

Putting Children First

Recommendations from the
Indiana Commission on Abused and Neglected
Children and Their Families

August 15, 2004

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This report is in compliance with P.L.198-2003 and contains the recommendations generated from nine months of work on the part of 26 commission members, two staff, and numerous volunteers. This report was partially funded by Nina Mason Pulliam Charitable Trust and the Kids First Trust Fund. Staff for this project were provided by Indiana University School of Social Work and Prevent Child Abuse Indiana.

This report was compiled and edited by Dr. Gail Folaron of Indiana University School of Social Work. Contributors include the Commission chairs and Workgroup members, Carla Gardner of Prevent Child Abuse Indiana, and Leslie Rogers Dunn, Esq., the Indiana State Director of GAL/CASA.

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Executive Summary

The 2003-2004 Indiana Commission on Abused and Neglected Children and Their Families was created by the 2003 Indiana General Assembly (SEA 62) and appointed by the Governor, Speaker of the House and President Pro Tempore of the Senate. The Commission was charged with reviewing several areas related to child victims and children at risk of abuse and neglect. The charges included:

- Reviewing Indiana's public and private family services delivery system for children at risk of abuse or neglect and for children who have been reported as suspected victims of child abuse or neglect.
- Reviewing federal, state, and local funds appropriated to meet the service needs of children and their families.
- Reviewing current best practices standards for the provision of child and family services.
- Examining the qualifications and training of service providers, including foster parents, adoptive parents, child caring institution staff, child placing agency staff, case managers, supervisors, and administrators, and making recommendations for a training curriculum and other necessary changes.
- Recommending methods to improve use of available public and private funds to address the service needs.
- Providing information concerning identified unmet needs of children and families and providing recommendations concerning the development of resources to meet the identified needs.
- Suggesting policy, program, and legislative changes related to the family services to enhance the quality of the services and identify potential resources to promote change to enhance services.

The Commission recommendations are listed below:

1. The DFC shall meet the caseload best practice standard so that each worker shall have no **more than 12 active investigations per month and 17 children for ongoing workers. Provisions shall be made to adequately staff so that caseloads are sufficiently covered during times of turnover, maternity leave, sick leave, vacation, etc.**
2. Within the public sector, hiring requirements for Family Case Managers (line staff) must be changed to include a degree requirement with a preference for a degree in human service or social work from a program which contains a structured, supervised practicum. To be consistent with the Council on Accreditation (COA) requirements, the practicum should have

learning objectives and be a minimum of 6 academic credit hours. The student placement should occur in a child and family service agency. Public child welfare supervisors should hold an MSW degree and/or bachelor's degree with 5 years of child welfare experience.

3. The Commission recommends that the State allocate additional positions to increase the number of permanent DFC child welfare training staff to provide at least one full time trainer in each of the seven DFC regions.
4. The DFC should develop a policy requiring preservice training for all Family Case Managers before a worker carries a caseload. Training should include a period of job shadowing and a shared caseload. Preservice training should be followed by close monitoring and supervision.
5. Create and fund a Permanent Executive Committee on Child Abuse and Neglect (PECCAN) through legislative action. PECCAN shall be an ongoing child welfare advisory council to FSSA and the Board for the Coordination of Child Care Regulations, primarily responsible for assuring that the recommendations of this Commission are enacted, collaborating with the DFC in the development of strategic plans to enhance the child welfare system, identifying cutting edge practices in the work of child welfare, and serving as a conduit to coordinate communication and the work of other boards and councils throughout FSSA that work with child welfare issues and programs. PECCAAN shall be composed of representatives from all disciplines involved in the issue of child abuse and neglect both public and private as well as clients who have been served by the DFC.
6. Enhance the authority, independence and functioning of the Community Child Protection Team (CPT) by providing training, resources, support and accountability.
7. Reduce the overrepresentation of children of color in the child welfare system by funding research to develop culturally sensitive screening tools, refine assessment practices and revise training. The unique factors that bring children into care must be identified and barriers to timely and appropriate interventions eliminated.
8. Develop and implement transitional living services for youth in out-of-home care who are "aging out" (turning 18 years of age or being emancipated) of the child welfare system. Transitional living services need to assist the youth in planning and implementing a plan for education, employment, housing, health care, connecting with significant others, and the development of problem-solving skills.
9. Amend HB 1194 to better facilitate kinship and emergency placements of children removed from their homes following reports of abuse or neglect.
10. Amend IC 31-34-9-8 to require the Division of Family and Children to provide a rationale to the court in every instance in which they request a motion to dismiss a case. The motion shall be granted within 10 days unless the court sets the matter for a hearing.
11. Amend IC 31-19-11-1 to include a finding that the requirements of IC 31-19-17, Sections 1, 2, 3 and 4, have been complied with prior to approval of an adoption.

12. Carve out the Family and Children Fund from the growth caps and limits on the banking of unused tax levies that were imposed as a result of SEA 01 enacted in December 2003.
13. Encourage parents to pay child support for children in out-of-home care, in accordance with the parents' ability to pay.
14. Comply with IC 36-2-10-11 regarding timely payments to providers by the county treasurer. Conform to best practice standards that require payment of providers within 60 days.
15. Amend IC-31-34-10-3 so that every child in Indiana who is found to be a Child in Need of Services (CHINS) is represented by a Guardian ad Litem (GAL) or Court Appointed Special Advocate(CASA) with a gradual phasing in of the GAL/CASA program over the next 6 years. Volunteer GAL/CASAs assigned to represent children in a CHINS must be well-trained, well-screened, and supported in their work with children by a certified program pursuant to Indiana Office of GAL/CASA program standards.
16. Sustain, expand and improve family support services in all 92 counties. Insure that each county has sufficient public and private family support services to provide pre-out-of-home placement and abuse prevention services. Continue and expand the Indiana Supreme Court Family Court Project.
17. Increase federal dollars into Indiana, particularly under Title IV-E, Medicaid, and other sources.
18. Maximize each child's eligibility for federal programs through use of regional experts in funding resources. Where possible, streamline the processes for determining eligibility and provide incentives for agencies to work together to fund services.
19. Reinstate the Title IV-E State share in budget cycle 2006-07 and increase the State share of funding for the Family and Children Fund in budget cycle 2008-09.
20. Provide Medicaid waiver services to families with children with disabilities.
21. Foster parent trainings, both preservice and in-service, should be standardized, mandated and regularly scheduled. An assessment system needs to be developed to identify the ongoing training needs of foster parents on an annual basis. (Details on qualifications, training and curriculum are included in the recommendation in the body of the report.)
22. Professional licensing boards and entities responsible for oversight for all healthcare providers, child care providers, psychologists, social workers, educators, attorneys, law enforcement, first responders, and other professionals who regularly work with children should adopt a renewable training requirement in child abuse and neglect.
23. Evaluate use of the Kids First Trust Fund to increase accountability for the fund and to support its purpose of primary prevention, and create additional mechanisms for donations.

24. Amend the State Adoption Statute to require all prospective adoptive parents, initiating adoptive proceedings through the child welfare system to attend 20 hours of foster parent training plus six hours of pre-adoptive training. These trainings shall also be open to relatives and adult partners who are considering adoption and should be strongly encouraged. Prospective adoptive parents interested in adopting children who reside in therapeutic foster care shall be required to attend the additional 10 hours of training required of therapeutic foster parents. Pre- and post-adoptive services should be funded, advertised and made available throughout the state for individuals considering adoption from any source.
25. The State of Indiana should move to achieve full accreditation of its Child Welfare, Child Protection and Child and Family Services systems by the Council on Accreditation over the next three years.
26. Adequate technology with continual updates needs to be institutionalized and accessible to staff across disciplines, including access to a statewide common database or case management system such as the one currently under review by JTAC (Judicial Technology and Automation Committee). An independent group should be formed to analyze the ICWIS (Indiana Child Welfare Information System) data system, making recommendations on how to streamline the system to make the system less time consuming and more user friendly.
27. Increase parental understanding of, and participation in, the CHINS process by requiring: 1) better training of OFC attorneys and public defenders as to the due process rights of parents; 2) appointments of attorneys and/or GALs for parents with mental health, developmental delays or ongoing drug addiction issues; 3) provision by the courts of "In the Child's Best Interest" publication to every parent involved in a CHINS case, as well as information about the Children's Law Center and other resources for parents, such as pro bono legal services and parental support groups; and 4) increased utilization of CHINS facilitation, which promotes greater understanding of and participation in the CHINS process by parents. To further ensure that parents are adequately involved in the CHINS process, a parent entitled to court-appointed counsel should receive counsel even if the parent admits to the charges, and counsel appointed for parents to represent them in the termination process also should be appointed to represent the parents in the CHINS process.
28. Develop a ten-year, multi-media public awareness campaign designed to educate the general public about issues, factors and available resources for positive "parenting" and child development (prenatal thorough eighteen years).
29. Establish a permanent Research and Training Institute for Children or similar entity to conduct and compile research for both child abuse prevention and intervention, disseminate information, develop and provide training, and identify and promote best practices models. This Institute would provide these services to all professionals who impact the lives of at-risk and abused children including DFC staff, law enforcement, medical and other service providers, judges, day care and preschool providers, Department of Education, and prosecuting attorneys.

30. Indiana should adopt an Alternative Response System in response to allegations of abuse and neglect. Traditional investigations should be limited to the most serious cases of physical and sexual abuse and severe neglect while low risk cases should receive the Alternative Response of supportive counseling and case management services.
31. Support the Indiana Supreme Court in its efforts to continue and expand the Indiana Supreme Court Family Court Project.
32. Title IV-B contracts shall be expanded to include standards for continuing education and training for Home Based service providers, including specialized training in areas identified by the service provider as areas of expertise such as sexual abuse, developmental disabilities, etc. Evidence of such training should be made available to FSSA. Family Case Managers should be trained on the best use of home-based services as well as the strengths and limitations to ensure that these services are used appropriately.

Commission on Abused and Neglected Children and Their Families Membership

Dr. Michael Patchner, Chair
Dean
Indiana University School of Social Work

Ms. Karen Biernacki
Director of CASA

Ms. Jane Bisbee
Deputy Director
Division of Family and Children

The Honorable Billie Breaux
Assistant Minority Whip
Indiana State Senator, District 34

The Honorable Mary Kay Budak
Indiana Representative, District 20

Dr. Jim L. Dalton, Psy.D., HSPP
Vice President and COO
Damar Services, Inc.

The Honorable Mae Dickinson
Indiana Representative, District 95
Assistant Democratic Whip

Ms. Eileen Doran
Family Violence Special Victims Unit

The Honorable Michael Dvorak
Prosecuting Attorney

Ms. Nancy Fisher
Foster Parent and Family Services Director
Whites Residential and Family Services

Mr. Dee Gibson
Executive Director
Whites Residential and Family Services

The Honorable Michael Gotsch
Judge, St. Joseph Circuit Court

Roberta Hibbard, MD
Community Pediatrician

Mr. Glynn Hipp
Director, Howard County OFC

The Honorable Connie Lawson
Indiana State Senator, District 24

Ms. Robyn Lugar
Interim Chair & Asst. Professor
Indiana State University
Department of Social Work

Ms. Andrea L. Marshall
Executive Director
Prevent Child Abuse Indiana

The Honorable David Orentlicher
IU School of Law
Indiana Representative, District 86

Ms. Beth Petrucce
Medical Social Worker
St. Vincent's Hospital

Detective Sgt. Rick Snyder
Marion County Sheriff's Department
Sexual and Physical Assault Unit

Barbara Spurlin
Fire Stop Coordinator
Fire Investigations Unit

Judge Viola Taliaferro
Monroe County Courts, Juvenile Division

Rachel Tobin-Smith, MSW, LCSW
Executive Director, SCAN, Inc.

Connie Van Slyke
CPS Case Manager 2
Investigator LaPorte County Office

Delen Williams
Adoptive Parent

Ms. Myrna Wolosin
Placement Probation Officer
Probation Department

Staff

Denise A. Malayeri
Public Affairs Director
Prevent Child Abuse Indiana

Dr. Gail Folaron
Associate Professor
Indiana University School of Social Work

Letter from the Chair

The Indiana Commission on Abused and Neglected Children and Their Families, created by the 2003 General Assembly (P.L.198-2003) and appointed by the Governor, Senate, and House of Representatives, is pleased to present this report to the citizens of Indiana. This Commission was formed to review the public and private child welfare systems in Indiana and to make recommendations to enhance service delivery, funding, best practices, training and qualifications of service providers; to address unmet needs; and to identify policy, program, and legislative changes that should be made. Throughout all of its work the overriding theme of the Commission members was to do what was right for children in Indiana by making recommendations that would prevent abuse and neglect and would enhance treatment and services to abused and neglected children and their families.

The Commission was committed to hearing from the public and working with the greatest degree of transparency possible. The Commission established an e-mail address, helpkids@iupui.edu, held public forums at eight locations throughout the state, and invited public comments and participation at its meetings, including meetings of all work groups. In all, hundreds of people provided input into the work of the Commission through the various avenues that were established. We heard from families who wanted more involvement, from Family Case Managers who discussed the need for smaller caseloads, from parents who wanted their children back home with them, from children and young adults who felt rescued, saved, and sometimes hurt by the child welfare system. We learned about best practices, system failures and heard stories and ideas about how the system could be improved. We also invited experts to address the Commission.

We wanted the public to be informed about our work. Therefore, we established a website, <http://socialwork.iu.edu>, where the public could find minutes of our meetings, schedules of our activities, and documents expressing our thinking. We are grateful to those hundreds of individuals who provided their input into the work of the Commission – they were heard.

I want to express my sincerest gratitude to the members of the Commission for their hard work and extraordinary commitment. Countless hours were devoted to this effort with all of the Commissioners working very diligently to assure we would meet our deadline despite getting a late start due to factors beyond anyone's control. The Commissioners who chaired our six work groups deserve special recognition because of their determination and focus in accomplishing our charge. The Commission is grateful to members of the work groups who volunteered their time and expertise and who were very committed in assisting with our work. I, and the members of the Commission, especially want to thank and recognize Dr. Gail Folaron, Associate Professor at the Indiana University School of Social Work and Denise Malayeri, Prevent Child Abuse Indiana, for their late nights, endless research and editing, facilitation of work group meetings, coordination of the statewide focus groups, collaboration and interactions with the public, and attention to details. Without their staff support this report would not have been possible. Finally, I want to recognize Dr. Robert Vernon for developing the Commission website and Ruth Alewine and Rob Downen for the hours they volunteered so that all the agendas, minutes and other business of the commission were posted in a timely manner.

P.L. 198 did not provide any funding for the Commission. Therefore, members of the Commission are extremely grateful to the Nina Mason Pulliam Charitable Trust and to the Kids First Trust Fund for providing grants to support the work of the Commission.

This report outlines recommendations that will improve the child welfare system in Indiana. The next step is for legislators, policy makers, and service providers to implement the recommendations of the Commission. Words cannot describe the pain, anguish, and the consequences that occur when children are abused and neglected. We believe by implementing the recommendations put forth in this report the children and families of Indiana will be better served.

It has been a privilege to Chair the Commission and to lead such important work. I am extremely grateful for this opportunity and I personally want to thank everyone who was involved in the work of the Commission, including the general public who wrote letters, attended our forums and meetings, and who constantly reminded us of the importance of our work. As Chair of the Commission, I worked to be as objective as possible, and Commission members did the same.

I am pleased with this report and the work of the Commission. I look forward to seeing some meaningful changes in the child welfare system so the lives of children and their families can be improved.

