Region 3

Biennial Regional Services Strategic Plan

SFY 2019 - 2020

February 2, 2018

INDIANA
DEPARTMENT OF
CHILD
SERVICES

Biennial Regional Services Strategic Plan

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I. **Biennial Regional Services Strategic Plan**

SFY 2019-2020

Region 3

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Approved by:

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Regional Finance Manager: DATE: 1-12-18

Signatures of Regional Service Council Members Voting on BRSSP: DATE:

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III. Biennial Regional Services Strategic Plan 2019-2020 Overview

The Indiana Department of Child Services (DCS) was created as a standalone agency in 2005, charged with administering Indiana's child protection services, foster care, adoption and the Title IV-D child support systems throughout the state of Indiana. After the Department was formed, DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. Over the course of the last 10 years, DCS has launched a number of initiatives to improve the manner in which child welfare is administered in Indiana, including the DCS practice model (Teaming, Engaging, Assessing, Planning and Intervening; TEAPI) and the Safely Home Families First Initiative.

In 2008 State legislation was passed that added the requirement for a Biennial Regional Services Strategic Plan that would be tailored toward the provision of services for children in need of services or delinquent children. The "Biennial Plan" incorporates the "Early Intervention Plan" and the "Child Protection Plan" as well as new requirements under the Biennial Plan. The Early Intervention Plan was a focus on programs and service to prevent child abuse and neglect or to intervene early to prevent families from entering the child welfare or delinquency system. The Child Protection Plan describes the implementation of the plan for the protective services of children. It included the following information: Organization; Staffing; Mode of operations; Financing of the child protection services; and the provisions made for the purchase of services and interagency relations.

The Regional Services Council is the structure responsible for this Biennial plan. The purpose of the Regional Services Council is to: Evaluate and address regional service needs, regional expenditures, and to Serve as a liaison to the community leaders, providers and residents of the region.

The Biennial Plan includes an evaluation of local child welfare service needs and a determination of appropriate delivery mechanisms. Local service providers and community members were represented in the evaluation of local child welfare service needs. A survey was sent to local providers as well as interested community partners. In addition, the regional services council conducted a meeting to take public testimony regarding local service needs and system changes.

The Department of Child Services began the process of analyzing service availability, delivery and perceived effectiveness in the summer of 2017. The planning process to develop the Plan involved a series of activities led by a guided workgroup composed of representatives from the Regional Service Council and others in the community. The activities included a needs assessment survey, public testimony, and review of relevant data. While DCS has several other means with which to determine effectiveness of DCS provided services, such as Federal Child and Family Services Review measures, practice indicator reports, Quality Service Reviews (QSRs) and Quality Assurance Reviews (QARs), this process took that information and looked at it through a contracted service lens. The workgroup considered this information in conjunction with the needs assessment, previous service utilization and public testimony to

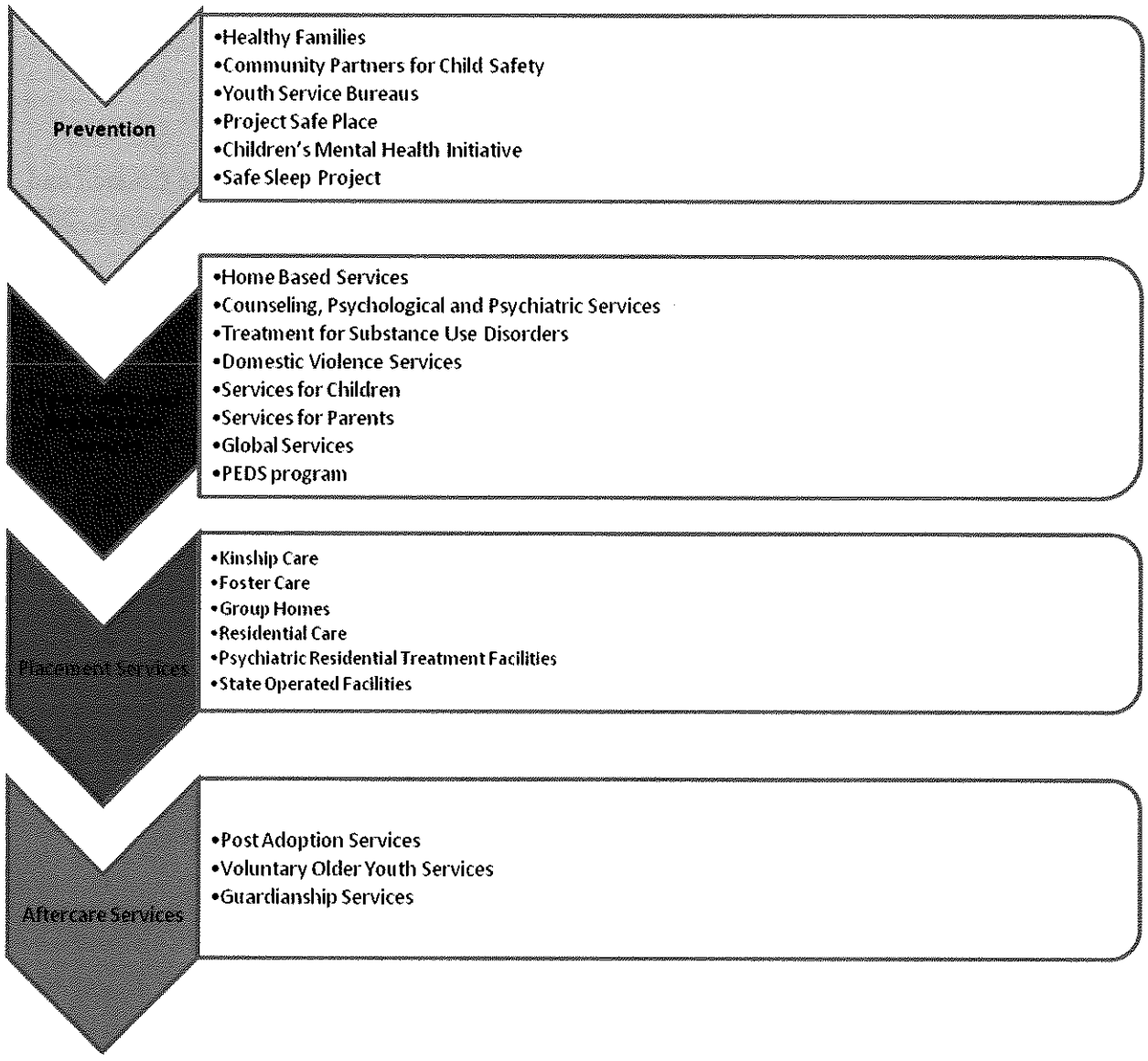
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes specific action steps to address the following areas:

