Michael R. Pence, Governor

Mary Beth Bonaventura, Director

Indiana Department of Child Services

302 West Washington Street, E306

Indianapolis, IN 46204

# INDIANA
# CHILD AND FAMILY SERVICES PLAN
# 2015 - 2019

*Protecting our children, families and future*

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
**Administration on Children, Youth and Families**
1250 Maryland Avenue, S.W.
Washington, D.C. 20024

OCT 23 2014

Judge Mary Beth Bonaventura
Director
Indiana Department of Child Services
302 W. Washington Street
Room E306-MS4
Indianapolis, Indiana 46204-2739

Dear Judge Bonaventura:

Thank you for submitting Indiana's Child and Family Services Plan (CFSP) Final Report for fiscal years (FYs) 2010-2014, annual Child Abuse Prevention and Treatment Act (CAPTA) State grant update, the CFSP for FYs 2015-2019, and the CFS-101 forms requesting funding for FY 2015 to address the following programs:

- Title IV-B, Subpart 1 (Stephanie Tubbs Jones Child Welfare Services) of the Social Security Act (the Act);
- Title IV-B, Subpart 2 (Promoting Safe and Stable Families and Monthly Caseworker Visit Grant) of the Act;
- CAPTA State grant;
- Chafee Foster Care Independence Program (CFCIP); and
- Education and Training Vouchers (ETV) Program.

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The 2015-2019 CFSP facilitates development and implementation of a comprehensive continuum of services for children and families and provides an opportunity to more fully integrate the Child and Family Services Review (CFSR) process and continuous program improvement into the five-year strategic plan.

**Approval**
The Children's Bureau (CB) has reviewed your CFSP Final Report for FYs 2010-2014, annual CAPTA update and the CFSP for FYs 2015-2019 and finds them to be in compliance with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2015 funding under the title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs.

A counter-signed copy of the CFS-101 forms are enclosed for your records. CB may ask for a revised CFS-101, Part I, should the final allotment for any of the approved programs be more than that requested in the Annual Budget Request.

The Administration for Children and Families' (ACF) Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information. Please note that OGM requires grantees to submit additional financial reports, using the SF-425, at the close of the expenditure period according to the terms and conditions of the award.

**Training Plan**
This approval for the FY 2015 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs does not release the State from ensuring that training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state's approved cost allocation plan.

**Additional Information Required**
Pursuant to Section 424(f) of the Social Security Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2014 caseworker visit data must be submitted to the Regional Office (RO) by December 15, 2014 and States that wish to sample must obtain prior approval from the RO. P

CB looks forward to continuing to work with you and your staff. Should you have any questions or concerns, please contact Angela Green, Child Welfare Regional Program Manager in Region 5, at (312) 353-9672 or by e-mail at Angela.Green@acf.hhs.gov. You also may contact Barbara Putyra, Child and Family Program Specialist, at 312-353-1786 or by e-mail at Barbara.Putyra@acf.hhs.gov.

Sincerely,

JooYeun Chang
Associate Commissioner
Children's Bureau

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Deborah M. Bell, Financial Management Specialist; ACF, OA, OGM; Washington, DC
Angela Green, Child Welfare Regional Program Manager; CB, Region 5; Chicago, IL
Barbara Putyra, Child and Family Program Specialist; CB, Region 5; Chicago, IL

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# I. GENERAL INFORMATION

## A. AGENCY INFORMATION

The Department of Child Services was established in January 2005 by an executive order of Governor Mitch Daniels. DCS protects children who are victims of abuse or neglect and strengthens families through services that focus on family support and preservation. The Department also administers child support, child protection, adoption, and foster care throughout the state of Indiana.

Judge Mary Beth Bonaventura was appointed by Governor Michael R. Pence to lead the Department in 2013. Director Bonaventura brings a wealth of knowledge and experience to DCS, having served as Senior Judge of the Lake County Superior Court, Juvenile Division—one of the toughest juvenile divisions in the state. Judge Bonaventura was appointed Senior Judge in 1993, by then Governor Evan Bayh, after having served more than a decade as a Magistrate in the Juvenile Court.