Sincerely,
Michael A. Patchner, Ph.D.
Chair, Indiana Commission on Abused and Neglected Children and Their Families, and
Dean, Indiana University School of Social Work

Introduction

The Commission on Abused and Neglected Children and Their Families and Those At-Risk of Abuse and Neglect (herein after referred to as “the Commission”) was created in the 2003 legislative session by Senate Bill 62. At the time this legislation was drafted, Indiana was facing a crisis with an unprecedented number of children dying at the hands of their caretakers. In fiscal year 2002, there were 61,369 reports of child maltreatment¹ including 69 child fatalities from abuse and neglect.² Each year, at least one child dies from child maltreatment every week in Indiana³ with younger children becoming victims more often than any other age group. In fiscal year 2002, 41% of substantiated abuse and neglect were children under six.⁴

Senate Bill 62 was authored by Senators Connie Lawson (R-Danville), Billie Breaux (D-Indianapolis), and Vi Simpson (D-Bloomington). Representatives William Crawford (D-Indianapolis), Vanessa Summers (D-Indianapolis), and Mary Kay Budak (R-LaPorte) sponsored the bill in the House of Representatives. The primary charge for the Commission was to develop and present an implementation plan for a continuum of services for children at risk of abuse or neglect and children who have been abused or neglected and their families. The bill received enormous support with a vote of 92-1 in favor in the full House of Representatives, and 43-2 in favor in the Senate. Commission members were appointed by the Senate, House of Representatives, and the Governor and represent a variety of backgrounds from across the state. (See Appendix A for a Commission Roster)

The Commission members were charged with the following:

- 1) Reviewing Indiana’s public and private family services delivery system for children at risk of abuse or neglect and for children who have been reported as suspected victims of child abuse or neglect,
- 2) Reviewing federal, state, and local funds appropriated to meet the service needs of children and their families,
- 3) Reviewing current best practices standards for the provision of child and family services,
- 4) Examining the qualifications and training of service providers, including foster parents, adoptive parents, child caring institution staff, child placing agency staff, case managers, supervisors, and administrators, and making recommendations for a training curriculum and other necessary changes,
- 5) Recommending methods to improve the use of available public and private funds to address service needs,
- 6) Providing information concerning identified unmet needs of children and families and providing recommendations concerning the development of resources to meet the identified needs,
- 7) Suggesting policy, program, and legislative changes related to family services to accomplish the enhancement of the quality of the services and identification of potential resources to promote change to enhance the services, and
- 8) Preparing a report consisting of the Commission’s findings and recommendations, and the presentation of the implementation plan for a continuum of services for children at risk of abuse or neglect and for abused or neglected children and their families.

The Commissioners began their work in November 2003 with a deadline of August 15, 2004, for a completed report to be presented to the Board for the Coordination of Child Care Regulation; Legislative Council, that includes leadership from the Indiana House and Senate; and Indiana's Governor. Legislation that formed the Commission did not provide public funding for the work of the Commission. Funding for the Commission was obtained through a grant to Prevent Child Abuse Indiana from the Nina Mason Pulliam Charitable Trust and a grant to the Indiana University School of Social Work from the Kids First Trust Fund. Prevent Child Abuse Indiana and the IU School of Social Work provided ongoing staff and resources to support the Commission's work.

This is the second Commission on Abused and Neglected Children and their Families. Unlike the 1992 Commission that focused solely on the public child welfare system, the 2003-2004 Commission was given two extra charges: to incorporate the private sector in their study, and to add children and families at-risk of abuse and neglect. During the first meeting of the Commission, the Commissioners were given the following charges by Chair Dr. Michael Patchner, Dean of Indiana University School of Social Work:

- To be ***inclusive*** of all points of view from all persons around the state;
- To make meetings and records ***accessible*** to the public;
- To be ***comprehensive*** in reviewing all facets of the child welfare system;
- To ***set aside specific priorities and agendas*** in order to consider what is best for children before anything else, and recognizing also that the family is in the best interest.

In line with the public access laws, all meetings and meeting minutes of the full Commission and work groups were open to the public. Press releases announcing meetings were sent to media around the state. Notices of upcoming meetings were announced at meetings, posted outside of meeting rooms, listed in the *Indianapolis Star*, and listed on the Commission website, <http://socialwork.iu.edu>. Notice of meetings was posted at least 48 hours in advance and a "meeting" was defined as any time two or more Commissioners met. All meeting agendas and minutes were posted on the website as well.

To fulfill the Commission's charge to be inclusive and accessible, public forums were held in all areas of the state. Areas that were not represented by Commissioners were a top priority when sites were chosen. Eight public forums were held in Evansville, Fort Wayne, Gary, Indianapolis, La Porte, Muncie, Seymour, and Terre Haute. Parents, grandparents, educators, students, foster parents, DFC staff, private agency representatives, and child advocates provided testimony at each site.

Monthly Commission meetings also provided an opportunity for testimony from the public. Presentations were made by numerous experts in the field of child abuse and neglect and related fields, testimony was given by experts in the audience and the general public was given time at the end of several meetings to address the Commission.

Commission members chaired six work groups to study the areas specified within the legislation. The six work groups included Service Delivery, Unmet Needs, Best Practices, Funding, Training, and Policy, Practice and Legislative Change. The membership within the work groups evolved and changed over time and represented a wide range of interests including all three

branches of state government, private and nonprofit organizations, public child welfare employees, foster and adoptive parents, academics, and union leaders. All members worked for a common goal, to improve the services and policies for children in Indiana. (A roster of members can be found in Appendix B). Each work group worked independently, drafted recommendations and presented their ideas to the full Commission at the monthly meetings. The recommendations that emerged from the various work groups each had a unique focus.

The Service Delivery Work Group, for example, focused largely on the immediate system, highlighting barriers to child safety and well-being. The number one priority of the commission, reducing caseload size, came from this work group. It became evident to group members, as well as the full Commission, that child safety and well-being would never be assured if the public system was not adequately staffed. Other recommendations from this work group included a need to review the technology and data system used by the Division of Family and Children and the need for enhancing the responsibilities of the county child protection teams. The Service Delivery Work Group is also responsible for drafting the recommendation for a Permanent Executive Committee on Child Abuse and Neglect. This recommendation came out of a concern that FSSA had no official oversight or advisory body to address the specific needs of the child welfare community, despite having 41 other advisory boards. Such an oversight body was deemed necessary to insure that the voices of children and families within the system are heard and to monitor the implementation of the Commission's recommendations.

The Unmet Needs Work Group took a different, more visionary focus. This work group was concerned about the causes of child maltreatment and the impact on families. After reviewing published research, media stories, and data from calls to the child abuse hotline, this group drafted recommendations to address problems in parenting and education. This group identified a basic need for parenting information among both the population identified to be 'at-risk' as well as the more wealthy, older, first time parent, who hesitate to seek professional help. To respond to this need, the Unmet Needs group is recommending a 10-year multi-media campaign, similar to other campaigns with demonstrated effectiveness.

A second basic concern from this committee was in response to the number of media stories that suggested that children were put at risk, and sometimes dying, due to an apparent lack of knowledge or training on the part of professionals. In a review of published stories, several professions were identified as needing increased training, including emergency room doctors, radiologists, caseworkers and mental health workers. On the other hand, best practices information was found to be available but not distributed due to a lack of funding. In response to this crisis, the Unmet Needs Work Group recommends that the Legislature fund a research and training institute to create a body whose responsibility would be to disseminate best practices information and be available to conduct immediate targeted trainings for professionals across the state when needed. This visionary approach would provide critical information to professionals during times of crisis as well as through requests, ensuring more understanding and collaboration between systems and enhancing the safety of Indiana's children.

Finally, the Unmet Needs Work Group was concerned about the overrepresentation of Children of color in the child welfare system. This work group reported that, "In Indiana, in 2001, forty percent of Black children remained in the system for more than 3 years while only 2-3% of the

White children remained more than 3 years." The reasons behind this dissimilar treatment is unknown. More time and adequate funding is needed to identify the root causes. The Commission members believe that an action research program which identifies and attempts to remediate the causes will be beneficial to families as well as a potential fiscal savings for the State.

The Best Practices Work Group identified numerous best practices throughout the state, many of which are preventative in nature with proven effectiveness. Some of the programs include Healthy Families Indiana, Hoosier Healthwise, First Steps, Early Childhood Mental Health Screening, Early Head Start, Head Start, Parents as Teachers, Quality, Licensed, Accessible Child Care, and mentoring programs (such as Big Brothers & Big Sisters, etc.) including Educational Mentors, the CASA and Guardian ad Litem programs and Family Court. Unfortunately, these proven programs, as well as other supportive resources, are unevenly distributed across the state. The Best Practices Work Group recommends an expansion of "resources and support to families in all 92 counties."

The Best Practices Work Group singled out two programs for particular emphasis. These included the Guardian ad Litem/CASA programs, which provide a voice for children in court, and the alternative response system, a new program which has been found to be highly effective in increasing child safety while keeping families intact, both nationwide and in pilot projects in Marion County.

The final three work groups, Funding, Training, and Policy, Practice and Legislative Change, took a very detailed look at their particular areas. The Funding Work Group addressed the immediate funding needs, such as the unintended consequences of SEA 01 which put several counties into an economic crisis, as well as the long term need to move Indiana from its current low ranking in federal dollars brought into the State. In addition, the Funding Work Group is suggesting methods of increasing the County coffers by seeking enforcement of reimbursement for part of a child's care and treatment by their parents. The Funding group is also suggesting that check off boxes be added to the State Income Tax Forms to support prevention services.

The Training Work Group intensely reviewed the curriculum of DFC Family Case Managers and supervisors, foster parents, adoptive parents, residential child care staff and home-based service providers and made very specific recommendations for training each group. In each curriculum, this work group found a need for increased training in sexual abuse, cultural sensitivity, disabilities, communication skills when working with children, and information on how to collaborate across systems. The Training group also agreed with the findings of the Unmet Needs Work Group on the need to increase the training of professionals. Too many children are falling through the cracks. To address this crisis, the Training Work Group is recommending that professional licensing boards include a requirement for regular training in child welfare issues for all professionals who work with children.

The final work group, Policy, Practice and Legislative Change, really began its work as the report came together. This group is composed of work group chairs, legislators, interested Commission members and other child advocates. This group is drafting legislation for the 2005

Legislative Session and is developing plans for educating the Legislators on the needs of children and families.

Over 70 recommendations were initially proposed by the work groups. The report that follows contains the top 32 recommendations of the Commission along with budget estimates and timelines. These recommendations have been developed to meet the short term needs of the next five years. The Commission recognizes that building a child welfare system that represents cutting edge services and policies that assist the families and children of Indiana will require vision, strategies, and systematic planning. Included in the report is a recommendation for a Permanent Executive Committee on Child Abuse and Neglect (PECCAN). It is the hope of the Commission that PECCAN will become the force behind the vision, responsible for identifying best practices and developing long term goals for the State.

In the short run, quick fixes are essential to improve Indiana's child welfare system; for the long term, something more is needed. Several years ago the Commissioner of Corrections for Indiana said to another Governor's Commission that if our goal was to decrease the need for, and cost of incarceration we ought to spend resources on "second graders." We concur. To truly insure the safety and well-being of Indiana's children, their families need attainable work at a living wage, affordable housing, education, healthcare, daycare, and transportation. These supports are more likely to assure the quality of life we seek than any incremental expansion of special services of last resort.

The recommendations that follow respond to the immediate crisis we face, a crisis that may have cost the lives of 120 children in the past two years.⁴ The recommendations are individually ranked as either a high or highest priority. The recommendations are all numbered for the convenience of the reader and do not represent a priority ranking, except for the first three which include the reduction of caseloads and enhanced hiring and training standards for public child welfare workers. The recommendations also include budget information. The information included in the body of the report was calculated by the Megan Ornellas, Assistant Director, HHS Division of the State Budget Agency. Additional budget information, calculated by Sarah C. Brooks, Fiscal/Program Analyst, Indiana Legislative Services Agency, can be found in Appendix C.

¹ Indiana Family and Social Services Administration (2002). *Fiscal Year 2002 Child Abuse and Neglect Fatalities*

² Indiana Family and Social Services Administration (2002). *Fiscal Year 2002 Child Abuse and Neglect Statistics*.

³ Indiana Family and Social Services Administration (January 2002). *2001 State Fiscal Year Demographic Trend Report*.

⁴ Indiana Family and Social Services Administration (2004). *Fiscal Year 2003 [Child Abuse and Neglect Fatalities](http://www.in.gov/fssa/families/protection/index.html)*, can be found at <http://www.in.gov/fssa/families/protection/index.html>

Draft of Proposed Recommendations by the Commission on Abused and Neglected Children and Their Families

Recommendation 1: Caseload Standards

The DFC shall meet the caseload best practices standard so that each worker shall have no more than 12 active investigations per month and 17 children for ongoing workers. Provisions shall be made to adequately staff so that caseloads are sufficiently covered during times of turnover, maternity leave, sick leave, vacation, etc.

Rationale

Study after study confirms the necessity of reasonable caseloads for public child welfare workers to effectively investigate and serve abused and neglected children and their families. The Child Welfare League of America recommends caseloads of 12 active investigative cases per month, per worker, 17 children per worker with no more than 1 new case assigned for every six open cases on caseloads for ongoing caseloads, or 10 active ongoing cases and 4 active investigations per caseload for workers with mixed caseloads. Supervisors should be responsible for no more than five workers (CWLA, 1999). Indiana caseloads are reaching or exceeding caseloads of 50 in several parts of the state.

When caseloads are at this level, it is impossible to provide the services needed to help families keep their children safe. By policy, home visits are required for all investigations unless supervisory approval is given to excuse this requirement. Ongoing workers are responsible for visiting the children on their caseloads, in their own home, every 60 days. Worker responsibilities and paperwork continue to increase as a result of federal legislation and a push for accountability. Meeting these requirements is a challenging task when caseloads exceed 50 children.

In many rural counties, ongoing and investigative workers rotate intake and on-call responsibilities. For investigators, intake reduces the worker's availability to make out of office visits to four days per week. Being on call may require a worker to work all night on an emergency and still be required to come into the office at the regular time to complete court work, placement activities, ICWIS input, etc. to fulfill on-call responsibilities. Indiana law requires ongoing workers to participate in regular review hearings at the juvenile court every 6 months. Some courts hold hearings every 3 months. Court participation requires preparation, notification of all parties, and attendance and presentation of cases in court. All of these activities take precious time away from worker-client interactions.

The GAO (2003) found that high caseloads are one of the leading causes of caseworker turnover. Turnover is high in many counties throughout Indiana. When a position turns over, there is often a delay in hiring. Provisions need to be made to adequately staff offices so that gaps created by turnover and new worker training, maternity leave, sick leave, vacation, etc. are sufficiently covered. Currently, overworked supervisors and line staff pick up the slack when workers leave or take extended absences. As a result, workers and supervisors are often covering two or more caseloads at a time. Large caseloads and worker turnover have been found to "delay the timeliness of investigations and limit the frequency of worker visits with children, hampering

agencies' attainment of some key federal safety and permanency outcomes" (GOA, 2003). In this environment, morale is low and children are placed at risk by the very agency mandated to protect them.

Cost and Timeline

Based on the most recent caseload information, it is estimated that an additional 720 Family Case Managers would be needed. In addition, 103 supervisory positions would need to be funded. The cost, which includes equipment and office space, would be approximately \$45.5 million. Some of these costs would be eligible for Title IV-E, Emergency Assistance and Medicaid reimbursement, so it is estimated that the net cost to the State would be approximately \$39.4 million.

The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 2: DFC Line Staff Qualifications/Hiring Requirement

Hiring requirements for Family Case Managers (DFC line staff) must be changed to include a degree requirement with a preference for a degree in human service or social work from a program which contains a structured, supervised practicum. To be consistent with the Council on Accreditation (COA) requirements, the practicum should have learning objectives and be a minimum of 6 academic credit hours. The student placement should occur in a child and family service agency.

Public child welfare supervisors should hold an MSW degree and/or bachelor's degree with five years of child welfare experience.

Rationale

The responsibilities of the child welfare worker requires skills in engaging and interviewing children and families, assessing the safety of children and the strengths and abilities of the parents, monitoring case progress, ensuring that essential services and supports are provided, and facilitating the attainment of the desired permanency plan for children in a timely fashion (Folaron, Hostetter & Decker, 2003). The assessments and decisions made by line staff often have profound impacts on the lives of children and their families. Indiana needs a professionalized public child welfare system to insure the safety of children and to provide quality services. OFC workers need to be well- trained, guided by skilled and available supervisors, and assisted with adequate and up-to-date technology.

Currently, there is no degree requirement for line staff and no child welfare experience is required of supervisors and administrative staff. As a result, many workers are without the support they need when making decisions regarding a child's safety and living arrangement. Many workers are left without adequate training, supervision and/or mentoring.

Worker education has been found to be directly related to performance and outcomes for children. Several researchers have found evidence that higher education, at either the Bachelor's of Social Work (BSW) or MSW level appears to be the best predictor of overall performance in social service work. Child welfare staff with either a BSW or MSW degrees have been found to

be better prepared for child welfare work than their colleagues, more effective in developing successful permanency plans for children in foster care, significantly more likely to create a permanent plan for children in their caseloads within three years, receive higher ratings from supervisors and report higher levels of skills, confidence and sensitivity to clients (Albers, Reilly & Rittner, 1990; Dhooper, Royse, & Wolfe, 1990; Hopkins, Murdick, & Rudolph, 1999; Lieberman, Hornby & Russell, 1988; The Pew Commission on Children in Foster Care, 2004).