1. Prevention Services
2. Maltreatment After Involvement
3. Permanency for children in care 24+ months
4. Substance Use Disorder Treatment

Biennial Regional Services Strategic Plans were approved by the Regional Service Council and subsequently submitted to the Director of the Department of Child Services on February 2, 2018 for final approval.

IV. Service Array

The Indiana Department of Child Services provides a full continuum of services statewide. Those services can be categorized in the following manner:



Prevention Services

Kids First Trust Fund

A member of the National Alliance of Children's Trusts, Indiana raises funds through license

plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute, is overseen by a Board, and staffed by DCS. Kids First funds primary prevention efforts through the Prevent Child Abuse Indiana (PCAI), Healthy Families Indiana and the Community Partners for Child Safety program.

Youth Service Bureau

Youth Service Bureaus are created by Indiana statute for the purpose of funding delinquency prevention programs through a state-wide network. This fund supports 31 Youth Service Bureaus to provide a range of programs including: Teen Court, Mentoring, Recreation Activities, Skills Training, Counselling, Shelter, School Intervention, and Parent Education.

Project Safe Place

This fund, created by Indiana statute, provides a state-wide network of safe places for children to go to report abuse, neglect, and runaway status. These safe places are public places like convenience stores, police departments, fire departments and other places where children gather. Some emergency shelter is also funded through licensed emergency shelter agencies.

Community-Based Child Abuse Prevention

Federal funds available through the Child Abuse Prevention and Treatment Act (CAPTA) support building a community-based child abuse prevention network through which prevention services can be delivered.

Healthy Families Indiana (HFI)

A combination of federal, state, and local funding provides prevention home visiting services through contract to parents of children zero to three years old. The purpose is to teach parents to bond with and nurture their children. The program also advocates for positive, nurturing, non-violent discipline of children.

Community Partners for Child Safety (CPCS)

The purpose of this service is to develop a child abuse prevention service array that can be delivered in every region of the state. This service builds community resources that promote support to families identified through self-referral or other community agency referral to a service that will connect families to the resources needed to strengthen the family and prevent child abuse and neglect. It is intended, through the delivery of these prevention services, that the need for referral to Child Protective Services will not be necessary. Community resources include, but are not limited to: schools, social services agencies, local DCS offices, Healthy Families Indiana, Prevent Child Abuse Indiana Chapters, Youth Services Bureaus, Child Advocacy Centers, the faith-based community, local school systems and Twelve Step Programs.

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) grants are designed to: (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Indiana State Department of Health (ISDH) and the Department of Child Services (DCS) are co-leads of this federal grant, collaborate with Indiana University, Goodwill Industries of Central Indiana, Riley Child Development Center, Women, Infants, and Children (WIC), and the Sunny Start Healthy Bodies, Healthy Minds Initiative at the state agency level to achieve MIECHV goals.

The Indiana MIECHV funding supports direct client service through the expansion of two evidenced-based home visiting programs, Healthy Families Indiana (HFI) and Nurse Family Partnerships (NFP), to pair families—particularly low-income, single-parent families—with trained professionals who can provide parenting information, resources and support during a woman's pregnancy and throughout a child's first few years of life. These models have been shown to make a real difference in a child's health, development, and ability to learn and include supports such as health care, developmental services for children, early education, parenting skills, child abuse prevention, and nutrition education or assistance.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) provides service access for children with significant mental health issues who have historically been unable to access high level services. The Children's Mental Health Initiative specifically focuses on those children and youth who do not qualify for Medicaid services and whose families are struggling to access services due to their inability to pay for the services. The CMHI helps to ensure that children are served in the most appropriate system and that they do not enter the child welfare system or probation system for the sole purpose of accessing mental health services.

