City:	**Indianapolis, Indiana**
Meeting Number:	**1**

Members Present: **Sen. Carlin Yoder, Chairperson; Rep. Gail Riecken; Sean McCrindle; Judge Christopher L. Burnham; Suzanne O'Malley; Mary Beth Bonaventura; Larry Landis; Leslie Dunn.**

Members Absent: **Sen. John Broden; Rep. Kevin Mahan; Jolene Bracale.**

Senator Carlin Yoder, Chairman, called the first meeting of the Child Services Oversight Committee (Committee) to order at 1:15 P.M. The members of the Committee introduced themselves. Chairman Yoder explained that the Committee would not hear public testimony at the meeting.

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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.

Department of Child Services Ombudsman Bureau

Ms. Alfreda Singleton-Smith, Director of the Department of Child Services Ombudsman Bureau (Bureau), described her background and explained that she had become the director of the Bureau approximately two months ago following the retirement of Ms. Susan Hoppe. Ms. Singleton-Smith provided the Committee with the Bureau's 2012 annual report[2]. Ms. Singleton-Smith discussed the annual report, including information on the number of assists, case specific recommendations, and systematic recommendations by the Bureau. She also discussed the Bureau's activities in 2012, which included website enhancements and increasing public awareness of the Bureau.

Ms. Singleton-Smith stated that the Bureau's budget increased approximately $62,600 from the previous year. She also explained that she has been reviewing the goals of the Bureau and studying how the Bureau has evolved to ensure that the Bureau remains focused on its mission and principles. In response to a question from Chairman Yoder about increasing public awareness of the Bureau, Ms. Singleton-Smith explained that the Bureau has booths and tables at conferences and is looking at ways to work directly with the public through libraries and other community contacts. When asked about the adequacy of the Bureau's funding, Ms. Singleton-Smith replied that the Bureau has two other staff members in addition to the director position, and that whether the budget is sufficient is an ongoing evaluation. She also agreed with Chairman Yoder that it is very important for the Bureau to be able to work independently from the Department of Child Services (DCS).

In response to questions from Representative Riecken, Ms. Singleton-Smith stated that the Bureau has an attorney on staff and explained that systematic recommendations by the Bureau are based on data, court records, and bi-weekly discussions with the DCS Deputy Director of Field Operations. She explained that the Bureau makes recommendations to DCS which responds to the Bureau concerning those recommendations. In response to a question from Representative Riecken about improving communications between DCS and noncustodial parents, Ms. Singleton-Smith indicated that while she did not know of any complaints from noncustodial parents about communications from DCS, she would double check whether the Bureau had received any such complaints.

Introduction of the new Director of the Department of Child Services

Ms. Mary Beth Bonaventura, Director of DCS, introduced herself and discussed her background. Ms. Bonaventura reported that the DCS has identified three areas of child welfare to improve upon:

(1) Child support.
(2) Providing services to address trauma that children may experience when entering the DCS system.
(3) Improving recruitment and retention of DCS staff.

She stated that the state annually processes $1,000,000,000 in child support and that the state needs a new child support information system. She added that DCS plans to implement a new system in the next several years.

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[2] Exhibit A

Department of Child Services Information

DCS provided Committee members with the following: (1) The quarterly data report.[3] (2) A power point presentation[4] that included a list of DCS priorities, the quarterly data report, information on the Children's Mental Health Pilot project, and an update on new staff and hotline offices. (3) Contact information for the Bureau.[5]

Ms. Lisa Rich, Deputy Director of Services and Outcomes of DCS, discussed the following topics from the quarterly data report:

(1) Usage of the DCS hotline.
(2) The number of child in need of services informal adjustments.
(3) The number of child in need of services out-of-home placements.
(4) Sibling placements.
(5) The absence of repeat maltreatment.
(6) The amount of family case manager turnover.
(7) The percentages of child support collected, paternity established, support orders established, and cases paying on arrears.

Children's Mental Health Pilot project

Ms. Rich discussed the Children's Mental Health Pilot project. She stated that DCS is addressing children's mental health issues. She said that DCS and the Office of the Secretary of Family and Social Services met to brainstorm strategies for improving access to mental health services. She indicated that DCS would like to ensure that access to services is simple for families. Ms. Rich also discussed existing mental health services and the current access procedures. She said the Children's Mental Health Pilot project includes the following:

(1) DCS funding mental health services for families who cannot afford access to mental health services.
(2) Building statewide Access Sites with the assistance of the Division of Mental Health and Addiction.
(3) Service monitoring.

She described how the Access Sites would work and who would be eligible under the pilot project.

Judge Christopher Burnham stated that he had been on the DCS interim study committee last summer when the DCS interim study committee had discussed the need for more data regarding the DCS hotline. He indicated that the Committee needs more information on the sources and outcomes of hotline calls in order to recognize trends and provide guidance regarding the hotline in the future.

Mr. Larry Landis complimented DCS on the Children's Mental Health Pilot project. He and Representative Riecken asked when there would be access to the project statewide. Ms. Rich indicated that DCS is working on rolling out the project statewide and that DCS is very pleased with the progress that has been made. Representative Riecken also asked that DCS provide a comparison of the numbers for the DCS hotline for the

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[3] Exhibit B

[4] Exhibit C

[5] Exhibit D

previous year.

In response to a question from Ms. Suzanne O'Malley, Ms. Rich indicated that repeat maltreatment does not occur often in foster care and described how DCS determined the numbers provided regarding repeat maltreatment.

Update on new Department of Child Services staff and hotline offices

Ms. Doris Tolliver, Chief of Staff for DCS, stated that a big challenge for DCS is recruiting new staff members. She noted that the 2012 DCS interim study committee recommended that DCS hire fifty new family case manager intake specialists and ten new family case manager supervisors. She discussed the progress toward making the recommended hires.

Ms. Tolliver described the possible locations, time line for opening, and staffing of four regional hotline offices. She indicated that DCS was working to recruit and retain staff members by offering competitive wages, ensuring that the staff is not overloaded, revamping the department's newsletter to further recognize staff members, and recognizing the importance of the staff's well-being by encouraging staff members to take care of themselves.

Judge Burnham asked if DCS could work on getting the hotline staff some field experience and recommended cross-training of hotline staff. He also asked if the Committee members could receive numbers on the turnover of hotline staff. Ms. Tolliver agreed that providing hotline staff hired from outside DCS with some field training was a great idea and that DCS could provide the numbers he requested. In response to a question from Ms. Leslie Dunn, Ms. Tolliver explained that DCS does electronic exit surveys of staff members leaving DCS and that DCS is waiting to receive a report concerning the DCS staff from the Kelley School of Business.

Chairman Yoder reminded Committee members that the Committee is required to make recommendations to the Commission on Improving the Status of Children in Indiana (Commission) regarding improving the delivery of child protection services in Indiana. He noted that the Committee is required to meet quarterly and that the Committee is required to report to the Commission by November 1. He asked that the Committee members provide ideas about possible recommendations to the Commission before the next meeting.

Chairman Yoder adjourned the Committee meeting at 2:30 P.M.

Child Services Oversight Committee

Exhibit A

July 31, 2013

State of Indiana

Department of Child Services
Ombudsman Bureau

2012 Annual Report

Mission

The DCS Ombudsman Bureau effectively responds to complaints concerning DCS actions or omissions by providing problem resolution services and independent case reviews. The Bureau also provides recommendations to improve DCS service delivery and promote public confidence.

Guiding Principles

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

Report Prepared by: Susan Hoppe, Director, DCS Ombudsman Bureau

Contributors:

Jessica Shanabruch, Assistant Ombudsman – Data Analysis and Graphics

Jeffrey Gates, Assistant Ombudsman - Editor

STATE OF INDIANA

Michael R. Pence, Governor

DEPARTMENT OF ADMINSTRATION
Department of Child Services Ombudsman Bureau

402 West Washington St. Rm 479
Indianapolis, IN 46204
317-234-7361

January 31, 2013

The Honorable Michael R. Pence, Governor
The Honorable Speaker and President Pro Tem
John Ryan, Director, Indiana Department of Child Services
Rob Wynkoop, Commissioner, Indiana Department of Administration

In accordance with my statutory responsibility as the Department of Child Services Ombudsman, I am pleased to submit the 2012 Annual Report for the Indiana Department of Child Services Ombudsman Bureau.

This report provides an overview of the activities of the office from January 1, 2012 to December 31, 2012 and includes information regarding program administration, case activity and outcomes. Included as well is an analysis of the complaints received, recommendations provided to DCS and DCS's responses.

I want to express my appreciation for the leadership and support of Governor Pence, former Governor Daniels, Department of Child Services Director Ryan, former Department of Child Services Director Payne, and the Indiana State Legislature. It is such support that has enabled the Bureau to grow and improve during 2012. It has been an honor to serve the citizens of Indiana as the Department of Child Services Ombudsman.

Respectfully,

Susan Hoppe

Susan Hoppe, Director
DCS Ombudsman Bureau

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Executive Summary

Introduction

The year 2012 was characterized by significant program growth. The agency added staff, fine-tuned procedures, further developed the existing program, expanded outreach and updated the website. These enhancements increased the effectiveness of the Bureau in executing the statutory mandate.

Authority

The Department of Child Services (DCS) Ombudsman Bureau was established during 2009 by the Indiana Legislature to provide DCS oversight. IC 4-13-19 "gives the Department of Child Services Ombudsman the authority to receive, investigate, and attempt to resolve a complaint alleging that the department of child services, by an action or omission occurring on or after January 11, 2005, failed to protect the physical or mental health or safety of any child or failed to follow specific laws, rules, or written policies." The law also provides the Ombudsman the authority to evaluate the effectiveness of policies and procedures in general and provide recommendations.

Activity Overview

During 2012 the primary activity of the office was to respond to complaints, determine findings, provide recommendations and monitor DCS responses; the recommendations provided were case specific as well as systemic. When case findings were determined to have systemic implications, policies and procedures were reviewed and general recommendations were provided. This year the DCS Ombudsman Bureau responded to 598 Information and Referral (I & R) inquiries, conducted 46 Assists, opened 174 Cases and closed 167 Cases, provided 39 case specific Recommendations, and 16 systemic Recommendations. Four of the systemic Recommendations were generated by the Ombudsman interim report on DCS Assessments.

Administration

Location: The DCS Ombudsman Bureau is an independent agency housed in the Indiana Department of Administration (IDOA). IDOA provides office space, furnishings, equipment and utilities.

Staff/Resources: The Bureau consists of the Director and two full-time Assistant Ombudsmen. During March 2012 the part-time Assistant assumed full-time responsibilities, and the second full-time Assistant was added during September 2012. (Attachment A – Staff Biographies) Legal consultation is provided as needed by a Deputy Attorney General. Technical assistance is provided by the IDOA MIS Director.

Budget: The Bureau was appropriated $215,675 for the 2013/2014 fiscal year, which is allocated from the general fund. This is an increase of $62,669 from the previous year.

The majority of the expenditures are for personnel, with the remainder devoted to supportive services and supplies.

Program Development

New Case Categories: During 2012 the "Assist" category was added to the DCS Ombudsman Bureau database to reflect those contacts that resulted in the Ombudsman office facilitating communication between the complainant and DCS. Assists require more involvement than an I & R response, but less that a Review or Investigation. During 2012 the Ombudsman also started participating in "Peer Reviews" in collaboration with DCS. Peer Reviews are conducted following a child fatality/near fatality that involves DCS history within the prior year; the review team is composed of two DCS Regional Managers and the Ombudsman. The purpose of the Peer Review is to identify learning opportunities.

Policies and Procedures: The Procedural Manual for the Bureau, which is posted on the DCS Ombudsman website, was updated and expanded during December 2012. Revisions included adding processes/procedures to be performed by additional staff, guidelines for declining cases, and clarification related to the rights/ responsibilities of the complainant and the agency in the complaint review process.

Website Enhancements: During December 2012 the DCS Ombudsman website was updated. The updates include a complaint form that can be submitted electronically, the "Rules of Engagement" for complainants (Attachment B), a mechanism for citizens to request an educational presentation about the Bureau, updated reports and staff biographies. These added features facilitate constituent's access to the agency as well as increase the functionality of the website.

Tracking and Reporting: This office continues to compile quarterly reports to document complaint/case activity each quarter and to track responses to recommendations. The quarterly reports are shared with DCS and serve as a working document for their agency as well. The information from the quarterly is used to compile basic information for the Annual Report.

Outreach: In an effort to increase public awareness of the office in 2012 pursuant to IC 4-13-19-5 (a) (5), the Bureau developed several strategies. As stated previously, educational presentations are now available and can be requested via the website. The Bureau participated as an exhibitor at the Indiana Youth Conference to disseminate educational material and network with Child Welfare professionals. Bureau information has been included in the Prevent Child Abuse Indiana Newsletter. Brochures and posters have been distributed to all local DCS offices. The Ombudsman provided presentations about the Bureau to the Legislative DCS Study Committee and all DCS Supervisors. The Ombudsman is also a statutory member of the State Fatality Review Team, a multidisciplinary team charged with reviewing child fatalities.

Training: The Ombudsman continues to participate in educational programs, including the National Conference provided by United States Ombudsman Association (USOA). The Ombudsman is a member of the Child Welfare Chapter of the USOA, which is available telephonically for consultation, support and education. Ombudsman Bureau staff participated in additional trainings provided by DCS, the Children's Justice Act and Prevent Child Abuse Indiana in addition to webinars available with information of interest to this office.

Metrics: The office continues to track the turnaround time for responses to complaints, completions of reviews and investigations. The metrics indicate the Bureau continues to meet the goals established for best practice.

Collaboration with DCS

Communication: The Ombudsman has bi-weekly meetings with DCS Executive staff to discuss individual complaints, investigations, agency policies, programs, practice and recommendations. All specific case reviews and/or investigations are initiated by contacting the Local Office Director, who ensures that the Ombudsman office is provided all requested information and/or facilitates staff interviews.

Information Access: DCS has provided the Ombudsman office with access to all records on the MaGik Casebook system and MaGik Intake, in addition to the DCS reports available on the DCS intranet.

Fatalities/Near Fatalities: To ensure this office is aware of child fatalities/near fatalities with DCS history the Hotline forwards all such reports to the Ombudsman office to track and/or assess for further review. In addition, the DCS Ombudsman participates in the Peer Review process on the cases that meet the criteria.

Other

The Ombudsman is unable to draw any conclusions about the general status of children in Indiana pursuant to IC 4-13-19-10(b) (2), as the focus of the Bureau has been on the complaint process. It is noted, however, that the Indiana Youth Institute annually publishes Kids Count in Indiana, a profile in child well-being data book, which provides data on the general status of children in Indiana.