Studies also show that graduates from schools of social work have also been found to remain on the job longer because the work is more relevant to their interests (Bernotzvicz, n.d.; Ellett, Ellett, Kelley & Noble, 1996; Lewandowski, 1988; Rycraft, 1994). This is significant in both effectiveness and cost savings. For example, the 2001 federal review identified several problems related to turnover and suggested that improvements be made in the following areas:

- The ability of workers to finalize permanency in a timely manner,
- Preserving the continuity of the child's connections,
- Adequate face-to-face visits with children,
- Adequate practice on parent visits,
- Engagement of children and parents in case planning, and
- Parents sometimes not knowing whom to contact.

Cost and Timeline

A MSW requirement would not change the classification or skill level of a Family Case Manager, therefore there would not be a fiscal impact associated with this recommendation.

The Commission passed this recommendation with a rating of highest priority with rapid initial implementation. Complete implementation is expected to be phased-in over an extended period of time. The Commission supports this recommendation being passed by the 2005 General Assembly.

Recommendation 3: Regional Training Staff Positions

The Commission recommends that the State allocate additional positions to increase the number of permanent DFC child welfare training staff to provide at least one full time trainer in each of the seven DFC regions.

Rationale

The DFC has developed a quality curriculum from which to train child welfare workers. The training unit, however, is sorely understaffed. The training unit, which consists of two professional staff and an administrative assistant, is responsible for meeting the training needs of over 900 Family Case Managers and supervisors. Training is contracted out to consultants.

The need for well-staffed Regional Training Centers was highlighted by the federal auditors in the 2001 CFSR Review. Reviewers recommended improvements be made related to training in the following areas:

- Staffing levels are not available to meet training needs because training is not offered as frequently as needed.
- Initial training does not provide sufficient understanding of the responsibilities loads.

- Training on ICWIS data entry was provided before the FCM had an adequate understanding of child welfare program and policy (US Dept. HHS, 2002).

To develop a responsive and professionalized system of training, the DFC needs both a base of permanent trainers located in each region of the state and a pool of experts from whom they can contract for specific trainings. Each group of trainers serves different needs.

The permanent staff would provide the core trainings and some of the in-service trainings, ensuring that the trainings are delivered in a timely and consistent manner. This staff would also be responsible for identifying regional training needs, scheduling trainers, evaluating worker learning, and providing mentoring to supervisors and staff. Training needs vary by region. Regional trainers would strengthen the training program through their availability and familiarity with local concerns. Regional trainers can be held accountable for ensuring that the curriculum is consistently delivered across regions.

There are seven training regions in Indiana. Each region needs a permanent training staff as well as contractual trainers. Contract trainers meet different needs than an in-house training staff. Contractual trainers bring the service world into the agency, serve as liaisons between the public and private services and provide the expertise and authority in specific content and/or services that are crucial for qualifying FCMs in court. The cost of hiring new trainers and maintaining the current system of Regional Training Centers will be partially offset by the travel cost of trainees who currently must travel to other regions to get timely training, eliminating the expense of repeated preparation time for trainers who are hired on a sporadic basis.

Cost and Timeline

The fiscal impact would depend on the level of need in each region. Assuming one trainer per region would suffice, the estimated cost would be approximately \$486,000. This would include seven regional experts at \$45,000 plus fringe benefits, and \$70,000 for miscellaneous expenses such as equipment, supplies, and travel.

The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority and the understanding that it may require an extended time for implementation.

Recommendation 4: Supervisor and Line Staff Training Requirements

The DFC should develop a policy requiring preservice training for all Family Case Managers *before* a worker carries a caseload. Training should include a period of job shadowing and a shared caseload. Preservice training should be followed by close monitoring and supervision. Before starting a caseload, casemanagers should have the following trainings:

- **Orientation**
- **Core training**
- **Data entry training on the Indiana Child Welfare Information System (ICWIS)**

Within the first 6-12 months, workers should attend the following trainings:

- **The first 10 units of foster parent preservice training**
- **Advanced training in sexual abuse**

- **Cultural sensitivity training with information on culture as it relates to oppressed populations, social class with specific information about overrepresented racial and ethnic groups**
- **Training in child and disabilities, including information on how to interact with children with disabilities.**

Advanced classes should be offered and required as an ongoing process.

CPS Supervisors should have the following trainings before beginning a supervisory caseload:

- **Family Case Manager preservice (CORE) training or pass a competency qualifying exam**
- **Supervisory CORE training**
- **Advanced training in child sexual abuse issues**
- **Diversity training**

Supervisors who have no current/previous hands-on child welfare field experience should participate in a shadowing experience of no less than two weeks and be mentored by field personnel through hands-on field experience for a period of no less than one year.

All new supervisors should receive clinical supervision for at least one year.

Rationale

Currently, the DFC has no written policy requiring training for child welfare workers or supervisors. Neither preservice training nor a college degree is required to perform the duties of a Family Case Manager (FCM). As a result, some workers in the field are making life altering decisions for children and families without the benefit of an appropriate education or training. Further, some of these workers are without the benefit of skilled and available supervisors and/or agency administrators. Currently, 32 counties have only part-time supervisors. Some of these same counties also have part time directors. In other counties, some supervisors are hired without the benefit of child welfare training or experience. In each of these counties, workers are left without the mentoring and support they need to make these difficult decisions.

According to a recent State Job Study, it takes approximately two years for new hires in child welfare to learn what needs to be done in their jobs and to acquire the knowledge, skills, abilities, and values to work independently (Ellett, 2001). In a study Commissioned by the Indiana DFC, researchers found that over half of the workers who responded to a survey on training needs had six or more years experience yet did not feel very competent in case management, collaboration, sexual abuse interventions or moving children towards permanency (Folaron, Hostetter & Decker, 2003).

In a federal audit of practice in Indiana, reviewers found that

- New DFC employees were assigned caseloads as soon as they were hired, making it difficult for them to attend training
- Experienced DFC case managers find it difficult to attend ongoing training because of the demands of their caseloads
- There is no ongoing training for DFC case managers on effective ways to work with parents of children with developmental delays and/or mental health and sexual problems
- Some FCM were deprived of adequate supervision in some localities and, as a result, the quality of practice declined (US Dept. HHS, 2002).

The impact of this lack of training was illustrated in the report by the federal auditors. They wrote, "Underlying issues such as substance abuse, domestic violence and multi-generational issues are sometimes overlooked in the assessment and service delivery processes, resulting in a failure to provide adequate services to keep children safe, prevent subsequent maltreatment and prevent removal" (US Dept. HHS, 2002).

Both workers and supervisors need a strong foundation in the policies, practices and theories related to child welfare before assuming a caseload. Currently, some of the DFC supervisors have no experience in the FCM position, several have never attended Core training, and survey results suggest that supervisors find it difficult to attend supervisory Core training until they have been in their positions for three years (Folaron, Hostetter & Decker, 2003).

Cost and Timeline

Assuming that the proposed training is similar in nature and scope as the training that would be used for accreditation, the fiscal impact of this recommendation would be approximately \$750,000.

The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 5: Permanent Executive Committee on Child Abuse and Neglect

Create and fund a Permanent Executive Committee on Child Abuse and Neglect (PECCAN) through legislative action. PECCAN shall be an ongoing child welfare advisory council to FSSA and the Board for the Coordination of Child Care Regulations, primarily responsible for assuring that the recommendations of this Commission are enacted, collaborating with the DFC in the development of strategic plans to enhance the child welfare system, identifying cutting edge practices in the work of child welfare, and serving as a conduit to coordinate communication and the work of other boards and councils throughout FSSA related to child welfare issues. PECCAN shall be composed of representatives from all disciplines involved in the issue of child abuse and neglect both public and private as well as clients who have been served by the DFC.

Rationale

The State of Indiana has been hampered by the lack of any permanent mechanism to react to the ongoing issues and challenges facing the public and private organizations serving children and their families and to keep the system on the cutting edge. Although the Indiana FSSA has many councils and boards from which to seek advice, PECCAN would be the only one involved specifically with the child welfare service delivery system. PECCAN would partner with the DFC in their strategic planning process, monitor recommendations from this Commission, and support the DFC in its work to bring best practices in child welfare to Indiana.

Currently, the Board for Coordination of Child Care Regulation serves as the primary entity charged by the Indiana General Assembly with overseeing issues related to child welfare, in addition to all facets of child care. The scope is large. The Commission, therefore, recommends establishing an ongoing strategic planning and advisory council (PECCAN) as a subcommittee under the umbrella of the Board for Coordination of Child Care Regulation. This subcommittee

would include representatives from the Legislature, FSSA, private citizens and members of the Board, similar to the make-up of the full Board for Coordination of Child Care Regulation.

Additionally, the Children's Coalition of Indiana (CCI) will be providing advocacy and oversight to the recommendations of the Commission. When the original Commission on Abused and Neglected Children completed its report in 1993, CCI served as a volunteer coalition of child-focused members who advanced legislative action, monitored the status and progress of the Commission's recommendations and served as a strong partner to insure that the first Commission's recommendations were implemented. CCI is still the only recognized coalition of child-focused interests and could both assist the subcommittee of the Board for Coordination of Child Care Regulation and ultimately PECCAN (as it is developed) in a similar role.

PECCAN should address the following system-wide problems and challenges in its initial sessions:

1. Turnover among State public child welfare leadership,
2. **The organizational design of FSSA,**
3. **Implementation of a statewide child abuse and neglect prevention program that communicates the value of children with a focus on three priorities: community education, outreach to insure that parents are seeking voluntary services, and prevention and early intervention services for at risk children and their families.**

Cost and Timeline

Depending on the language of the legislation, the PECCAN may fall under the rules of the Legislative Council. If this is the case, the PECCAN would have an authorized budget of \$8,000 if the Committee is smaller than 16 members, and \$15,000 if it is larger. If the Committee is not under the rules of the Legislative Council, then the cost would depend on the number of members, who staffs the Committee, and if reimbursements are to be provided for members.

PECCAN should be instituted immediately to serve as an oversight body for the Commission recommendations. The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 6: Community Child Protection Teams

Strengthen the independence, monitoring and review functions of the Community Child Protection Team (CPT) by providing training, resources, support and accountability.

Rationale

Improving the professionalism of the DFC requires improved collaboration and enhanced authority with the local Child Protection Teams (CPT). CPTs are multidisciplinary teams composed of professionals who are knowledgeable about child abuse and neglect, such as prosecutors, judges, CASAs, and medical professionals. These teams should be given more training, and their function and authority should be enhanced.

Any system in the state that deals with life and death issues of children and families should have an effective community oversight review system. The existing Child Protection Team (CPT) is an excellent beginning but falls short of having effective oversight authority. The current statutory plan for the Child Protection Team is a good foundation upon which to build. These statutes fall short of providing the team with true autonomy and authority. The present statute

provides for the establishment of a community Child Protection Team but limits its authority to that of an advisor of the local child protection services and/or the juvenile court.

Currently the operations of the team vary from county to county as does the objectivity and efficiency of the team. Some counties have a very well functioning team and others have difficulty with attendance, selection of the review of cases, with membership and a wide variety of other issues. By enhancing the review, oversight, and monitoring functions, CPTs are expected to become more uniform across the state. This change will strengthen the CPT function in accordance with the current statute.

In reviewing this legislation the committee recommends that:

- The authority of the Child Protection Team be strengthened through legislative changes,
- The convening body of the Child Protection Team be changed in order to effect a more neutral, objective team (such entities, for example, may be the CASAs in any given county, or the prosecuting attorney's office),
- The funding be allocated from the current OFC budget to provide a small stipend to assist in the operation of the team,
- The child protective teams may be convened at the request of other individuals or groups such as the courts, prosecutors office, foster parent association, etc. in order to review, monitor, or address an issue,
- The purpose of the child protective team shall be altered to include the function of monitoring the work of all involved in child welfare services in a county,
- To the extent to which there is no release of confidentiality, as defined by Indiana statute, the recommendations of the CPT would be made public, and
- Efforts should be made to assure that child protective teams operate consistently from county to county.

Cost and Timeline

The fiscal impact associated with the revised structure of the CPT teams is estimated at \$1200 per county. The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 7: Overrepresentation of Children of Color

Reduce the overrepresentation of children of color in the child welfare system by funding research to develop culturally sensitive screening tools, refine assessment practices and revise training. The unique factors that bring children into care must be identified and barriers to timely and appropriate interventions eliminated.

Rationale

Consistent with national trends, children of color are overrepresented in the Indiana child welfare system. Overrepresentation is the term used to define the high percentage of children of color in the child welfare system being larger than their percentage in the general population. Indiana's child population (under 18) based on the 2000 census is composed of 81.5 % White; 10.4% Black; 4.8% Hispanic, and 3.3% other; while the Indiana foster care population in 2001 was made up of 61.76% White; 34.26% Black and 3.98% other (FSSA, 2002). The numbers are more dramatic when reviewed for counties where more African American children live. In

addition, Black children are overrepresented at every point in the system: investigations, out-of-home care, Termination of Parental Rights (TPR), etc.

Researchers have found that children of color not only enter foster care at a higher rate but they stay longer, leave at a slower rate than White children and are less likely to be reunified with their families. These disparities exist despite evidence that there are "no differences in the incidence of child abuse and neglect according to racial group" (The Pew Commission on Children in Foster Care, 2004, p. 50). In Indiana, in 2001, forty percent of Black children remained in the system for more than three years while only 2-3% of the White children remained more than three years. These numbers clearly document the overrepresentation and disproportional treatment of children of color in the Indiana child welfare system.

Indiana taxpayers spend millions annually to house children of color in foster homes and residential care facilities. In 2003, for example, the Family and Children's Fund expenditures totaled approximately \$350 million (IARCCA, 2004). Given that 34.26% of children in foster care are Black, the projection can be made that \$120,000,000 of that expenditure was for children of color. What is unknown is whether this money could be used more appropriately to fund less costly and more effective preventions and interventions that keep these children safe.

Funding for research is needed to determine the causal factors of this overrepresentation of children of color in Indiana's child welfare system. There are currently no studies on the cultural sensitivity of screening tools, for example, or the effectiveness of cultural competence training. A well-funded action research agenda is needed to examine and revise the existing child welfare screening tools, and training is needed to insure cultural sensitive assessment and interventions.

Research findings can lead to the development of appropriate screening tools and mechanisms for ensuring the safety of the child while allowing for culturally sensitive assessments and practice. A decrease in the disparity between the numbers of children of color in the general population and the child welfare system can result in significant savings to the State and more consistent care for children of color.

Cost and timeline

This initiative would require a minimum of \$125,000 annually from public funds for at least three years. Costs include professional research, developing the metrics for measuring success, seeking private sector participation and support, developing initial training and screening tools, data analysis, disseminating information about the research and the results and curriculum development. This study and the implementation of the results in revised screening tools and empirically tested trainings is expected to save the State money by identifying and correcting the factors that result in the costly overrepresentation of children of color in out-of-home care.

This recommendation passed with a rating of highest priority. The implementation of this recommendation should begin immediately.

Recommendation 8: Transitional Living Services

Develop and implement transitional living services for youth in out-of-home care who are “aging out” (turning 18 years of age or being emancipated) of the child welfare system. Transitional living services need to assist the youth in planning and implementing a plan for education, employment, housing, health care, connecting with significant others, and the development of problem solving skills.

Rationale

Currently, 5,300 children are in foster care in the State of Indiana (IN FSSA, 2004a). In SFY 2002, 330 youth aged out of foster care (IN FSSA, 2004b). In a study on the status and outcome of children who age out of foster care, "an unacceptable number ended up living on the streets, lacked a place to live, were incarcerated, lacked enough money to meet their basic living expenses, failed to maintain steady employment or were physically or sexually victimized" (Reilly, 2003, p.740). This is especially true of youth with developmental disabilities and/or mental illness. Reilly (2003) suggests that training and services increases the likelihood of more positive outcomes for emancipating youth.

The youth exiting the foster care system need more extensive support than children who grow up with consistent, loving relationships and structure. Public monies are spent to keep youth in substitute care until the age of 18. At 18, these children are generally discharged from the system without money, medical care, or family support. Prior to discharge, these youth need training and skill development in independent living. Post discharge, these children need a continuum of services which include medical care, housing, educational resources; mentoring programs, and financial resources. There are some funds available to support these youth through the IV-E Independent Living Program and the Medicaid waiver option, but these funds are insufficient and often not accessible.

