Region 10

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 10

Regional Coordinator: Carolee Couch

Approved by:

Peggy Surbey
Regional Manager: Peggy Surbey **DATE:** 12/15/2017

Lolita Campbell
Regional Finance Manager: Lolita Campbell **DATE:** 12/15/2017

Signatures of Regional Service Council Members Voting on BRSSP: **DATE:** 12/15/2017

Kate Peterson	12-15-17
Ashley Krumbach	12-15-17
Dana Reid	12/15/17
Peggy Ellis	12/15/17
Tracy A. Fox proxy for Peter Haughton	12/15/17
Phillip M. Davis	12-15-17
Jan McSweeney	12-15-17
Kim Re	12.15.17
Larry Taylor	12.15.17

Terry J. Stigdon
Director: Terry J. Stigdon **DATE:** 1/24/2018

II. Regional Service Council Members:

Peggy Surbey, Regional Manager

Gregg Ellis, Child Advocates

The Honorable Marilyn A. Moores or designee

Peter Haughan, Prosecutor

Kate Peterson, Region 10 DM

Beth Dickerson, LOD

Amanda Resler, LOD

Ashley Krumbach, LOD

Maribryan McGeney, Region 10 Division Manager

Julia Davis, Faith Based Community

Karis Reid, Region 10 Division Manager

Vacant-resident who is 16-25 years of age

Chris Ball (or designee), Chief Probation Officer Juvenile Court

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

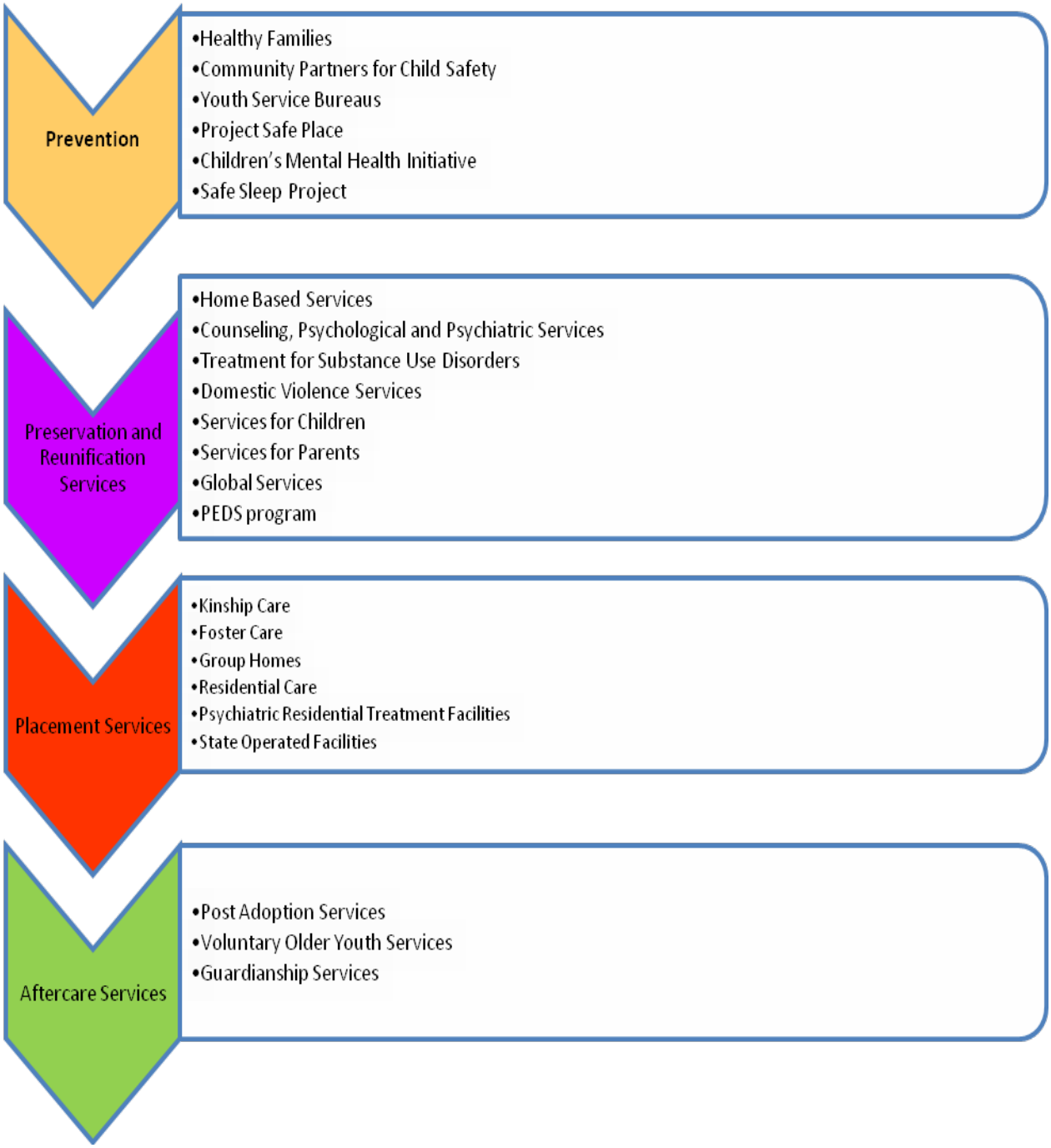
determine the appropriate utilization of available services and to identify gaps in service. As a result, the workgroup developed a regional action plan to address service needs and gaps that are specific to the region. In addition, to address known statewide system issues, the Regional Action Plan includes 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 state-wide. 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-5 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

