Guiding Principles for the Department of Child Services:

- to Make sure that the all of the children who need services and intervention are in the system;
- To Make sure the right assessment for each child is made the first time;
- To Make sure placement for each child is the right one the first time; and
- To Make sure services are offered that meet the needs of the child as early as possible and as long as needed for the child to live a happy, healthy, well-adjusted childhood.

DEPARTMENT OF CHILD SERVICES INTERIM STUDY COMMITTEE

Recommendations for consideration by the committee
November 1, 2012

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

• STRENGTHENING THE CHILD ABUSE HOTLINE THROUGH LOCAL CONTROL

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

• EMPHASIZING DCS STAFF TRAINING AND EDUCATION

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

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

• PROMOTING THE SHARING OF INFORMATION WITH THE COURT SYSTEM

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

• STRENGTHENING PARTNERSHIPS WITH THE LOCAL COMMUNITY FOR IMPROVED CHILD PROTECTION

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

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

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

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

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

• OMBUDSMAN

- Adequately fund the program.

• CHILD FATALITY REVIEW TEAMS

STATEWIDE CHILD FATALITY REVIEW TEAM

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

LOCAL CHILD FATALITY REVIEW TEAMS

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

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