The 2001 federal review of Indiana's child welfare system found significant gaps in the housing, employment, and training services and resources available to older youth. In addition, the auditors suggested that Indiana provide competency-based training for all Family Case Managers regarding case planning for transitional living services, funding sources available for transitional living services, and information about how to access funding. These are areas that were cited in the 2002 Federal CFSR Report as needing improvement. They are areas that continue to need improvement (U.S.DHHS, 2002).

Transitional living services for youth aging out of the system can be enhanced by:

- Providing competency-based training for all Family Case Managers regarding case planning for transitional services, funding sources available for transitional living services and information about how to access funding,
- Maximizing the utilization of the John Chafee Foster Care Independence Program funding,
- Maximizing the utilization of the Education Training Vouchers to support the transition and success of foster youth attending college or vocational education,
- Maximizing the utilization of the Title IV-B dollars for Independent Living Skills development,
- Amending the Medicaid State plan to extend coverage from age 18 to 21 years of age, and

- **Adopting and mandating an assessment tool and an evidence-based curriculum with documented outcomes for independent living skill development.**

Cost and Timeline

In the last 4 years, 309 children, on average, have aged out of the child welfare system annually. Assuming this population remains stable, the proposals in the recommendation would cost approximately \$2.8 million.

An assessment tool and evidence-based curriculum for Independent Living Skills would cost approximately \$900 per child. If this service were to be mandated, the annual cost would be approximately \$279,000.

Training costs would depend on the level of intensity and the program utilized. For the purposes of this report, the training figure that was used for accreditation will again be utilized. Therefore, the cost to provide competency-based training for all Family Case Managers regarding transitional services is estimated to be approximately \$750,000.

If the State Medicaid Plan were amended to include those children that have aged out of the child welfare program, the estimated cost would be \$600,000 in year one and would reach full cost in year three at \$1.7 million. This is assuming that the State could include only those children aged 18-21 who have aged out of the child welfare system. This estimate also assumes that income is not a consideration and that the average per member per month (PMPM) cost remains at \$150.

The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 9: HB 1194

Amend HB 1194 to better facilitate kinship and emergency placements of children removed from their homes following reports of abuse or neglect.

Rationale

An amendment to HB 1194 will create an appropriate balance between the physical safety and the emotional well-being of the child removed from their home as a result of abuse or neglect.

Current federal laws and policies require that children who are removed from their homes be placed in the least restrictive environment possible. According to federal guidelines, relatives should be considered for placement before any other placements are considered. Research suggests that children are less traumatized when placed with people they know and with whom they are comfortable. Relative placements have been identified as least restrictive and the least traumatic to a child's well being.

HB 1194 requires local, state, and federal criminal history checks plus CPS checks and juvenile records of the people living in a relative's home before a child can be placed with a relative caregiver following a report of abuse or neglect. This places relatives at a higher standard of scrutiny than licensed foster families and residential care facilities.

State police and CPS background checks can be done promptly and would not impede an immediate relative placement. Juvenile criminal history and criminal background information, however, are less readily accessible. Currently, there is no central computerized system within Indiana to do juvenile criminal history checks. It will also be expensive and difficult to obtain the required criminal background information from the federal government (FBI). Delays in obtaining this information will result in multiple moves for children before they can be placed with a relative caregiver.

The federal government has fiscal penalties for states that fail to meet standards set by federal guidelines. The provisions contained in HB 1194, as it currently stands, may put Indiana at risk of losing federal dollars because of non-compliance with relative placements, least restrictive environment, and the number of times children are moved from placement to placement.

Cost and Timeline

There is no fiscal impact associated with this recommendation. It is the recommendation of the Commission that this recommendation be passed by the 2005 General Assembly and become effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority and encourages rapid implementation.

Recommendation 10: Motion to Dismiss a Case

Amend IC 31-34-9-8 to require the Division of Family and Children to provide a rationale to the court in every instance in which they request a motion to dismiss a case. The motion shall be granted within 10 days unless the court sets the matter for a hearing.

Rationale

Under the current statute and recent case law, a motion to dismiss a CHINS case filed by the OFC must be granted by the court if it is prior to the parent's admission to the CHINS petition. Under the current law, the OFC does not have to provide any reason for the dismissal, nor is the OFC required to consult with the child who is the subject of the CHINS action or with anyone else about the dismissal of the case. As a result, a CHINS case can be dismissed when it may not be in the best interest of the child. The written rationale for dismissal filed before the court will give the court discretion on whether to set the matter for hearing and/or appoint a GAL or CASA to represent the child's best interests. The GAL/CASA will be able to present evidence to the court regarding the dismissal and the safety of the child.

Cost and Timeline

The implementation fiscal impact is expected to be minimal and would include a short increase in court time and paperwork. The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 11: Adoption Disclosure Law

Amend IC 31-19-11-1 to include a finding that the requirements of IC 31-19-17, Sections 1, 2, 3 and 4, have been complied with prior to approval of an adoption.

Rationale

The Disposition of Petition for Adoption (IC 31-19-11-1) lists the findings the court has to make in order to approve an adoption. The list includes such issues as suitability of the adoptive parents, paternity, legal notification of absent or non-custodial parents, etc. This law should be amended to require the placing agent to show that the available medical, educational, psychological information and social history on the birth parents and child has been provided to the adoptive parents. The purpose of such an amendment is to reduce the number of disrupted adoptions by apprising adoptive parents of any issues that might suggest a need to seek professional support and services.

Currently, disclosure of background information, including medical and psychological histories about the birth parents and the child being considered for adoption, is addressed in IC 31-19-17, Sections 1, 2, 3 and 4. This law includes a disclosure requirement for both public agency and private adoptions including those handled by private attorneys. The one possible exception might include situations in which the adoptive parents make private arrangements to adopt a child and hire an attorney to process the adoption through court. For all other adoptions, there is no check to assure that adoptive parents receive all information available to them and there is no legal penalty to the agent who does not provide information to the adoptive parents.

Rather than try to impose some type of criminal penalty that would require enforcement and would still operate after the adoption had taken place, it might help if courts were required to insure that adoptive parents had been provided with the information to which they are already entitled under IC 31-19-17 prior to approving an adoption. It is believed that such efforts on the part of the court will help decrease adoptive disruptions and post-adoptive law suits.

Cost and Timeline

The fiscal impact is expected to be minimal and would include a short increase in court time and paperwork. The Commission endorses this recommendation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 12: SEA 01 enacted in December 2003

Carve out the Family and Children Fund from the growth caps and limits on the banking of unused tax levies that were imposed as a result of SEA 01 enacted in December 2003.

Rationale

The limits placed on the county Family and Children Fund in the 92 counties were effective 1-1-04. Counties lost \$20.4 million in dollars that had already been appropriated to the Family and Children Funds by the 92 county councils. SEA 01 restricted the flexibility of counties to respond to annual fluctuations in the number of children reported as abused or neglected, the

number of children needing placement, and the number of children who are able to be returned to their families or adopted. The Family and Children Fund should be exempted from the limitations imposed by SEA 01 and returned to the previous limits on growth that were in effect prior to 1-1-04.

Timeline

The fiscal impact of this recommendation would be dependent upon the amount levied by counties. As a general rule, the State's Property Tax Replacement Fund (PTRF) supplies approximately 25% of the amount levied. For example, if an additional \$20 million were levied to pay for services, the cost to the State would be approximately \$5 million.

The Commission passed this recommendation with a rating of highest priority with rapid implementation and encourages its passage by the 2005 General Assembly, becoming effective July 1, 2005.

Recommendation 13: Child Support for Children in Out-of-Home Care

Encourage parents to pay child support for children in out-of-home care, in accordance with the parents' ability to pay.

Rationale

Parents should acknowledge their responsibilities for the child through some level of payment that depends on income level. Some courts are reluctant to order child support payments. Parents on public assistance or who otherwise have little or no income should be exempted from this requirement. However, the majority of parents (at least the 69% whose children are not eligible for Title IV-E payments) can pay at least a minimal amount. This payment should reflect their commitment to their child and will assist in the reimbursement of taxpayer funds for the care of their child. In making the determination about an order for child support, the court should consider that a parent may incur additional expenses to visit the child, or may have reduced income as the parent may have to take time off from work to attend court hearings, counseling sessions, etc.

This recommendation is consistent with current state and federal statutes. Indiana Code 31-34-19-1 which states, "During the dispositional hearing for a Child in Need of Services, the Indiana Code requires the Juvenile Court to consider the following among other items...the financial responsibility of the parent or guardian of the estate for services provided for the parent or guardian or the child." Similarly, federal statute requires the State, "where appropriate, to take all steps to secure an assignment to the State of any rights to support on behalf of each child receiving foster care maintenance payments under Title IV-E " (42 U.S.C. 671).

Cost and Timeline

This recommendation has no negative fiscal impact to the State. The Commission passed this recommendation with a rating of highest priority with rapid implementation.

Recommendation 14: Payment of Providers

Comply with IC 36-2-10-11 regarding timely payments to providers by the county treasurer. Conform to best practice standards that require payment of providers within 60 days.

Rationale

Providers often wait months for payment for the care and treatment of CHINS and probation children. Timely payment to providers would reduce the cost of borrowing that providers have increasingly had to carry. IC 36-2-10-11 requires the county treasurer to pay each warrant of the auditor when it is presented, if there is sufficient money in the county treasury. If there is no money in the treasury, the warrant bears legal interest on the date it is presented, with interest continuing until the treasurer gives public notice that there is money to redeem outstanding orders (IC 36-2-10-11) or until the auditor calls for the redemption of outstanding county warrants (IC 36-2-9-17).

Providers have little or no reserves and increasingly are extending their line of credit out to the maximum allowable. In addition, some providers have been unable to maintain service to the community and have closed their doors. The most prominent agency that closed was Pleasant Run Children's Home in Indianapolis, but other, more rural, agencies have closed as well. In May 2004, the Shelby County Youth Shelter and Youth Service Bureau announced its closing; in addition, St. Vincent's Hospital announced the closing of its residential treatment program in May.

Accreditation standards for providers require them to make payment of accounts within 60 days; providers need to have their receivable payments within 30-60 days to maintain their own accreditation standards. These same standards should be the practice of State and county government in paying for services from providers.

Cost and Timeline

There is no fiscal impact associated with this recommendation. The Commission passed this recommendation with a rating of highest priority with rapid implementation to comply.

Recommendation 15: The GAL/CASA Programs

Amend IC-31-34-10-3 so that every child in Indiana who is found to be a Child in Need of Services (CHINS) is represented by a Guardian ad Litem (GAL) or Court Appointed Special Advocate(CASA) with a gradual phasing in of the GAL/CASA program over the next 6 years. Volunteer GAL/CASAs assigned to represent children in a CHINS must be well-trained, well-screened, and supported in their work with children by a certified program pursuant to Indiana Office of GAL/CASA program standards.

Rationale

Children under court supervision should have a voice in the decisions that impact their safety, permanency and personal future. Currently, not all children are invited to the court hearings that determine their futures, nor do they have adequate representation. Many times they do not have a

voice in court. Indiana is the only state which does not require representation for children by an attorney, Guardian ad Litem or CASA in all abuse and neglect proceedings.

Indiana currently has 69 GAL/CASA programs. GAL/CASA responsibilities include conducting independent reviews of a child's situation and submitting formal recommendations to the court. GAL/CASAs are trained volunteers, appointed by the judge, to represent the best interests of a child in courts. GAL/CASAs generally have only one to two children on their caseloads so they have the time to meet the children and their families, investigate the child's circumstances, advocate at court hearings through written and verbal presentations, and monitor the family's compliance with the court order (Bilchik, 1997).

The appointments of GAL/CASAs are a proven means of strengthening the voice of children in the courtroom. Further, researchers have identified positive outcomes in states where GAL/CASAs are involved, including reduced court time and quicker permanency decisions. The Office of Justice and Delinquency Prevention (OJJDP) views GAL/CASA as both a safety net for abused and neglected children as well as an essential ally in delinquent prevention (Bilchik, 1997). The GAL/CASA program is endorsed by the National Council of Juvenile and Family Court Judges and The American Bar Association (The Pew Commission on Children in Foster Care, 2004).

Indiana must expand the appointments of GAL/CASAs for children under court supervision. Currently, GAL/CASA representation is not mandatory in standard abuse and neglect cases or in all sexual abuse cases in Indiana unless parents deny the allegation. I.C. 31-34-10-3 requires that a CASA/GAL be appointed in CHINS cases in the following situations:

- If the parent, guardian or custodian denies the allegations of the CHINS petition,
- If the child substantially endangers the child's health or the health of another individual,
- If the child's parent, guardian or custodian fails, due to inability, refusal or neglect, to supply the child with necessary medical care,
- If the location of both of the child's parents is unknown,
- If the child is born with fetal alcohol syndrome or any amount, including a trace amount, of a controlled substance or legend drug in the child's body, or
- If the child due to an injury or abnormal physical or psychological development, or is at a substantial risk of a life threatening condition, arising from or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy.

Generally judges, attorneys, and caseworkers do not have sufficient time or resources to provide the in-depth information courts need to make fully informed decisions about these children's future and well-being. Therefore, we recommend an expansion of the Court Appointed Special Advocate Program.

Cost and Timeline

Currently, there are 24 counties without programs and several that do not have sufficient funding to handle their caseloads. The CASA program would require an additional \$800,000 annually in order to expand the program. This would allow for additional funding for those programs that are insufficiently funded and phase-in an additional four to five new programs each year. Funding is also included for two coordinators to perform training and assist in the implementation.

The phasing in of the GAL/CASA program across the state will require a six-year timeline. *The CASA programs must be certified by the State Office and follow State guidelines and standards.*

There are currently 23 counties without any programs. Other counties have programs but they do not represent all children. For the larger counties, such as Marion, Lake, Allen, St. Joseph, and Vanderburgh, which currently have programs, we recommend a 15-20% increase in representation each year (with funding to help get them there) over the six-year time period. In the rural counties several multi-county programs can be developed, which will save money as they can share resources and staff through staffing, recruitment, public relations and community efforts, and joint trainings.

The Commission passed this recommendation with a rating of highest priority with the understanding that the implementation and cost would be extended over a number of years.

Recommendation 16: Family Support

Sustain and expand equitable resources to support families in all 92 counties. Insure that each county has sufficient public and private services to fully support families thus preventing child abuse and neglect and out-of-home placement whenever possible.

Rationale

Pre-placement/preventative services seem to be one of the fastest growing and most successful services in our state. Families come to trust and rely on the workers who visit their homes on a regular basis. Home-based services, along with other services offered in our communities, work to enhance the strengths of our families, while intervening on the problems that brought that service to the family.

Service accessibility is often limited in rural areas leaving families underserved and children at risk. FSSA needs to develop a minimal standard for services availability and accessibility and take a leadership role by overseeing and implementing a continuum of services to families from prenatal to 21 years of age. Such standards are necessary to assure that every county has ample services to offer families in need and provide assurance that services will follow children and families as they move from one location to another.

Federal reviewers documented gaps in services to Indiana children and families in the 2001 Child and Family Service Review. Areas identified as needing improvement included:

- Services provided were not always linked to family needs, impacting both child permanency and well being,
- Underlying issues such as substance abuse, domestic violence and multi-generational issues are sometimes overlooked in the assessment and service delivery processes, resulting in a failure to provide adequate services to keep children safe, prevent subsequent maltreatment and prevent removal,
- After children were reunified with their families, DFC sometimes closed the case without providing post-reunification services, linking the family to community supports or ensuring that changes that occurred within the family were lasting ones,
- In some localities, children did not receive timely treatment for their mental health needs due to delays in assessment and service delivery,
- In one locality, there were shortages of foster family homes, housing, substance abuse services, residential group home services, services for the hearing impaired, pregnancy and services provided for Spanish-speaking parents,
- Deficits existed in services to developmentally-delayed and mentally ill children and parents. Getting to and from services was a problem especially outside of normal business hours and in most rural localities, and
- There were some delays in accessing services in one locality because the demand for services exceeds the supply. (U.S. DHHS, 2002)

On the other hand, there are several programs and services throughout the state that have been quite successful in preventing instances of child abuse and neglect from ever happening, through parent education and support. Many homebased service programs have been successful in keeping children safe in their own homes. Programs that implement best practices standards should not be eliminated. At the same time, preventative programs and interventions that

educate parents on issues of childhood development and support and strengthen the family unit, should be continuously funded, evaluated and expanded.