The Children's Mental Health Initiative is collaboration between DCS and the local Access Sites, Community Mental Health Centers and the Division of Mental Health and Addiction. Available services include:

- Rehabilitation Option Services,
- Clinic Based Therapeutic and Diagnostic Services,
- Children's Mental Health Wraparound Services,
- Wraparound Facilitation,
- Habilitation,
- Family Support and Training,
- Respite (overnight respite must be provided by a DCS licensed provider), and
- Placement Services.

Eligibility for the CMHI mirrors that of Medicaid paid services under the Children's Mental Health Wraparound and includes:

- DSM-V Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17

- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array
- Other children who have been approved by DCS to receive services under the Children's Mental Health Initiative because they are a danger to themselves or others

Note: The Children's Mental Health Initiative is a voluntary service. The caregiver must be engaged in order to access services.

The CMHI started as a pilot project in 2012 and has spread throughout Indiana in 2013 and early 2014. The CMHI and the Family Evaluation process were implemented jointly to improve service access to families without requiring entry into the probation system or the child welfare system in order to access services. As the CMHI service availability expands, the need for Family Evaluations for this target population diminishes.

Preservation and Reunification Services

Indiana DCS will continue to provide a full service array throughout the state. Services provided to families will include a variety of services outlined below.

Home Based Services

- Comprehensive Home Based Services
- Homebuilders
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy

[redacted]

- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

Treatment for Substance Use Disorder

- Drug Screens
- Substance Use Disorder Assessment
- Detoxification Services-Inpatient
- Detoxification Services-Outpatient
- Outpatient Services
- Intentive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addictions
- Sobriety Treatment and Recovery Teams (START)

Domestic Violence Services

- Batterers Intervention Program
- Victim and Child Services

Services for Children

- Child Advocacy Center Interview
- Services for Sexually Maladaptive Youth
- Day Treatment
- Day Reporting
- Tutoring
- Transition from Restrictive Placements
- Cross Systems Care Coordination
- Children's Mental Health Wraparound Services
- Services for Truancy
- Older Youth Services
- Therapeutic Services for Autism
- LGBTQ Services

Services for Parents

- Support Services for Parents of CHINS
- Parent Education
- Father Engagement Services
- Groups for Non-offending Parents
- Apartment Based Family Preservation
- Visitation Supervision

Global (Concrete) Services

- Special Services and Products
- Travel
- Rent & Utilities
- Special Occasions
- Extracurricular Activities

These services are provided according to service standards found at:
http://www.in.gov/dcs/3159.htm

Services currently available under the home based service array include:

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Homebuilders ® (Must call provider referral line first to determine appropriateness of services) (Master's Level or Bachelors with 2 yr experience)	4 – 6 Weeks	Minimum of 40 hours of face to face and additional collateral contacts	**Placement Prevention**: Provision of intensive services to prevent the child's removal from the home, other less intensive services have been utilized or are not appropriate **or Reunification:** it is an unusually complex situation and less intensive services are not sufficient for reunification to occur. Services are available 24/7 Maximum case load of 2-3
Home-Based Therapy (HBT) (Master's Level)	Up to 6 months	1-8 direct face-to face service hrs/week (intensity of service should decrease over the duration of the referral)	Structured, goal-oriented, time-limited therapy in the natural environment to assist in recovering from physical, sexual, emotional abuse, and neglect, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction. Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis. Maximum case load of 12.
Home-Based Casework (HBC) (Bachelor's Level)	Up to 6 months	direct face-to-face service hours/week (intensity of service should decrease over the duration of the referral)	Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques, managing crisis, navigating services systems and assistance with developing short and long term goals. Service is available 24/7. Beginning 7/1/11, some providers will have a 1 hour response time for families in crisis.

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
			Maximum case load of 12.
Homemaker/ Parent Aid (HM/PA) (Para-professional)	Up to 6 months	1-8 direct face-to-face service hours/week	Assistance and support to parents who are unable to appropriately fulfill parenting and/or homemaking functions, by assisting the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping. Some providers have a 1 hour response time for families in crisis. Maximum case load of 12.
Comprehensive Home Based Services	Up to 6 months	5-8 direct hours with or on behalf of the family	Utilizing an evidence based model to assist families with high need for multiple home based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency. This is referable through service mapping or the Regional Services Coordinator Maximum case load of 5-8.

Comprehensive Home-Based Services

The most recent addition to the home-based service array includes Comprehensive Home-Based Services. Comprehensive Services include an array of home based services provided by a single provider agency. All providers offering services through this standard are required to utilize an Evidence Based Practice (EBP) model in service implementation, which include but is not limited to, Motivational interviewing, Trauma Focused Cognitive Behavioral Therapy and Child Parent Psychotherapy.