Counseling, Psychological and Psychiatric Services

- 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 yrs. 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 from	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
	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 Friday November 17, 2017 at 4150 N. Keystone Ave, Indianapolis, IN 46205. A summary of the testimony is provided in Appendix C.

The Public Testimony meeting was held immediately following the regularly scheduled Regional Services Council meeting and the notice was posted as required. There were individuals who stayed for the Public Testimony meeting, however, there was no testimony given.

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

Topics discussed included: Continued funding of the Trauma Informed Care Symposium, the Education Conference of the Indiana Black Expo, and support for the crime reduction efforts in the high crime targeted zones. Child Abuse and Neglect awareness events/activities; such as the back to school fair, Child Abuse Prevention Month Activities, Healthy Teen programs, and Safe Sleep Education and Crib distributions were discussed as being important to the community and to support prevention efforts.

2. Maltreatment After Involvement

The discussion around reducing the incidence of Maltreatment after Initial Involvement focused on initiatives that have started or are being planned for this Biennial timeframe. The rate of Repeat Maltreatment has decreased in Region 10 but there is still room for improvement. The newly formed "Rapid Safety Response Team" and the updated "Reunification Risk Tool" are focused on reducing the incidence of Repeat Maltreatment.

3. Permanency for children in care 24+ months

Many factors involved in why youth are delayed in reaching permanency were discussed. Over the past 2 years, there have been many initiatives implemented to help reduce the time a youth is in care before reaching permanency. The children who were free for adoption but did not have an adoptive home were intentionally focused on and barriers to their permanency were examined and addressed. Procedures were put into place to improve the monitoring of each youth awaiting permanency and efforts to move youth into permanent homes improved. Some of the things put into place were; Supervisors taking adoption cases, a new Permanency Court was created, an adoption email was set up for submitting adoption documents to the legal department, and Permanency Round Tables were utilized to work on creative ways to bring permanency to youth who were lingering in foster care. Issues that impact permanency were discussed including; higher needs youth staying in care longer, more youth entering the system due to increases in parental drug abuse, a lack of placement options for youth with developmental delays, and a shortage of pre-adoptive foster homes who can take higher needs and older youth.