Children's needs should drive the provision of services, as opposed to the availability of funding to pay for necessary services. Services in Indiana must be more adequately funded without regard to county of residence.

Cost and Timeline

According to a report prepared by the Juvenile Law Commission, the State of Indiana spent approximately \$14.6 million in SFY02 on prevention and child well-being services. An additional \$151.8 million in federal funds were also used for these services. The cost of this recommendation would depend on the outcome of an assessment of unmet needs.

This recommendation was rated as one of the highest priority recommendations by the Commission with an understanding that the implementation would be extended over a period of years.

Recommendation 17: Federal Dollars into Indiana

Increase federal dollars into Indiana, particularly under Title IV-E, Medicaid, and other sources.

Rationale

Indiana has traditionally drawn down fewer federal dollars than other states. There should be an emphasis on exploring Medicaid and other sources of funding for programs that will expand the array of available services and bring additional resources to the table to meet current and emerging needs.

Indiana should maximize use of Title IV-E training dollars for case managers, child caring institutions and child placing agency staff, foster parents, and adoptive parents. Current training dollars are limited by the availability of few State matching dollars. This funding source can provide 75% federal participation for some training programs related to out-of-home care, foster care and adoption. Options to increase the State's share of matching funds, including the use of private matching dollars, to draw down additional federal funds should be explored and action taken.

In addition, key administrative, legislative, and advocacy groups should support efforts at the federal level to de-link the Title IV-E program to the 1996 income standards for the former Aid to Families with Dependent Children (AFDC) program and replace the link with an annual adjustment for the income standards. The 1996 Welfare Reform federal legislation replaced the AFDC program with the Temporary Assistance to Needy Families program. It maintained the link to income standards from 1996, however, making it more difficult each year for children to qualify for Title IV-E foster care assistance. Indiana's percentage of children on this program had been as high as 45% in the mid-1990s; the current rate is 31%. This means that thousands of children, who might have been eligible for this program if the income standards had increased for each of the past eight years, are not eligible for federal assistance. This means fewer dollars to reimburse counties for foster care payments, fewer dollars to cover the administrative costs of case managers for those children and fewer training dollars. The percentage of children eligible

impacts the dollars received by the State for all three types of funding: room and board for the children, administrative funds and training funds.

Examples of other federal funds which should be explored include the Medicaid Rehabilitation Option expansion to accredited or qualified service providers; Medicaid's Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) program to include additional early intervention services; the Child Abuse Prevention Treatment Act (CAPTA) funding and requirements, and Title IV-D child support regional incentive funds.

Cost and Timeline

The fiscal impact of this recommendation would depend on any resulting proposals. Obviously some options, such as Medicaid expansions, would require additional State funds, while other federal dollars could be maximized at no cost to the State.

The Commission encourages this recommendation be given the highest priority with extended implementation. The implementation of this recommendation should begin immediately.

Recommendation 18: Regional Experts for Funding Resources

Maximize each child's eligibility for federal programs through use of regional experts in funding resources. Where possible, streamline the processes for determining eligibility and provide incentives for agencies to work together to fund services.

Rationale

Case managers and others who work with children's services cannot keep up with the various programs and waivers that may be used to better serve children and their families. Regional experts who are trained in the various funding resources, who know Medicaid, Title IV-E, various waivers, Medicaid's EPSDT program, Special Education funding, etc., can assist front-line staff in finding resources and benefits that enhance the service delivery for each child and family.

Some children receive services from multiple agencies, have multiple case managers, multiple assessments or evaluations, and multiple plans for services based on each system. Other children get little or no service. Agencies should be encouraged to work together across systems to "braid" funding to provide services to children. Dollars that are unspent as a result of these efforts should be moved to the front end of the service array to provide prevention and early intervention services. Collaboration between the county probation departments and county Offices of Family and Children should be improved. County probation youth and Children in Need of Services (CHINS) receive services through the same fund, the Family and Children's Fund. Improved collaboration and cross-training will enable both offices to more effectively make use of the dollars that are available and assist in identifying all the federal funding programs for which children may be eligible. Examples of initiatives that are promising include the family court model, SHOCAP for information sharing and planning regarding habitual offenders, and community and school projects to reduce truancy and suspensions.

Cost and Timeline

The fiscal impact of this recommendation would depend on the level of need in each region. Assuming one expert per region would suffice, the estimated cost would be approximately \$456,000.

This would include 7 regional experts at \$45,000 plus fringes, \$30,000 for travel, and \$10,000 for miscellaneous expenses such as equipment and supplies.

The Commission supports this recommendation with the highest priority rating with the understanding that the implementation will be extended over a period of years. The goal of streamlining the eligibility process and providing incentives for interagency collaboration can best be implemented over time through the development of a strategic plan.

Recommendation 19: Title IV-E

Reinstate the Title IV-E State share in budget cycle 2006-07 and increase the State share of funding for the Family and Children Fund in budget cycle 2008-09.

Rationale

The State share of Title IV-E Foster Care should be reinstated in the budget cycle for SFY 2006 and 2007. In the budget cycle for 2008-09, the State budget should include an increase in fiscal support for the 92 county Family and Children Funds. The State General Fund contributes only 10-12% (including property tax replacement funds) to the overall expenditures of the Family and Children Fund. Sixty-seven percent (67%) is county funding; approximately 20% is federal, and the remaining amount (3%) comes from parental reimbursements. The breakdown of Title IV-E participation formerly included participation by the State at 23%, the county at 15%, and the federal government at 62%. Reinstatement of the State portion would help local office budgets. An increase in the State's participation in the overall Fund can assist with development of more prevention and family preservation services and will strengthen county cash flow. Current cash flow is restricted to the two property tax draw-downs per year (June and December) with very limited funding received between those two periods.

Cost and Timeline

Currently, the State is not providing a State share for Title IV-E Foster Care. Using State Fiscal Year 2004 Title IV-E funds received, the State's share would be approximately \$6.8 million.

The recommendation also includes increased State support for the Family and Children's Fund. A specific level of support is not identified, so the cost to the State would vary depending on the actual request. For example, if the State were to have contributed 10% in State Fiscal Year 2003, the cost would have been \$25.8 million. If the required contribution would have been 60%, this cost would have risen to \$154.7 million.

The Commission passed this recommendation with a highest priority rating with rapid implementation with the understanding this implementation will extend over a period of years.

Recommendation 20: Medicaid Waiver Services

Increase the availability of Medicaid waiver services to families with children with disabilities. The ultimate goal is to eliminate the waitlist.

Rationale

In July 1999 the Supreme Court of the United States issued the *Olmstead v. L. C.* decision. The *Olmstead* decision clearly challenges federal, state, and local governments to develop cost-effective community-based services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” Indiana, like many other states, is not in compliance with the *Olmstead* decision because of the long waiting lists of individuals with disabilities for Medicaid waivers. Medicaid waivers allow Medicaid funds to pay for home and community-based services to people with disabilities who otherwise would require care in a Medicaid funded facility.

As part of the effort to reduce the incidence of abuse and neglect of children, Indiana should appropriate State matching funds to expand Indiana’s Medicaid Waiver program and reduce waiting lists for Medicaid Waiver services for children with disabilities. Indiana should also use available federal dollars to help fund a careful review of Indiana’s Medicaid Waiver waiting lists to determine the number of children who are waiting for services.

Children with disabilities often place higher emotional, physical, economic, and social demands on their families (*Benedict, White, Wulff, & Hall, 1990*). The difficulties experienced by families of children with disabilities are related to many factors – the degree of severity of the family member’s disability, challenging behaviors, family situations, parenting skills, the capacity to cope with adversity, and availability of community supports. As a result, children with an identified disability are 3.4 times more likely to be maltreated than children without an identified disability (Sullivan & Knutson, 2000). In addition, the majority of fathers with children with special needs leave the family (Davis & May, 1991).

Prevention services are needed to support families before a crisis occurs or a family is torn apart. The American Academy of Pediatrics (2001) suggests that support and assistance with parenting skills are often needed and recommends that families be referred to parent support groups, respite care and home health services, when appropriate.

Thousands of families in Indiana cannot access home and community based supports for a child with a disability due to long waiting lists for Indiana’s Medicaid Waiver services. Medicaid Waivers allow Medicaid to provide critical supports -- such as respite care, attendant care, home modifications, behavior supports, and therapies – that can assist families in caring for a loved one at home. These supports can greatly reduce the stress of caring for a child with a disability.

Medicaid Waivers, unlike the general Medicaid program, are not an “entitlement.” Individuals must meet specific criteria to be eligible for a Waiver. A limited number of Medicaid Waiver “slots” are available, and are allocated to eligible individuals based on the date of application. Thus, families who apply for services for a child may not receive needed supports for many years. The “child” may be an adult before services are available.

State funds should be appropriated to provide the necessary State match to draw down federal Medicaid dollars to increase the number of "slots" available under the Medicaid Waiver program. This, in turn, will allow more children to receive services.

The 2003 Child Abuse Prevention and Treatment Act Amendments allow Federal Title I Funds to be used to make improvements in how abuse and neglect cases of children with disabilities or serious health problems are addressed. Recommendations made in 1995 by the National

Symposium on Abuse and Neglect of Children with Disabilities recommended that 10% of federal funds for child abuse awareness be devoted to disability issues. These funds could be a source to fund a careful review of Indiana's Medicaid Waiver waiting lists to determine the number of children who are waiting for services.

Cost and Timeline

Indiana Medicaid has a total of eight waiver programs and the cost and people served on each of these programs varies drastically. Using projections for FY2005, the total cost per person for any one waiver ranged from \$11,554 per year for the Assisted Living Waiver to \$73,188 for the Developmentally Disabled Waiver. This translates into \$4,300 and \$27,240 State dollars respectively.

The Commission passed this recommendation with a rating of highest priority with an extended timeline for implementation. The ultimate goal is to eliminate the waitlist. Commission members discussed the option of recommending reducing the waitlist to no more than two years but were told that the current waitlist exceeds five years in many cases. This recommendation would benefit from a well developed strategic plan.

Recommendation 21: Qualifications and Training of Foster Parents

Foster parent trainings, both preservice and in-service, should be standardized, mandated and regularly scheduled. An assessment system needs to be developed to identify the ongoing training needs of foster parents on an annual basis.

Prospective foster parents shall meet the following minimal preservice qualifications

- **Passing a criminal background check as allowed by State law**
- **Twenty hours of training, as required by law, for a regular license and 30 hours for a special needs and therapeutic license.**
- **An additional six hours of adoption training for foster parents who are considering adoption. (A six hour curriculum is currently mandated for all other DFC adoptions.)**

Foster parent training and curriculum

- **Training content and in-service trainings for foster parent should be standardized and based on type of license.**
- **Foster parent training should be organized around a standardized set of competencies.**
- **A system to assess foster parent's learning needs should be implemented so that learning needs can be identified and trainings can be scheduled as needed.**
- **A monitoring system needs to be developed to ensure consistency of training delivery across counties.**
- **Current licensing regulations were written in 1946. These regulations need to be reviewed and updated.**
- **Up to 3 hours of training credit shall be approved for foster parents who attend a minimum of three hours of meeting in a foster parent support groups.**

Rationale

Foster parent training has been found to be invaluable to the well-being of children and families. Researchers find that training of foster parents results in better care for the foster children, reduces disruption placements (Boyd & Remy, 1978), improves foster parent retention, and

promotes reunification. Foster parents' attitudes toward the children in their care improves with training (Runyan & Fullerton, 1981). Training also allowed parents to be matched to more difficult children while producing a lower placement disruption rate and specialized trainings helps parents deal more effectively with a child's sexualized behavior (Treacy & Fisher, 1993).

Many foster parents adopt some of the children in their care. In 2001, there were 1076 adoptions through the DFC (IN FSSA, 2002). Seventy-five percent of the adoptions were by foster parents (U.S. HHS, 2002). These foster care placements are not initially recruited as potential adoptive families nor trained to address the unique needs of adoptive children. For this reason, it is strongly recommended that foster parents receive an additional six hours of adoption training before consummating the adoption of a child in their care.

Cost and Timeline

In order to achieve the goals of this recommendation, one staff person should be hired to coordinate services and trainings. The estimated cost of salary, fringe benefits, and miscellaneous benefits would have a fiscal impact of approximately \$76,000.

The Commission passed this recommendation with a rating of highest priority with the understanding that complete implementation will be extended over a period of years.

Recommendation 22: Training and Qualifications of Outside Professionals

Professional licensing boards and entities responsible for oversight for all healthcare providers, child care providers, psychologists, social workers, educators, attorneys, law enforcement, first responders, and other professionals who regularly work with children should adopt a renewable training requirement in child abuse and neglect.

Rationale

Professional licensing boards have the clout to insure that professionals in their respective disciplines have the education and training in basic theories, practices and policies necessary to work effectively with children and families in the child welfare system. Professional collaboration and multi-disciplinary, cross-system training will improve the services for abused and neglected children and their families by aiding professionals in their understanding of each other's roles and how they each fit into the child welfare system. Clarity about perspective roles and responsibilities enables each party to ask the relevant questions and provide the pertinent information for everyone to do their jobs well, with the ultimate benefit of improving services to children and families. Among the professionals who regularly intervene on behalf of abused and neglected children are doctors, judges, attorneys, GAL/CASAs, law enforcement officers, mental health workers, child welfare workers, social workers, psychologists, first responder public safety workers, homebased service providers, and teachers.

Training requirements should include content on the physical and behavioral indicators and effects of child abuse and neglect as well as cultural sensitivity training with specific attention to racial and ethnic groups who are overrepresented in child welfare, and information on disabled children, who present special challenges to parents and become high risk candidates for abuse or neglect.

Recent reports indicate a particularly strong need for training among attorneys, judges and medical professionals. The Pew Commission on Children in Foster Care (2004) recommends multi-

disciplinary preservice and ongoing training for judges and attorneys. They suggest that both the curriculum in law schools and ongoing training need to be revised to ensure that judges are familiar with "a basic understanding of child development from infancy through adolescence, and an appreciation of children's needs at each developmental stage. They also need an understanding of and respect for the complex and challenging jobs of caseworkers and foster parents responsible for children's day-to-day care"(p. 46).

Health care providers, including medical and mental health providers, and educators are in a unique position to identify child abuse or neglect at the time it is occurring. Few professionals, however, have the experience or training to undertake this daunting task, or even know how to respond when abuse or neglect is suspected. Professionals providing care to children in Indiana must have a basic understanding of child development, types and indicators of child maltreatment, and how to report suspected child maltreatment to the appropriate investigating agency. Professional licensing boards and oversight agencies must develop guidelines for training their professionals on their role and responsibilities when intervening with child victims and children at risk.

Cost and Timeline

There is no fiscal impact for the State in the implementation of this recommendation. The Commission passed this recommendation with a rating of highest priority with the understanding that complete implementation will be extended over a period of years.

Recommendation 23: The Kids First Trust Fund

Evaluate use of the Kids First Trust Fund to increase accountability for the fund and to support its purpose of primary prevention, and create additional mechanisms for donations.

Rationale

The funding from the sale of Kids First license plates needs to be examined more closely. Some of the legislators who created the program no longer feel that it is being used to support its legislated purpose for prevention of child abuse and neglect. The funding criteria, decision-making process and accountability for the expenditures should be reviewed. There appears to be discrepancies between what was explained as programs allowable for funding and the actual awards made.

Funding is declining as the sales of license plates decrease. Other mechanisms should be put in place to allow the general public to contribute to the fund. The primary recommendation is to add a check-box on State Income Tax Forms to provide additional funding for prevention programs. In addition, one resource formerly used to fund prevention, the marriages license fees and divorce filing fees, should also be explored.

Cost and Timeline

This recommendation would have no fiscal impact unless programs utilizing dollars from the fund are deemed to be inappropriate expenditures. In that case, a fiscal impact would occur as alternative funding would have to be found if the programs were to be continued. The Commission recommends that this recommendation be given a high priority and rapid implementation.

Recommendation 24: Qualifications and Training of Adoptive Parents

Amend the State Adoption Statute to require all prospective adoptive parents, initiating adoptive proceedings through the child welfare system, to attend 20 hours of foster parent training plus six hours of pre-adoptive training. These trainings shall also be open to relatives and adult partners who are considering adoption and should be strongly encouraged. Prospective adoptive parents interested in adopting children who reside in therapeutic foster care shall be required to attend the additional 10 hours of training required of therapeutic foster parents.