DCS' infrastructure includes local offices in all ninety two (92) Indiana counties, organized into eighteen (18) geographical regions. In SFY 2013, DCS created an additional region to encompass central office Family Case Managers (FCMs) from the Institutional Assessment Unit and the Collaborative Care Unit, for a total of 19 regions. In 2010, DCS added a centralized hotline, located in Indianapolis, and in 2013, added three regional hotline sites located in Blackford, Lawrence and St. Joseph counties. A fourth regional hotline site opened in Vanderburgh County in June 2014.

Prior to 2005, child welfare services were provided by the Division of Family and Children (DFC), a division within an umbrella agency, the Family and Social Services Administration (FSSA). As a new cabinet-level Department, DCS was charged with providing more direct attention and oversight of two critical areas: protection of children and child support enforcement. The former mission statement, "helping families help themselves," was changed to "The Indiana Department of Child Services (DCS) protects children from abuse and neglect. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes."

In December 2005, DCS initiated a major shift in how Indiana provided services to children and families called the "New Practice Model." The DCS practice model was founded on five core competency areas: Teaming, Engaging, Assessing, Planning and Intervening (TEAPI). The practice model incorporates an approach which

includes engaging families, teaming and planning with families, and supporting families when possible, while still holding parents accountable for their children. This model operates through Child and Family Team Meetings, in which a DCS Family Case Manager facilitates an individualized team including the family members, informal supports, and relevant service providers that reviews strengths, risks, and needs, and develops and monitors the implementation of a collaborative service plan.

## B. VISION STATEMENT

### Mission

The Indiana Department of Child Services (DCS) protects children from abuse and neglect, and works to ensure their financial support.

### Vision

Children thrive in safe, caring, and supportive families and communities.

## C. COLLABORATION

Indiana continues to work with its partner agencies to evaluate progress and identify areas for continued improvement. Ongoing communication and collaboration with the following groups has been an integral part of furthering improved outcomes for children and families. Feedback from these groups helps to inform practice, identify system strengths and challenges, and aided in development of the Child and Family Services Plan (CFSP) goals and objectives.

### Regional Service Councils

During the next 5 years, DCS plans to continue to support and enhance our work with the Regional Service Councils. Regional Service Councils (RSCs) were formed 1) to identify and select services and providers for each region; 2) to ensure that needed services are available in the region to meet the needs of family and children; and 3) to assist DCS with provider monitoring through the review of outcomes. The RSCs membership depends on the number of counties in the Region. If the Region consists of at least 3 counties, the RSC is made up of the following voting members:

1. The Regional Manager, who shall serve as chair of the committee,

2. Three Judges having juvenile jurisdiction in the Region, or their designees,
3. Three Local Office Directors in the Region,
4. Two Family Case Manager Supervisors from the Region,
5. Two Family Case Managers from the Region,
6. Two licensed Foster Parents from the Region,
7. One Guardian Ad Litem/CASA from the Region,
8. One Prosecuting Attorney in the Region or designee from the Region,
9. One resident of the Region who is at least 16 years old and less than 25 years of age and who has received or is receiving services through funds provided, directly or indirectly, through the Department (this person will serve in a non-voting capacity), and
10. The parent of a child who has received or is receiving services through funds provided, directly or indirectly, through DCS. This parent must be a resident of the Region and will serve in a non-voting capacity. [This is an optional member, not a statutory one.]

If the service region consists of one or two counties, the Regional Services Council must include at least the following members from the region:

1. Three employees from the Region, including the Regional Manager,
2. One juvenile court judge having jurisdiction in the Region or judicial hearing officer from the Region,
3. Two members who are designees of a juvenile court judge having juvenile jurisdiction in the Region,
4. Two Family Case Manager Supervisors from the Region,
5. Two Family Case Managers from the Region,
6. One licensed Foster Parent from the Region,
7. One Guardian Ad Litem/CASA from the Region,
8. One member who is a prosecuting attorney in the Region or the prosecuting attorney's designee from the Region,
9. One resident of the Region who is at least 16 years old and less than 25 years of age and who has received or is receiving services through funds provided, directly or indirectly, through the Department (this person will serve in a non-voting capacity), and

10. The parent of a child who has received or is receiving services through funds provided, directly or indirectly, through DCS. The parent must be a resident of the Region and will serve in a non-voting capacity.

