



Regional Service Council Minutes Region # 18

Meeting Date: 07/17/2015

Meeting Location: Clark County DCS

Council Members Present

John Kaiser, Region 18 Manager
Jim Snook, Harrison County DCS Director
Rico Rosado, Floyd County DCS Director
Mark Barry, Washington County DCS Director
Joan Kelley, Scott County DCS Director
Myra Albertson, Washington County Probation
Cody Moorman, Clark County DCS FCM

Others in attendance

Debbie Dailey, DCS Regional Finance Manager
Roger McGee, Family Ark
Donnie Willis, Our Place Inc.
Kate Eder, Big Brothers Big Sisters SE In
Amanda Davidson, NYAP
Paris Scott, Ireland Home Based Services
John Taylor, Family & Children's Place
Jonathan Straus, Ireland Home Based Services
Alisha Farnsley Hess, Open Door Youth Services
Stephen Groce, Choices Coordinated Youth Care Solutions
Whitney Boxley, Youth Villages
Bethany Cooper, New Hope Services
Joleen Walsh, ACP
Laura Keeney, Family Ark
Laura Fleming-Balmer, Clark County Youth Shelter

Meeting Minutes

Meeting Called to Order by John Kaiser, Region 18 Manager

I. Introductions/Approval of Minutes

John Kaiser welcomed everyone to the meeting and asked those present to introduce themselves. Rico Rosado made a motion to accept the minutes from the April 17, 2015 meeting and Joan Kelley seconded the motion. There were no questions, discussion or corrections. Minutes were accepted.

II. Budget Report

Debbie Dailey, Regional Finance Manager distributed to the council the end of year fiscal report for 2015. She pointed out that for Region 18 we were allocated a little less than 15 million and our total expenditures for the year end was at 13% over budget. Child Welfare was over by 17% and probation was over 4% of allocations. Debbie noted that from June 2014 to June 2015, Region 18 has seen an increase in the number of CHINs by 20 % and Informal Adjustments also by 20%. Of the CHINs in care 9% of those are in residential and there has been a 17% increase of children in residential care. Resulting in an almost 35% increase in the budget spending on residential. The State was over by almost 6% of the budget. She expects to have the 2015-2016 budget in August; October at the latest with no changes. Debbie reminded the council that we will begin working on the Biennial Plan in August and is due in February 2016. John Kaiser noted that he is not getting any pressure to cut spending at this time.

III. Community Partners Report

Bethany Cooper, New Hope Services presented the council with Caps report for the 4th quarter. The CAPS program received 885 referrals at year end. She reported that they continue to stay on track with the budget. They met or exceeded all of their quarterly goals. Included in her report were the number of referral types and the services rendered for the fiscal year end. She distributed a July 2015 calendar of programming and outreach events to be held in the counties of Region 18. There were no questions from the council for Bethany at this time.

IV. Programs and Services

Jason Nelson was not in attendance. John Kaiser noted that the referral system had some issues at the beginning of the new fiscal year, however he believed those have been resolved. No other issues or questions from the council.

V. Other Business

John Kaiser announced that there will be a training held at IUS on Thursday, August 13th entitled "Advancing the Medical Role in Child Protection". Teri Lyles forwarded registration information to the service providers earlier in the week.

John Taylor, Family Time announced that their Clark County office is now open at 100 W Court Avenue, Jeffersonville, In. They now have a therapist working out of their Clark County office to provide Home Based Therapy, casework services and they have a case manager that has been hired. They plan to have an open house at some point.

Roger McGee, Family Ark announced that in mid August they will be opening an onsite outpatient clinic for psychiatric services. Dr. Ora Frankel, Psychiatrist will be on site as well as a therapist. They are Indiana Medicaid approved, traditional Medicaid. They will do medication management. It will be called the Family Ark Behavioral Center and they will be holding an open house.

He also announced that an explorative committee will be looking at the area need for a collaborative care home.

Joan Kelley gave an update on the HIV issues in Scott County. She stated the the number of HIV positives have slowed down. The State Health Department ran command center at the Futures building has ended. The needle exchange is now taking place at a local physician's office and with mobile units. NYAP is helping with transportation. LifeSpring is helping those who need treatment services for addictions to get into Turning Point.

John Kaiser mentioned articles that he had recently in the Courier Journal regarding a new synthetic drug that is now showing up in the Louisville area called "Flakka". Users are aggressive and paranoid. He noted that staff needs to be aware and use precautions.

Stephen Goce, Choices announced that on July 24th there will be training in the Carmel Area entitled "Indiana Adolescent Addictions Symposium". Attendees will earn 6.25 cme's.