Pre- and post-adoptive services should be funded, advertised and made available throughout the state for individuals considering adoption from any source.

Rationale

Adoptions have steadily increased since the passage of the Adoption and Safe Families Act of 1997. Adoptive families often are unprepared for the unique set of problems and behaviors brought into their homes by their newly adopted children. Adoptive parents need information and preparation similar to the information received by prospective foster parents.

In contrast to the six hours of training required to adopt a child, foster parents currently receive 20 hours of training. Foster parent training provides parents with information to help them understand the experiences and reactions of children who have been removed from their own families and provides the foster parent with the tools they need to successfully support the children in their homes. Many feel that 20 hours is not enough; it only covers the basics. If pre-adoptive training is required and post-adoptive parent training opportunities and support are more readily accessible and available there may be fewer adoption failures.

Two other areas in which the DFC can expand its efforts to prevent adoptive disruptions are:

- Reallocate federal monies designated for adoptive support to connect the need to the service. Currently, the federal monies are locked into programs that are not always available or accessible to those in smaller counties or those in emergency situations who need immediate post-adoptive support, and
- Develop a method for disseminating post-adoptive resource information so that all adoptive parents are aware of the resources available, thereby lessening the shame associated with seeking such support.

Cost and Timeline

In order to achieve the goals of this recommendation, one staff person should be hired to coordinate services and trainings. The estimated cost of salary, fringe benefits, and miscellaneous benefits would have a fiscal impact of approximately \$76,000.

The Commission passed this recommendation with a rating of high priority and encourages rapid implementation.

Recommendation 25: Accreditation

The State of Indiana should move to achieve full accreditation of its Child Welfare, Child Protection and Child and Family Services systems by the Council on Accreditation over the next three years.

Rationale

Accreditation will provide the DFC with a process of ongoing quality improvement and evidence that they are meeting quality standards. Accreditation assures that "an agency is frequently evaluating and meeting the recognized standards of its field with respect to policies and procedures, service delivery, and organizational management and administration" (The Pew Commission on Children in Foster Care, 2004, p. 32). Through accreditation, the FSSA can best establish, support and maintain a child welfare system that can meet the unique safety, permanency, and development needs of every child served in a culturally respectful manner.

Accreditation will help the child welfare system achieve

- Quality
- Consistency (from county to county)
- Credibility
- Sustainability (from one administration to the next)
- Accountability

Accreditation will assure that Indiana's public child welfare system meets the minimal acceptable standards of performance. Through a self study process, the DFC will analyze and evaluate its current performance in relation to established standards. This will provide the Division with information on strengths and gaps from which to develop their five year plan. The accreditation process will also expose the agency to a site review from which the administration will receive written and verbal feedback on the quality of their program. Successful completion of the accreditation process will assure Indiana residents that the agency meets established and empirically based standards, will provide children and families with quality services and may protect the agency from frivolous lawsuits.

Accreditation standards will provide the State with clear expectations regarding caseload size, staff training and standards of practices in all service areas, including family services, foster care, adoption, independent living and residential care. This will assure that there is more consistency in the workloads, approaches and supervision.

Indiana's public child welfare system will benefit significantly from the accreditation process. Caseloads currently exceed all recommendations based on research and standards and workers are frequently under-educated and/or trained for their positions. In a recent study of the Indiana public child welfare system, for example, researchers found that supervisors burdened with excessive caseloads, find it difficult to attend supervisory Core training until they have been in their positions for three years. In some cases, these supervisors have no experience in the field of

child welfare and/or an educational background with which to support the workers under their supervision (Folaron, Hostetter & Decker, 2003).

Education and training is also a problem for Indiana line workers. Currently, there is no degree requirement or policy requiring training of line workers. As a result, some counties have unprepared child welfare workers intervening in the lives of families without adequate training or the support of a knowledgeable and full time supervisor. Lack of training, education and supervision combined with excessive caseloads takes a toll on Indiana children. There were 51 child fatalities in 2003 due to child maltreatment. Eleven (22%) of the total 51 child fatalities occurred in families with at least one prior child protective services substantiated investigation. (Indiana Family and Social Services Administration, 2003).

As Indiana moves to full accreditation, we recommend instituting and adhering to the accreditation standards of

- Pre-service and in-service training for line staff and supervisors
- Prescribed caseloads
- Prescribed supervision
- Consistent service and program standards, especially in the areas of:
 - CPS
 - Foster care
 - Adoption
 - Family services
 - Independent living
 - Best practices business standards

Cost and Timeline

The cost of accreditation would be approximately \$1.4 million in the first year. This figure includes costs associated with Indiana University's MSW program of \$489,000 which is already in FSSA's base spending. An additional \$382,000 would allow the program to continue through its fourth and fifth years. The fiscal impact would also include \$160,000 for two contractual COA/PIP positions, \$241,000 for six (6) additional Family Case Managers, \$750,000 for training, and \$10,000 in miscellaneous expenses.

This recommendation is rated by the Commission as a high priority recommendation with an extended timeline. There is a sense of urgency among the Commission members to insure that some of the accreditation standards are met rapidly, including the reduction of staff caseloads, increased hiring qualifications, and increased training, including a policy requiring preservice training before workers are responsible for a caseload. The additional accreditation standards could be met over time through the aid of a strategic plan.

Recommendation 26: DFC Technology

Adequate technology with continual updates needs to be institutionalized and accessible to staff across disciplines, including access to a statewide common database or case management system such as the one currently under review by JTAC (Judicial Technology and Automation Committee). An independent group should be formed to analyze the ICWIS (Indiana Child Welfare Information System) data system, making recommendations on how to streamline the system to make the system less time consuming and more user friendly.

Rationale

Indiana child welfare staff do not have adequate technology available to support their work. For example, the Indiana Child Welfare Information System (ICWIS) contains over 2,000 screens and is not user friendly. Case managers regularly work with 200-250 screens and complain data has to be retyped repeatedly. Testimony at public hearings throughout the state from case managers, supervisors, and directors suggest that ICWIS is very time consuming and takes away much needed time to interact with clients. Some workers estimate that 50-70% of their time is spent in computer entry (Folaron, Hostetter, & Decker, 2003; GOA, 2003).

Complaints about the ICWIS system include more than data entry. Staff, at all levels, complain that the reports are not always understandable, reliable or accurate.

The following difficulties with ICWIS were identified in the 2001 federal audit.

- The automated case planning process is not easy for the children and their families to understand.
- Case plan development and implementation are delayed by the need to input the data into ICWIS and to obtain the required signatures.
- Cross-county confidentiality controls delay timely child abuse and neglect investigations.
- Screens do not flow from one to the other; repeat data on a family member cannot be moved automatically to another family member's record; and authorization is needed to access certain screens.
- There is an inability to access detailed information on a case across units and across counties.
- Since the case record is child specific, it is difficult to identify family needs.
- Reports lack trends and cross county comparisons. Requests for one time reports have to go through the help desk. (US DHHS, 2001)

An independent review group must be formed to review the strengths and weakness of the ICWIS program and recommend changes. This group must include not only computer experts but local county Family Case Managers, both investigators and ongoing workers, supervisors, county directors, and office staff to identify the barriers and needs of the current system, develop a plan and determine the fiscal impact of corrections that are needed.

The DFC also needs access to local, State police and federal data bases for timely completions of investigations. The Judicial Technology and Automation Committee (JTAC) is developing a

statewide case management system that would allow courts and probation departments to access information on juvenile offenders across all counties.

Licensed child placing agencies (LCPAs) also need access to this information to complete 335s (licensing recommendations). The 335s require information on State limited criminal history checks, CPS checks and sex offense checks. A long delay in licensing of homes often occurs when LCPAs must wait for the CPS check to return from a county. Some agencies report delays of up to two months before receiving the CPS check report back from their county. During these two months, licenses may lapse on families who have children in their homes. This delay can be especially costly when children remain in residential care waiting for a license to be approved. If LCPAs had access to complete the CPS check, as they have access to complete the criminal history and sex offender's registry, then the licensing process could be completed in a more timely and cost efficient manner.

Finally, DFC workers need access to technology in the field such as cell phones, lap tops and PDAs. Cell phones are needed to support workers in emergency and/or dangerous situations. Workers visit homes reported for domestic violence without the support of police back up or access to other means of protection. PDAs and laptops will allow workers to record client information in the field and avoid duplication of paperwork from handwritten notes to computer entry.

Cost and Timeline

FSSA currently has a contract for the ICWIS data system, so additional requests could be worked into the current work plan. The current contract is funded in the amount of \$353,500 in the first year. It is unknown at this time how much the additional work scope would impact the cost of this contract.

This recommendation is rated by the Commission as a high priority with an extended timeline. Several of the suggestions within the recommendation can be implemented rapidly, others will require an extended timeline. The overall goal of implementing an enhanced database and access to the data will require a strategic plan.

Recommendation 27: Assisting Parents through the CHINS Process

Increase parental understanding of, and participation in, the CHINS process by requiring: 1) better training of OFC attorneys and public defenders as to the due process rights of parents; 2) appointments of attorneys and/or GALs for parents with mental health, development delays or ongoing drug addiction issues; 3) provision by the courts of "In the Child's Best Interest" publication to every parent involved in a CHINS case, as well as information about the Children's Law Center and other resources for parents, such as pro bono legal services and parental support groups; and 4) increased utilization of CHINS facilitation, which promotes greater understanding of and participation in the CHINS process by parents. To further ensure that parents are adequately involved in the CHINS process, a parent entitled to court-appointed counsel should receive counsel even if the parent admits to the charges, and counsel appointed for parents to represent them in the termination process also should be appointed to represent the parents in the CHINS process.

Parents with children in the child welfare system often lack an understanding of the court process and the role of parents in the process. While legal counsel could provide that understanding, many parents can neither afford counsel nor qualify for free counsel. It is

important to ensure that parents without counsel adequately understand the operations of the child protective system. Even parents who qualify for free representation need additional support. While State law calls for the appointment of a lawyer for parents who cannot afford to hire one on their own, not all counties in fact provide counsel. Moreover, even when public defenders are appointed, they typically do not have the time to educate their clients about the process. Some public defenders lack sufficient experience with the CHINS process, and they are not always appointed for all parts of the process.

This recommendation was passed with a high priority rating and the understanding that it would require an extended time line for complete implementation.

Recommendation 28: Public Awareness Campaign on Parenting

Develop a ten-year, multi-media public awareness campaign designed to educate the general public about issues, factors and available resources for positive “parenting” and child development (prenatal through eighteen years).

Rationale

Lack of parenting skills is consistently the primary reason cited by perpetrators for their acts of child maltreatment. Many abusive and neglectful actions result from a lack of understanding of age appropriate behaviors and what is “normal” for various stages of child development. Prevention experts know that public awareness/education is an important first step in changing attitudes and behaviors. Media and public relations campaigns can be effective vehicles for changing behaviors because studies validate that the majority of Americans depend upon the media and public systems for much of their information and education. They believe, trust and begin to adopt a “message” that they see and hear repeatedly (at least six times), preferably from varying and diverse sources.

Perpetrators also cite “feeling isolated” and disconnected from resources as a factor for their behaviors. The mobility of today’s families adds to this isolation. Public education campaigns can be a resource of consistent parenting/child development/family support information regardless of where the family lives.

Public education campaigns can be a source of support for those tens of thousands of unidentified at-risk families. The majority of families substantiated annually for acts of child maltreatment do not have records of having been in the child welfare system previously. Nationally, as well as locally, 50% to 70% of the substantiated abusive or neglectful families are not getting any “systemic” support prior to the abusive act being committed.

Cost and Timeline

The expenses for a statewide campaign require the professional expertise for developing, implementing, and evaluating its impact. Estimated fiscal impact for State funding would be \$300,000 – \$500,000 per year for the first two years and \$250,000 for years 3 through 10. The total annual budget would be at least \$ 750,000 (for years 2 through 10), for a total, minimum 10 year campaign budget of \$ 7,500,000.00. Leadership from the business community, civic and professional organizations, and media resources are absolutely essential. Private funding and in-kind or pro bono support must also be secured.

It is expected that the campaign expenses will be supported almost exclusively by public funds in the first year as the solicitation and acquisition of private and other support will be more likely after the campaign is created and there are “products” for them to see. Costs are based upon 2004 rates and it is expected that there would be about a 3-5 % increase each year.

This recommendation passed with a rating of high priority and an extended ten-year timeline. The work can begin immediately. Two years of background work has already been completed by Prevent Child Abuse America (PCAA) and the Frameworks Institute. A detailed timeline and work plan has been developed by PCAA. The next steps include developing a Request for

Proposals for a campaign manager and developing the organizational structure. These steps require financial backing and commitment.

Recommendation 29: Institute for the Prevention of Child Maltreatment

Establish a permanent Research and Training Institute for the Prevention of Child Maltreatment to conduct and compile research on child abuse prevention and intervention, disseminate information, develop and provide training, and identify and promote best practices models. This Institute would provide information and training services to all professionals who impact the lives of at-risk and abused or neglected children including DFC staff, law enforcement, public safety and emergency response personnel, health, mental health and other service providers, judges, day care and preschool providers, educators, attorneys, and lawmakers.

Rationale

Inconsistent action in child abuse and neglect cases has been cited repeatedly in the press. Inconsistency applies to literally every organization that deals with abused and neglected children, including the DFC, law enforcement, judicial system, prosecutors, the medical community and educators. While there is much being done that is good, there are also instances of failure to report abuse and neglect, incomplete investigations, misdiagnoses of injuries, failure to complete criminal investigations, and failure to prosecute those cases. At the core of these breakdowns is the lack of a central organization that can provide current information and training across disciplines in a cohesive and consistent manner.

There are several needs, including:

- Need for a central research and development site that focuses on child abuse and neglect and its causes and treatment.
- Need for an organization that can effectively disseminate best practices information to all those who need and use it.
- Need for a training entity to insure that professionals know how to use and apply best practices. Training that is currently available is piecemeal, sometimes contradictory, and rarely crosses agency boundaries.

An institute, composed of a consortium of universities, would ensure expertise as well as a neutral base for training professionals across disciplines. Currently, critical information is not always disseminated because of a lack of funding. Information that is disseminated is not always available to the professionals that need it or is not offered in a timely manner. The development of an institute would provide the professional community with the expertise, resources, and support needed to make informed decisions when intervening in the lives of children and families.

Expected outcomes would include:

- A decrease in the occurrence of child abuse and neglect as best practices, prevention education, and new methodologies become consistently known and applied by professionals across the state.
- More effective treatment for children who have already suffered from child abuse and/or neglect as research results and new treatments become quickly available to the professionals who work with abused children.

- Increased identification and conviction of child abusers would reduce reoccurrences by the same perpetrators as DFC staff, law enforcement, prosecutors, and judges reacted to child abuse/neglect in a more consistent manner.
- Improved diagnoses of injuries and illnesses resulting from child abuse and/or neglect, which would also work to reduce repeat maltreatment.
- National recognition for Indiana as a leader in the area of child abuse and neglect prevention and, with such recognition, the possibility to use that reputation as a quality of life drawing card for business and commerce.

Cost and Timeline

The fiscal impact of this recommendation would depend on the level of contribution provided by the university under which the institute is housed. In order to operate and accomplish the goals of the Institute, there would need to be funding for a PhD, two research assistants, two support staff, and 10 training coordinators. The estimated cost associated with staffing the Institute would be approximately \$900,000 annually. This calculation assumes a salary of \$70,000 for a PhD, \$45,000 for research assistants and trainers, \$25,000 per support staff, and a 32% addition for fringe benefits. The \$900,000 does not account for any additional costs that may be incurred such as leasing expenses, equipment, or travel costs.

This recommendation passed as a high priority recommendation with an extended timeline for implementation. This Institute is expected to require a five-year commitment from the Legislature before it can become self-sustaining.

Recommendation 30: Alternative Response System

Indiana should adopt an Alternative Response System in response to allegations of abuse and neglect. Traditional investigations should be limited to the most serious cases of physical and sexual abuse and severe neglect while low risk cases should receive the Alternative Response of supportive counseling and case management services.

Rationale

Alternative Response is a system for serving families, following a report of child maltreatment, using community resources rather than DFC staff. According to the National Study of Child Protective Services Systems and Reform Efforts: Findings on Local CPS Practice, two thirds of states use an Alternate Response System (US DHHS, 2003)

The goal of an Alternative Response System is to keep children safe by tailoring the response to reports of child maltreatment to the needs of the child and the family. “Alternate Response” is used when:

- A child abuse or neglect report is made to the DFC and is determined to be low-risk,
- A report is investigated and unsubstantiated however; the investigator feels that the family can use supportive services to increase healthy family functioning, or
- A report is investigated and indication of abuse/neglect is found.