## Biennial Regional Services Strategic Plan

The Biennial Regional Services Strategic Plan (BRSSP) process is one of the Department's most successful examples of collaboration with stakeholders in the child welfare system to develop services and plans to ensure positive outcomes for children and families. This planning process occurs every two years and involves members of the Regional Services Council (RSC) along with other child welfare services providers.

### Biennial Plan Process

Each RSC develops a Biennial Regional Services Strategic Plan (Plan) that is tailored to provide services targeted to the individual needs of children who:

1) Have either been:

   a) adjudicated as, or alleged in a proceeding initiated under IC 31-34 or IC 31-37 to be, children in need of services or delinquent children; or

   b) identified by the Department, based on information received from:

      (i) a school;
      (ii) a social service agency;
      (iii) a court;
      (iv) a probation department;
      (v) the child's parent or guardian; or
      (vi) an interested person in the community having knowledge of the child's environment and family circumstances; and after an informal investigation, as substantially at risk of becoming children in need of services or delinquent children; and
      (vii) Have been referred to the Department by, or with the consent of, the child's parent, guardian, or custodian for services to be provided through the plan based on an individual case plan for the child.

The RSC includes in its plan an evaluation of local child welfare service needs and a determination of appropriate delivery mechanisms. The RSC provides an opportunity for service providers in the Region to be represented in the evaluation of local child welfare service needs, including the taking of public testimony regarding local service needs and system changes.

Regional Managers work with local providers to ensure all providers in the Region are included in this process. This includes contacting the state provider associations and advocacy organizations to develop the most complete list of possible providers. The RSC, in developing the Plan, reviews and considers existing publicly and privately funded programs that are available or that could be made available in the Region's service delivery area to provide supportive services to or for the benefit of children described previously without removing the child from the family home, including programs funded through the following:

- Title IV-B of the Social Security Act (42 U.S.C. 620 et seq.),
- Title IV-E of the Social Security Act (42 U.S.C. 670 et seq.),
- Title XX of the Social Security Act (42 U.S.C. 1397 et seq.),
- The Child Abuse Prevention and Treatment Act (42 U.S.C. 5106 et seq.),
- Special education programs under IC 20-35-6-2,
- All programs designed to prevent child abuse, neglect, or delinquency, or to enhance child welfare and family preservation administered by, or through funding provided by, the Department, local offices, prosecuting attorneys, or juvenile courts, including programs funded under IC 31-26-3.5 and IC 31-40, and
- A child advocacy fund under IC 12-17-17.

The RSC may include in its Plan, a program for provision of family preservation services that:

- Is or will be in effect in the Region's service delivery area
- Includes services for a child less than 18 years of age who reasonably may be expected to be considered for out-of-home placement under IC 31-34 or IC 31-37 as a result of:
    - abuse or neglect
    - emotional disturbance; or
    - delinquency adjudication; and
- Addresses all objectives of family preservation services.

The Plan includes a detailed listing of the projected costs of the services recommended by the Regional Services Council.

Each RSC transmits its completed Plan to the Director of the Department of Child Services not later than February 2 of each even-numbered year. Within 60 days of receiving the Plan, the Services Division will do one of the following:

- Approve the Plan as submitted by the RSC,
- Approve the Plan with amendments, modifications, or revisions, or
- Return the Plan to the RSC with directions concerning:
    - subjects for further study and reconsideration; and
    - re-submission of a revised Plan.

### 2015-2016 Biennial Regional Services Strategic Plans (BRSSP)

During the fall of 2013, DCS conducted a State-wide Data Presentation for DCS management staff, which included a presentation of state level Quality Service Review data, Practice Indicators, Service Needs Assessments, and Service Utilization data. The meeting focused on taking a more holistic look at data by considering different sources and kinds of data together and considering the information in the context and through the filter of regional knowledge. State-wide information was presented and then Region 8 was highlighted as an example of how to utilize the data to develop a plan for services. The PowerPoint utilized for the statewide Data Presentation is included in Attachment 31.