4. Substance Use Disorder Treatment

Group discussions focused on the improvements that have been made in the Substance Use Disorder Treatment programs and service standards. Some of the changes over the past couple years include; better regulations of programs offered in the community, insurance policies now covering substance use treatment, Assessment tools that providers use to determine if/what treatment is needed have been standardized, drug screens have been streamlined with the contract implementation with Redwood Labs, and a new focus on addressing the opiate addiction epidemic by the State of Indiana has begun. Discussions focused on continued improvements and ways to work on problem areas.

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:		To continue to support and sponsor prevention efforts and activities within Marion County by partnering with programs and agencies that work to prevent youth from experiencing abuse, neglect, and delinquency.		
Date of Workgroup		November 6th and 27th, 2017		
Workgroup Participants		Local Office Directors; Ashley Krumbach, Elizabeth Dickerson and Amanda Resler. Division Managers; Kate Peterson, Tracy McQueen, Karis Reid, Charlisa Davis, and Maribryan McGeney. Regional Manager, Peggy Surbey. Regional Services Coordinator, Carolee Couch.		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Continued support and partnership with "Your Life Matters" and Indiana Black Expo	RM will continue to work with the campaign partners and work out how DCS can be supportive of the program. Monetary support will be given to this program if money is available to contribute. If money is not available, R10 will continue to partner and present at the Expo.	Regional Manager and her appointees	Leading up to Black Expo and during the Expos Summer 2018/2019	Summer 2019
Continuation and expansion of the R10 Trauma Informed Care Symposium	DCS Region 10 will continue to plan and host the TIC symposium for Prevention Providers and will look into expanding from a 1 day free event to a	RM works together with the RSC board to determine funding availability and will form a planning committee to plan each Symposium	Ongoing—TIC Symposium takes place each Spring.	Ongoing Event that is well established and takes place each spring.

	2 day event where attendees may have to pay a nominal fee to attend the second day of the symposium.	and explore possible expansion of the TIC Symposium.		
Utilizing the "Healthy Teen" Program that is grant funded to provide youth with education and support to make healthy life decisions.	FCM/PO will refer teenagers (both male and females) involved with DCS or Probation to the "Healthy Teen Program" that is being piloted at the Court.	Family Case Managers will ensure that all Teenage clients will have this program available to them and FCMs and PO will encourage their participation in learning healthy habits and learn about healthy relationships and self-care.	Ongoing as the current grant continues to be available to provide this program for teens at the Juvenile Court.	Ongoing as the program is available.
Community Partners for Child Safety (CPCS) partnership with Department of Child Services will continue.	DCS will continue to fund the CPCS as funds are available. The RSC reviews proposals from Social Service Agencies in Marion County and determines funding based on available funds and the programs focus on preventing abuse, neglect and delinquency of youth.	Regional Manager is the Chairman of the RSC and works with the contracted CPCS agency (Currently Children's Bureau) to determine funding available and grant award amounts. RSC members vote on all allocations.	Contract proposals from community programs are due each Spring.	Ongoing as money allocations permit.
Children's Mental Health Initiative (CMHI) support and education continues.	CMHI Coordinator will continue to provide training and information about this	CMHI Coordinator and Program Director	Ongoing as the program remains funded.	Continues throughout this Biennial period.

	program to DCS, Probation and the community at large.			
Child Advocates and IMPD Community Policing/Marion County Systems of Care Participation	DCS in Region 10 will continue to support and partner with these agencies/programs to improve the services available to families and to work on reducing crime rates in the IMPD targeted areas.	DCS R10 Management team will appoint persons to attend the planning and ongoing meetings for these programs.	This is an ongoing effort at collaboration to improve the lives of the residents of Marion County, IN.	Ongoing