John Kaiser asked that everyone watch their e-mail for announcements regarding an extra Regional Service Council Meeting to be held in preparation for the upcoming Biennial and to watch for surveys to be sent out to the service providers.

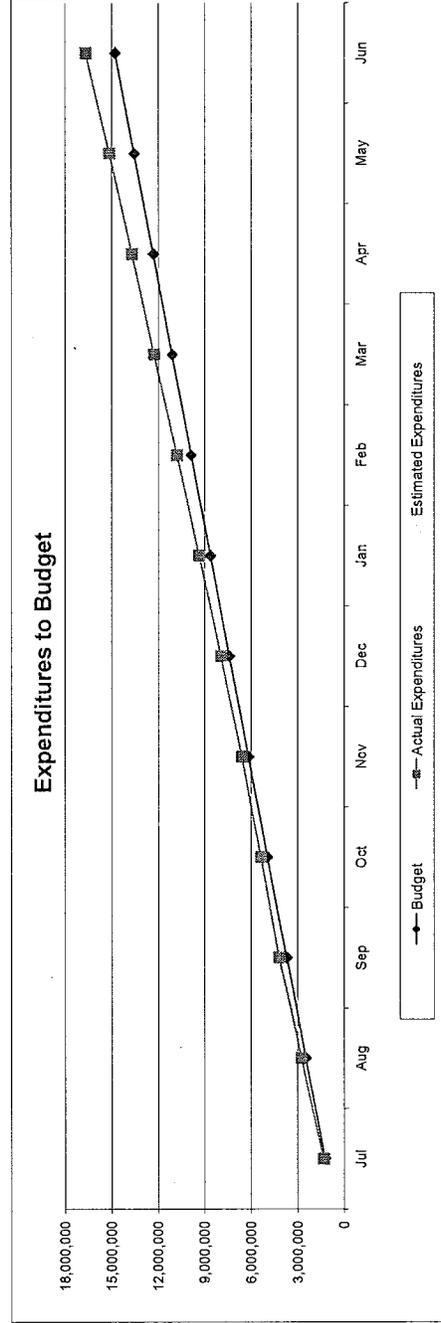
Next Scheduled Meeting: Friday, October 16 , 2015 at the Clark County Department of Child Services, 1421 Youngstown Shopping Center, Jeffersonville, In 47130

Minutes respectfully submitted by
Teri Lyles, Administrative Secretary



**Family and Children Services
Financial Status Report - Region 18
State Fiscal Year 2014 - 2015
Cumulative for June 2015**

Description	Budget	Care of Wards in Foster Homes	Care of Wards in Institutions	Preservation Services	Misc. Costs of Wards	Year-To-Date Expenditures	Remaining Balance	Percent of Budget Expended (Target 67%)
Region 18 Total	\$ 14,777,993	\$ 3,904,311	\$ 7,124,995	\$ 5,478,470	\$ 159,814	\$ 16,667,590	\$ (1,889,597)	112.79%
Clark	5,279,501	1,333,947	2,659,542	1,937,700	53,421	5,994,610	(705,109)	113.36%
Floyd	2,958,919	570,273	1,604,996	1,233,067	24,653	3,432,889	(473,970)	116.02%
Harrison	1,275,134	135,620	674,868	640,147	9,523	1,460,158	(185,025)	114.51%
Scott	4,418,002	1,662,596	1,807,642	1,329,276	68,165	4,867,680	(449,677)	110.18%
Washington	846,437	201,876	378,047	338,279	4,051	922,253	(75,816)	108.96%
Child Welfare Total	\$ 10,033,632	\$ 3,863,267	\$ 4,054,982	\$ 3,659,270	\$ 158,929	\$ 11,736,449	\$ (1,702,817)	116.97%
Clark	3,446,988	1,333,947	1,443,277	1,180,283	53,363	4,010,869	(563,882)	116.36%
Floyd	1,241,337	541,547	602,713	517,037	24,235	1,685,533	(444,196)	135.78%
Harrison	757,241	135,620	339,801	448,692	9,186	933,299	(176,057)	123.25%
Scott	4,076,329	1,659,922	1,556,873	1,275,931	68,093	4,560,819	(484,490)	111.89%
Washington	511,737	192,232	112,318	237,328	4,051	545,929	(34,192)	106.68%
Probation Total	\$ 4,744,361	\$ 41,044	\$ 3,070,012	\$ 1,819,200	\$ 885	\$ 4,931,141	\$ (186,780)	103.94%
Clark	1,832,514	-	1,216,265	757,418	58	1,973,741	(141,227)	107.71%
Floyd	1,717,582	28,725	1,002,183	716,029	418	1,747,356	(29,774)	101.73%
Harrison	517,892	-	335,067	191,456	337	526,860	(8,967)	101.73%
Scott	341,674	2,675	250,769	53,345	72	308,861	34,813	89.81%
Washington	334,700	9,644	265,729	100,951	-	376,324	(41,624)	112.44%



Region 18

**Community Partners for Child Safety/
Child Advocacy and Parental Support
(CAPS)**

New Hope Services, Inc.