In addition, Family Centered Treatment is being supported by DCS as a model of

Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children at risk of placement or to support the family in transitioning the child from residential placement back to the family. This model also is effective in working with families who have very complex needs. The service works to implement sustainable value change that will improve life functioning and prevent future system involvement.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	• Families that are resistant to services • Families that have had multiple, unsuccessful attempts at home based services • Traditional services that are unable to successfully meet the underlying need • Families that have experienced family violence • Families that have previous DCS involvement • High risk juveniles who are not responding to typical community based services • Juveniles who have been found to need residential placement or are returning	This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
	from incarceration or residential placement	
MI – Motivational Interviewing	• effective in facilitating many types of behavior change • addictions • non-compliance and running away of teens • discipline practices of parents.	This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents.
TFCBT – Trauma Focused Cognitive Behavioral Therapy	• Children ages 3-18 who have experienced trauma • Children who may be experiencing significant emotional problems • Children with PTSD	This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma in order to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
AFCBT – Alternative Family Cognitive Behavioral Therapy	• Children diagnosed with behavior problems • Children with Conduct Disorder • Children with Oppositional Defiant Disorder • Families with a history of physical force and conflict	This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning.
ABA – Applied Behavioral Analysis	• Children with a diagnosis on the Autism Spectrum	This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors and intensive intervention for development of social and academic skills.
CPP – Child Parent Psychotherapy	• Children ages 0-5 who have experienced trauma • Children who have been victims of maltreatment • Children who have witnessed DV • Children with attachment disorders • Toddlers of depressed mothers	This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child's mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies.

Services Available Through Comprehensive Home Based Services		
Service Standard	Target Population	Service Summary
IN-AJSOP	Children with sexually maladaptive behaviors and their families	This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.

Sobriety Treatment and Recovery Teams

The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The Family Mentor is paired with a Family Case Manager and they work the case in conjunction with one another in a dyad structure. Monroe County has 2 dyads. The site has 1 Treatment Coordinator. DCS

has seen promising results from the program.

Trauma Assessments, TF-CBT, CPP

DCS recently expanded the service array to include Trauma Assessments and Bonding and Attachment Assessments. Trauma Assessments will be provided to appropriate children, using at least one standardized clinical measure to identify types and severity of trauma symptoms. Bonding and Attachment Assessments will use the Boris direct observation protocol. These new assessments will provide recommendations for appropriate treatment.

Child Parent Psychotherapy (CPP) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are two of the possible models that could be utilized. DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy. This first cohort of trained therapists includes 9 teams of 3 therapists from within the CMHC network and one additional DCS clinician. These therapists completed their training in May 2014, but will receive another year of consultation through the Child Trauma Training Institute as they begin to fully implement the model. DCS began offering training to a second cohort of clinicians to ensure service availability for children in need. DCS has trained approximately 300 clinicians throughout the state to provide TF-CBT. These agencies are both CMHC's and community-based providers and will ensure that TF-CBT is available for children and families in need.

Successful Adulthood: Older Youth Services

Indiana's Older Youth Services delivery method utilizes the broker of resources model, which is designed to: 1) ensure youth have or establish ongoing connections with caring adults; and 2) promote youth to develop as productive individuals within their community, by the acquisition and maintenance of gainful employment, the achievement of educational/vocational goals, and the receipt of financial skills training. This model shall also aid in future program development and design for other resources to facilitate the successful transition to adulthood for foster youth.

This model places the provider in the role of connecting youth with services provided in the youth's community or through a natural, unpaid connection to the youth rather than by the contracted provider. Over time, the youth should be able to depend on their social network and

individual knowledge in order to accomplish tasks related to living independently.

V. Available Services

Appendix A shows all contracted services in the region as well as the most frequently used services, expenditures by service, and the projected budget for SFY 2019 and 2020.

VI. Needs Assessment Survey

Each region in the state conducted a needs assessment survey of individuals who have knowledge and experience with child welfare and juvenile probation services. During spring and summer of 2015, the surveys were administered to Family Case Managers (FCMs), service providers, and other community members to measure their perceptions of 26 services in their communities in terms of need, availability, utilization and effectiveness. The intent of the survey was to evaluate local service needs. Results of the survey were used to assist in determining the regional child welfare and juvenile probation service needs, utilization and the appropriate service delivery mechanisms. Results of the surveys are located in Appendix B. Look at the appendix to view the highest available/utilized services and those that are lowest in availability.

VII. Public Testimony Meeting

The Public Testimony meetings were advertised on the DCS web page titled "Biennial Plan Public Notices" at least 48 hours in advance of the hearing (excluding holidays and weekends). The web page included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Region's. Additionally, the Public Testimony meetings were advertised in each of the local offices and included the purpose, dates, times and locations for each of the meetings throughout all 18 DCS Region's. Email notifications of the public meetings were sent to all contracted providers and other community groups.

The Public Testimony meeting for the Child Protection Plan/Biennial Regional Services Strategic Plan was held on 10/16/2017 9:30 AM at St. Joseph County DCS 300 N. Martin Luther King Jr. Blvd. South Bend, IN. A summary of the testimony is provided in Appendix C.