Measurable Outcome for Maltreatment after Involvement:		To reduce repeat maltreatment after the first substantiated incident of abuse/neglect by 5%.		
Date of Workgroup		November 6th and 27th, 2017		
Workgroup Participants		Local Office Directors; Ashley Krumbach, Elizabeth Dickerson and Amanda Resler. Division Managers; Kate Peterson, Tracy McQueen, Karis Reid, Charlisa Davis, and Maribryan McGeney. Regional Manager, Peggy Surbey. Regional Services Coordinator, Carolee Couch.		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Ensure that Assessments are initiated within the allowed timeframe and that appropriate interventions are put in place to ensure a child's safety and well-	New Assessments are assigned to FCMs and their Supervisors monitor the efforts to engage families and assess the safety and well-being of the children.	FCMs, Supervisors, Division Managers and Local Office Directors	Ongoing	Ongoing

being preventing repeat maltreatment.				
Improve the utilization of tools available to FCMs that help ensure appropriate interventions and assessment of risks and needs.	Education and refreshers will be provided to the Family Case Managers and their Supervisors on the tools available and how to use them appropriately.	Local Office Directors and their designees.	Have periodic trainings at the DCS offices and reminders during roll call and at all staff meetings.	Ongoing at least every 6 months for training and quarterly for "reminders"
Give training to FCMs and Supervisors on the Rapid Safety Response program and utilize this to better address safety in preschool aged children.	Engage the program director of the Rapid Safety Response Team to provide information to the FCMs and Supervisors on the program and how to utilize this specialized program.	Local Office Directors will ensure that their staff have been trained on this program by setting up opportunities for trainings and how to work with that team.	This training and ongoing information exchange to occur once the program has started.	Ongoing until all staff are familiar with using this specialized team and with new staff as needed.
Implement the use of the Reunification Risk Tool	As this is rolled out from Central Office, staff will be trained on using this tool. FCMs will have a good understanding of the tool and how to ensure that all information needed to make an accurate recommendation is inputted into the computer system.	Local Office Directors, Division Managers and Supervisors will ensure that their staff have been trained and are actually using the tool as directed.	Once this is ready to roll out to field staff, training and education on the tool will begin and will be ongoing.	Ongoing
Ensure that the Practice Model is being followed (TEAPI)	The Peer Coaches and Practice Consultants will train new FCMs on this	Peer Coaches, FCM Mentors, and Practice Consultants will work	This is an ongoing process as new	Ongoing

	model. Supervisors will ensure that the model is being followed. Child and Family Team Meetings will occur at least every 6 months and at all critical junctures in cases.	with R10 Management to ensure all FCMs are trained and following the Practice Model.	FCMs are hired frequently.	
Include results of assessment tools and recommendations on Court Reports	FCMs will include information on the assessment tool results, recommendations from providers and other staffing on cases, and will include the amount of financial support that has been provided to families involved with DCS and the Court.	Supervisors will ensure that FCMs have been informed of the requirement to include this information and will check each court report to ensure that the information is present, up-to-date and accurate.	This is being implemented and will be expected to be included in Court Reports ongoing	Ongoing as it is implemented fully.

Measurable Outcome for Permanency for children in care 24+ months:		Decrease time to permanency for youth in out of home care by monitoring their progress toward safe and sustainable case closure from the beginning of their involvement.		
Date of Workgroup		November 6th and 27th, 2017		
Workgroup Participants		Local Office Directors; Ashley Krumbach, Elizabeth Dickerson and Amanda Resler. Division Managers; Kate Peterson, Tracy McQueen, Karis Reid, Charlisa Davis, and Maribryan McGeney. Regional Manager, Peggy Surbey. Regional Services Coordinator, Carolee Couch.		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Refer families to appropriate services once the decision has been made to open a case.	Determine the type of services a family needs based on the Level Of Need (CANS Score), Risk and Needs Assessments, and the reason for involvement.	The Assessment FCM along with the Permanency FCM and their supervisors.	At the beginning of the Case and during the Assessment if warranted.	Ongoing
Use Service Mapping in KidTraks after gathering data on the Families' Needs to help determine what services to refer.	After the CANS, Risk and Needs assessment, and the case demographics are completed accurately, Do Service Mapping in the KidTraks Referral Wizard to give suggestions on services that would benefit the family.	Family Case Managers and their Supervisors.	This should be done within the first 30 days of the Assessment so that appropriate services can be referred timely.	This Mapping and determination of services that would benefit a family should be done within 30 days of the Substantiation and case opening. Reassessment should be ongoing.
Progress towards reunification will be monitored with the tools available to DCS staff and	FCMs along with GAL, Service Providers and the Family will assess the progress and will make	Family Case Managers, Supervisors, Division Managers and Local	Evaluation of the permanency options and the progress toward	Ongoing for each family involved with DCS.