7/17/2015

Families Served Currently for FY 2014-2015

Families Served 2014 - 2015						
	Current Month	New	Closed	Last Month	YTD Total	
July	101	71	60	90	101	July
August	101	72	72	101	173	August
Sept	124	83	60	101	256	Sept
Oct	127	92	89	124	348	Oct
Nov	128	57	56	127	405	Nov
Dec	148	79	59	128	484	Dec
Jan	167	95	76	148	579	Jan
Feb	151	66	82	167	645	Feb
March	155	67	63	151	712	March
April	136	60	79	155	772	April
May	135	62	63	136	834	May
June	118	51	68	135	885	June
	Current Month	New	YTD			
Clark	63	23	360			
Floyd	36	14	320			
Harrison	12	4	67			
Scott	4	5	79			
Washington	3	2	59			
Totals	118	48	885			

- Clark County represents **40.7%** of referrals to the CAPS program.
- Floyd County represents **36.2%** of referrals to the CAPS program.
- Harrison County represents **7.6%** of referrals to the CAPS program.
- Scott County represents **8.9%** of referrals to the CAPS program.
- Washington County represents **6.6%** of referrals to the CAPS program.

*We continue to monitor our budget to ensure adequate funds for services and are currently running on target. For the current year our expenditures have been between \$35,000 and \$45,000 monthly, depending on referral volume. We were able to stay on budget for the current month.

CAPS Quarterly Outcomes: 4/1-6/30/15

Goal 1: 90% of families referred will receive a telephone call or a face to face contact within 5 working days of referral. **(96.91%)**

- Exceeded outcome

Goal 2: 75% of families will have a minimum of short term services to include at least one referral to a community resource. **(88.27%)**

- Exceeded outcome

Goal 3: 50% of referrals will engage in Neighborhood Liaison services. **(56.20%)**

- Exceeded outcome

Goal 4: 90% of the families participating in services, with consent, will have a service plan that identifies at least one goal but no more than 3 active goals. **(100.00%)**

- Exceeded outcome

Goal 5: 90% of families with 8 or more face-to-face contacts will have a second assessment of family functioning using the Parenting Inventory for Community Partners (PI) and/or families with 4 or more home visits will have a second assessment with the North Carolina Family Assessment Scale- General (NCFAS). **(PI: 92.86%, NCFAS: 100.00%)**

- Met outcome

Goal 6: 75% of families will demonstrate improvement in family functioning after a minimum of 8 face-to-face contacts. **(84.62%)**

- Exceeded outcome

Goal 7: 75% of consented families will accomplish at least one goal as identified in the service plan. **(95.74%)**

- Exceeded outcome

Goal 8: 100% of consented families will be terminated within 10 days of the date of the final goal completion. **(100%)**

- Met outcome

Referral Sources by County for Quarter 4 FYE 15:

Referral Type	County					Grand Total
	Clark	Floyd	Harrison	Scott	Washington	
Adult Probation	2					2
Community Agency	9	7		3	6	25
Department of Child Services	21	34	9	8	5	77
Healthy Families	1					1
Juvenile probation	1					1
Medical System	1			1		2
School	10	4		2	4	20
Self	20	14	4	4	3	45
Grand Total	65	59	13	18	18	173

Services Rendered by County for Quarter 4 FYE 15:

Category	County					Grand Total
	Clark	Floyd	Harrison	Scott	Washington	
Child Care	1		1		2	4
Domestic Violence Services					1	1
Education	2	1		1	4	8
Employment	4	4		2	3	13
Family Issues	12	3	4	7	5	31
Food/Nutrition					2	2
Housing	13	17	2	3	7	42
Mental Health	19	15	3	6	1	44
Other Support Needs	1				1	2
Primary Healthcare	2			1	4	7
Public Aid Resourcing	25	19	3	2	6	55
Substance Abuse					1	1
Transportation					1	1
Grand Total	79	59	13	22	38	211

*Number of goals does not directly correspond with number of Families served, as Families may have more than one goal during services.