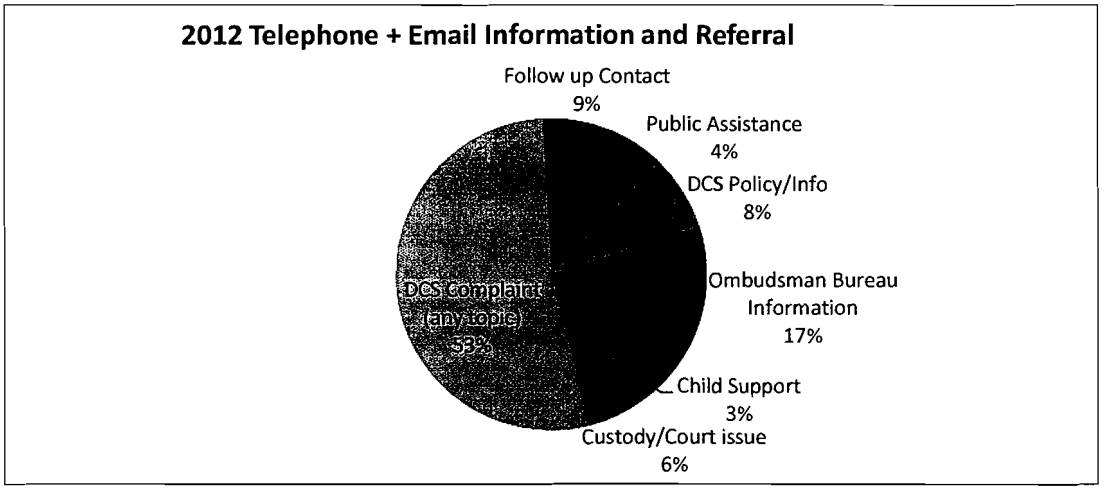
Complaints

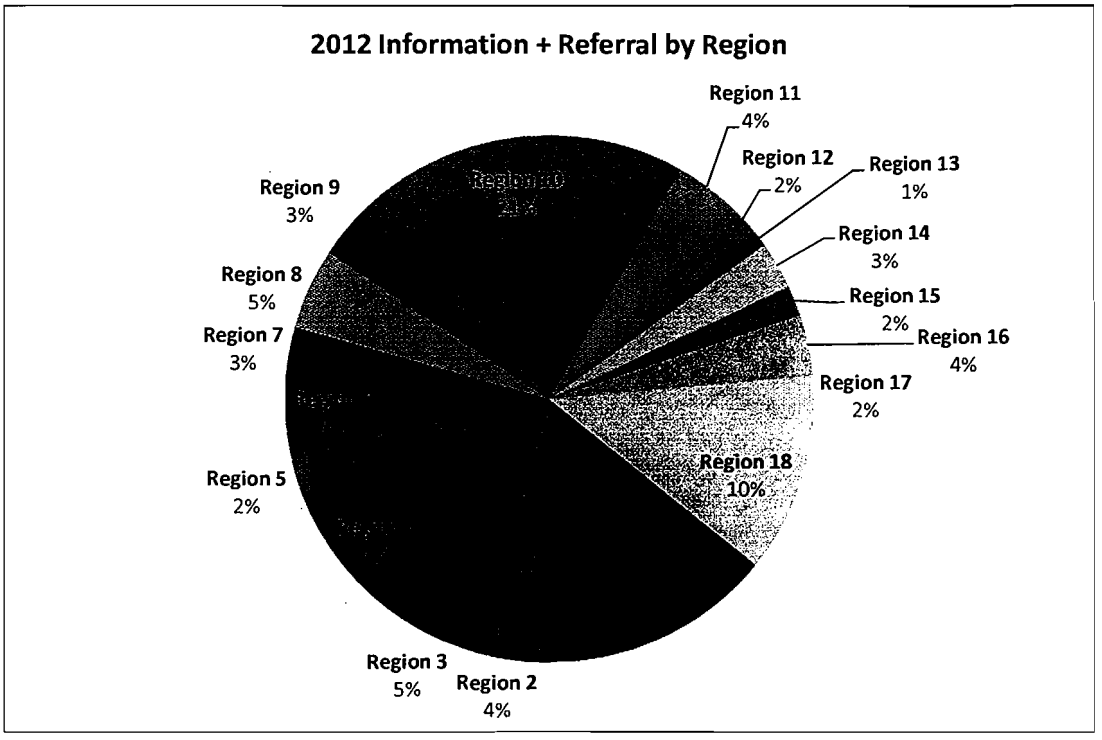
The Process Overview

The Bureau receives many telephone and email inquiries that do not result in an open case, but require an information and/or referral response. To track this service, pertinent information about the contact is recorded in the Information and Referral (I & R) contact log database. Some inquiries require assistance with a resolution, but do not necessitate opening a case file. This level of response is referred to as an Assist; the pertinent information about the Assist is tracked and recorded in the Assist database. A case is opened when a complaint form is received. The complainant is notified of the receipt of the complaint and an intake process is initiated to determine the appropriate response. DCS is notified of the complaint following the intake assessment, after which a variety of responses are possible. The Ombudsman may initiate an investigation, resolve and/or refer after a thorough review, refer the case back to DCS, refer to Child Protection Team (CPT), file a Child Abuse/Neglect Report, decline to take further action, or close the case if the complainant requests to withdraw the complaint. Following a review the complainant and DCS are informed in writing in a letter as to the outcome. If a case is investigated, a detailed report is completed and forwarded to DSC and complainant if they are a parent, guardian, custodian, Court or Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL). Other complainants receive a general summary of the findings. If a complaint was determined to have merit, recommendations are provided to address the issue, and DCS provides a response to the recommendations within 60 days. The flowchart in Attachment C illustrates this process.

Information and Referral Inquiries

The office received 598 I & R Inquires during 2012, an increase of 82 from 2011. The graphs below illustrate the topics of inquiry and the Region of origin:

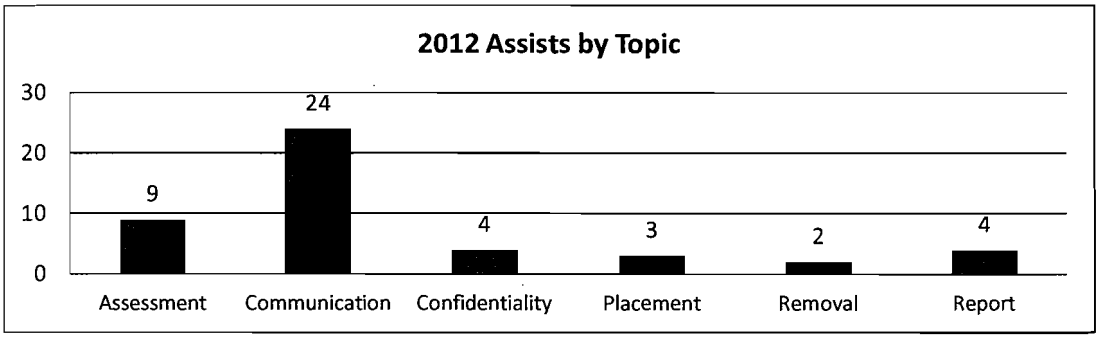


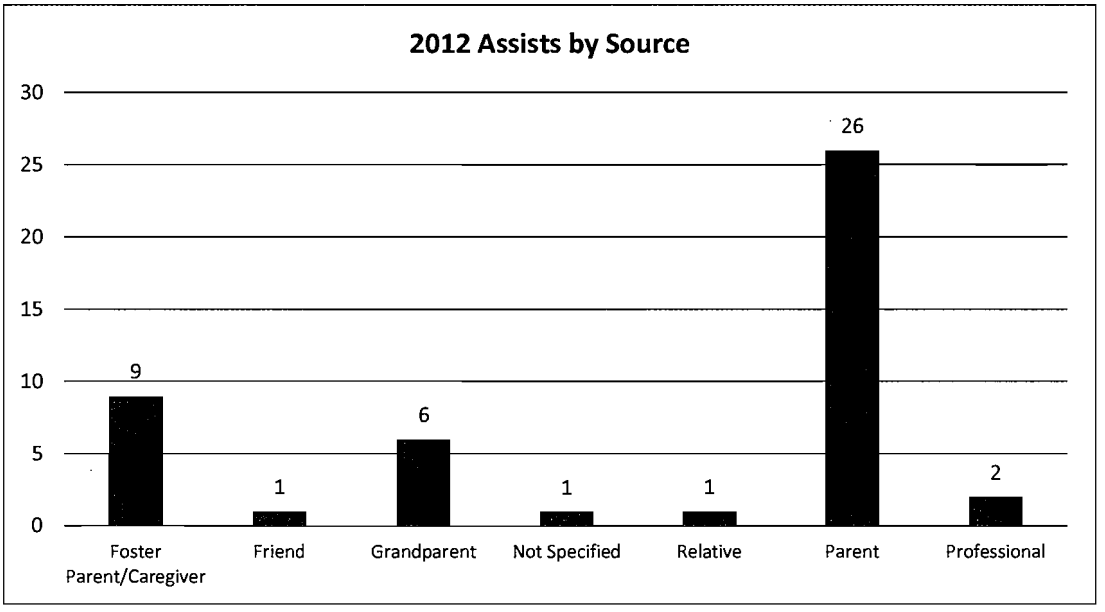


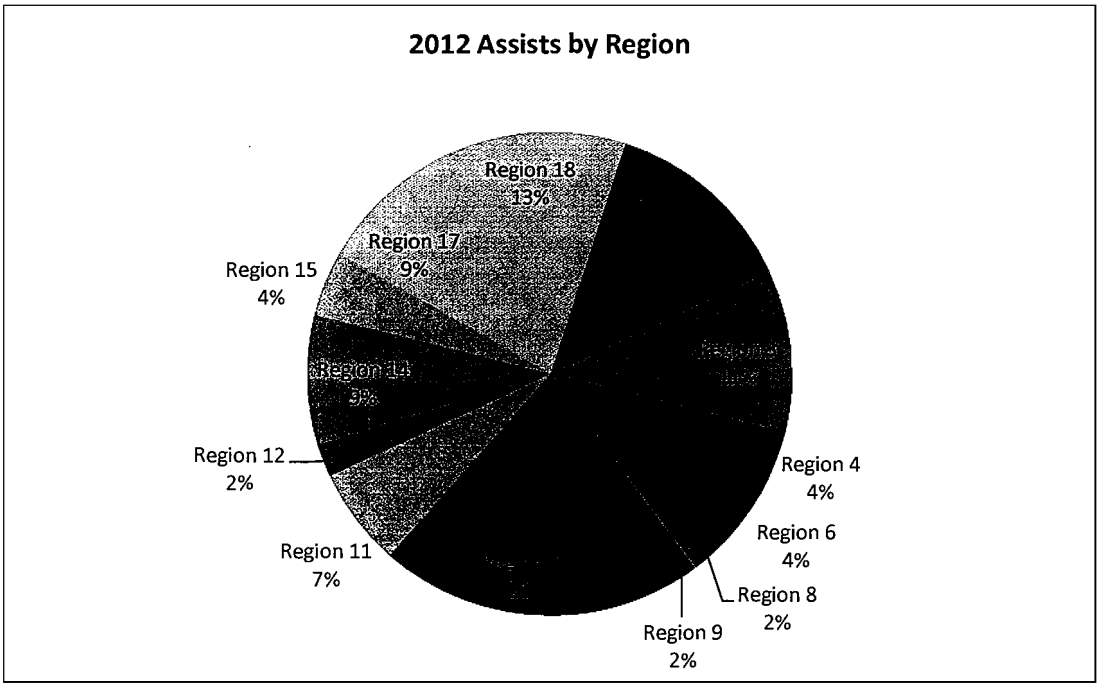
The I & R function has proven to be a valued service for constituents. Providing potential complainants with education regarding the DCS process and/or contact information for DCS staff is often the first step to a successful resolution. It is noted that the number of I & R inquires has progressively risen each year. (See Attachment C for a Regional map.)

Assists

Assists occur when a formal complaint is not necessary, but a higher level of involvement is required than an I & R response. Assists are appropriate when communication and/or clarity of specific aspects of a case are the main concerns. During 2012 the DCS Ombudsman Bureau performed 46 Assists. The following graphs illustrate additional details about the Assists:







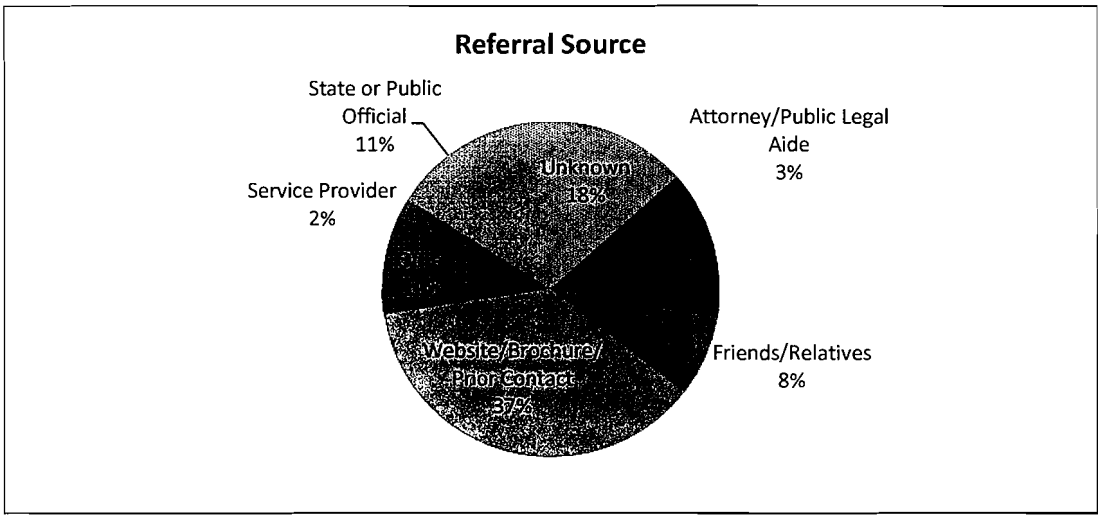
Cases

During 2012 174 cases were opened, 167 cases were closed and 180 were active during the course of the year; the cases were generated following the receipt of a formal complaint. This number reflects an increase from the prior two years. The increase in

the number of cases in addition to the increase in the number of I & R inquiries suggests heightened community awareness about the Bureau.

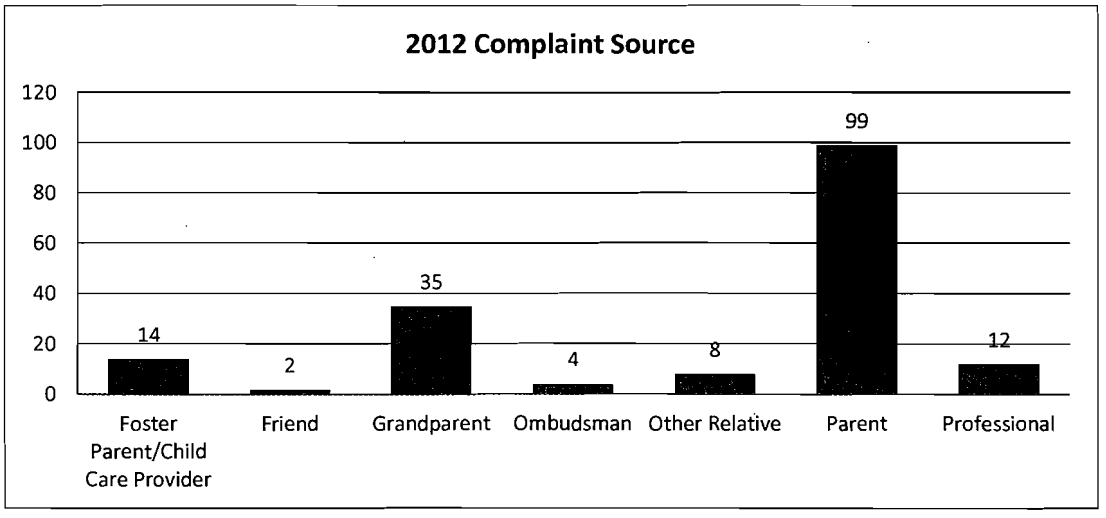
Referral Source

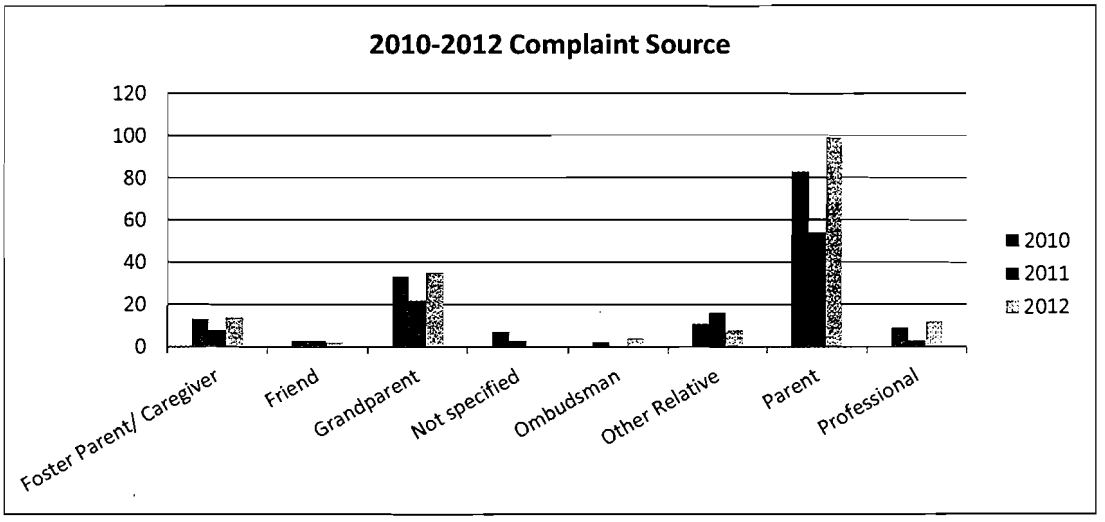
In an effort to learn the most effective way to reach Indiana citizens, during 2012 the Bureau began requesting information about how the complainant learned about the Bureau. The graph below illustrates the results of the information gathered for 2012:



Complaint Source

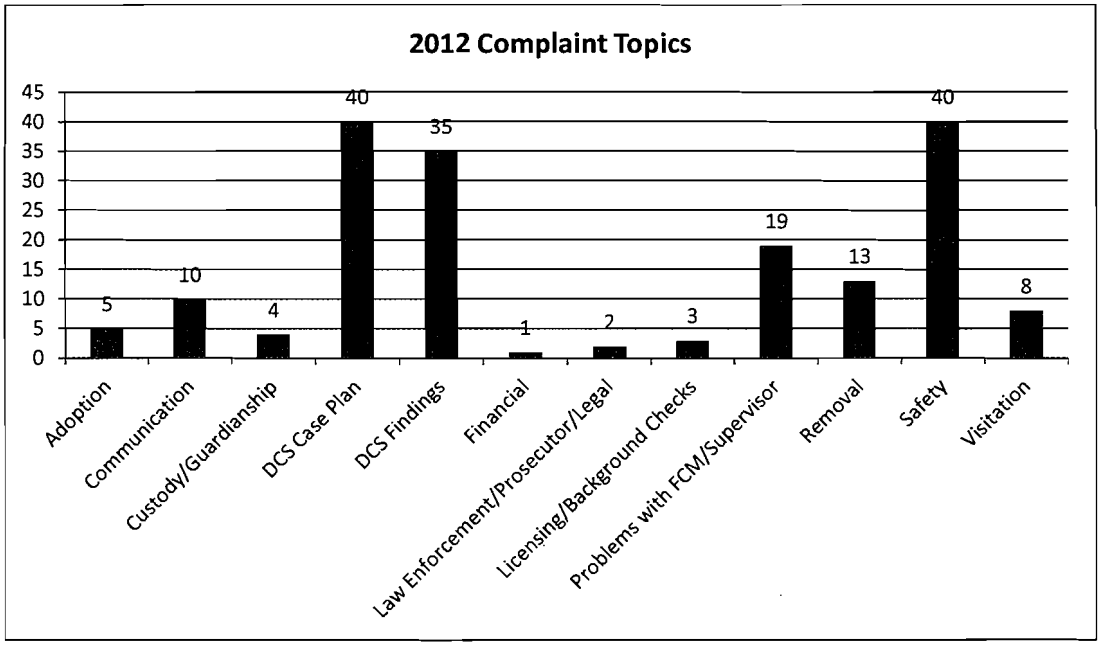
Except as necessary to investigate and resolve a complaint, the complainant's identity is confidential without the complainant's written consent. The complainant is given the opportunity to provide written consent on the complaint form. During 2012 parents continued to make up the greatest share of complainants followed by grandparents.

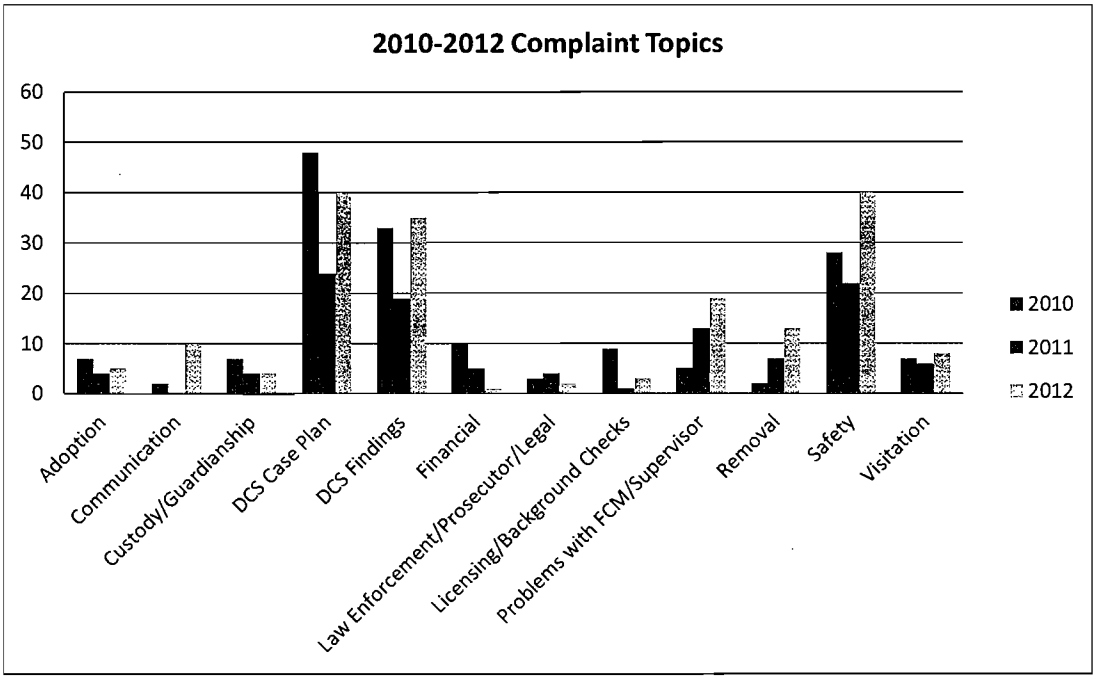




Complaint Topics

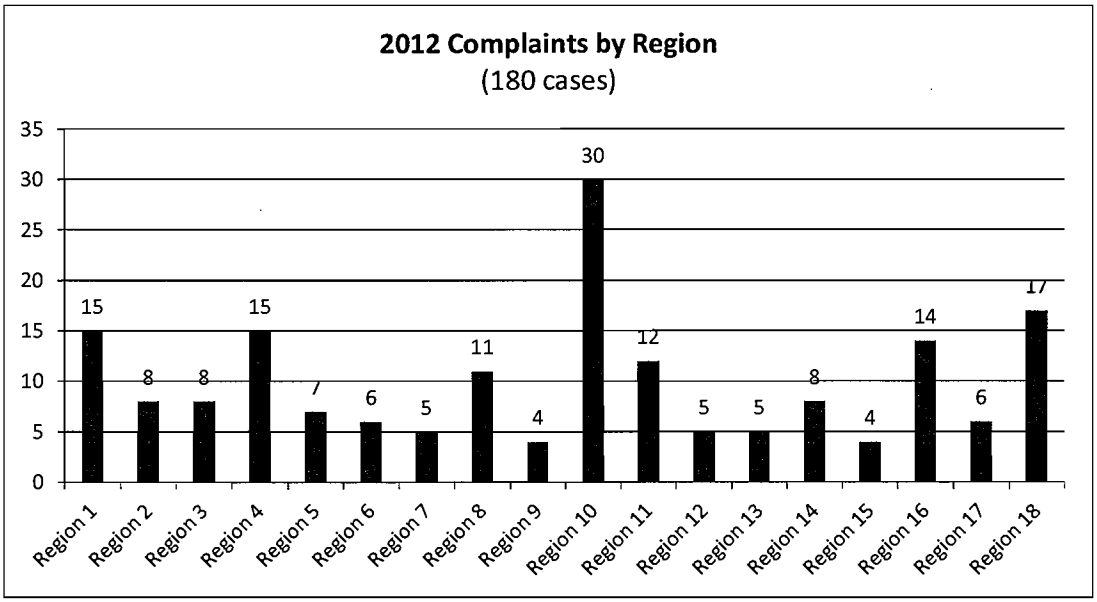
During 2012 the major complaint topics included the DCS case plan, child safety, and DCS findings. This is a continued trend from prior years, as illustrated in the graph below.

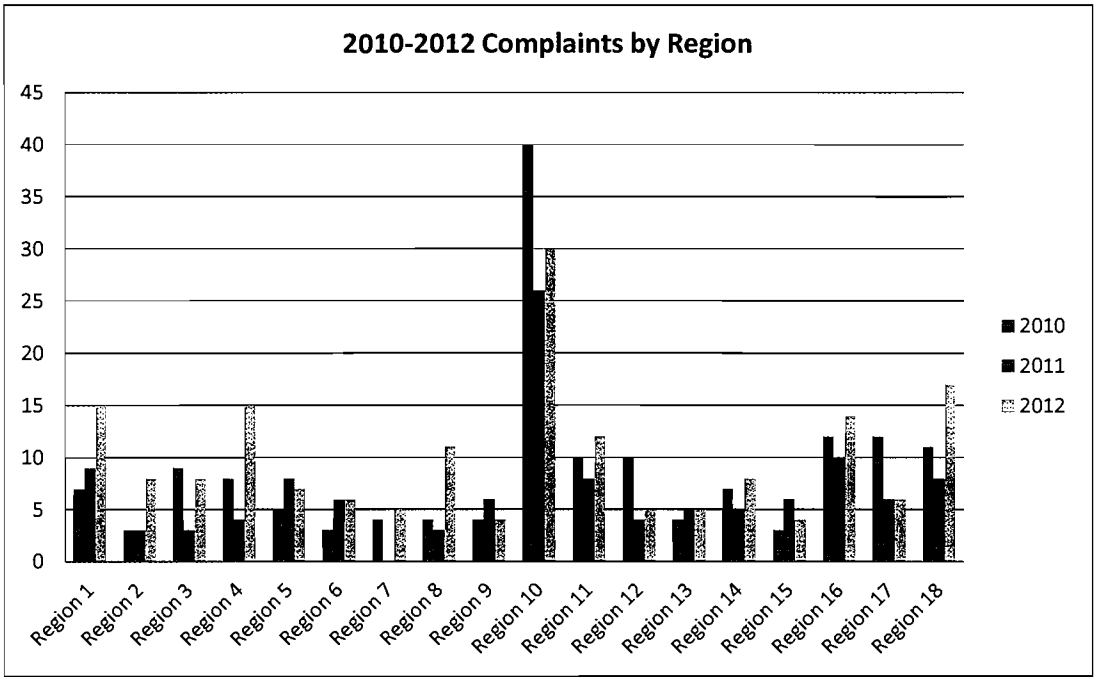




Complaints by Region

As DCS is organized in Regions, the DCS Ombudsman Bureau tracks contacts and cases accordingly. The graph below illustrates the complaint activity in each of the eighteen regions for 2012. The following graph depicts a comparison from prior years.





Response Categories

When a complaint is filed with the office, a case is opened and a preliminary review is completed to determine the appropriate response. A variety of responses are possible depending on case specifics. Following is a description of each type of response:

Review/Refer or Resolve: This type of response involves a comprehensive review of the case file and documentation provided by the complainant. The local office provides additional documentation requested and responds to Ombudsman questions. Other professionals are contacted for information as needed. While the review is thorough, the focus is on providing a resolution or a strategy that can assist with a resolution. Depending on the circumstances in each case, some cases that are reviewed receive a validity determination and others do not. In either case, the complainant and DCS are notified of the findings in writing. A major portion of the complaints received fall into this category.

Investigate: An investigation also involves a review of the case files and documentation provided by the complainant. As needed, DCS staff involved with the case, in addition to the (CASA/GAL) and service providers, are interviewed. Case specific laws, rules and written policies are researched. Experts are consulted if needed. Complaints that result in an investigation tend to have multiple allegations with little indication that a resolution is likely. Upon the completion of an investigation, an investigation report is submitted describing in detail the findings of fact regarding each allegation and a determination of the merit of each allegation in the complaint. The report is provided

to DCS and the complainant if they are a parent, guardian, custodian, GAL/CASA or Court. If the complainant is not one of the above they are provided a summary of the findings in general terms. During 2012 9% of the cases resulted in an investigation.

Refer Back to the Local DCS: The Ombudsman requires that complainants attempt to resolve their issues with the local DCS office through the DCS internal complaint process prior to filing a complaint with the Bureau. On occasion, it is discovered during the intake assessment that the complainant overlooked this step and failed to address his/her concerns with the local office before filing the complaint. These cases are referred back to the local office. Appropriate contact information is provided. The complainant may reactivate the complaint if a resolution is not reached.

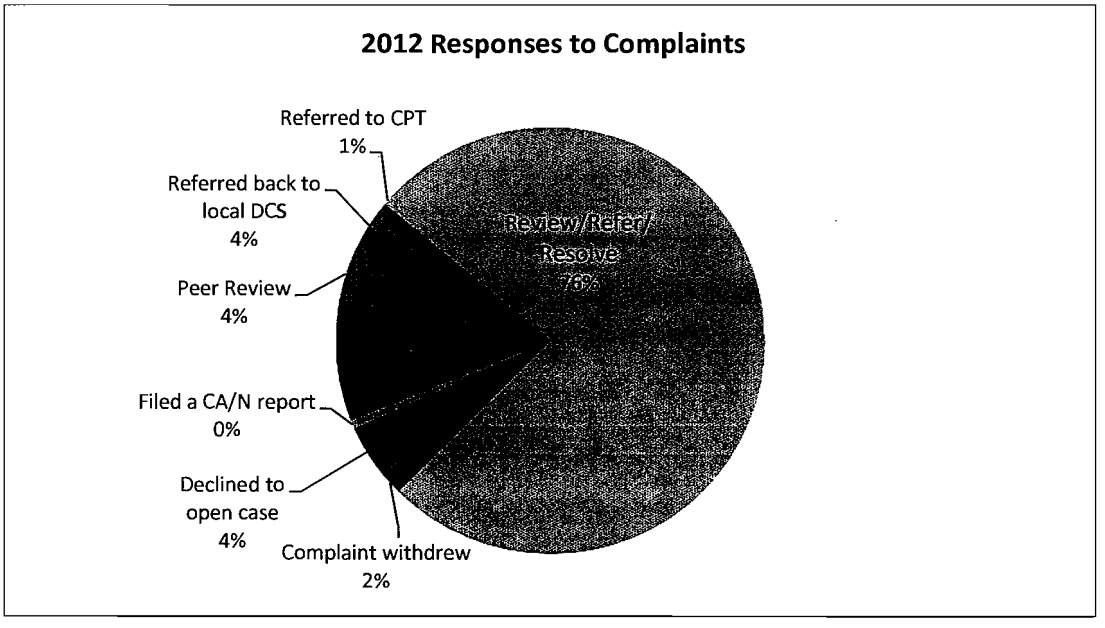
Close due to Complainant Withdrawal: Some cases have been closed prior to completion because the complainant decides to withdraw the complaint during the process.

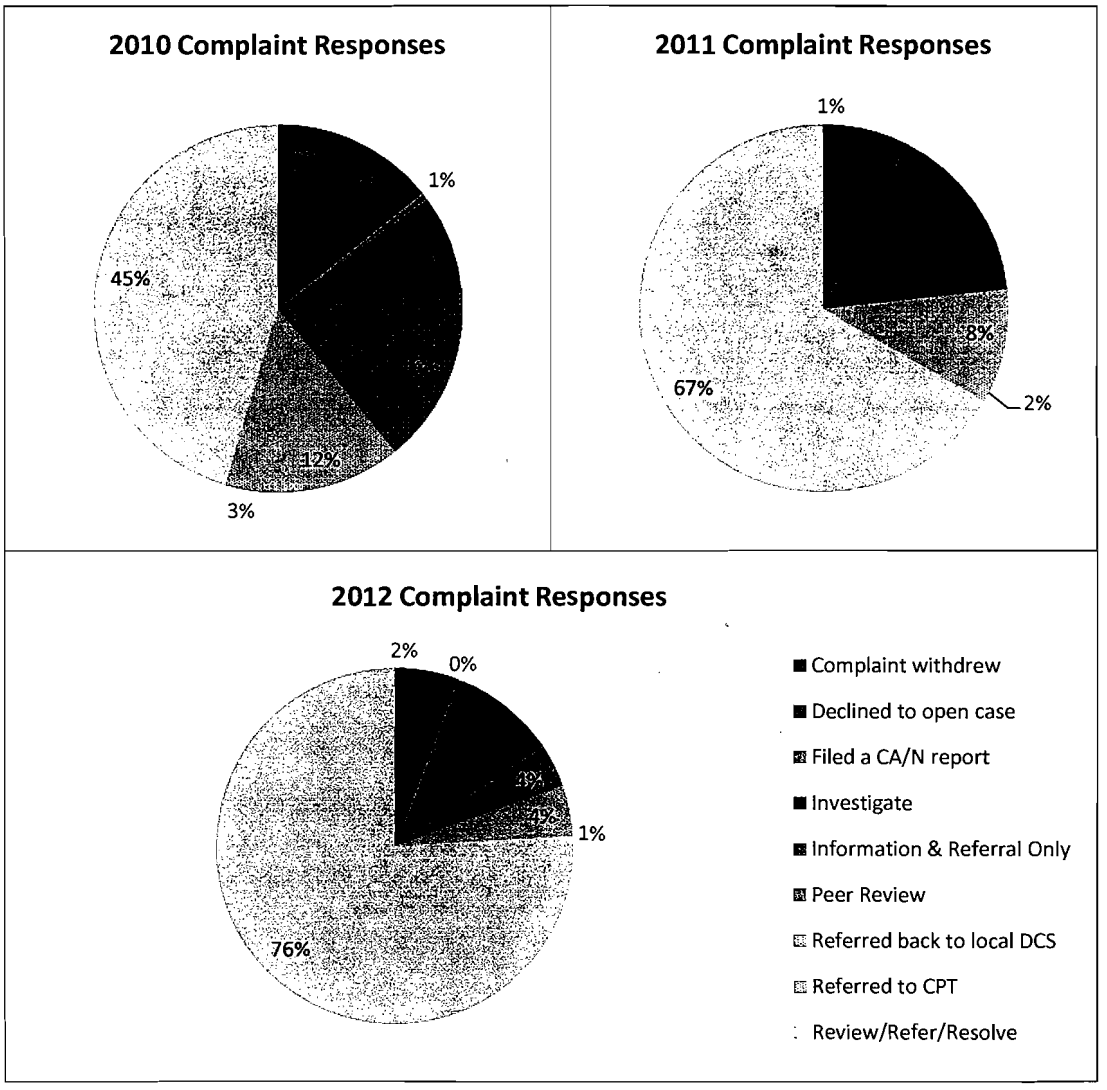
Decline: Cases that are not within the Ombudsman jurisdiction or otherwise meet the criteria established in the procedural manual for screening out will be declined.