Providing an Alternative Response System will allow families to resolve their family crises and keep their children safe without involving the overwhelmed public child protection system. The

Alternative Response System can be individualized to fit the diversity, need and complexity of each county. In a pilot of the Alternative Response System in Marion County, assessments have proven to reduce recurrence of substantiated abuse by 29% over 3 years. Families that don't meet the criteria for moderate or high-risk but have continued problems would be linked with proven, contracted community resources such as community centers, social service agencies and child welfare agencies. Family involvement is voluntary.

An outside evaluation of the Marion County project found the program to be successful in reducing incidences of abuse and neglect, as evidenced in the sharp increase in service requests. In the past 6 months, for example, the client base has literally doubled. Some of the reported successes include the following:

- Only 5 out of 262 children under the age of 18 who were served were re-referred to CPS,
- The project area had considerably fewer substantiated cases of abuse/neglect and of short-term removals (less than 48 hours), and
- The project is reducing the number of less serious cases being substantiated through CPS.

Cost and Timeline

The cost of the Alternative Response System piloted in three communities in Marion County was \$225,000 per year per community. Within this \$225,000, thirty thousand dollars is devoted to the community-based initiative alone (stipend resident involvement, events, community commitments, etc.). Assuming that the level of funding per community would remain at \$225,000, the cost of this initiative would be approximately \$2.25 million over two years.

The roll-out of this Alternative Response should begin in five rural and five urban communities which historically have a high incidence of abuse and neglect. The roll-out should be over a two year period. These demonstration sites should include a strong research component to provide the State with information on best practices models. These models will provide the other counties with guidance and options. A similar evaluation was commissioned in Marion County at a cost of \$20,000.

The Commission approved a high priority rating for this recommendation with an extended timeline for complete implementation.

Recommendation 31: Indiana Supreme Court Family Court Project

Support the Indiana Supreme Court in its efforts to continue and expand the Indiana Supreme Court Family Court Project.

The Indiana Supreme Court is currently piloting the Family Court Project in 17 Indiana counties. The project's goal is to find more efficient and effective methods for resolving the issues that bring families within the purview of the judicial system and to focus on the totality of the family's legal and social situation rather than just addressing the isolated legal issues of individual family members. This approach is based on the premise that all individual problems affect the family as a unit. Family Courts also provide a structure for coordinating and sharing information on individual families between courts so that families are not faced with inconsistent and duplicate service requirements. Family Court is an efficient way for courts to track a family's involvement in the system and to make sure that appropriate services are made available to families in need.

The Family Court Model is an emerging model of best practice. The Family Court cases primarily involve CHINS, delinquency, paternity, divorce/custody and post-dissolution cases. One significant advantage of the Family Court structure is the familiarity of the court with all of the cases involving an individual family. This structure facilitates a more efficient movement of cases through the court system and yields better results both in cost savings and integrated services to the family.

Each county with a Family Court Project in Indiana has developed a unique project best suited to meet the needs of their community. Some of these projects include: service referral programming and direct services to at-risk families in divorce and paternity cases who are not otherwise eligible for services, facilitation of CHINS cases, mediation for low-income families of high conflict cases involving children, and a family-focused drug court for delinquents.

The Family Court Model is also committed to developing methods of dispute resolution that are less divisive to the family unit, and that encourage greater participation and ownership in conflict resolution. The non-adversarial approach of mediation and facilitation is being piloted and refined for CHINS, divorce and paternity cases. Special processes and financial assistance are being developed for low income families and families without legal counsel.

Family Court Projects should continue to be developed in each county based on the identified needs of that county for families involved in the court system. Family Court Projects should expand to appropriate counties in which there is full support and input from all sectors of the community, such as the judiciary, the local bar association, service providers, prosecutors, public defenders, educators, the Office of Family and Children, GAL/CASA and all other stakeholders.

Cost and Timeline

Additional funding would be needed to expand the Indiana Supreme Court's Family Court Project. In order to move the project into the remaining 75 counties, approximately \$2.1 to \$2.8 million would be needed. The largest portion of this impact is the stipend given to counties and would depend on several factors including the size of the county, the number of cases it handles, and its existing resources. The estimated cost also includes additional administrative expenses that would be incurred, including two coordinators, an administrative assistant, travel, equipment and training.

This recommendation was considered a high priority recommendation with the understanding that the implementation would require an extended timeline.

Recommendation 32: Qualifications and Training of Home-based Service Providers

Title IV-B contracts shall be expanded to include standards for continuing education and training for Home-based service providers, including specialized training in areas identified by the service provider as areas of expertise such as sex abuse, developmental disabilities, etc. Evidence of such training should be made available to FSSA.

Family Case Managers should be trained on the best use of home-based services as well as the strengths and limitations to ensure that these services are used appropriately.

Rationale

Title IV-B funds are federal funds designated for family preservation and family support services. Home-based counseling services are included in these services. Home-based services include support to help families remain together in a safe environment, transition children into adoptive homes and to help prevent the disruption of adoptive placements. In Indiana, these funds are administered by FSSA and are distributed through an RFP process. In order to be eligible for these funds, grantees must meet minimum standards for staff qualifications, including experience in child welfare and/or degrees in social work or related fields. Grantees, however, are not required to show evidence of their adherence to particular models of family preservation or home-based services. They are also not required to show evidence of ongoing staff training in family preservation, home-based service delivery, or child welfare related topics. Without minimum standards for staff education and training, individuals may provide these services without the training or expertise needed to intervene successfully with families or to make accurate assessments about a child's safety in the home.

Lack of consistency in staff qualifications and training across counties is concerning, as home-based services are often used as a primary resource through which Family Case Managers monitor the safety of children in their homes, including children and families requiring specialized treatment (sexual abuse, developmental disabilities). Without minimum standards for staff education and training, individuals may provide these services without the training or expertise needed to intervene successfully with families or to make accurate assessments about a child's safety in the home.

FSSA must require home-based service providers to submit evidence of staff training in, and adherence to, specific models of home-based practice and any other specialty area for which they are providing services. FSSA must also require service providers to meet minimum standards for continued staff training and provide evidence of such training.

Cost and Timeline

This recommendation has no fiscal impact for the State.

This recommendation requires administrative action to amend the Title IV-B contracts. These contracts are renewed for two years. The next funding cycle begins in 2006. It is the recommendation of this commission that all contracts in the 2006 cycle include requirements for the enhanced training and qualifications of homebased workers.

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Appendix A: Commission on Abused and Neglect Children and Their Families Appointees

As used in this SECTION, "Commission" refers to the Commission on abused and neglected children and their families established by subsection (b).

(b) The Commission on abused and neglected children and their families is established to develop and present an implementation plan for a continuum of services for children at risk of abuse or neglect and children who have been abused or neglected and their families.

(c) The Commission consists of the following members appointed not later than August 15, 2003:

(1) One (1) prosecuting attorney or a deputy prosecuting attorney.

Michael Dvorak, Prosecuting Attorney, So. Bend

(2) One (1) attorney who specializes in juvenile law.

Michael Gotsch, Judge, St. Joseph Circuit Court, So. Bend

(3) One (1) representative from law enforcement.

Detective Sgt. Rick Snyder, Marion County Sheriff's Dept., Indianapolis

(4) Two (2) children's advocates.

Andie Marshall, Prevent Child Abuse Indiana, Indianapolis

Rep. David Orentlicher, IU School of Law, Indianapolis

(5) One (1) guardian ad litem or court appointed special advocate.

Karen Biernacki, Director of CASA, LaPorte

(6) One (1) juvenile court judge.

Judge Viola Taliaferro, Monroe County Courts, Juvenile Division, Bloomington

(7) One (1) public agency children's services caseworker.

Connie Van Slyke, LaPorte

(8) One (1) private agency children's services caseworker.

Eileen Doran, Family Violence Special Victims Unit, So. Bend

(9) The director of the Division of Family and Children or the director's designee.

Ms Jane Bisbee, Deputy Director, Indianapolis

(10) One (1) counselor or social worker from Indiana's "at risk" school program.

Myrna Wolosin, Probation Officer, St. Joseph County Juvenile Justice Center, So. Bend

(11) One (1) pediatrician.

Roberta Hibbard, MD, Riley Hospital, Indianapolis

(12) One (1) medical social worker.

Beth Petrucci, St. Vincent Hospital, Indianapolis

(13) Two (2) faculty members, including:

(A) one (1) faculty member from an Indiana accredited graduate school of social work, who shall serve as the chair of the Commission; and

Dr. Michael Patchner, Indiana University School of Social Work, Indianapolis

(B) one (1) faculty member from an Indiana accredited undergraduate school of social work.

Ms. Robyn Lugar, Indiana State University, Department of Social Work, Terre Haute

(14) One (1) county director to be appointed from the Indiana State Association of County Welfare Administrators.

Glynn Hipp, OFC County Director, Kokomo

(15) One (1) foster parent who is a member of a foster advocacy organization.

Nancy Fisher, Lowell

(16) One (1) adoptive parent who is a member of an adoptive parent advocacy organization.

Delen Williams, Indianapolis

(17) One (1) nonprofit family services agency provider.

Rachel Tobin-Smith, SCAN, Inc., Ft. Wayne

(18) One (1) representative of child caring institution providers.

Dee Gibson, White's Residential and Family Services, Wabash

(19) One (1) psychologist who works with abused and neglected children.

Jim Dalton, DAMAR Services, Inc., Indianapolis

(20) One (1) individual who has experience and training in juvenile fire setting identification and intervention.

Barbara Spurlin, Indianapolis Fire Department, Indianapolis

(21) Two (2) members of the house of representatives appointed by the speaker of the house of representatives. The members appointed under this subdivision may not be members of the same political party.

Rep. Mae Dickinson, Indianapolis

Rep. Mary Kay Budak, LaPorte

(22) Two (2) members of the senate appointed by the president pro tempore of the senate. The members appointed under this subdivision may not be members of the same political party.

Sen. Connie Lawson, Danville

Sen. Billie Breaux, Indianapolis

The speaker of the house of representatives shall appoint the members under subdivisions (2), (5), (8), (10), (15), and (17) and one (1) member under subdivision (4). The president pro tempore of the senate shall appoint the members under subdivisions (3), (11), (12), (16), (18), and (19) and one (1) member under subdivision (4). The governor shall appoint the members under subdivisions (1), (6), (7), (14), and (20) and both members under subdivision (13). Vacancies shall be filled by the appointing authority for the remainder of the unexpired term.

Appendix B: Work Group Members and Participants

Best Practices Work Group Members

Eileen Doran (C)
Chair
Family Violence Special
Victims Unit
St. Joseph County Prosecutor's
Office

Sen. Billie Breaux (C)
Vice-Chair
Assistant Minority Whip
Indiana Senate, District 34

Dr. Jim Dalton (C)
Vice President and COO
Damar Services, Inc.

Myrna Wolosin (C)
Placement Probation Officer
St. Joseph County Juvenile
Justice

Molly Donovan
Supervisor
Healthy Families MOM
Project

Sharon Pierce
President & CEO
The Villages

Sandy Runkle
Prevention Education Director
Prevent Child Abuse Indiana

Keith Weedman
Director
Bartholomew County Division
of Family and Children

Funding Work Group Members

Rep. Mary Kay Budak (C)
Chair
Indiana House of
Representatives, District 20

Rep. Mae Dickinson (C)
Vice-Chair
Assistant Democratic Whip
Indiana House of
Representatives, District 95

Glynn Hipp (C)
Director
Howard County Division of
Family and Children

Andrea L. Marshall (C)
Executive Director
Prevent Child Abuse Indiana

Jeff Bercovitz
Director, Juvenile & Family
Law
Indiana Judicial Center

Annette Biesecker
Legislative Director
Indiana Family and Social
Services Administration

Sarah C. Brooks
Fiscal/Program Analyst
Indiana Legislative Services
Agency

Zach Cattell
Indiana State Department of
Health

Suzanne Finneran Clifford
Director
Indiana Division of Mental
Health and Addiction

Stephen E. DeMougin
Director
Indiana Division of Family and
Children

Mary Edmonds
Senior Budget Analyst
Indiana Family and Social
Services Administration

Wendy S. Gettelfinger
Indiana State Department of
Health

Bart Giesler
Government Affairs &
Legislative Consultant
John J. Frick & Associates

Cathleen Graham
Executive Director
IARCCA...An Association of
Children and Family Services

Daryl Hall
Director of Juvenile
Programs
Indiana Department of
Correction

Reggie Henderson
Director, Small Business &
Economic Development Policy
Indiana Chamber of Commerce

Jim Hmurovich
Consultant

John Kaiser
Director
Clark County Division of
Family and Children

Randy Koester
Deputy Commissioner of
External Relations
Indiana Department of
Correction

Bob Marra
Department of Education

Lisa McGuire, Ph.D
Assistant Professor
Indiana University School of
Social Work

Lettie Oliver
AFSCME

Richard Rowley
Legislative Director
Office of the Governor

Tom Rugh
Executive Vice President
Indiana Association of United
Ways

Marilyn Scales
Director
Delaware County Division of
Family & Children

Cheryl Shearer
Bureau Chief, Children's
Services
Indiana Division of Mental
Health and Addiction

Sandra Sleppy
Manager of Community and
Financial Resources
Indiana Division of Family
and Children

Jayelynn Willman
Office of the Governor

Policy and Program Solutions Work Group Members

Detective Sgt. Rick Snyder (C)
Chair
Sexual and Physical Assault Unit
Marion County Sheriff's
Department

Karen Biernacki (C)
Vice Chair
Executive Director
CASA/Harmony House

Jane Bisbee (C)
Deputy Director
Indiana Division of Family
and Children

Sen. Billie Breaux (C)
Assistant Minority Whip
Indiana Senate, District 34

Rep. Mary Kay Budak (C)
Indiana House of
Representatives, District 20

Rep. Mae Dickinson (C)
Assistant Democratic Whip
Indiana House of
Representatives, District 95

Eileen Doran (C)
Family Violence Special Victims
Unit
St. Joseph County Prosecutor's

Sen. Connie Lawson (C)
Indiana State Senate,
District 24

Andrea L. Marshall (C)
Executive Director
Prevent Child Abuse Indiana

Office

Rep. David Orentlicher (C)
Indiana House of Representatives,
District 86

Barbara Spurlin (C)
Fire Stop Coordinator
Fire Investigations Unit
Indianapolis Fire Department

Rachel Tobin-Smith (C)
Executive Director
SCAN, Inc.

Delen Williams (C)
Foster Parent

Cathleen Graham
Executive Director
IARCCA...An Association of
Children and Families

Sharon Pierce
President & CEO
The Villages

Robert Schloss
Executive Director
New Song Ministry

Kathy Williams
Attorney/Lobbyist

Services Delivery Work Group Members

Rachel-Tobin Smith (C)
Chair
Executive Director
SCAN, Inc.

Dr. Roberta Hibbard (C)
Vice-Chair
Community Pediatrician
Wishard Memorial Hospital

Karen Biernacki (C)
Executive Director
CASA/Harmony House

Jane Bisbee (C)
Deputy Director
Indiana Division of Family and
Children

Michael G. Gotsch (C)
Judge, St. Joseph Circuit
Court
St. Joseph County

Robyn Lugar (C)
Chair, Social Work
Department
Indiana State University

Detective Sgt. Rick Snyder (C)
Sexual and Physical Assault Unit
Marion County Sheriff's
Department

Barbara Spurlin (C)
Fire Stop Coordinator
Fire Investigations Unit
Indianapolis Fire Department

Connie Van Slyke (C)
CPS Case Manager
LaPorte County Division of
Family and Children

Clara Anderson
Executive Vice President
Children's Bureau

Glenn Cardwell
Director
Vigo County Division of
Family and Children

Pam Cotton
Director, Case Management
Services
New Hope Services

Ruby James
Family Case Manager 3
Lake County Division of Family
and Social Services

Diana Joslin
Family Case Manager
Vigo County Division of
Family and Children

Lettie Oliver
AFSCME

Kathy Scifres
Clinical Manager, Emergency and

Louis Streer
AFSCME

Sonja Turley
President

Training Work Group Members

Delen Williams (C)
Chair
Adoptive Parent

Nancy Fisher (C)
Vice-Chair
Foster Parent and
Family Services Director
Whites Residential and Family
Services

Michael Dvorak (C)
Judge
St. Joseph Circuit Court

Beth Petrucce (C)
Medical Social Worker
Director
St. Vincent Hospital

Connie Van Slyke (C)
CPS Case Manager 2,
Investigator
LaPorte County Division of
Family and Children

**Kim Campbell, ACSW,
LCSW**
Assistant Director
Family Works, Inc.

Ray Hoskins
President
Success Technologies
Corporation

Kay Osborne
Training Coordinator
Indiana Division of Family
and Children

Janet-Rhodes-Carlson
Training Consultant
J R-Carlson & Associates, Inc.