if a lack of progress is seen, a concurrent plan for permanency will be developed.	adjustments to services as needed to help the family be more successful in their goals for reunification. If the family is struggling or not engaged in working toward reunification, a concurrent plan of Adoption or other suitable permanency plan should be developed and worked simultaneously. A CFTM to discuss this concurrent plan and the concerns with reunification efforts is needed monthly. When the permanency plan has stalled, a Permanency Round Table staffing should be considered.	Office Directors to monitor this process.	reunification should take place from the beginning of the open case and continue until resolution.	
Complete Adoptions in a timely manner.	When the plan of Reunification is stalling, the concurrent plan of adoption should be developed and worked. Once legally able, Termination of Parental Rights petitions should be	Family Case Managers, their Supervisors, Division Managers and the Local Office Directors will ensure that permanency for every youth involved with DCS is obtained in a	The progress toward permanency will be tracked and staffed with Supervisors at the Clinical Staffing for the	Starts from the beginning of an open case and is ongoing until the child reaches permanency.

	filed with the Court. This can occur at 6 months post Disposition but is mandatory when the youth has been out of the home 15 out of the last 22 months. Once a youth is considered "Free for Adoption" the process toward adoption should be in progress.	reasonable timeframe; whether through reunification or through Adoption, Guardianship, or other options as available.	case. This should be an ongoing topic of discussion throughout the life of the case.	

Measurable Outcome for Substance Use Disorder Treatment:		To ensure that parents involved with DCS due to substance use issues are provided with a thorough Substance Use Disorder Assessment and are matched with treatment programs that meet their level of need.		
Date of Workgroup		November 6th and 27th, 2017		
Workgroup Participants		Local Office Directors; Ashley Krumbach, Elizabeth Dickerson and Amanda Resler. Division Managers; Kate Peterson, Tracy McQueen, Karis Reid, Charlisa Davis, and Maribryan McGeney. Regional Manager, Peggy Surbey. Regional Services Coordinator, Carolee Couch.		
Action Step	**Identified Tasks**	**Responsible Party**	**Time Frame**	**Date of Completion**
Provide quality Substance Use Assessments for families involved due to Substance use/abuse.	Once the Assessment FCM determines that a person has substance use issues, they are referred to an agency contracted to do	FCM and Supervisor	At the beginning of the Case or during the Assessment Phase.	Assessment Referral completed within 2 weeks of a positive drug screen.