Refer to Child Protection Team: The Ombudsman has the option of seeking assistance from the local Child Protection Team (CPT) and may refer cases to the team for review.

File a Child Abuse Neglect (CA/N) Report: In the event the information disclosed in the complaint to the Ombudsman contains unreported CA/N, a report is made to the child abuse hotline. This is not a frequent occurrence.

The graph below illustrates the frequency of each type of response for 2012 followed by a three-year comparison.





Complaint Validity

The standard for determining the validity of the complaint is outlined in the statute. If it is determined DCS failed "to protect the physical or mental health or safety of any child or failed to follow specific, laws, rules, or written policies", a complaint is considered valid. All investigations generate a validity finding, but all reviewed cases do not, depending on the specific case circumstances. When determining the merit of a complaint, the following designations are applied.

Merit: When the primary allegation in the complaint is determined to be valid following a review or an investigation, the complaint is said to have merit.

Non-Merit: When the primary allegation in the complaint is determined not to be valid following a review or investigation, the complaint is said not to have merit.

Both Merit and Non-Merit: When there are multiple allegations, each allegation is given a separate finding. This designation is applied when some allegations have merit and others do not.

Not Applicable (NA): Some cases that are opened for a review reach closure without receiving a validity determination. In these instances the findings fall into one of the categories below:

- NA/Complainant Withdrew
- NA/Case Declined
- NA/Reviewed & Referred
- NA/Reviewed & Resolved

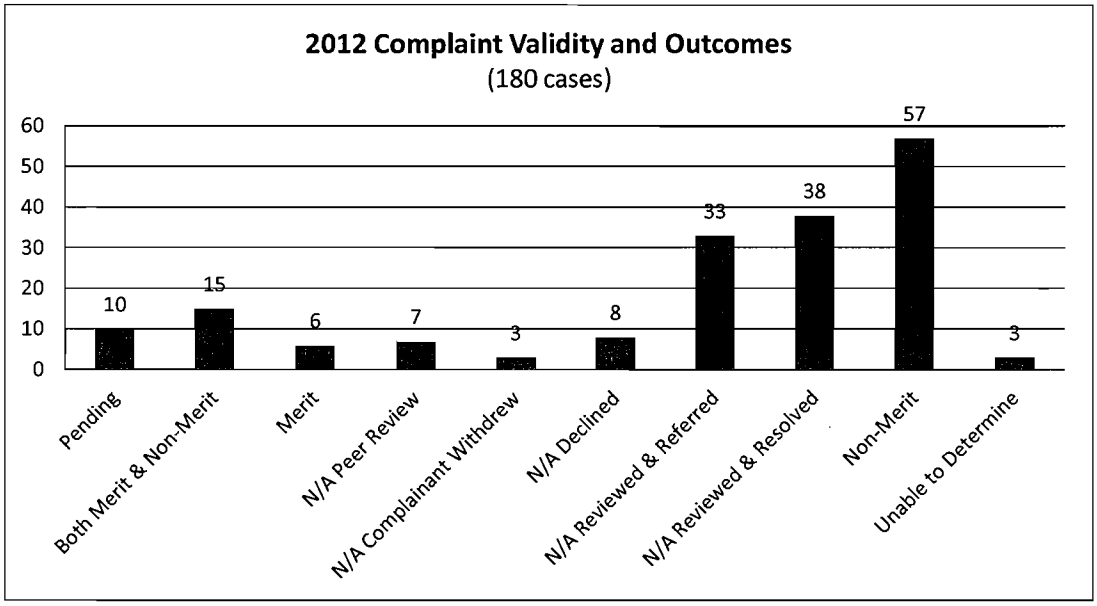
Unable to Determine: Occasionally the information uncovered is so conflicting and/or the unavailability of significant documentation renders it impossible to determine a finding.

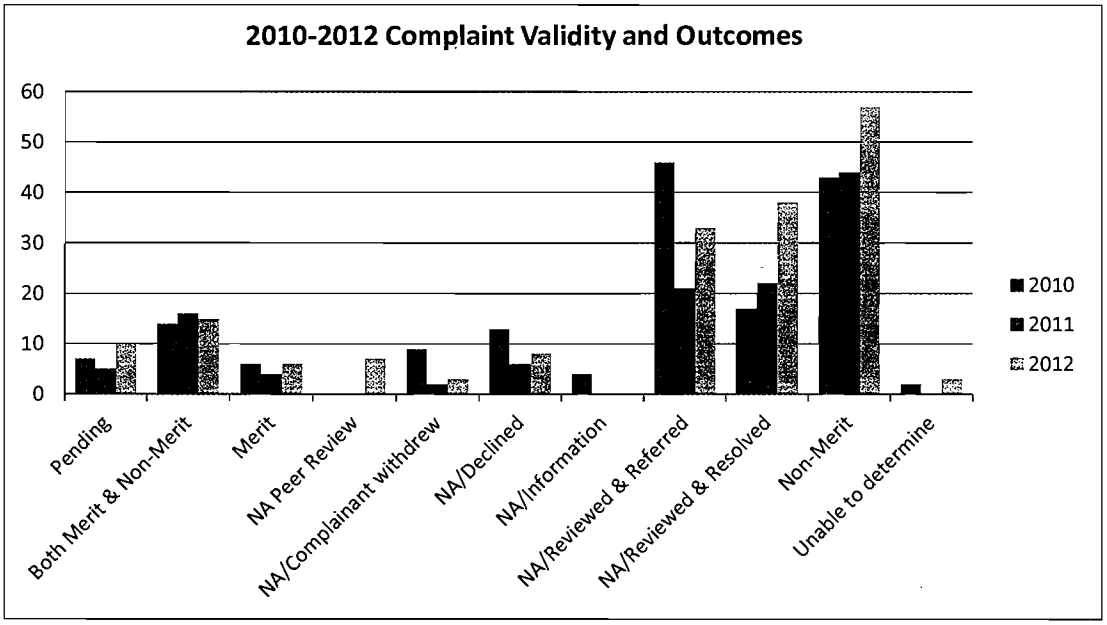
Peer Review: When the Ombudsman participates in a collaborative review with DCS a case is opened to reflect that a review is occurring. However, the peer reviews do not receive a validity determination, and the results of the review are internal and deliberative.

Outcomes

During 2012 validity designations were determined in 78 cases. Of these 78 cases, 6 were determined to have merit, 15 had allegations that were both merit and non-merit, and 57 were determined not to have merit. Thus 27% of the cases that received a validity determination involved an allegation that was determined to have merit, and 73% did not have merit.

Based on this information it can be generalized that most of the cases that come to the attention of the Bureau are most appropriately managed by completing a thorough review for the purpose of facilitating a resolution or providing a resolution strategy. For this reason it would be counterproductive to issue a finding. On the other hand, some reviews, and all investigations, involve the depth of analysis that result in detailed findings that generate recommendations. This latter group comprises a smaller portion of the Ombudsman caseload, but no less significant. There are valuable lessons to be learned from all Ombudsman intervention. The following graphs provide an illustration of the validity outcomes for 2012 as well as a comparison with prior years:


2012 Complaint Validity and Outcomes
(180 cases)
60
50
40
30
20
10
0
10
15
6
7
3
8
33
38
57
3
Pending
Both Merit & Non-Merit
Merit
N/A Peer Review
N/A Complainant Withdrew
N/A Declined
N/A Reviewed & Referred
N/A Reviewed & Resolved
Non-Merit
Unable to Determine


2010-2012 Complaint Validity and Outcomes
60
50
40
30
20
10
0
2010
2011
2012
Pending
Both Merit & Non-Merit
Merit
NA Peer Review
NA/Complainant withdrew
NA/Declined
NA/Information
NA/Reviewed & Referred
NA/Reviewed & Resolved
Non-Merit
Unable to determine

Recommendations and DCS Responses

During 2012 the Ombudsman offered 39 recommendations on specific cases following a review or an investigation and 16 general recommendations with systemic implications.

Case specific recommendations

Pursuant to IC 4-13-19-5 (f), "If after reviewing a complaint or conducting an investigation and considering the response of an agency, facility, or program and any other pertinent material, the office of the Department of Child Services Ombudsman determines that the complaint has merit or the investigation reveals a problem, the Ombudsman may recommend that the agency, facility, or program:

(1) consider the matter further;
(2) modify or cancel its actions;
(3) alter a rule, order, or internal policy; or
(4) explain more fully the action in question."

DCS is required to respond to the recommendations within a reasonable time, and the Bureau has established 60 days for the response time frame. The following seven example case summaries include 2012 cases in which the allegations were determined to have merit and recommendations were provided and responses received. The last example includes a case in which the allegations were determined not to have merit, but recommendations were provided and follow up requested due to other issues identified.

*It is noted that this office affirms the actions of DCS in the majority of cases reviewed and it is important to maintain this perspective when reviewing cases in which problems were identified. These examples are provided to depict the wide range of issues that are brought to the attention of the Bureau and the types of recommendations offered.

Case Example # 1: This complaint had several components with compelling implications. The complainant alleged that a DCS adoptive family sent their adopted sibling group of five to another country and expressed concerns that their safety and whereabouts could not be verified. It was further alleged that the adoptive family was continuing to receive a subsidy for the children. The complainant alleged that DCS failed to protect the children by initially screening out the report regarding this matter and that the Department's response advising the Report Source that adoptive parents were free to place their children with whomever they choose, was not an acceptable response.
Findings: The hotline report was initially screened out because it did not meet legal sufficiency, but when Law Enforcement submitted a subsequent report the Assessment was assigned and initiated. An Ombudsman investigation was launched to review the

Assessment. The Ombudsman office determined that DCS did not complete a thorough Assessment according to the standards set in DCS policy. The reason for this was due to the restrictions placed on the Assessment by the transnational circumstances, as DCS believed that their hands were tied to proceed further due to the restrictions placed on Indiana DCS by the children's country of residence. Nevertheless, safety remained a concern and the following recommendation was provided:
Recommendation: It was recommended the local office keep the assessment open until enough information can be accessed to accurately determine the findings and respond accordingly. This may involve exploring other methods of contact, such as telephone contact, social media contact or a second interview with the school counselor following the children's return to school after the break. It was also recommended that DCS review the adoption agreement regarding the subsidy to ensure that the agreement reflects the children's current living arrangements.
Response: The local office agreed to keep the assessment open until they could speak with the school counselor. When school reconvened a second interview was conducted with the school counselor, who provided enough information to warrant an investigation and intervention by the authorities in the country of residence.
Outcome: After several months of transnational negotiations, DCS was able to make arrangements to return the children to Indiana, where the children disclosed maltreatment by the caregivers in the other country as well as the adoptive parents. Services are being provided to the children, and the adoption subsidy has been terminated.

Case Example # 2: In this case it was alleged that DCS failed to conduct a thorough Assessment pertaining to the sexual abuse allegations of a child by her father.
Findings: Upon review it was determined that DCS failed to complete all the required interviews and failed to address all the allegations in the report. The failure to address all the allegations was the result of a breakdown in the linking process involving reports about the same family.
Recommendation: It was recommended that the local office provide a review of the requirements for Assessments with staff and emphasize the role of the Supervisor in overseeing the work of the Family Case Managers (FCMs). It was also recommended that staff review linking procedures.
Response: Printed copies of the policy manual (Chapter 4.4) concerning interview requirements were passed out to the Assessment staff and discussed. The linking process was discussed with Assessment staff at the Assessment staff meeting after receiving the recommendations.
Outcome: It is unknown if the additional interviews had been completed and/or if there had been better DCS coordination with law enforcement, if the findings would have been different. However, it is likely these actions would have provided for a more substantially supported conclusion, less subject to question.

Case Example # 3: The allegations in this complaint were in reference to DCS's management of a case involving a child who was removed from a parent while on a

Temporary Trial Visit (TTV) and placed in emergency foster care in a county other than the county where the child was a CHINS (Child In Need of Services). It was alleged that the Court was not notified of this change timely, that the Family Case Manager (FCM) failed to visit in the foster home per policy, and that services were not offered to the parent in a timely manner.
Findings: Upon review it was determined that all of the above allegations had merit, prompting the following recommendations.
Recommendation: It was recommended the local office provide an analysis of what happened in this case and what steps were taken to remedy the situation. It was further recommended DCS clarify the role, expectations and communication required between the county of jurisdiction and the county of placement with regard to the provision of services for this parent. In addition the Ombudsman identified specific challenges in this case, and recommended that these issues be clearly explored and addressed either in a Child and Family Team Meeting (CFTM) or at a Child Protection Team (CPT) staffing to ensure sustainability of the case closure.
Response: The local office reported that the Family Case Manager failed to follow DCS policy and procedure even after being advised by the Supervisor. The Family Case Manager is no longer assigned a caseload, and will be retrained should she resume Case Management responsibilities. It was reported that the Supervisor took immediate action once the problems were discovered. The local office stated that the communication between the participating counties in this case was not up to standard, and that the management team will discuss and reinforce with all managers at upcoming meetings. With regard to the specific case challenges, it was explained that a CFTM will be implemented to put pertinent agreements in writing and to request Court orders of the same for incorporation in the custody order upon closure of the CHINS.
Outcome: The case has progressed and the children are on a TTV with a permanency hearing scheduled for 2/11/2013

Case Example #4: This complainant alleged that her child was removed without just cause because the results and time frame of her drug test were inaccurately reported in the probable cause affidavit. Furthermore, when this information became available to DCS, a month lapsed before the child was returned to her care.
Findings: Upon review procedural irregularities were discovered with regard to the accuracy of the reporting of the drug screen results and the recorded timeline of significant events pertaining to the allegations. In addition, the decision making process regarding the safety assessment in response to the parent's substance abuse was unclear. It appears that during the Ombudsman investigation, the local office became aware of the procedural irregularities, and a plan was set in motion to remedy the errors.
Recommendation: It was recommended the local office explain further how the procedure irregularities occurred and develop a plan to ensure this does not reoccur. It was also recommended that local office management staff provide additional guidance to field staff with regard to assessing safety and risk in substance abuse cases and utilizing the Risk Re-assessment tool.

Response: To avoid reoccurrences the local office established a procedure for the FCM to staff drug test results with the Supervisor/Director and staff attorney within 1 business day of receiving drug test results when removal was based on positive screens. Staff was advised to use protective factors as well as risk factors when assessing the connection between neglect and substance abuse. Additional instructions were also provided to staff on how to complete a preliminary inquiry affidavit. A plan was developed to ensure that Risk Reassessments are completed on a regular basis. The provider of the drug screens was also contacted to discuss the instances in which there is a conflict between the results of the instant test and the lab test.
Outcome: In this case the CHINS was dismissed and an Informal Adjustment (IA) was created so the child could return home while DCS provided services.