NO PUBLIC TESTIMONY WAS PROVIDED

VIII. Summary of the Workgroup Activities

Workgroups composed of representatives from the Regional Service Council and others in the community were held to review current data, information gained through public testimony, as well as the action plans created for the 2016 Biennial. The workgroups determined what items, if any, from the previous action plan have been accomplished and modified the plans accordingly for each topic area.

The topics of discussion included:

1. Prevention Services

   The Workgroup for Prevention Service met on November 11, 2017 at the St. Joseph County DCS office in South Bend. Marshall County Management and SCAN Management made up the Workgroup. The conversation centered on the formal intervention of cases in DCS and Probation from Domestic Violence, Drugs, lack of parenting skills and drug exposed infants. The Region would like the prevention provider to add or expand prevention services to address the service needs of the region. The programs that are to be expanded within the preventative services include Domestic Violence, Drugs, Parenting Skills, and Drug exposed infants.

2. Maltreatment After Involvement

   The Workgroup for Prevention Service met on November 17, 2017 at the St. Joseph County DCS office in South Bend. St. Joseph management, as well as Oaklawn represented the makeup of the workgroup. Discussion centered on when DCS gets a referral on a family that it is critical to gather information of need and risk and that DCS make informed decisions on whether to link to community resources and family to resolve issues or whether formal intervention is warranted through a CHINS or IA. It is also critical that on the front end and the back end that informal supports are developed and good plans are made for families to solve problems without coming back to the attention of DCS.

3. Permanency for children in care 24+ months

   The Workgroup for Prevention Service met on November 17, 2017 at the St. Joseph County DCS office in South Bend. Kosciusko County Management, Elkhart Management and Bowen Center represented the makeup of the Workgroup. The discussion on this topic centered on how to increase permanency of children in care within 24 months. All children whom have been in care over 24 months will be reassessed for permanency. A concurrent plan will be identified and staffed. If a concurrent plan is appropriate it will be addressed at a CFTM. Local offices will cultivate and grow community relations to reduce permanency timelines.

4. Substance Use Disorder Treatment

The Workgroup for Prevention Service met on November 11, 2017 at the St. Joseph County DCS office in South Bend. St. Joseph management, Elkhart management, and Bowen Center represented the makeup of the Workgroup. The conversation focused on identification of drug training with local offices service providers and law enforcement. Trainings will be conducted regarding medication assisted treatment. Every 3 months drug treatment progress will be reviewed and identification of ongoing safety factors will be evaluated.

The data considered are included in Appendix A: Service Array and Appendix D: Additional Regional Data

IX. Regional Action Plan

Overview

The Regional Action Plan presented in this section is based on all data collected that addressed regional service needs. These data sources assessed the following areas:

- Service availability (through the needs assessment survey)
- Service effectiveness (through the needs assessment survey)
- Public perception of regional child welfare services (through public hearings)
- Quality Service Review Indicators and Stress factors (4 rounds)
- Community Partners for Child Safety prevention services
- Regional services financing
- Regional workgroup determination of service available/accessibility
- Additional input provided by the workgroup

These data sources were considered by regional workgroups to determine service needs that were to be prioritized by a region for the relevant biennium. To address these service needs, regional workgroups formulated action steps which included distinct, measurable outcomes. Action steps also identified the relevant parties to carry out identified tasks, time frames for completion of tasks, and regular monitoring of the progress towards task completion.

Measurable Outcome for Prevention Services:		Prevent the formal intervention of cases in DCS and Probation from Domestic Violence, Drugs, lack of parenting skills and drug exposed infants		
Date of Workgroup		11/17/2017		
Workgroup Participants		Michael Carroll, Philice Hutchen, Dee Szyndrowski (Over the phone)		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Get a List of current providers and services	Evaluate the services to see how they address Domestic Violence, Drugs, lack of parenting and Other prenatal services	LOD, RSC	March 2018	March 2018
Have SCAN put out an RFP to address the Domestic Violence, Drugs, Parenting Skills, and Drug exposed infants	Decision to expand/reduce programs Identify families that have had children born addicted to a substance DCS would need to add this information to the referral	SCAN, DCS Healthy families (Prevention services can be offered longer with healthy families) Other providers with prenatal programs	June 2018	July 2018

Present New services to RSC Family stability	RSC vote on services. Work with families to decrease repeat crisis through family stability by identifying underlying issues.			

Measurable Outcome for Maltreatment after Involvement:		**Reduce maltreatment after involvement as evidence by a reduction in the percentage in children who experienced 2 incidents of maltreatment in a 12 month period.**		
Date of Workgroup		**11-17-17**		
Workgroup Participants		**Emily Johnson, Barbara Vernon and Teresa Zornig**		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
All unsubstantiated assessments will be evaluated for risk factors and needs and linked with community partners,	Provide education to staff on community resources, mental health resources available thru the CMHC	FCM and direct FCMS, clinical consultant System of care CMHC	May 2018	ongoing