*Public Aid Resourcing, Mental Health, and Housing are the most prevalent goals identified.

*Goals listed on following page are not represented on above chart if not utilized in service plans of the targeted months.

Region 18 Definitions of Services Rendered by CAPS Program:

Activities of daily living	Goal established to cover issues such as daily routines, structure, hygiene, cooking, cleaning, & tasks that allow individuals to maintain a successful home.
Child Care	Goal established to refer a Client to, or helping them locate a resource that, an agency/individual that can assist them with their child care needs, whether for funding or actual provision of the services.
Dental/Vision/Hearing	Goal established to assist a Client in obtaining services or equipment to address needs. (exams, glasses, hearing aids, surgeries, etc.)
Domestic Violence Services	Goal established to refer a Client to agencies, such as Center for Women and Families, to assist with support, emergency housing, EPOs, etc.
Education	Goal established to address issues encompassing education such as being a liaison between the family and school, attendance concerns, assisting with grades, behavior, and or medication concerns effecting education experience, referring for after school programs, tutoring, etc. This goal can also be targeted towards the adults to obtain GED or further Education as well.
Emergency Assistance	Goal established to address an unforeseen issue that needs immediate attention, such as shelter after a house fire, running out of food, etc.
Employment	Goal established to assist families through referrals to local employment agencies, known open positions, Vocational Rehabilitation, etc. It can also encompass resume creation, mock interviews, and application submissions.
Family Issues	Goal established to address parenting needs, family communication issues, and family member relations. Alternative discipline curriculums, behavior contracts, behavior charts, etc. are frequently utilized.
Financial	Goal established to address budgeting assistance, referrals to debt assistance agencies, and educating Clients on how to effectively utilize their assets.
Food/Nutrition	Goal established to assist families with eating right and encouraging a healthy life style, as well as referring to agencies and professionals to assist families.
Housing	Goal established to assist families with locating housing/shelter/ maintaining current housing/ or obtaining more sufficient housing.
Legal Aid Resourcing	Goal established to refer families to affordable services for their needs.
Mental Health	Goal established to address counseling needs, psychiatric care, and general stress management/reduction.
Primary Health Care	Goal established to assist families in obtaining insurance coverage, referring to income based services and following up on health concern needs of family.
Public Aid Resourcing	Goal established to put families in touch with resources such as rent/utility assistance, First Steps, ASQ, FSSA, ASK, Metro United Way, etc.
Substance Abuse	Goal established to refer Clients to services to address their addictions/etc, and encompasses all ATOD related services.
Transportation	Goal established to assist Client in establishing a plan to have transportation in the long term; learning how to navigate and budget for TARC/Taxi services, utilizing Medicab, finding resources to repair vehicles affordably, budgeting to purchase vehicle, etc.
Other	Goal established if needed goal does not fit into the above categories.

*All goals are followed through with Case Manager, assistance levels depending on the Client's self-sufficiency and self-motivation levels.

Advancing the Medical Role in Child Protection

A Conference on Child Abuse and Neglect

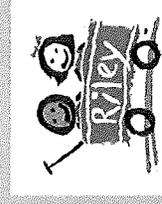


Intended Audience: Physicians, Nurses, Social Service Professionals, Medical and Nursing Students, Law Enforcement, First Responders, Educators and other professionals involved in the detection and treatment of potential victims of child abuse.

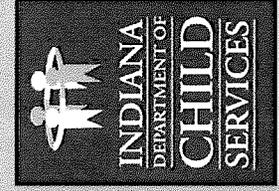
Thursday, August 13, 2015 3:45 p.m. - 8:00 p.m.

Indiana University Southeast
University Center North Building
4201 Grant Line Rd.
New Albany, IN 47150

Supported by



Ψ SCHOOL OF MEDICINE
INDIANA UNIVERSITY



Advancing the Medical Role in Child Protection

SCHEDULE OF EVENTS

3:45 – 4 p.m.

Registration and Sign-In

4 – 4:45 p.m.

Could this be Abuse?

Identifying and Reporting Suspected Maltreatment

Roberta Hibbard, MD

4:45 – 5:15 p.m.

Child Sexual Abuse

The Medical Provider's Role

Ralph Hicks, MD

5:15 – 5:45 p.m.

Burns and Fractures

Roberta Hibbard, MD

5:45 – 6 p.m.

Break

6 – 6:30 p.m.

Abusive Head Trauma

When is a Bonk, not just a Bonk?

Ralph Hicks, MD

6:30 – 7:30 p.m.

Physical Injuries in Infants

What are we Missing?