Following the meeting, the Regions were each given data for their region on those same measures. In late 2013 and early 2014, each DCS Region utilized this information and conducted the Biennial Regional Services Strategic Plan (BRSSP) process mentioned in the section above. Service Coordinators and Program Quality Improvement staff were assigned to specific regions as part of a Continuous Quality Improvement (CQI) team to facilitate the local team's review of data trends, exploring underlying needs behind data, aiding in regional goal-setting, as well as, the development of measurable action steps for improvement. The improvement plans were developed with input from stakeholders, youth, parents, and other system partners through a needs assessment survey, public comments, and the RSCs (RSC).

The Regional Management Team and Regional Service Council, in conjunction with regional service coordinators and performance quality improvement team staff, developed the BRSSP. These plans incorporated CQI plans

developed through the QSR and RPS processes, the child protection plan and the early intervention plan. The BRSSPs also identified gaps in services and strategies to improve the quality of services and available service array in a region.

State-wide quantitative and qualitative data, ad hoc reviews, and improvement planning outcomes were used to assess regional progress on their CQI plans. Prevention data was part of the data used to develop the BRSSP. Each region developed a BRSSP and Action Plan. The Action Plans will guide Continuous Quality Improvement efforts of the region with respect to service delivery. The DCS Executive Team will also utilize the information from the BRSSP in order to identify state-wide trends and develop appropriate service delivery systems.

Each region's BRSSP is posted online at: http://www.in.gov/dcs/2829.htm.

A sample of the type of data provided to each Region to utilize in developing their BRSSP is included as attachments to this report.

- Region 8 Service Needs Assessment - Attachment 26
- Region 8 Indicators at a Glance – Attachment 27
- Region 8 Most Prominent Stress Factors Experienced by Parents – Attachment 28
- Region 8 Prevention Data – Attachment 29
- Region 8 Paid Services – Attachment 30

## Community Mental Health Centers

During the 2010-2014 five year period, DCS developed a strong collaboration with the Indiana Community Mental Health Centers (CMHCs). Meetings with the CMHC Workgroup occur bi-weekly with a focus on improving access and effectiveness of services for DCS clients. The Indiana Council of Community Mental Health Centers partners with DCS to provide an annual conference which includes CMHC leadership and DCS local and central office leadership. The main initiatives of the collaborative include improving access and effectiveness of:

- Medicaid Rehabilitation Option services,
- Children's Mental Health Initiative, and
- Substance Use Disorder treatment.
- DCS reviewed all of the agency's proposed CFSP Goals and Objectives with the CMHC workgroup in early

June 2014. The workgroup provided excellent feedback, and aided the Department in refining several interventions. As an example, DCS added an intervention to Objective 1.4, to include a collaborative effort between DCS and the CMHCs to educate DCS and CMHC staff on the effects of substance abuse disorder and best practices in treatment, and to address service gaps in this area. At the recommendation of the CMHC workgroup, DCS also added an additional objective and two associated interventions: Objective 1.7, Improve communication with service providers to ensure child safety.

### Service Specific Workgroups

DCS facilitates the ongoing support groups for specific services such as:

- Family- Centered Treatment,
- Father Engagement,
- Homebuilders, and
- Sobriety Treatment And Recovery Teams (START)

This facilitation includes monthly calls, yearly conferences, and break-out workgroups. The success of these groups has led to the planned expansion of additional support groups including services such as Cross System Care Coordination, Child Parent Psychotherapy, and Diagnostic and Evaluation Services. DCS will continue collaborating with existing statewide associations such as Indiana Council of Community Mental Health Centers Child and Adolescent Committee, Coalition of Family-Based Services, and the Indiana Chapter of National Children's Alliance.