the CMHC, CMHI or other community resources (if family has high mental health needs- getting the CMHC involved early is critical as they can remain after DCS closure	Review with all staff, family functional assessments, risk and needs tools. FCM and supervisor staffing. FCM will link family with local resources and document or make formal referral to community partners			
All substantiated assessments will have a clinical staffing and focus will be addressing needs, risks, services to address and decision to link with community resources or file formal intervention (if family has high mental health needs- getting the CMHC involved early is critical as they can	FCM and supervisor will staff in clinical staffing and enter in MAGIK. Safety plans will be individualized to address risk and plans to overcome. A decision to sub and close will be sent to the LOD and RM as a further check and balance to ensure nothing is missed.	FCM FCMS LOD RM	January 2018	ongoing

remain after DCS closure)				
At closure of IA or CHINS identifying and planning for sustainable safety to eliminate maltreatment after involvement	CFTM to include family team, to develop a compressive plan of the party's ongoing involvement after DCS closure. Family will be given a list of community resources they can access to prevent the need for further DCS involvement. A closing narrative will be completed by the FCM to include the ORI- progress of family and plan developed to reduce recidivism. Refer to System of care for local resources	FCM FCMS Family Team System of care	March 2018	ongoing

Measurable Outcome for Permanency for children in care 24+ months:		Increase permanency of children in care within 24 months.		
Date of Workgroup		11/17/2017		
Workgroup Participants		Kristin Ford, Elkhart Assessment Supervisor Elena De La Cruz, Bowen Center Lindsay Castro, Kosciusko LOD		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Children in care over 24 months will be reassessed for permanency	-Cases over 12 months or identified by the Outlier program will go to Regional permanency team -Re-evaluate genogram and potential relative/kinship placements -Any cases currently over 24 months will be staffed with LOD to be referred to PRT.	RM, Permanency Team, FCM, LOD, supervisors	July 2018	December 2018 and ongoing
A concurrent plan will be identified	-Staff with supervisor previous to first Review Hearing to determine if requesting	-FCM, Supervisor, Legal	March 2018	September 2018 and ongoing

	concurrent plan from court is appropriate. -Address Plan B/concurrent plan at CFTM from first team meeting and have supervisor review notes to ensure this is being addressed.			
Cultivate and grow community relations to reduce permanency timelines	-Speak with community partners about DCS time frames, practices and barriers to timely permanency at least quarterly.	-LOD and supervisors/legal	March 2018	ongoing

Measurable Outcome for Substance Use Disorder Treatment:		Educate local offices about substance abuse, treatment options and safety factors related to specific drugs, (heroin, meth-amphetamine, cocaine, marijuana etc.)		
Date of Workgroup		**11/17/17**		
Workgroup Participants		Wendy Disher-Taljaard, Tess Ottenweller, Bill Horton		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**

Organize drug identification training with the local office, service providers and law enforcement	Education regarding illegal substances and paraphernalia identification and/or prescription drug abuse and misuse identification	RM LOD FCM Supervisor FCM	July 2018	October 2018
Organize training regarding medication assisted treatment (MAT).	Participate in information sessions regarding the need/benefits/processes of medication assisted treatment (MAT).	RM LOD FCM Supervisor FCM	July 2018	October 2018
Every 3 months drug treatment progress will be reviewed and identification of ongoing safety factors will be evaluated.	Internal staffing with supervisor and ongoing safety concerns and next steps will be documented.	FCM Supervisor FCM	March 2018	Ongoing

Measurable Outcome for a region identified issue:				
Date of Workgroup				
Workgroup Participants				
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**

X. Organization, Staffing and Mode of Operation

a. Describe the number of staff and the organization of the local child protection services (CPS) including any specialized unit or use of back-up personnel. **NOTE: The term CPS refers only to the reporting and assessment of child abuse and neglect**

1.	64		Number of Family Case Managers assessing abuse/neglect reports full time.
2.	7		Number of Family Case Managers with dual responsibilities; e.g., 50% CPS assessments and 50% ongoing services or 20% CPS and 80% ongoing services
3.	9		Number of Family Case Manager Supervisor IVs supervising CPS work only
4.	3		Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services e.g., 50% CPS and 50% ongoing services
5.	3		Number of clerical staff with only CPS support responsibilities
6.	4		Number of clerical staff with other responsibilities in addition to CPS support
7.	Y ☐	N ☒	Does the Local Office Director serve as a line Supervisor for CPS?

b. Describe the manner in which suspected child abuse or neglect reports are received.

1.	Y ☒	N ☐	Is the 24 hour Child Abuse and Neglect Hotline (1-800-800-5556) listed in your local directories with the emergency numbers as required by law?
2.	All calls concerning suspected child abuse and neglect are received through the Indiana child abuse and Neglect Hotline at 1-800-800-5556, including times when the local DCS offices are closed.		