Roberta Hibbard, MD

7:30 – 8 p.m.

What Next? What Happens after a Report is Made?

Nancy Lambring & Rico Rosado

8 p.m.

Adjourn

Register online at <http://cme.medicine.iu.edu/courses>

*Thanks to our sponsors, there is no fee for this conference.

Course Description

This course will cover the identification and reporting of suspected child abuse and neglect and the medical role in identifying and differentiating medical conditions and accidents from maltreatment. The target audience is professionals providing care to children and medical providers evaluating children with suspicious injuries.

Course Objectives

At the conclusion of this program, participants should be able to:

1. Describe indicators of possible child abuse and neglect
2. Discuss the obligation and procedure for reporting suspected child abuse or neglect
3. Evaluate the consistency of the history with the pattern of injury observed in a child
4. Describe the age specific medical evaluation necessary for a child with suspected inflicted injuries
5. Recognize interventions and implications of a suspected child abuse report

Note

While it offers CME credits, this activity is not intended to provide extensive training or certification in the field.

Accreditation Statement

Indiana University School of Medicine is accredited by the Accreditation Council on Continuing Medical Education to provide continuing medical education for

Ψ Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 3.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, educational programs sponsored by Indiana University School of Medicine (IUSM) must demonstrate balance, independence, objectivity and scientific rigor. All faculty, authors, editors and planning committee members participating in an IUSM-sponsored activity are required to disclose any relevant financial interest or other relationship with the manufacturer(s) of any commercial product(s) of commercial services that are discussed in an educational activity.

Guest Speakers



Roberta A. Hibbard, MD
Chief, Section of Child Protection Programs
Department of Pediatrics, Indiana University Medical Center
M.D., Case Western Reserve University, Cleveland, Ohio, 1980

Dr. Hibbard is a professor of pediatrics at the Indiana University School of Medicine in Indianapolis and is a member of multiple professional societies. She is board certified in pediatrics and child abuse pediatrics. An expert on the treatment, diagnosis and prevention of child abuse and neglect, she has served in various capacities on national, state, and community task forces and commissions on the topic of child abuse and neglect.



Ralph A. Hicks, MD
Professor, Section of Child Protection Programs
Indiana University School of Medicine
M.D., University of Louisville School of Medicine, 1982

Ralph A. Hicks, MD, has been a member of the IU Child Protection Program since July 2007. He is a professor of pediatrics at the Indiana University School of Medicine in Indianapolis and is board certified in pediatrics and child abuse pediatrics. Dr. Hicks serves as Director for the Child Abuse Pediatrics Fellowship Training Program at IU School of Medicine and is an expert on the treatment, diagnosis and prevention of child abuse and neglect.

Nancy Lambring & Rico Rosado, Indiana Department of Child Services

PLEASE JOIN US FOR THE

Indiana Adolescent Addictions Symposium

“Building Alliances & Enhancing Effective Evidenced Based Practices”

DATE: JULY 24TH, 2015

LOCATION: THE RITZ CHARLES, 12156 N MERIDIAN STREET
CARMEL, INDIANA 46032

TIME: 8:00AM – 4:30PM

COST: \$60.00

PRESENTERS & TOPICS

Catherine Stanger, Ph. D *Clinic and Home Based Contingency Management for Adolescent Substance Use*

Dan Rusyniak, Ph. D *Adolescent Drug Abuse: Pills, Poppies and Parties*

Catherine Martin, MD *Adolescent Health and Recovery Treatment and Training: Our Experiences to Date*

Janice Gabe, LCSW, LCAC *Challenges and Solutions: Understanding and Treating Adolescent Substance Use*

Course Description

This one day program is targeted for physicians, psychiatrists, and other healthcare providers who provide mental health and substance abuse services for adolescents.

Course Objectives

At the conclusion of this program, participants should be able to:

- Apply strategies to effectively engage and retain adolescents in substance abuse treatment;
- Propose policies that address early intervention and design programming that allocate for preventive addictions services; and
- Formulate a plan to provide dually diagnosed enhanced programming.

Accreditation Statement

 This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Indiana University School of Medicine and State of Indiana-Family Social Services Administration, Division of Mental Health & Addiction. The Indiana University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 6.25 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

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Note

While it offers CME credits, this activity is not intended to provide extensive training or certification in the field.

Register on-line at:

http://www.in.gov/activecalendar/EventList.aspx?fromdate=7/1/2015&todate=7/30/2015&display=Range&type=public&eventidn=221424&view=EventDetails&information_id=215497



**Division of
Mental Health
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