Case Example #5: This complainant alleged DCS failed to conduct a thorough Assessment when it was inadvertently discovered that there was a substantiated sexual abuse report against the complainant's spouse. The allegations involved a former foster child and the appropriate parties were neither interviewed nor notified of the report.
Findings: Upon review it was determined that the required interviews were not conducted and the appropriate notification was not processed. In addition the findings and inaccuracies in the report were questionable. It was also determined that upon awareness, DCS began taking immediate action to remedy the errors.
Recommendation: It was recommended DCS explain further how these actions occurred and provide the appropriate notifications to the parties at this time.
Response: DCS reported that in this particular case these errors occurred due to a personnel issue, which was in the process of being addressed. The Assessment was reviewed by the Division Manager, who concurred with the complainant that there was no good evidence to support a substantiation. The findings were reversed by the Local Office Director.
Outcome: The complainant's DCS history was removed from the CPI.

Case Example #6: In this case it was alleged that DCS failed to complete a thorough Assessment because the alleged perpetrators (APs) were not interviewed or notified of the substantiated findings per policy. The complainant also believed that DCS failed to take into consideration the dynamics of the custody dispute.
Findings: These allegations were difficult to analyze because there were three different Assessments and two separate counties involved. Essentially the allegations were determined to have partial merit: one of the APs was never interviewed due to Law Enforcement's involvement, and appropriate notification was not provided for one of the Assessments. However, due to the fact that the local office filed a CHINS, these oversights had additional implications.
Recommendation: It was recommended the local office provide additional guidelines to staff regarding interviews with APs when Law Enforcement is involved. (This also became a general recommendation because there was a need for clarification on a statewide basis as well.) It was further recommended that the system for sending out required notifications be clarified to ensure compliance.

Response: The local office reported that in situations when Law Enforcement is unable to interview the AP, the local office legal team will be consulted to ascertain how DCS should proceed. In the event no criminal charges are going to be filed, staff has been advised to proceed with this interview. The local office further designated a Clerical Supervisor responsible for sending out required notices.
Outcome: The CHINS petition was amended to reflect the additional information acquired during this review, resulting in a general admission to the CHINS.

Case Example #7: The allegation in this complaint alleged that DCS failed to perform the appropriate background checks on a relative placement as outlined in policy.
Findings: Upon review it was determined that DCS was not compliant with the background check policy for relative placements, and this incident appeared to be the result of lack of communication between the Assessment worker and Ongoing worker.
Recommendation: It was recommended that the status of the fingerprint based checks on the Resource Family be an agenda item at the transition meeting between the Assessment worker and Ongoing worker.
Response: The local office transition checklist used at the transfer meeting was revised to include fingerprint status of the Resource placement. This topic was also discussed at a staff meeting.
Outcome: The progress of the fingerprint status of relative placements will be discussed at all transition staffing.

Case Example #8: This complainant alleged the parent had completed all the requirements for reunification with her child, but DCS continued to add more requirements suggesting that DCS was not supportive of reunification.
Findings: Upon review it was determined that DCS's actions were appropriate in regard to the evaluation of the parent's compliance with services. In addition the information reviewed affirmed DCS's support of reunification. Nevertheless, the case seemed to be at an impasse due to the parent's relocation to California and the child's medical needs. Therefore, recommendations were offered in an effort to move the case forward.
Recommendation: It was recommended that the local office begin to develop a concurrent plan in addition to engaging the parent's new spouse in the service plan.
Response: The local office began to contact relatives to explore a concurrent plan. The child's new stepfather was contacted and requested to participate.
Outcome: Although there is no way to know what the impetus was for the parent's change in behavior, there was a dramatic change in her compliance. As a result the child was returned to her care and the case was closed.

Systemic Recommendations

Pursuant to IC 4-13-19-5(b) (2), (4) and (6), the Ombudsman may also review relevant policies and procedures with a view toward the safety and welfare of children, recommend changes in procedures for investigating reports of abuse and neglect, make recommendations concerning the welfare of children who are under the jurisdiction of a

juvenile court, and examine policies and procedures, and evaluate the effectiveness of the child protection system. Each quarter general recommendations are provided to DCS regarding systemic issues, and DCS responds to the recommendations within 60 days. During 2011 thirteen such recommendations were offered. During 2012, sixteen recommendations were offered, including those that were generated from an interim Ombudsman report on Assessments. The following is a summary of these recommendations and the DCS responses from the last quarter of 2011 through the third quarter of 2012, in addition to those recommendations provided during the last quarter of 2012 and due during 2013. The recommendations are based on information derived from the volumes of information reviewed in the course of case reviews and investigations with systemic implications, in addition to information gleaned from various DCS reports and discussions with community partners.

2011

Recommendation #10: The DCS Ombudsman Bureau received a number of complaints from relatives regarding clarification concerning the resources available to them when a child is initially placed with them. DCS concurred that clarity regarding this issue was warranted. As a result DCS revised Policy 4.24 regarding financial assistance to unlicensed relatives. The fact that the implementation of this policy requires the involvement of the FCM in determining need and making referrals either during the Assessment phase or the initial Ongoing phase presents a particular challenge because this a time of heightened case activity. However, mindfulness of this policy and the importance of its implementation is a critical factor in demonstrating support for the relative placement. Therefore it was recommended DCS develop a plan for ensuring consistent awareness and implementation of this policy, as well as further clarity regarding the role of the Assessment and Ongoing workers in this process for those counties that have this division of labor.

Response: A brief written summary of benefits available to children in the care of relatives is being prepared for FCMs (along with Relative/Foster Care Specialists) to use as a guide when meeting with the relative caretakers during or soon after the initial placement. This "one-pager" will also provide information on DCS financial assistance as well as WIC, TANF, etc. DCS now has approximately 100 specially trained FCMs stationed in local offices statewide to assist in providing support and direction to relatives.

Recommendation #11: Various agencies have access to INSPECT, which is a pharmaceutical database that provides information about the dispersion of prescription medication. DCS access to INSPECT could provide beneficial information when assessing a family with prescription medication abuse issues. It is recommended DCS explore the possibility of gaining access to this information.

Response: Indiana Code 35-48-7-11.1 does not allow for DCS to access this information. DCS has considered legislation to extend the access to DCS when abused and neglected children are involved, but that is not in the 2012 legislative package for this year. It may be revisited for next year. DCS is in the final stages of an interface with OMPP that will provide very current information for FCMs as to services provided by

Medicaid to the CHINS population. This interface will occur regularly and automatically and will populate to the child's medical passport screens in MaGik. It includes prescription information on individual wards as well as management reports to track multiple health issues including the use of psychotropic medications.

Recommendation #12: DCS has recently created a clinical unit to assist FCMs with issues that require a mental health consultation. As the unit is new and policies are yet to be developed, it is recommended DCS give consideration for the clinicians to have a role in providing guidance to FCMs on substance abuse cases to address issues such as: when/how and what kind of drug testing provides the desired information, effectiveness of treatment, how to merge an addict's road and timetable to recovery with the CHINS timetable, and successful relapse prevention plans. It is also recommended this unit provide a similar role in cases involving parents with significant mental health issues.
Response: Attached is the description of duties for the clinicians as well as a recent power point prepared for staff to help them understand when to refer to the new clinicians. The Clinical Services unit is available to provide training for FCMs individually or collectively concerning substance abuse cases and mental health issues. Even with more training there will continue to be the broad issues of substance abuse treatment availability and quality statewide.

Recommendation # 13: With the revision of Assessment Chapter 4, this office is interested in reviewing cases regarding the implementation of the new policies and resulting effectiveness. This revision was considered critical, as over time the nature of the Assessment can be influenced by legislative and programmatic changes, creating the need for continuous evaluation to ensure the effectiveness of the process. The law requiring parental permission to interview children and the creation of child advocacy centers are two such examples of the type of changes that can influence the evolution of the Assessment process. It is important for DCS to acquire a process and skill set that not only utilizes all the available tools to assist with accurate Assessments, but also encourages staff to explore all leads and information that can assist with the determination of findings. The quality of the Assessment phase of the Child Welfare Program is reflected in the Department's ability to protect children and in the ability to determine the most appropriate case plan from the outset. It is recommended DCS designate appropriate staff to meet with the Ombudsman to explore such Assessment issues/concerns in more detail.
Response: Staff with experience in CPS assessment will be selected to convene and provide input to the Ombudsman. The selection will be completed by 2-15-12. **It is noted that this focus group convened for four sessions to discuss significant issues with regard to Assessments. The information from these meetings, in addition to information from case reviews and relevant literature, was used to generate the Ombudsman interim report on Assessments.*

2012

Recommendation #1: Parental conflict when co-parenting is a frequently identified issue in the families involved with DCS. As DCS continues to engage the absent parent in the case planning, the likelihood that co-parenting issues will emerge increases. It was recommended DCS review the online course www.uptoparents.org and www.proudtoparent.org as a referral source to be offered to parents addressing co-parenting issues. The course is free, interactive, and a certificate of completion is provided.

Response: DCS will advise its home-based provider network of the availability of these two resources as well as the DCS field staff. Additionally we will explore adding a link to the DCS website.

Recommendation #2: Upon notification that DCS was developing a protocol for internal reviews of child fatalities with DCS history, the Ombudsman requested to review the protocol and recommended Ombudsman participation in these reviews.

Response: A draft of the DCS internal fatality review protocol has previously been previewed by the Ombudsman. This protocol was to be reviewed with the Regional Managers at the May 17, 2012 meeting. DCS began using the working draft as of May 1, 2012 to conduct reviews for fatalities with prior DCS involvement in the preceding 12 months. The protocol allows the Ombudsman to participate at her discretion and the review is directed at the prior event independent of the active fatality assessment.

Recommendation #3: It was brought to the attention of this office that while the Child Welfare Manual advises DCS staff to record interviews, this does not appear to be a common practice. It was recommend DCS revisit this policy and revise the manual accordingly. It was also recommended that DCS develop a policy/procedure/protocol for the release of interview recordings when requested by parents. This office has received requests regarding access to these recordings, and has been unable to provide an answer.

Response: DCS Child Welfare Policy Manual Section 4.09 will be revised soon to address the procedure for recording interviews at the local office level. Anticipated release date is 9-30-12. Policy is being written to address the release of all records including audio and video recordings. The anticipated release of this policy is in the fourth quarter 2012.

Recommendation #4: When a new report on an active case is determined not to meet legal sufficiency for assignment but nevertheless includes important information that should be assessed by the Ongoing worker, it is forwarded to the Ongoing worker. Based on several case reviews, it was noted that there was inconsistency in the Ongoing workers' response to these reports, referred to as Information and Referrals (I & Rs). In addition, sometimes these reports never found their way to the appropriate worker. On a similar note, it was also observed that sometimes reports have been linked that do not have the same allegations, which results in the FCM missing the opportunity to address all of the allegations in the report. It was recommended that a practice be put in place

in which the FCM is required to document how the I & R report was addressed. It is also recommended that the linking process be fine tuned to ensure that only reports with the same allegations are linked.
Response: When the Hotline sends an Information and Referral to the local office, the Intake Specialist documents in the 310 narrative any referrals made as well as the name of the FCM in the local office if there is an open Case or Assessment. To ensure that the I & R is seen by the local office, the Hotline sends an e-mail to the active case. In order to then document what action was taken as a result of the I & R, a directive will be sent to field staff to document in a "note" regarding what action was taken. This directive will be sent in September 2012 and will be forwarded to the Policy section for possible inclusion into the policy or procedure sections of the Child Welfare Manual. The new MaGIK Casebook system did not have linking at the time it was launched on July 5th and this feature is expected to be implemented by the end of 2012. Field staff have been advised that all allegations and report source information is to be included in the master assessment so the appropriate 30 day notice can be sent. This process will be reinforced periodically until system enhancements occur.

Recommendation #5: Based on cases reviewed, the most effective transition plans appear to be those that are developed during Child Family Team Meetings (CFTMs) and include the buy-in of all the parties. Best practice guidelines suggest implementing a schedule that allows for a gradual increase in parenting time and sufficient preparation time for the child, parents and resource family. Clearly, this model involves a great deal of time, effort and facilitation/mediation skills. In many cases, the staff and teams are forced to approve a more abrupt transition, either because time is closing in on the deadline for filing a termination of parental rights (TPR) petition or the resource placement is becoming less cooperative. It was recommended DCS review the best practice models for transition plans for reunification, explore the barriers, and provide additional guidance to staff for facilitation.
Response: DCS field management does not believe that there is a need for new policy regarding transition plans but that instead an opportunity exists to educate staff on existing procedures and share best practices. Regional Managers and Local Office Directors will be asked to revisit transition planning and identify barriers to successful planning during regularly scheduled staff meetings in September 2012. Consultants and Peer Coaches may assist in this project.

Recommendation #6: One of the dilemmas that DCS frequently encounters during an Assessment is deciding when DCS is responsible for assessing risk to a child who does not reside in the home of the alleged offending parent, but who regularly visits. This has generated an ongoing discussion, as there are several challenging, conflicting yet equally compelling issues to resolve. Thus far this scenario has been addressed on a case-by-case basis, and this may continue to be the best response. However, this response usually excludes the visiting child from the Assessment unless there are specific allegations that the visiting child was a victim or that he/she directly witnessed the alleged abuse/neglect. DCS has referred this ongoing discussed to the Regional

Managers for additional thoughts on the appropriate response. It was recommended the Regional Managers provide a status update of this discussion.
Response: DCS is revising policy to include two additional requirements: 1) Assessors will be required to always inquire as to the household composition including "part-time" household members which could include siblings or half siblings who are in the primary custody of another parent, children who spend extensive time in the home such as day care situations, etc. This information is usually ascertained now during the Assessment but it is not specific in policy; 2) DCS will revise policy to require FCMs to interview or attempt to interview as potential witnesses any children who are part-time household members. If the assessment determines that these children are victims, then the Assessment results will be shared with that child's parent. These situations often provide confidentiality challenges in as to what information can be released to whom, but the potential risk of harm to the visiting child must remain the primary concern. Field staff have been advised of this practice and have already implemented. Policy will follow with an anticipated date of 12-1-12.

Recommendation # 7: Per policy the Indiana Department of Child Services (DCS) will conduct a face-to-face interview with the alleged perpetrator of Child Abuse and/or Neglect (CA/N) unless:

1. An attorney representing the alleged perpetrator informs DCS that his or her client will not participate in an interview;
2. The alleged perpetrator's identity is unknown or he or she cannot be located;
3. The alleged perpetrator is a child **and** the parent, guardian, or custodian does not give consent to an interview **and** a court order can't be obtained; or
4. The alleged perpetrator has already been interviewed by Law Enforcement Agency (LEA) regarding the same allegations and DCS is able to obtain a copy of the interview.

In a number of Assessments reviewed it has been noted that DCS failed to interview the alleged perpetrator and failed to obtain a copy of the Law Enforcement interview notes prior to closing an Assessment. This appears to occur because Law Enforcement is not on the same timetable and frequently takes longer than 30 days to complete their interviews. While the reluctance to interfere with a Law Enforcement investigation is understandable, this office will continue to determine an Assessment to be incomplete if there is non-compliance with the above policy. It was recommended that the above policy specify that the Assessment cannot be closed without interviewing the AP or without documenting one of the four exceptions listed above.
Response: DCS believes the policy is adequate and is not inclined to allow Assessments to remain open beyond 30 days absent extreme extenuating circumstances. However DCS does agree that there is a need to improve documentation as to why the alleged perpetrator was not interviewed. Rather than allowing the assessment to remain open awaiting a perpetrator interview by DCS or LEA (which poses significant problems for 12/17 compliance), DCS supervisors will be advised to not approve the Assessments without documentation. Additionally, there are other issues, which complicate this process. Frequently law enforcement asks DCS to delay interviewing the alleged

perpetrator until LEA completes their investigation which is often a significant delay putting the worker at odds with their local LEA or prosecutor. Prosecutors have occasionally threatened staff with obstruction charges if DCS interviewed the alleged perp. Sometimes the police have in fact completed the interview but are slow to submit the police report or interview transcript. Occasionally workers wait long periods of time for LEA to follow through with the interview (at LEA's request) and eventually LEA decides they will not prosecute or interview the victim. Not having a perpetrator interview or attempting an interview also hurts DCS's position in CAPTA hearings designed to provide alleged perpetrators an opportunity for due process. The expectation is that perpetrators will be interviewed by DCS or LEA within 30 days. DCS will continue to advise staff to attempt the interview within 30 days of the report if LEA is unable or unwilling to do so in all but the most extenuating circumstances.