c. Describe your current system of screening calls and reporting allegations of child abuse and neglect. (Attach any tools you presently use if helpful.)The Indiana Child Abuse and Neglect Hotline (hereinafter "Hotline") receives all calls, faxes, e-mails, etc. from inside and outside the state regarding the suspected abuse and neglect of children occurring within the state of Indiana. Intake Specialists, most of whom have been Family Case Managers, gather the information from each caller and provide a verbal recommendation to parents, guardians, and professionals. The Intake Specialist bases that recommendation on current laws, policies, and practices regarding abuse or neglect. The Intake Specialist routes their completed report to a Hotline supervisor for approval via MaGIK. The Hotline supervisor can make edits/changes within the MaGIK system or send the report back to the Intake Specialist for changes. Once approved by the supervisor, all reports with a recommendation of assess or screen out are routed to the local county's queue for final approval. In the county queue, the local county has the ability to agree with or disagree with the Hotline recommendation. If the local county changes the decision, the local county will notify individuals who received a Hotline recommendation of that decision change. If an immediate response

to a report is required, the Intake specialist calls the local office via telephone during regular business hours. After hours, the Intake Specialist provides the on call designee essential information needed to immediately initiate the assessment. The written documentation is then forwarded via MaGIK to the local office's county queue. From 4:30-9:30p, Monday-Thursday, the on-call designee is notified via telephone of all 24 hour response time reports. Upon Hotline Supervisor approval, 24 hour response time reports will be routed to the county queue. From 9:30p-7:00a Sunday-Thursday, the Hotline will contact the on-call designee **ONLY** for reports requiring an immediate initiation.

From Friday at 4:30 PM to Sunday at 9:30 p.m., the Hotline will contact the on-call designee on all 24 hour reports and Information/Referrals involving open cases. The Hotline will follow weekend processes for contacting on-call on Holidays.

All reports approved to a county queue will be emailed to that county's distribution list by MaGIK. All reports approved from the county queue with a decision of assess will automatically be e-mailed to that county's distribution list by MaGIK. Reports approved by the local office with a decision of screen out, can be changed after closure to assess.

d. Describe the procedure for assessing suspected child abuse or neglect reports:

1.	Please indicate when abuse assessments will be initiated		
	a.	Within 24 hours of complaint receipt. See Chapter 4, Section 38 of the Child Welfare Manual (Initiation Times for Assessment).	Y ☒
			N ☐
	b.	Immediately, if the child is in imminent danger of serious bodily harm.	Y ☒
			N ☐
2.	Please indicate who will assess abuse complaints received during and after work hours. (Check all that apply)		
	a.	CPS	☒

	b.	CPS and/or Law Enforcement Agency (LEA)	☒
	c.	LEA only	☐
3.	Please indicate when neglect assessments will be initiated. See Chapter 4, Section 38 of the Child Welfare Manual (Initiation Times for Assessment).		
	a.	Immediately, if the safety or well-being of the child appears to be endangered.	Y ☒ N ☐
	b.	Within a reasonably prompt time (5 calendar days).	Y ☒ N ☐
4.	Please indicate who will assess neglect complaints received during and after working hours. (Check all that apply)		
	a.	CPS only	☒
	b.	CPS and/or LEA	☒
	c.	LEA only	☐

e. Describe the manner in which unsubstantiated child abuse or neglect reports are maintained. Refer to Indiana Child Welfare Manual Chapter 2 Section 13, Expungement of Records.

Please indicate if you have received and are following the "Record Retention Guidelines."	Y ☒
	N ☐

f. Describe the policy and procedure you follow when receiving complaints of institutional child abuse/neglect from the Hotline. State assessments: Please describe procedures for reporting allegations in state institutions and facilities. Refer to Indiana Child Welfare Manual Chapter 4, Section 30 Institutional Assessments:

1. **Statewide Assessments:** The Indiana Department of Child Services Hotline receives and processes reports of possible Child Abuse and/or Neglect (CA/N) that occurred in an institution setting located within the state. Licensed residential placement providers are mandated reporters and are required to report CA/N incidents and allegations. The Hotline staff will determine if the incident/allegation rises to the level of legal sufficiency to warrant further assessment and provide their recommendation to the Institutional Child Protection Services unit (ICPS). If the CA/N report is screened in for assessment, the ICPS unit will assess allegations of abuse and neglect in group homes, residential treatment centers, emergency shelter care centers, day cares, schools, correctional facilities, etc. Allegations involving a foster home will be assessed by the local DCS office staff where the alleged incident occurred. The ICPS Director will assign the new report to the ICPS assessor in the respective Super Region for follow up. There are currently ten (10) ICPS Family Case Managers based in local DCS offices throughout the state.
   The ICPS unit handles the 24 hour and 5 day response times. In cases where immediate attention is warranted, ICPS staff works in tandem with the Hotline and DCS local offices to ensure one hour response times are achieved and child safety is established. All reports are forwarded to the appropriate licensing/ governing bodies at the time of report and again at completion for further review. Reports that are screened out, are forwarded to the appropriate licensing people when applicable.

11. **Institutional Abuse or Neglect:** Institutional Child Protection Services (ICPS) for the Department of Child Services assesses allegations of abuse or neglect regarding children in an Institutional setting, when the alleged perpetrator is responsible for the children's care and safety.

Reports are received through the statewide hotline and assessments are initiated within the assigned timeframes (I hour, 24 hour or 5 day) to determine the safety of the child.