	Substance Use Disorder Assessments. SUD Assessment providers will use the approved Standardized Substance Use Assessment report form and will give a drug screen to the client during the assessment.	DCS Contracted Providers who are DMHA certified to provide Assessments.	Within 5 business days of referral being approved and sent to provider.	Report is due back to FCM in 30 days or less.
Match the recommendations of the SUD assessment results to the correct level of treatment for the client.	FCM will ensure that the client is referred to a treatment agency that provides the level of intervention recommended in the assessment--within 2 business days if Inpatient is warranted and within 5 days if Outpatient Treatment is needed.	FCM and Provider making recommendations should discuss options for treatment. FCM and Supervisor make the referral to the level of care recommended in assessment.	As soon as a recommendation is made as to the level of treatment needed.	If level of treatment need changes, FCM and team will make appropriate arrangements for the new level of treatment. Ongoing throughout the life of the case.
Random Drug Screens to be referred at a rate that is reasonable for the client and for the severity and type of the substance use.	FCM will refer a client suspected of substance use to random screens, in a clinic setting (if possible) and at a rate of no more than 2-3 screens each week.	FCM and Supervisor, along with the Substance Use Assessment or Treatment provider to give recommendations on frequency of screens.	From the beginning of the DCS Assessment if substances are suspected to be a factor in DCS involvement.	Ongoing random screens throughout the life of the case if Substance Use related. Frequency of random screens to decrease as client progresses in sobriety.
If Random screens remain to have positive results,	If the client is in Substance Use Disorder Treatment but	FCM, CFT, Client, Treatment Provider	This is an ongoing re-	Ongoing from the start of the Client's

evaluating the level of treatment for that client is necessary.	continues to test positive after a reasonable period of treatment; the FCM, Team, and Treatment Provider should discuss how to make the treatment more successful.		assessment of the client's progress in treatment. It should continue as an ongoing conversation.	Treatment for Substance Use Disorder.
As the Client completes treatment and has a pattern of negative drug screens, intervention should be decreased to match the current needs of that client.	If Random screens are negative multiple times, FCM can reduce the frequency of screens. Once the Client has completed treatment, they should be evaluated for "aftercare" or sober living opportunities.	FCM can decrease the number of random screens per week to match the need of the client and treatment provider. Treatment Providers should make recommendations for next steps to help support and advocate for their client.	Re-assessment with clients who have Substance Use Disorders should be an ongoing occurrence.	Ongoing throughout the DCS involvement.
Education on Medically Assisted Substance Use Disorder Treatment for FCMs, Supervisors and management.	DCS staff should become educated on Substance Use Disorders and the various forms of treatment including those medications used to treat addictions involving Opiates, Alcohol, and Benzo medications.	DCS Management to provide information and training on the Opioid epidemic and treatment needs to FCMs and Supervisors.	Ongoing education with up to date scientific and medical research on how to best treat Substance Use Disorders.	Ongoing education as new information/research is released on a regular basis.

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.	123		Number of Family Case Managers assessing abuse/neglect reports full time.
2.	0		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.	20		Number of Family Case Manager Supervisor IVs supervising CPS work only
4.	0		Number of Family Case Manager Supervisor IVs supervising both CPS work and ongoing services e.g., 50% CPS and 50% ongoing services
5.	12		Number of clerical staff with only CPS support responsibilities
6.	6		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.

2. **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.

"DCS, the Marion County Prosecutor's office and Indianapolis Metropolitan Police Department are co-located to optimize best practice for investigating abuse and neglect. We have a working Child Advocacy Center. In addition, we have collaborated in initiatives to improve processes and communication. Due to the long standing relationship I would describe the relationship has very good. While there can be difficulties at times, representatives from each agency can work together to manage differences. Reports are delivered twice per day to LEA. All substantiated reports are emailed to the Prosecutor's office." Regional Manager, Peggy Surbey.

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
0	0

2. Child Advocacy Center/Other Interviewing Costs

$392,326

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

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.