Recommendation #8: DCS policy requires the Indiana Department of Child Services (DCS) to provide the resource family with as much information about the child and his/her case as legally possible, including, but not limited to, the reason for removal, health care information, educational information, any alternate permanency plan, and any special needs to the extent known. Sometimes for a variety of reasons, placements occur on an emergent basis. In order to ensure the resource placement is able to make an informed decision, it is important for the resource placement to understand as much about the child as possible, including the behavioral challenges. This step is important to avoid disruptions and facilitate a good match. It was recommended that the placing FCM prepare a brief summary in writing regarding the child's information and have the resource placement sign acknowledging that they have been informed accordingly. This process occurs in adoptive placements, and a like process is being recommended for resource family placements as well.

Response: Often in emergency detentions, the FCM knows little about the foster child but DCS tries to gather as much information as possible in a short amount of time and relay that to the resource parent. As more information becomes available or in situations where the placement was not emergent, DCS has several initiatives, which should lead to fully informing resource parents as to the child's medical, educational and behavioral, needs. Over 100 relative/foster home support specialists plus supervisors have been deployed statewide to assist Family Case Managers with many support functions including matching the foster child with an appropriate home. In order to do that communication as to the child's needs and the resource parent's skills, experience and preferences must be discussed early in the process. DCS has recently developed a resource guide explaining many of the services available for caretakers and children involved in the system. This document also serves as a discussion guide for the specific child's needs. Additionally DCS is required to perform a Child and Adolescent Needs Survey (CANS) and review the CANS with caregivers and foster parents for more child specific information. A medical passport is also provided and presents an opportunity to discuss the authorization given to the resource parent to obtain medical care as well as the child's known medical history. Child and family team meetings are another opportunity to share information. DCS will explore requiring workers to

document that they have informed the caretakers of the particular needs of the child and services available as well as developing a form to have the caretaker sign acknowledging the conversation took place as is done in the adoption subsidy process. In order to accomplish this, DCS will reconvene the foster care forms committee in order to develop a form designed to provide as much child-specific information to the new resource parent as possible. This form will later be incorporated into policy and used statewide whenever children are placed in a resource home. Policy will further address the role of the FCM or the foster/relative care specialist in discussing the form with the resource parents.

**** Recommendations #9 through #12 were generated as a result of the Ombudsman interim report on DCS Assessments; the complete report can be found on the DCS Ombudsman Bureau website.***

Recommendation #9: When caseload numbers are above the standard, the work suffers regardless of any other supports or resources available. Therefore, manageable caseloads are a priority. It was recommended DCS reallocate staff and/or reconfigure the calculations of caseloads to ensure that each individual FCM's caseload is within the 12/17 limit. To accomplish this, consideration should be given to establishing a system of "floaters" available to fill the necessary gaps when vacancies occur and/or excluding trainees from caseload calculations.
Response: Effective October 2012, DCS received approval to hire an additional 120 FCMs to ease caseload burdens and to maintain compliance to the 12/17 standard. As noted turnover combined with a volatile caseload contributes to the problems in adhering to the 12/17 standard. DCS has traditionally had a sufficient number of staff positions to handle the caseload; but due to turnover, medical leaves, and the large number of workers unable to carry a caseload while involved in the initial 12 week mandatory training, there have been times when active FCMs (those trained and available to carry a caseload) experience caseloads in excess of the standard. In order to maintain the caseload standard, DCS needs to ensure that the number of trained and available workers always meets or exceeds the standard regardless of the number of positions "on paper". DCS is currently identifying the areas of greatest staffing need and is targeting recruitment efforts for areas where there may be a deficit in the hiring pool. Hiring is expected to begin in December 2012 with three new cohorts of approximately 25 workers each entering training beginning in January 2013. The 120 new positions will be added to the cohorts along with the customary new hires needed to replace departing workers. New workers entering training will be designated as trainees and receive an increase in salary to the full FCM salary when their training has been completed. Additionally since recruitment and retention are always issues in child welfare due to the gravity of the job and the accompanying pressure and public scrutiny, DCS received approval in October 2012 effective on the 11/14/12 paychecks to increase the salaries of FCMs and Supervisors as follows:

- FCM 2-5 years – 8%
- FCM 5+ years – 10%

- FCM Supervisors – 7%
- LOD – 7%
- FCM Trainee salary $33,748.
- New FCM 2 salary after completion of training ($35,776).

Recommendation #10: Supervisors play a critical role in ensuring quality work and staff retention. Supervisors provide hands-on guidance necessary to operationalize and integrate policy and training information into best practice. The Supervisor is in a position to model and promote the type of critical thinking that is essential for sound decision making in Assessments. Supervision is particularly important in Assessments because this is frequently the only resource available to assist the worker in the decision-making process. The number of inexperienced workers in Assessments heightens the need. Therefore, providing Supervisors with a workload that enables them to perform these important functions is a priority. Adopting the CWLA standard for Supervisor/Case Manager ratio would demonstrate a vision alignment with the caseload standard. It was recommended DCS seek additional Supervisor positions to meet the CWLA standard of a 1:5 Supervisor/Case Manager ratio instead of the current 1:7 ration. Correspondingly, the role of the Supervisor to educate, mentor and oversee should be emphasized and supported via trainings and allocation of time.
Response: DCS agrees that the Supervisor's role in staff development, quality control, and retention is critical and is pleased to report that in October, 2012 permission was granted to add an additional 75 Supervisors statewide to oversee the work performed by the FCMs. The addition of these new Supervisors will bring the Supervisor ratio to approximately 5.3 positions per Supervisor if all FCM positions were filled and available, or practically speaking approximately 4.9 active workers per supervisor. Additionally DCS was able to increase the salaries of each supervisor by 7% effective 11/14/12. DCS is currently reviewing the hiring plan and location of these new supervisors. Because Supervisor positions are usually filled by FCMs who promote, care must be taken to thoughtfully increase the Supervisory staff without creating a larger FCM deficit in the field.

Recommendation #11: DCS appears to be heading in the direction of a Differential Response System, as evidenced by the shift from an Investigative approach to an Assessment approach, as well as the collaboration with Community Partners in response to abuse/neglect allegations. However, the fact that the Assessor is still responsible for determining findings influences the approach to the Assessments, and has ultimately created limitations in the ability to actualize the type of Assessment that focuses on underlying causes. The range in the depth of practice observed in the Assessment reviews suggests Assessors are conflicted about the expectations when conducting an Assessment. Adopting this flexibility in response would continue to promote family engagement and enhance the quality of the Assessment, and it appears to be the natural progression for what is currently in place. It was recommended DCS develop a Differential Response System in response to allegations of abuse and neglect and seek

any changes required to implement the program. The model developed should be tailored to meet Indiana's needs.
Response: DCS has formed a work group to study differential response and agrees that it may well compliment our practice model. We are currently gathering data from other states that currently use an alternate or differential response. Additionally, the DCS Interim Study Committee has recommended this as a topic for their recommended DCS Oversight Committee.

Recommendation #12: Secondary Trauma Stress (STS) has been identified as a factor influencing worker performance and retention. Agency provided education regarding STS and/or resiliency training would assist the worker in developing stress management skills and demonstrate organizational support. It was recommended Secondary Trauma Stress training be provided to DCS staff on an ongoing basis and that recognition of the need for staff support should be reflected in the day-to-day operations:
Response: DCS Staff Development team has recently developed and implemented secondary trauma training. This full day training is available for experienced workers and provides practical examples and tools to deal with secondary trauma. Additionally DCS is revitalizing its long-standing "Critical Response Team" to be more responsive by using our Clinical Specialists to aid counties or regions requesting assistance with particularly traumatic events experienced by local offices. DCS practice Support team is currently arranging specialized training in Critical Incident Stress Management. This training would be provided to our clinical specialist staff and a few others who may be interested. The Clinical Specialists would then take the lead in organizing our response to critical incidents. We are gathering up to 15 individuals from the field and clinical staff to respond to these incidents.

Recommendations #13 through #16 were provided the last quarter of 2012 and the responses are not due until the following quarter in 2013.

Recommendation #13: Based on feedback from the local offices and the hotline staff, there appeared to be some confusion as to when and how reports are referred to the Institutional Unit for Assessment when sexual abuse allegations involve two minors and the alleged incident occurred in a facility. It is recommended DCS provide clarification to staff regarding the above and develop a plan for ensuring that the Hotline, Institutional Unit and the Local Office receive the same information regarding the process.
Response: Pending.

Recommendation #14: This office has reviewed a number of cases in which a child has been moved from a foster home for reasons other that abuse/neglect or a Court order. These usually involve instances of foster parent non-compliance with DCS expectations and/or with the case plan. In most of the cases reviewed DCS's reasons for the placement change could be supported, but the process frequently involved conflict which in turn would result in an abrupt removal and foster parent complaint. While DCS complied with the foster parent resolution process in these instances, the complainants

continued to express a desire to be heard, as there appeared to be a misunderstanding regarding DCS's authority with regard to the final decision. It is recommended DCS expand the Foster Parent Resolution Policy to include what outcomes can be expected from this process and DCS's authority in these matters.
Response: Pending.

Recommendation #15: The name of the Report Source (RS) is entered on the abuse/neglect report, if applicable, but there is no place on the form to add the RS's relationship to the child victim. It is recommended that RS's relationship to the child be added to the 310 forms.

Response: Pending.

Recommendation #16: Sometime during 2010 the DCS Ombudsman Bureau began receiving notices of Fatalities/Near Fatalities that are reported to the Hotline and assigned for investigation. Upon tracking these reports it was learned that some of the investigations were taking nearly two years to complete. The Ombudsman tracking system revealed documentation for the average turnaround time for the past three years. To address this issue DCS implemented a policy on January 1, 2012 requiring Fatality/Near Fatality Assessments to be completed in 180 days. Based on the data collected by the Ombudsman Bureau, there has been noted improvement, but there are still many Assessments that will not be completed within this time frame and outstanding from prior years. Not only does this impact the interpretation of data, but a more timely turnaround time would provide DCS with needed information while working with the family. It is recommended DCS continue to monitor this process and identify and address any barriers to completing the reports during this time frame. It is also recommended that DCS establish a timeframe for eliminating the backlog. Furthermore, the effort to eliminate the backlog could influence the annual fatality report, as the Assessments included in that report consist of those that were substantiated in that particular fiscal year. It is recommended DCS consider adding the year that the fatality occurred to the annual report information.
Response: Pending.

Reflections and Moving Forward

2012 DCS Scrutiny

During the past year, several DCS issues became topics of community concern and media attention. These issues included the Centralized Hotline, CHINS 6, and child abuse fatalities with DCS history, to name a few. One response to these concerns was the creation of a DCS Legislative Study Committee to analyze the problems and provide legislative recommendations for improvement. Several bills regarding DCS are expected to be introduced this session. While criticism of a public agency provides learning opportunities to improve agency practice and accountability, the issue of child safety is far reaching and impacts the lives of individuals, families and communities. Forging ahead, it is the hope of this office that these public conversations have paved the way for agency/community partnerships and support as we work together on behalf of our most vulnerable citizens.

DCS Strengths and Future Initiatives

Any comprehensive evaluation of DCS also needs to consider the strengths of the organization, of which DCS has many. The adoption of the Practice Model has made a significant impact on the quality of case management services. DCS outcome reports, published on the DCS website, reveal noted improvement in most case management categories. This office has repeatedly reviewed cases of exemplary quality and this is also important feedback to provide to the community and the Department. In spite of the criticisms about the Central Hotline, the consistency and quality of the reports have improved, as evidenced by Ombudsman reviews of the reports and the infrequency of complaints filed with this office regarding the Hotline. The DCS Training Program is another identified system strength. Therefore, any future initiatives should build upon what has proved to be the strengths of the organization. As most of the dramatic program changes have occurred in the Ongoing/Case phase, it is a natural progression to now focus on the Assessment phase. As stated in the DCS Ombudsman report on Assessments, this office would support an initiative that includes the development of an alternate response approach to DCS Assessments.

DCS Ombudsman Bureau Future Initiatives

The DCS Ombudsman Bureau will continue to fine tune and develop the existing program and staff responsibilities. Bureau staff will continue to engage in regular telephone conferences with Child Welfare Ombudsmen from other states to discuss and share ideas about issues related to our profession. These networking efforts result in an increased awareness about additional possibilities for the depth and breadth of Child Welfare Ombudsman work.

Additional future plans include increasing outreach efforts, creating a system for more long range follow up to systemic recommendations, data base enhancements, and assessing the value of a program evaluation component. In that regard, while consumer satisfaction cannot be the only evaluative factor in any complaint driven program, the Bureau is pleased to report the occasional positive feedback. Following is a list of such statements submitted to DCS Ombudsman Bureau staff from either complainants or DCS staff regarding their experience with the Bureau:

- "I really have learned much and have much to teach as part of this...I appreciate your continued persistence to assist and in many ways to affirm my learned lessons and my thought process." (Regional Manager)
- "I just wanted to tell you thank you so much for listening and giving me some direction! I feel a lot better already." (Complainant)
- "I would like to thank you for all you have done for us and it is my belief that without your intervention, this could have dragged out for a much longer period of time with a great deal more damage than has already been done." (Complainant)
- "I think of you often and I am very grateful you took the time to listen to me about the boys and DCS...You were a big help in me saving their lives." (Complainant)
- "Wow...Thanks for your outstanding assistance in this matter." (DCS Local Office Attorney)
- "We are confident that our voice advocating for the rights of foster children will improve the communication process and appreciate your continued investigation of our concerns." (Complainant)
- "I am thankful for the establishment of your office and its role in ensuring accountability and improving the quality of service we provide." (Retiring Local Office Director)

Acknowledgements

I want to thank the parents, relatives, professionals, foster parents and others who provided the Bureau the opportunity to address their concerns and learn from their experiences. I want to recognize DCS field staff who have enthusiastically cooperated with Ombudsman reviews and investigations. This response has enabled the Bureau to adhere to our high review standards. The DCS field staff is under the able direction of Deputy Director Judkins, who has ensured that lines of communication between DCS and the DCS Ombudsman Bureau are open and collaborative. I am particularly grateful for the hard work and dedication of Assistant Ombudsman Shanabruch and Assistant Ombudsman Gates, whose addition to the agency has been an invaluable asset.

ATTACHMENTS

Attachment A
DCS Ombudsman Bureau Staff

Director

Director ***Susan Hoppe*** assumed the position of the first DCS Ombudsman in December 2009. She brings over 30 years of Child Welfare experience to her role, serving in a variety of capacities. Director Hoppe worked at the local level in Marion County, Indiana as a child protection service caseworker, supervisor, assistant manager of the Marion County Child Advocacy Center, and CPS Division manager. She served as a child welfare policy consultant with DCS's predecessor agency where she authored sections of the Child Welfare Manual and promulgated the regulation requiring training for foster parents. Ms. Hoppe has also been employed as a custody evaluator for the Marion County Courts. She holds a BS from Northern Illinois University and an MS from Butler University. She is a licensed social worker, a certified forensic counselor and an active member of the United States Ombudsman Association.

Assistant Ombudsman

Jessica Shanabruch is native to the Indianapolis area. She graduated from Bishop Chatard High School and went on to earn a bachelor's degree in Criminal Justice from IUPUI in 2011. She was hired as an assistant ombudsman in August 2011 and divided her time between the DCS Ombudsman and the DOC Ombudsman offices. She began working for the DCS Ombudsman full time in March 2012.

Jeffrey Gates grew up in Crown Point, Indiana, and attended Lake Central High School. After high school, Jeffrey chose to attend Indiana University, where he split his time between his studies and serving as a resident assistant. Jeffrey graduated from Indiana in 2009 with bachelor's degrees in Criminal Justice and English. After college, Jeffrey attended Indiana University Robert H. McKinney School of Law in Indianapolis, Indiana. During this time, Jeffrey worked as a law clerk at a successful Indianapolis law firm, in both the social security disability and personal injury departments. Jeffrey graduated from law school and was admitted to the Indiana Bar in 2012. He joined the DCS Ombudsman Bureau in September 2012 as an assistant ombudsman.

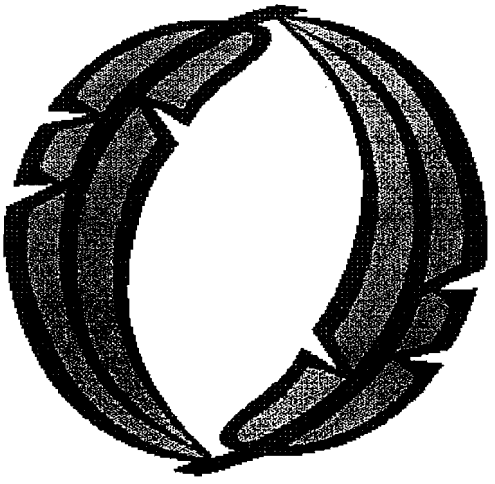
Attachment B
Rules of Engagement
DCS Ombudsman Guidelines

Agency and Complainant Rights and Responsibilities
in the DCS Ombudsman Bureau Complaint Process

Complainant Rights

Complainants are entitled to:

- A timely response acknowledging receipt of the complaint.
- Professional and respectful communication from agency staff.
- An impartial review.
- A credible review process.
- Contact by the Bureau if additional information is required.
- Communication regarding the outcome of the review.