Unmet Needs Work Group Members

Andrea L. Marshall (C)
Chair
Executive Director
Prevent Child Abuse Indiana

Dee Gibson (C)
Vice-Chair
Executive Director
White's Residential and Family
Services

Glynn Hipp (C)
Director
Howard County
Division of Family and
Children

Connie Van Slyke (C)
CPS Case Manager 2,
Investigator
LaPorte County Division of
Family and Children

Myrna Wolosin (C)
Placement Probation Officer
St. Joseph County Juvenile Justice

**Carmen Bailey MSW,
LCSW**
Latino Services
Coordinator, St.
Vincent Primary Care
Center

Lottie Cook
Clinical Social Worker
Evansville Psychiatric Children's
Center

Janet S. Corson
Consultant

Derelle Duvall
Attorney
Kids' Voice

John Foster
Probation Office
Allen County

Pablo Garcia
Community Partnership/ERSEA
Transition Coordinator

Texas Migrant Council, Inc.

Janice Klein
Vice President
Children's Bureau

Susan Lightfoot
Chief Probation Officer
Henry County

Dee Love
Extension Specialist,
Child Development and
Family Studies
Purdue University

Russell Phillips
CASA Volunteer
Fulton County

Julie Reynolds
Chief Probation Officer
Henry County probation

Nathan Samuels
CEO
Childplace

Linda Wilcox, MSW, LCSW
Clinical Social Worker,
St. Vincent Primary Care Clinic

Kathy Williams
Attorney/Lobbyist

(C) = Commission Member

Appendix C: Budget Figures and Explanations from Legislative Services

LEGISLATIVE SERVICES AGENCY
Office of Fiscal and Management Analysis
200 W. Washington Street, Suite 302
Indianapolis, Indiana 46204-2789
(317) 233-0696
(317) 232-2554 (FAX)

Recommendation #2 (Caseload standards):

This recommendation specifies that DFC shall meet the caseload best practice standard so that each worker shall have no more than 12 active investigations per month and 17 active cases for ongoing workers. In addition, supervisors should be responsible for no more than 5 workers.

Based on the most recent caseload information, it is estimated that an additional 720 Family Case Managers would be needed. In addition, 103 supervisory positions would need to be funded. The cost, which includes equipment and office space, would be approximately \$45.5M. Some of these costs would be eligible for Title IV-E, Emergency Assistance, and Medicaid reimbursement, so it is estimated that the net cost to the state would be approximately \$39.4M (Indiana State Budget Agency).

Indiana currently employs 800 child welfare caseworkers. An additional 40 caseworkers were added in the previous fiscal year. Under the Bayh administration, a court agreement was made by FSSA which prohibited Marion County from raising worker caseloads above 35. FSSA has extended this agreement across the state. Each case represents one child. However, cases may be weighted in such a manner as to have a given social worker actually work with more than 35 children. Thus, division of the total number of cases by 17 only provides an estimate (i.e., 720) of the total number of additional workers that would be needed.

In addition, supervisors oversee anywhere from 1 to 10 case workers depending on various factors, for example, number of staff. Some rural counties employ only one supervisor and one caseworker. Thus, while the number of staff divided by five indicates an additional need of 103 supervisors, this number is also only an estimate.

Recommendation #3 (Technology):

This recommendation contains three separate provisions:

(a) Creation of an independent review group to evaluate the strengths and weaknesses of the ICWIS program.

Reimbursement for this review group would depend on the number of persons, number of days to complete the review, and amount of reimbursement, if any, group members are to receive.

(b) Access to local, state police, and federal databases.

Federal law does not allow entities that do not fall under the definition of a criminal justice agency to access its databases. FSSA currently does not meet this definition.

FSSA is currently in the process of obtaining a NOU terminal through the Indiana State Police which will allow FSSA to access state criminal history information directly. The database would also include juvenile information that is allowed to be released. Since this is already in effect, there would be no additional cost to the state.

(c) Additional technology in the field including cell phones, laptops, and PDA's.

FSSA reports that all counties currently have cell phones available. They indicate that case workers share the use of these phones in most counties, however, in some counties each worker has their own. The cost for this portion of the recommendation would depend on the number of additional phones recommended by the Commission, the cost of the phones purchased, and the type of plan purchased for each phone. Cell phones range in price from \$0 to \$500 depending upon the features. A plan including 400 minutes would cost approximately \$35 to \$40 per month.

The number of laptop computers and PDA's owned by local Office of Family and Children offices is currently unknown. The cost for the purchase of this equipment is dependent on the number of each that is purchased. An average cost for a laptop is between \$1,000 and \$3,000. The average cost for a PDA is between \$200 and \$700.

If 10% of caseworkers were given laptops, the cost to the state, using current caseworker numbers, would be between \$80,000 and \$240,000. Using projected caseworker numbers (i.e., 1,520, see recommendation #2), the cost to the state would be between \$1,520,000 and \$4,560,000. Previously, funding of such items has been a mixture of state and federal grant money. State money comes from the state administration budgeted account.

Recommendation #4 (PECCAN):

This recommendation would create and fund a Permanent Executive Committee on Child Abuse and Neglect (PECCAN).

This recommendation would establish a study committee consisting of legislators, lay members, and state employees. Depending on the language of the legislation, the committee may fall under the rules of the Legislative Council. Under current Legislative Council rules, such committees receive a budget of \$8,000 if they have fewer than 16 members, and \$15,000 if they have 16 or more members. If the committee is not under the rules of the Legislative Council, then the cost would depend on the language of the legislation, including number of members and the amount, if any, of reimbursement.

Recommendation #5: (CPT funding):

This recommendation would enhance the authority, independence, and functioning of the Community Child Protection Team (CPT) by providing training, resources, support, and accountability.

The Commission identified \$1,200 as the cost per county to create funding for Community Child

Protection Teams (CPT). The actual needed cost for funding is unknown. Assuming that the \$1,200 is sufficient, the additional cost to the state to fund 92 teams would be \$110,400 annually.

Recommendation #6 (CASA):

This recommendation would implement the Indiana Court Appointed Special Advocate (CASA) program statewide. Furthermore, it would require a CASA representative be assigned to all Children in Need of Services (CHINS).

The Indiana Supreme Court currently appropriates \$800,000 of its funding to the Indiana CASA (IN CASA) program. This money is then allocated by the central office to the 69 programs that are currently operational. The allocation is based on a statutory formula. The formula requires that programs receive a minimal funding amount of \$2,000 per year. The existing programs would not require additional money as the formula incorporates the number of programs across the state.

There are currently 23 counties in the state that do not have a CASA program. State law requires a CASA representative be appointed in certain cases. Counties that do not have a CASA program often appoint a lawyer as the CASA worker. Expansion of the CASA program statewide would result in savings to such counties as the courts would no longer have to absorb the cost of the lawyers. The amount of savings to the counties is unknown.

The IN CASA program would need two coordinators to assist in administering the additional programs. This would cost an estimated \$100,000 annually.

The IN CASA program estimates that the cost is anywhere from \$25,000 to \$40,000 to start up a new CASA program. Office space is typically donated as an in-kind donation. Programs raise funds to cover a portion of their overall annual expenditures after start-up. The National CASA office estimates the average annual cost per child to be \$800. IN CASA has calculated the Indiana cost to be between \$450 and \$500. The CASA program served approximately 8,700 children in 2003. There were approximately 18,000 CHINS in 2003. Thus, an approximate 9,300 children were not appointed a CASA representative. Calculations for low-end and high-end estimates are included in the chart below. IN CASA plans to implement this recommendation over a six-year time period.

	A) Start-up Costs (23 counties)	B) Youth Not Served (9,300)*	C) Total Cost (A +B)	D) Annual Cost (C/6)	E) Salary for Two Coordinators (annually)	F) Total Annual Cost Annually (D+E)
Low-End Estimate	575,000	4,185,000	4,760,000	793,333	\$100,000	\$893,333
High- End Estimate	920,000	4,650,000	5,570,000	928,333	\$100,000	\$1,028,000

***This figure uses the IN CASA estimate for average annual cost per youth (\$450-\$500)**

The total cost for implementing this recommendation would be between \$4.9M and \$5.7M over the next six years, or between \$818,000 and \$945,000 annually for the next six years.

Recommendation #13 (Alternative Response System):

This recommendation would implement an Alternative Response System for allegations of abuse and neglect. The Commission feels that traditional investigations should be limited to the most serious cases of abuse and neglect and that low-risk cases should receive the alternative response system of supportive counseling and case management services.

The recommendation of the Commission is to initially pilot the alternative response system in ten communities, five rural and five urban. This process will allow the state to gather information about best-practice methods for implementing the program statewide. The program was previously piloted in three Marion County communities. The approximate cost for each pilot project was \$225,000. Assuming that the level of funding per community is sufficient and would remain at \$225,000, the cost of this initiative would be approximately \$4.5M over a two-year period.

It should be noted that the plan of the Commission is to eventually implement the program statewide. This would cost the state additional money. The Neighborhood Alliance for Child Safety (NACS), one of the Marion County pilot programs, provided services to 62,000 individuals. Indiana's population was 6,080,485 in the 2000 Census. This number has increased, however, the exact increase is unknown. Using the 2000 Census population data and dividing that population by 62,000, the state would need approximately 98 programs. The actual cost to the state with all 98 programs operational would be approximately \$22M annually. However, Indiana does not have uniform population density. It has both urban and rural communities scattered throughout the state. One program may serve a larger or smaller population; the number of programs needed may be larger or smaller as a result.

Recommendation #14 (HEA 1194-2004):

This recommendation asks the state to amend HEA 1194-2004 to better facilitate kinship and emergency placements of children removed from their homes.

HEA 1194-2004 requires, before placing a child in an out-of-home placement, the Division of Family and Children (DFC) and juvenile probation officers and caseworkers to conduct a national criminal history background check for each person who is (1) currently residing in the location designated as the out-of-home placement or (2) in the reasonable belief of the DFC or the juvenile probation officers and caseworkers is expected to be residing in the location designated as the out-of-home placement during the time the child would be placed in the location.

There is currently a federal injunction which does not permit the above requirement. Thus, any fiscal impact that would have been associated with this portion of HB 1194 has been negated. This portion of the recommendation has no fiscal impact.

The legislation also requires that information on adjudications as a juvenile be collected for each individual residing in the out-of-home placement residence. The Commission recommends that this portion of the legislation be amended as well. Furthermore, the Commission states that

juvenile record information is not readily available and can delay the placement of a child in the least restrictive environment. There is no direct fiscal impact associated with this portion of the recommendation. However, as is noted by the Commission, federal funding is dependent on the timely placement of a child in the least restrictive environment. The state could be penalized or lose complete child welfare funding if it is unable to collect information required by HB 1194 in a timely manner.

Recommendation #19 (Parent child-support payments):

This recommendation asks the state to encourage parents to pay child support for children in out-of-home care, in accordance with the parents' ability to pay.

The effect of this recommendation is dependent on the amount of money paid to the state by parents for child support. Payments would likely reduce some costs for the state as the money paid by the parents would be substituted for state child welfare expenditures.

Recommendation #21 (Kids First Trust Fund)

This recommendation asks the state to evaluate the use of the Kids First Trust Fund to identify its purpose and increase accountability for the fund.

The Indiana Kids First Trust Fund Board provides annual grants to not-for-profit organizations for the purpose of (a) promoting public awareness of child abuse and neglect; (b) informing, educating, and training about child abuse and neglect; or (c) promoting public awareness of child abuse and neglect and how it can be prevented. In FY 2003, the Kids First Trust Fund provided funding to approximately 85 different agencies in the state.

The Indiana Kids First Trust Fund Board does not fund programs that are more than 30% subcontracted. The board uses the following guidelines when making funding decisions: (a) applications must score at least 75 out of 100 points; (b) agencies applying for continuation funds must have submitted timely and acceptable biannual reports in the last fiscal year; and (c) utilization rates for the previous year are reviewed to assess the need for funds.

The Board was created to administer the money and to ensure that it is used for what it was originally intended. An evaluation of the use of the Fund could be facilitated by the Board at no additional cost.

If the fund were to obtain a check-box on state income tax forms to provide additional funding, the amount of revenue for the fund would likely increase. A decrease in donations to other funds on the state income tax form could occur as a result. Any increases or decreases are unknown.

The Commission also recommends that the state explore the option of reinstating two previous sources for the fund. Those would be marriage license and divorce filing fees. If the state were to implement this portion of the recommendation, the fund would see an increase in revenue, however, any increase is unknown. An \$18 marriage license fee is charged if at least one of the parties is an Indiana resident, and \$50 is charged if both parties are nonresidents. Of the fee, \$10 of each marriage license issued is deposited in the State User Fee Fund, while the balance is retained in the county general fund. The court fees for the filing of divorce cases are \$100 and are distributed to various funds, including the state General fund, county general fund; Family

Violence and Victim Assistance Fund; Indiana Judges' Retirement Fund; Law Enforcement Academy Building Fund; Law Enforcement Training Fund; Violent Crimes Victims Compensation Fund; Motor Vehicle Highway Account; Fish and Wildlife Fund; and the Indiana Judicial Center Drug and Alcohol Programs Fund .

Recommendation #25 (Family Court Project):

This recommendation asks the state to expand the Indiana Supreme Court Family Court Project statewide.

There are currently 22 Family Court Projects. An additional 75 programs are needed for statewide implementation.

Expansion of the program would necessitate two coordinators and one administrative assistant. In addition, funding would be needed for travel, training, equipment, startup costs, and maintenance of program costs. The Indiana Supreme Courts indicates that it should be able to implement half of the programs in the first year (37) and the other half (38) in the second year. The program will take three years for full implementation.

Projected costs include the central office at FSSA, and at the county level, both one-time startup costs and ongoing maintenance costs.

FSSA Central Office Costs:

	Year 1	Year 2	Year 3	Total
Project Coordinators (2)*	\$151,744	\$151,744	\$151,744	\$455,232
Administrative Assistant (1)*	\$45,500	\$45,500	\$45,500	\$136,500
Travel	\$20,000	\$20,000	\$20,000	\$60,000
Training	\$25,000	\$25,000	\$25,000	\$75,000
Other	\$25,000	\$15,000	\$15,000	\$55,000
Total				\$781,732

***Cost of living increases/raises are not included in calculations**

County Costs:

Start-up costs: The Indiana Supreme Court estimates that it will cost between \$60,000 and \$100,000 for start-up costs for each program (over a two-year period). Using these figures, a low-end estimate for the cost to start up all 75 programs would be \$4.5M (over a three-year period); a high-end estimate would be \$7.5M.

Maintenance Costs: The Indiana Supreme Court estimates that it costs between \$7,000 and \$20,000 to maintain a program annually. Using these figures, a low-end estimate for the cost to maintain these programs would be \$1.3M (over a three-year period); a high-end estimate would be \$3.7M.

Total costs for the first three years and full implementation statewide are between \$6.6M and

\$12M.

Recommendation #27 (Regional Trainers):

This recommendation asks the state to allocate additional positions to increase the number of permanent DFC child welfare training staff.

The fiscal impact would depend on the level of need in each region. Assuming one trainer per region would suffice, the estimated cost would be approximately \$486,000. This would include 7 regional experts at \$45,000 plus fringes and \$70,000 for miscellaneous expenses such as equipment, supplies, and travel (Indiana State Budget Agency).

FSSA currently contracts for \$750,000 annually for provision of child welfare training statewide. The contractor has the ability to access approximately 50 individuals statewide to facilitate various trainings. Implementation of this recommendation would likely decrease the amount of this contract. Regional trainers would be able to facilitate the majority of training, however, it is likely that trainers would not be able to conduct all training. Individuals will need to be contracted for services when regional trainers are not knowledgeable in specific areas. The reduction in the contract amount is unknown.