Upon completion of the assessment, ICPS will make a determination of the allegations to be either unsubstantiated or substantiated. Further services, referrals, safety plans may take place during and at the conclusion of the assessment to continue to ensure child's safety and reduce future risk. ICPS assessments are completed by the ICPS unit, consisting of Family Case Managers stationed throughout the state. The Institutional Child Protection Service (ICPS) Unit will conduct an assessment of a report of Child Abuse and/or Neglect (CA/N) if the allegations state the incident of CA/N occurred while the child was in the care of one of the following:

a. Residential Facility (i.e. DCS licensed Child Caring Institutions, Group Homes and Private Secure Facilities);
b. School;
c. Hospital;
d. Juvenile Correction Facility;
e. Adult Correctional Facility that houses juvenile offenders;
f. Bureau of Developmental Disabilities (BDDS) Certified Group Home;
g. Licensed Child Care Home or Center;
h. Unlicensed Registered Child Care Ministry; or
i. Unlicensed Child Care Home or Center (see Related

Information). ICPS will NOT conduct assessments

involving:

a. Licensed Foster Homes through DCS
b. Licensed Foster Homes through a private agency
c. Fatality or near-fatality assessments regardless of allegations or where said allegations took place.
d. Abandoned infants (IC 31-9-2-0.5, as amended):

XI. Inter-Agency Relations

a. Describe the inter-agency relations and protocols in existence regarding the provision of child protection service. Describe protocols outlining information sharing between DCS, law enforcement and prosecutors.

Region 3 has developed cooperative and supportive relationships with other agencies to meet the goal of bettering our communities, families and providing interventions for families in need. The goal of the agencies is to provide preservation and rehabilitative services for families to achieve permanency and safety for children while helping them become contributing citizens in the community. Through coordinated efforts and information sharing, agencies are able to make sound decisions and provide the best interventions to achieve positive outcomes.

b. Describe the Community Child Protection Team.

A Community Child Protection Team (CPT) is established in each county. The CPT is a multidisciplinary team comprised of members who reside in or provide services to residents of the county in which the team in formed. The team includes 13 members:

1. DCS Local Office Director (LOD) or designee
2. Two designees of the juvenile court judge
3. The county prosecuting attorney or designee
4. The county sheriff or designee
5. Either: (a) the president of the county executive in a county not containing a consolidated city or the president's designee; or (b) the executive of a consolidated city in a county containing a consolidated city or the executive's designee
6. Director of CASA or GAL program or designee
7. Either: (a) a public school superintendent or designee or; (b) a director of a local special education cooperative or designee
8. Two persons, physicians or nurses, with experience in pediatrics or a family practice
9. Two county residents
10. Chief law enforcement officer or designee

The CPT shall meet at least monthly. The CPT members are bound by confidentiality. The CPT shall receive and review child abuse and neglect cases and complaints. The CPT shall prepare a periodic report regarding the child

abuse and neglect reports and complaints reviewed by the team. Additional information on periodic reports can be found in IC 31-33-3-7.

XII. Financing of Child Protection Services

a. List the cost of the following services for CPS only: **(Please do not include items which were purchased with Title IV-B or other federal monies).**

1. List items purchased for the Child Protection Team and costs

2016	2017
LIST CPT PURCHASED COST	$0

2. Child Advocacy Center/Other Interviewing Costs

$0

b. Please provide the annual salary for the following positions and total the salaries for each of the classifications listed below: (Please include all staff with dual responsibilities and estimate and indicate the percentage of salary for CPS time only. For example, if a Family Case Manager works 40% CPS and 60% ongoing child welfare services, use 40% of the salary, the CPS portion. Also, if the Local Director acts as a line supervisor for CPS, include the proper percentage of the salary on the line for Family Case Manager Supervisors. (**Attach a separate sheet showing your computations.**))

Average Salaries to be used in calculations

	SFY 2016	
Job Classification	***Average Salary***	***Fringe***
Family Case Manager	60211.02	Salary X (1,2375) + $12,204
Family Case Manager Supervisor	67901.48	Salary X (1,2375) + $12,204
Clerical Support	42366.35	Salary X (1,2375) + $12,204

Local Office Director	86095.50	Salary X (1,2375) + $12,204

	SFY 2017	
Job Classification	***Average Salary***	***Fringe***
Family Case Manager	59896.04	Salary X (1,2375) + $12,204
Family Case Manager Supervisor	68704.81	Salary X (1,2375) + $12,204
Clerical Support	42249.97	Salary X (1,2375) + $12,204
Local Office Director	90071.04	Salary X (1,2375) + $12,204

		2016	2017
1	Family Case Managers II	$4,022,096.42	$4,001,055.49
2	FCM Supervisors (or Local Office Director)	$864,786.12	$880,931.17
3	Clerical Support Staff	$296,564.48	$295,749.80
Total Cost of Salaries		$5,183,447.03	$5,177,736.46

XIII. Provision Made for the Purchase of Services

a. The Indiana Department of Administration's (IDOA) Request for Proposal (RFP) process is used to procure goods and services for Indiana Agencies. A RFP may be utilized to solicit providers that can satisfy the service needs for the Region. IDOA's fair bid process ensures that state agencies gain quality products/services at competitive prices while also ensuring equal opportunity to all qualified vendors and contractors. Additional information regarding

RFPs for Community Based Services can be located on the DCS page http://www.in.gov/dcs/3158.htm.