Complainant Responsibilities

Complainants shall:

- Attempt to resolve problems with the local office prior to filing a complaint.
- Complete the complaint form as directed.
- Ensure that the allegations in the complaint are pertinent to the role of the ombudsman.
- Ensure the accuracy and timeliness of requested information.
- Communicate respectfully with agency staff.

DCS Ombudsman Bureau Rights

The Bureau may:

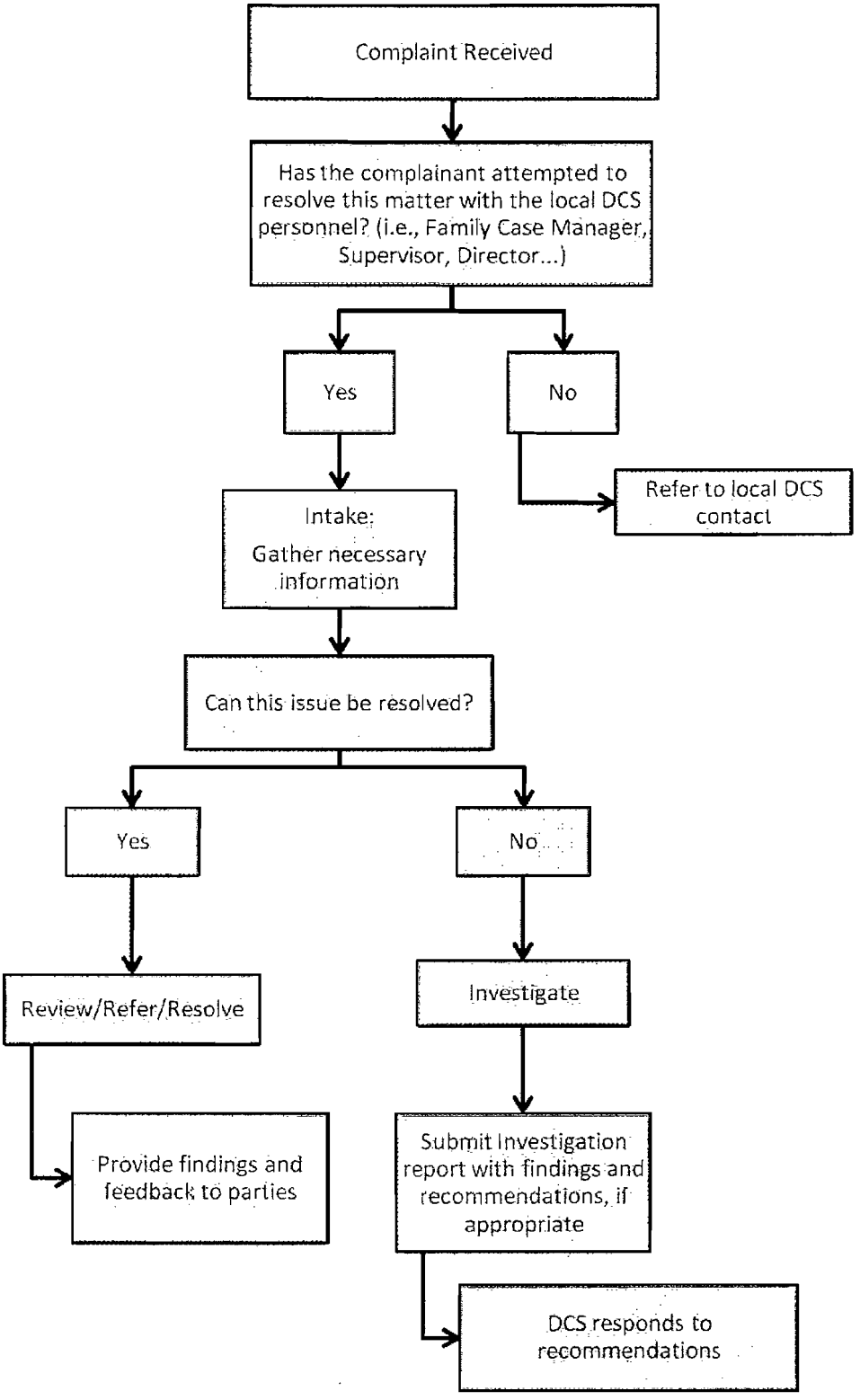
- Decline to accept a complaint that does not fall within the jurisdiction of the Bureau.
- Determine the level of review, the documentation and interviews necessary for gathering the information required to determine findings.
- Expect the complainant to provide any additional information requested.
- Determine when a case requires no further action.

DCS Ombudsman Bureau Responsibilities

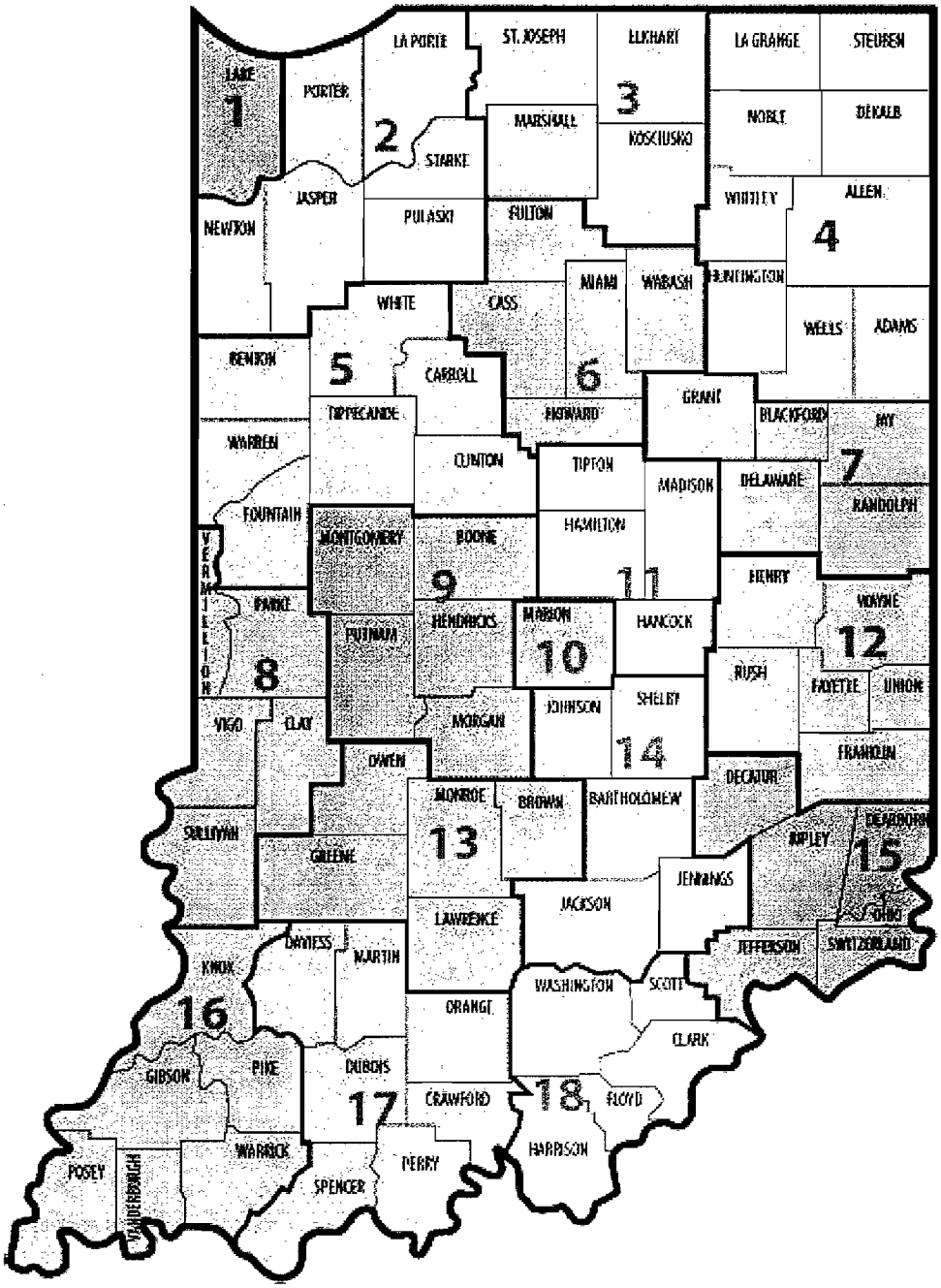
The Bureau shall:

- Complete reviews in a timely manner.
- Complete a thorough and impartial review.
- Ensure professional and respectful communication.
- Provide the results of the review to the complainant in accordance with IC 4-13-19-5.

Attachment C
How We Work



Attachment D
Regional Map



Attachment E
Contact Information

DCS Ombudsman Bureau

Office Hours
8:00 am to 4:30 pm

Telephone Numbers
Local: 317-234-7361
Toll Free: 877-682-0101
Fax: 317-232-3154

Ombudsman E-mail
DCSOmbudsman@idoa.in.gov

Ombudsman Website
www.in.gov/idoa/2610.htm

Mailing Address
DCS Ombudsman Bureau
Indiana Department of Administration
402 W Washington Room 479
Indianapolis, Indiana 46204

Child Services Oversight Committee

Exhibit B

July 31, 2013

Department of Child Services (DCS)
Child Services Oversight Committee
Quarterly Data Report
June 2013

DCS Hotline Data

Month		Apr-13	May-13	Jun-13
Totals # of Calls Handled		14,209	14,859	11,601
Total # of Calls Year to Date		51,946	66,805	78,406
Average # Calls Per Business Day		580	595	490
Average # of Calls Per Weekend/Holiday		191	195	180
Average Speed of Answer	LEA Access Code	23 sec.	33 sec.	29 sec.
	Non-LEA	1 min. 5 sec.	1 min. 44 sec.	52 sec.
Average Talk Time		11 min. 13 sec.	11 min. 25 sec.	11 min. 9 sec.

Child In Need of Services (CHINS) and Informal Adjustments

Reports the total number of Informal Adjustment cases and CHINS cases on the last day of the month, and the breakdown of whether or not the CHINS children are placed in-home or out-of-home.

Month	Informal Adjustment	Total CHINS	Total CHINS Breakdown			
			In-Home		Out-of-Home	
			Count	%	Count	%
Apr-13	1,900	13,495	4,017	29.8	9,478	70.2
May-13	1,911	13,597	3,986	29.3	9,611	70.7
Jun-13	1,926	13,648	4,035	29.5	9,649	70.5

CHINS Out-of-Home Placement Breakdown

Placement breakdown for all out-of-home CHINS children with a case open on the last day of the month.

Month	Relative Home		Non-Relative Foster Home		Residential		Other	
	Count	%	Count	%	Count	%	Count	%
Apr-13	3,882	41	4667	49.2	747	7.9	182	1.9
May-13	3,961	41.2	4,713	49	736	7.7	201	2.1
Jun-13	4,016	41.6	4,703	48.7	715	7.4	215	2.2

Department of Child Services (DCS)
Child Services Oversight Committee
Quarterly Data Report
June 2013

Sibling Placement

Reports the number of CHINS cases with more than one child placed out-of-home and cases were siblings are placed together, on the last day of the month.

Month	# of Cases with Siblings	# of Cases with Siblings Placed Together	% of Cases with Siblings Placed Together
Apr-13	2,792	1,965	70.4
May-13	2,843	1,989	70
Jun-13	2,892	2,028	70.1

Absence of Repeat Maltreatment

"Victims" are those children identified as having one substantiated allegation of abuse or neglect during the report time frame. The report evaluates whether or not there was a recurrence of substantiated child abuse or neglect within 6 months of the report date.

Month	Victims July 2012- Jan. 2013	Victims without Recurrence within 6 months	Absence of Repeat Maltreatment Percent
Apr-13	11,165	10,469	93.77%
May-13	10,809	10,082	93.27%
Jun-13	10,649	9,933	93.28%

Family Case Manager Turnover

Negative turnover evaluates the percentage of staff that leaves the agency.

- Negative turnover (July 2012- June 2013): 17.7%

IV-D Child Support

- Current support collected June 2013: 61.68%
  Amount of current support collected every month versus the amount owed.
- Paternity Establishment June 2013: 95.79%
  Percentage of children for whom paternity has been established.
- Support order establishment June 2013: 86.3%
  Percentage of cases for which support has been ordered.
- Cases paying on arrears June 2013: 68.89%
  Percentage of cases on which at least one payment has been made on arrears.

Child Services Oversight Committee

Exhibit C

July 31, 2013

DCS Director: Introduction & Priorities

July 31 , 2013

Mary Beth Bonaventura,
Department of Child Services (DCS) Director

INDIANA DEPARTMENT OF CHILD SERVICES

DCS Priorities

1. New Child Support System

- Improve the financial well-being of Hoosier children by building an enhanced child-support automated system.

2. Trauma-Informed Care

- Ensure the well-being of Hoosier children by integrating a trauma-informed care approach to our child welfare practice.

3. Recruitment and Retention

- Improve the safety and well-being of Hoosier children by hiring and retaining a qualified, competent, and sustainable workforce.

Quarterly Data Report & Children's Mental Health Pilot Program

July 31 , 2013

Lisa Rich, DCS Deputy Director of Services and Outcomes

INDIANA
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Quarterly Data Report

INDIANA DEPARTMENT OF CHILD SERVICES

Quarterly Data Report

- Hotline data
- Child In Need of Services (CHINS) and Informal Adjustments
- CHINS out-of-home placement breakdown
- Sibling placement
- Absence of repeat maltreatment
- Family Case Manager (FCM) turnover
- Child support:
  - Current support collected
  - Paternity establishment
  - Support order establishment
  - Cases paying on arrears

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Children's Mental Health Pilot

INDIANA DEPARTMENT OF CHILD SERVICES

Background

- Children's mental-health issues:
  - Some children struggle with significant mental-health issues.
  - Their families have difficulty accessing services (generally due to inability to pay).
  - Some families get bounced from agency to agency trying to access services.
  - Other families end up in the child welfare system just to access services, not due to child abuse or neglect.

INDIANA DEPARTMENT OF CHILD SERVICES

Background

- Finding a solution:
  - DCS and Family & Social Services Administration (FSSA) met to brainstorm solutions.
  - A child should not have to be a CHINS for the sole purpose of accessing services.
  - What is best for families?
  - Need to:
    - Remove agency silos.
    - Keep it simple.
    - Develop multiagency solution.