2017-18 Biennial Regional Service Plan - Fiscal Data

SFY 2016-17 Service Level Spending

	Region 10	
Service Description	CHINS	Probation
CARE NETWORK		
CHILD CARING INSTITUTIONS	10,963,767.27	4,466,975.44
CHINS PARENT SUPPORT SERVICES		
COLLABORATIVE CARE HOST HOME	307,541.22	
COMPREHENSIVE HOME BASED SERVICES	101,989.50	427,130.59
COUNSELING	115,386.97	570.40
COURT ORDERED PAID PLACEMENT	139,844.05	
CROSS-SYSTEM CARE COORDINATION	14,045,320.64	2,767,002.06
DAY TREATMENT	60,886.06	186,682.32
DCS FOSTER HOME	9,684,214.22	
DETOXIFICATION SERVICES	89,040.00	
DIAGNOSTIC AND EVALUATION SERVICES	232,171.68	325,445.42
DOMESTIC VIOLENCE BATTERERS	196,827.66	2,242.80
DOMESTIC VIOLENCE VICTIM AND CHILD	399,043.68	
FAMILY PREPARATION		
FATHER ENGAGEMENT PROGRAMS	1,061,860.82	
FUNCTIONAL FAMILY THERAPY	9,117.44	19,239.82
GENERAL PRODUCTS	2,299,873.06	482,885.33
GENERAL SERVICE		
GROUP HOME	3,225,957.92	411,118.06
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	18,855,754.63	860,475.32
HOME-BASED FAMILY CENTERED THERAPY SERVICES	15,081,949.68	466,099.67
HOMEMAKER/PARENT AID	1,121,626.58	25,386.12
LCPA COUNSELING		
LCPA FOSTER HOME	21,772,733.08	64,396.12
MATERIAL ASSISTANCE	533,282.75	
MED-ASSESSMENT FOR MRO	1,097.62	
OYS - C. CARE PLACEMENT AND SUPERVISION		
PARENT EDUCATION	320,204.76	4,944.83
PARENTING / FAMILY FUNCTIONING ASSESSMENT	45,942.57	6,973.30
PERSONAL ALLOWANCE	264,488.27	400.00
PRIVATE SECURE	10,567,712.58	5,365,281.73
RESIDENTIAL COUNSELING		
RESIDENTIAL HEALTH SERVICES		
RESIDENTIAL SUBSTANCE USE TREATMENT	335,142.35	
RESOURCE FAMILY SUPPORT SERVICES		
SEX OFFENDER TREATMENT	111,091.12	139,712.61
SPECIALIZED SERVICES	411,062.46	7,598.80
START TREATMENT PROGRAM		
SUBSTANCE USE DISORDER ASSESSMENT	227,537.58	13,649.66
SUBSTANCE USE OUTPATIENT TREATMENT	765,196.37	51,480.49
TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP)	18,619.66	241,379.09
TRANSITIONAL HOUSING		
TRUANCY TERMINATION	5,768.00	2,900.48
TUTORING/LITERACY CLASSES	909,330.63	27,795.04
VISITATION FACILITATION-PARENT/CHILD/SIBLING	3,739,864.87	
Total	118,021,247.75	16,367,765.50
Total Region Spending		**134,389,013.25**

NOTES:

This information reflects expenditures for open DCS and Probation cases.

Expenditures for Prevention and Post Permanency supports are not included.

	Caseworkers		FCM Supvsr.		Local Office Dir		Clerical	
	2016	2017	2016	2017	2016	2017	2016	2017
Marion	36,752.87	36,905.30	46,959.69	47,188.10	84,864.26	59,368.14	26,364.44	27,805.76
Marion East		36,096.68		45,084.46		52,141.18		25,487.54
Marion West		38,524.16		49,641.82		59,447.44		26,546.00
Average	36,752.87	37,175.38	46,959.69	47,304.80	84,864.26	56,985.59	26,364.44	26,613.10
Fringe	1.2375	1.2375	1.2375	1.2375	1.2375	1.2375	1.2375	1.2375
Total	45,481.68	46,004.53	58,112.62	58,539.68	105,019.52	70,519.66	32,625.99	32,933.71
Insurance	12,204.00	12,204.00	12,204.00	12,204.00	12,204.00	12,204.00	12,204.00	12,204.00
Total	57,685.68	58,208.53	70,316.62	70,743.68	117,223.52	82,723.66	44,829.99	45,137.71
Position #	349	353	60	60	1	3	47	39
Total Salary	20,132,301.14	20,547,612.06	4,218,997.11	4,244,621.04	117,223.52	248,170.99	2,107,009.74	1,760,370.74