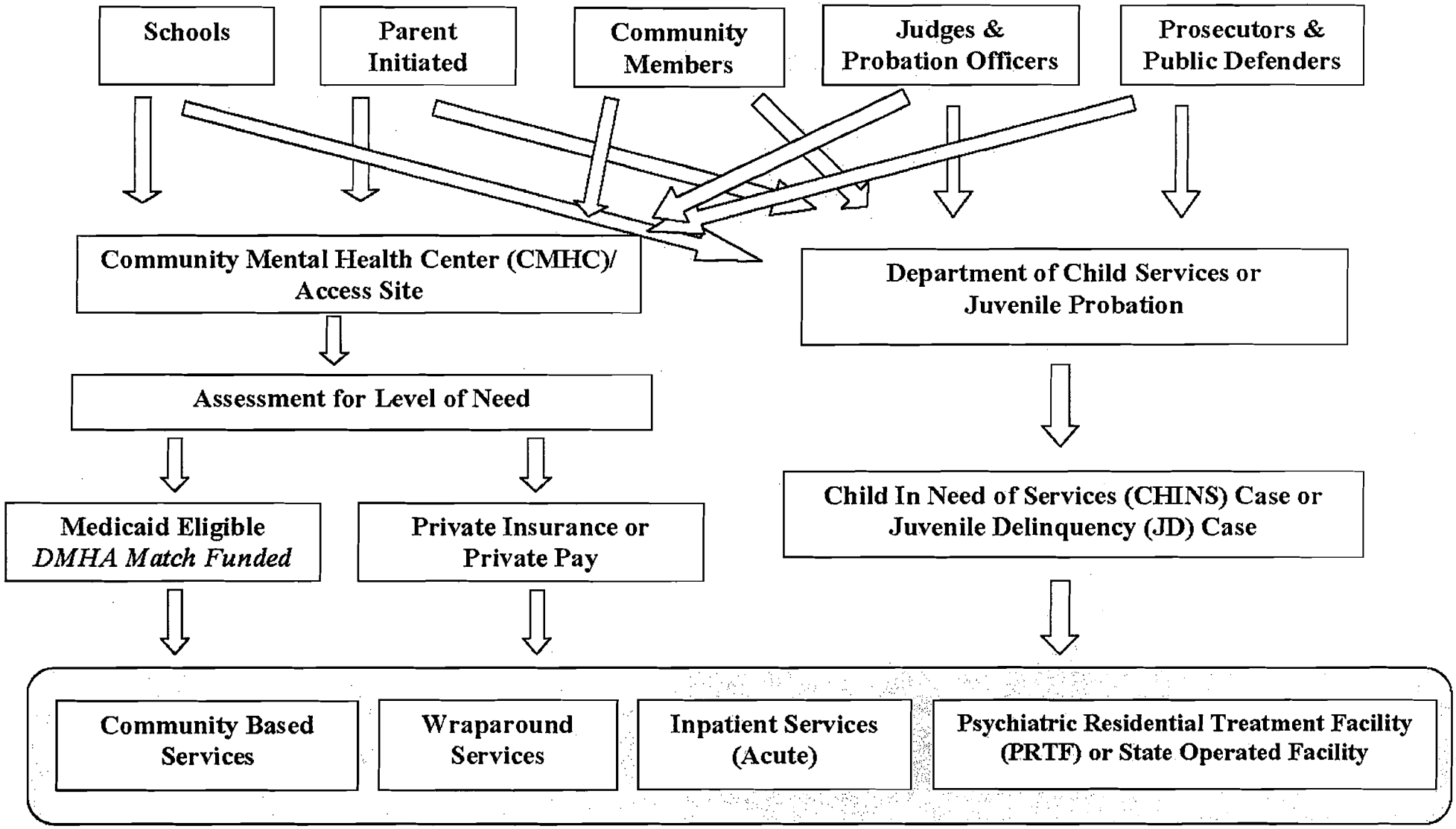
If this were your family, what would you want?

INDIANA DEPARTMENT OF CHILD SERVICES

Existing Services

- Existing children's mental health services:
  - Psychiatric Residential Treatment Facility Transition Waiver (CA-PRTF)
  - Application for State Plan Amendment for 1915i
  - Access Sites
  - Medicaid Rehab Option (MRO)/ Clinic Services
  - Psychiatric Residential Treatment Facility (PRTF)
  - DCS master contracts with Community Mental Health Centers (CMHC)

Current Process: Access to Children's Mental Health Services



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Children's Mental Health Pilot

- Solution:
  - DCS funding for families in crisis who cannot afford to access mental health services.
  - Department of Mental Health and Addiction (DMHA) will assist with building statewide Access Sites and service monitoring.
  - State Agency Committee to monitor rollout and brainstorm solutions to any obstacles.
    - Includes representatives from DCS and FSSA.

INDIANA DEPARTMENT OF CHILD SERVICES

Children's Mental Health Pilot

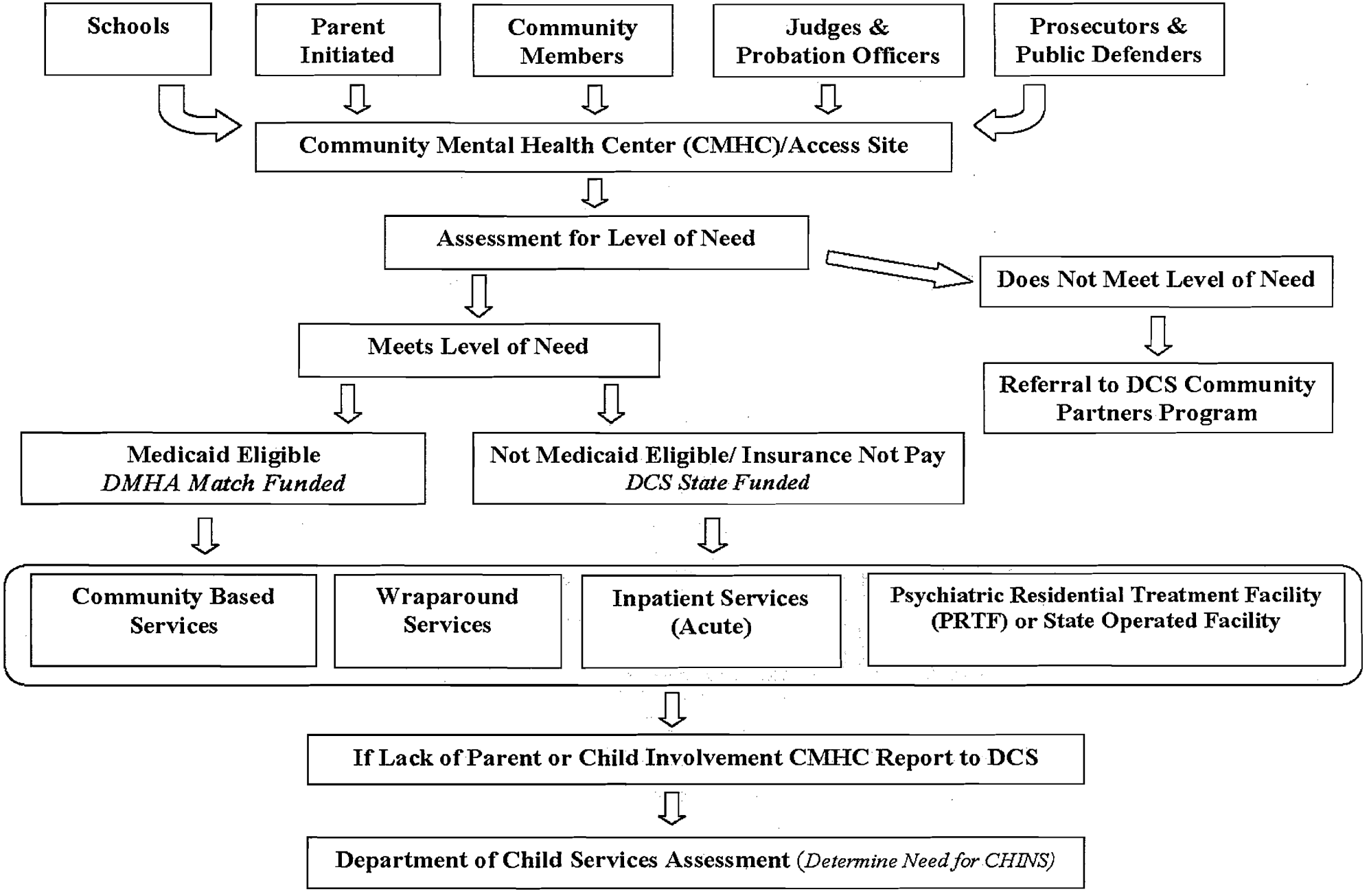
- Families are referred to an Access Site for an assessment to determine eligibility for services.
- Those who meet eligibility criteria for services, but are not eligible for Medicaid, access services through DCS contract.

INDIANA DEPARTMENT OF CHILD SERVICES

Eligibility for Pilot

- Target Group Eligibility
  - Child or adolescent age 6 through the age of 17.
  - Youth who is experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., seriously emotionally disturbed classification).
  - Not eligible for BDDS services.
  - Not eligible for Medicaid.
  - Meet needs based criteria: DSM-IV-TR diagnosis, dysfunctional behavior, or Family Functioning Support.

Proposed Process: Access to Children's Mental Health Services



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Lack of Parental Involvement

- If…
  - the family needs services to maintain the safety of the child or other children;
  - the family is unwilling to accept offered services;
  - the family insists the child needs to be removed when the assessment indicates the child can be maintained at home with services.
- Then…
  - DCS will complete an assessment to determine if a case should be opened to obtain the intervention of the court and require the family to engage in services.

INDIANA DEPARTMENT OF CHILD SERVICES

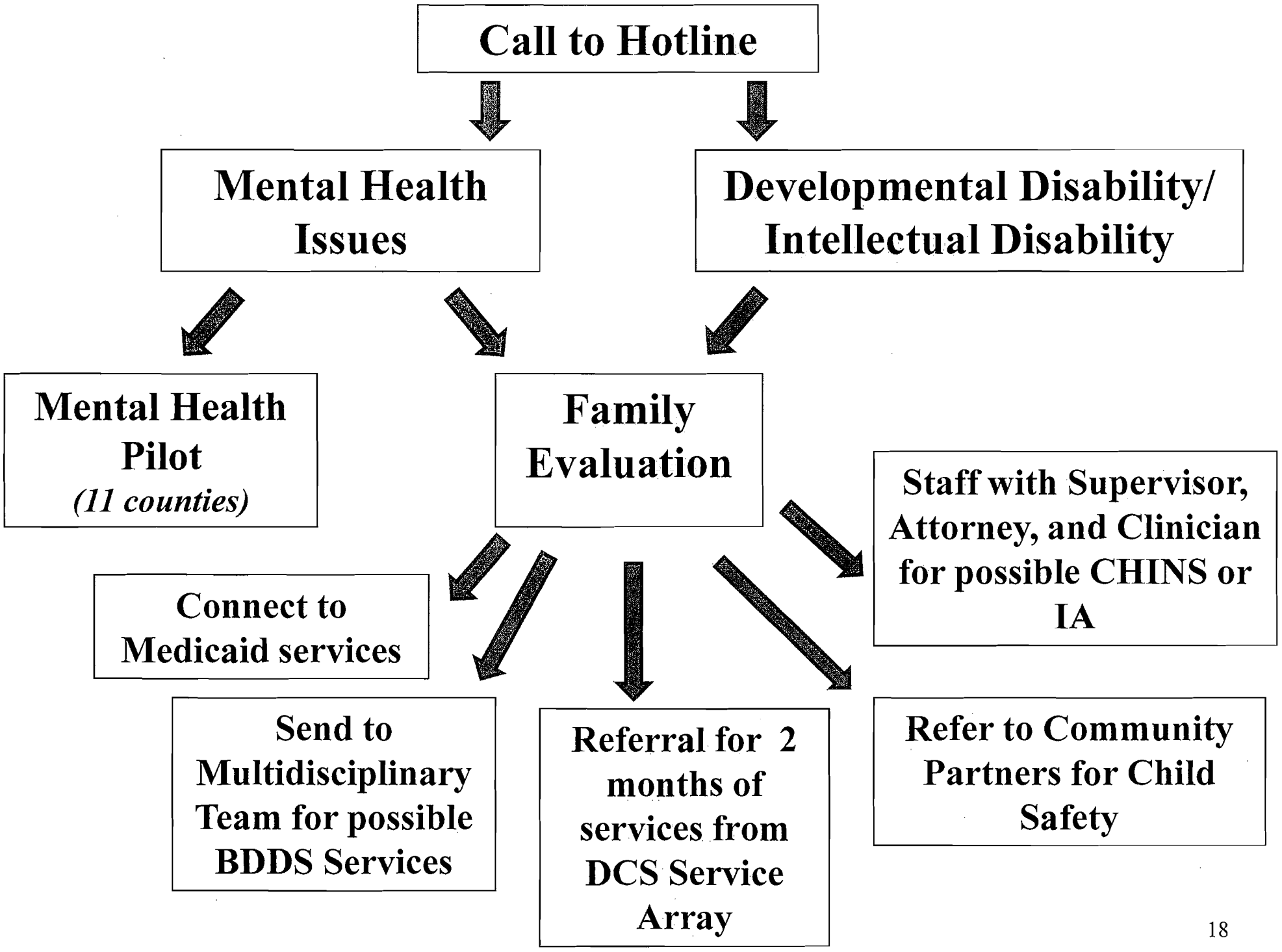
Mental Health Pilot Rollout

- November 19, 2012- Community Mental Health Center in Dearborn County
  - Serving Dearborn, Decatur, Ripley, Ohio, Switzerland and Franklin counties.
- January 22, 2013- Oaklawn
  - Serving St. Joseph and Elkhart county.
- March 24, 2013- Aspire
  - Serving Boone, Hamilton and Madison county.
- August 5, 2013- Bowen Center
  - Serving Kosciusko county.

INDIANA DEPARTMENT OF CHILD SERVICES

Family Evaluations

- How do we serve children and families outside of the Mental Health Pilot counties?
  - DCS Family Evaluation
  - DCS will provide service access to these families when the child is determined to be a danger to him/herself or others and the family does not have the ability or resources to access the services needed.
- What is a family evaluation?
  - Evaluation to determine if services are needed in order to maintain the safety of the child or family.
  - Conducted by specially trained DCS Family Case Managers.
  - No allegations of child abuse or neglect.
  - It is NOT an assessment for abuse or neglect.


Call to Hotline
Mental Health Issues
Developmental Disability/ Intellectual Disability
Mental Health Pilot
(11 counties)
Family Evaluation
Staff with Supervisor, Attorney, and Clinician for possible CHINS or IA
Connect to Medicaid services
Send to Multidisciplinary Team for possible BDDS Services
Referral for 2 months of services from DCS Service Array
Refer to Community Partners for Child Safety

New Staff & Hotline Offices: Update

July 31 , 2013

Doris Tolliver, DCS Chief of Staff

INDIANA
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Hotline Offices

INDIANA DEPARTMENT OF CHILD SERVICES

Implementation

- 2012 Study Committee Recommendations:
  - 50 new Family Case Manager Intake Specialists
  - 10 new Family Case Manager Supervisors
- $2 million new funding in SFY 2014 - 2015 budget:
  - 23 new Family Case Manager (FCM) Intake Specialist
  - 6 new FCM Intake Specialist Supervisors
- Additional commitment:
  - 27 FCM Intake Specialists
  - 4 FCM Intake Specialist Supervisors

INDIANA DEPARTMENT OF CHILD SERVICES

Implementation

- Regional Hotline Locations:
  1. Blackford County
  2. Lawrence County
  3. St. Joseph County
  4. Vanderburgh County

**All locations have not yet been finalized.*

INDIANA DEPARTMENT OF CHILD SERVICES

Implementation

- Blackford County
  - 5 Family Case Manager Intake Specialists
  - 1 Family Case Manager Intake Specialist Supervisor
  - Located within a few miles of current DCS Local Office
- Lawrence County
  - 5 Family Case Manager Intake Specialists
  - 1 Family Case Manager Intake Specialist Supervisor
  - Co-located with another state agency

INDIANA DEPARTMENT OF CHILD SERVICES

Implementation

- St. Joseph County
  - 20 Family Case Manager Intake Specialists
  - 4 Family Case Manager Intake Specialist Supervisors
  - Located in same building as DCS Local Office
- Vanderburgh County
  - 20 Family Case Manager Intake Specialists
  - 4 Family Case Manager Intake Specialist Supervisors
  - Proposed located in same building as DCS Local Office

INDIANA DEPARTMENT OF CHILD SERVICES

Timeline

Begin planning for new Hotline offices

Begin FCM Intake Specialist interviews

Open Blackford office

May June July August Sept. Oct. Nov.

Supervisor hiring

Open Lawrence office

Open St. Joseph office

**All dates are approximate.*

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SERVICES

New Field Staff

INDIANA DEPARTMENT OF CHILD SERVICES

SFY 2014 - 2015 Budget

- SFY 2014- 2015 budget:
  - $11 million for new field staff
    - 136 new FCM positions
    - 75 new FCM Supervisor positions
  - $11 million
    - Salary increases for all DCS field staff beginning in November 2012
    - Increase base salary for FCM

INDIANA DEPARTMENT OF CHILD SERVICES

Hiring

- Recruitment
  - Job fairs: 8 locations around the state
  - Open houses: 4 locations around the state
  - Continuous job posting
- Hiring as of July 1, 2013:
  - Hired 97 of 136 FCM positions
  - Hired 60 of 75 FCM Supervisor positions

INDIANA DEPARTMENT OF CHILD SERVICES

Retention

- Retention projects:
  - Staff raises
  - August is DCS employee recognition month
  - Employee wellness initiatives

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Questions?

Child Services Oversight Committee

Exhibit D

July 31, 2013

DCS Ombudsman Contact Information

Alfreda D. Singleton-Smith MSW, LSW
Director, DCS Ombudsman Bureau

Phone: 317-234-7361
Toll Free: 877-682-0101
Fax: 317-232-3154 - Fax
DCSOmbudsman@idoa.in.gov

Indiana Department of Administration
402 W Washington W479
Indianapolis, IN 46204