### Commission on Improving the Status of Vulnerable Youth

During the 2013 session of the Indiana General Assembly, the legislature passed Senate Enrolled Act 125, which created the Commission on Improving the Status of Vulnerable Youth (Commission). The law defines a "vulnerable youth" as a child involved with the Department of Child Services, Family and Social Services Agency (FSSA), Department of Correction (DOC) or Juvenile Probation. The Commission is comprised of 18 members from the executive, judicial, legislative branches, and local government officials. The Commission was created to bring together all governmental agencies that work with vulnerable youth to address:

- Access, availability, duplication, funding and barriers to services.
- Communication and cooperation by agencies.

- Implementation of programs or laws concerning vulnerable youth.
- The consolidation of existing entities concerning vulnerable youth.
- Data from state agencies relevant to evaluating progress, targeting efforts and demonstrating outcomes.

The goal of the Commission is to promote information-sharing, best practices, policies, and programs concerning vulnerable youth. In addition to cooperating with other child focused commissions, the executive branch, the judicial branch, stakeholders and members of the community.

The Commission began meeting in August 2013 and to-date five meetings have been held. At each meeting the Commission hears from experts from around the state on topics relating to vulnerable youth and can elect to look into the topic further, create a task force or make recommendations. The Commission created six task forces as listed below:

- Infant Mortality and Child Health Task Force (9 members),
- Data Sharing and Mapping Task Force (14 members),
- Department of Child Services Oversight Committee (11 members),
- Cross-System Youth Task Force (19 members),
- Substance Abuse and Child Safety Task Force (18 members), and
- Educational Outcomes Task Force (15 members)

The Task Forces are comprised of 86 members with subject matter expertise from around the state. The members represent legislators, juvenile judges, juvenile probation, state agencies, supreme court, Casey Family Programs, CASA, prosecutor's, service providers, school professionals, lawyers, public defenders, law enforcement agencies, college education professionals, EMS, hospitals, universities, mental health centers, child advocates, Indiana State Police, and youth advocacy organizations. DCS has a representative on each task force.

## Older Youth Services Collaboration

In an effort to continue to evolve and improve upon older youth services programming, DCS meets with key stakeholders routinely to seek feedback on older youth programs to make adjustments/improvements. The Older Youth Services (OYS) Community is made up of youth accessing services, those who recently aged out of services, the DCS Older Youth Initiatives Team (program staff), the DCS Collaborative Care Case Management Team (3CM staff), older youth service providers, and other key stakeholders.

DCS program staff and Collaborative Care Case Management staff come together monthly to discuss program feedback. DCS program, Collaborative Care Case Management leadership and OYS providers come together bi-monthly to discuss program implementation, and program adjustments as well as to brainstorm best practices to serve older youth. In addition, 3CMs and OYS provider direct staff meet routinely (bi-monthly in some areas, more often in other areas) to discuss individual cases, resources at the local level and shared goals.

Youth feedback and insight is received routinely via the Indiana Youth Advisory Board. In December 2013, DCS partnered with Indiana's Connected By 25 program to hold a Collaborative Care Symposium to gather youth feedback. Additional creative opportunities for youth feedback will continue to be explored in the future.

### Youth Advisory Board

The Indiana Youth Advisory Board (YAB) consists of youth that are currently or have been a part of the Indiana foster care system. The YAB is comprised of current and former foster youth from the 18 regions within the State of Indiana. The YAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. The YAB is dedicated to advocating for positive change, encouraging self advocacy, encompassing diversity and fulfilling leadership roles throughout the state. The involvement of youth on the Board offers each youth a unique opportunity for leadership and to educate DCS leadership on youth experience and perspective within the Indiana foster care system.

### Additional Collaborations

In addition to the work occurring with the RSCs, DCS holds regular meetings with provider workgroups to monitor data, assess areas for improvement, and implement strategies to improve outcomes for families and children. Information about these provider collaborations are outlined below. Additional detail about collaboration efforts between DCS and other state agencies is outlined in Section V-B, Service Coordination. The goals and objectives included in this plan are a culmination of the efforts and plans coming out of these workgroups, in addition to the Biennial Regional Services Strategic Plans.

The current areas of focus for current provider workgroups include:

#### Community Mental Health Centers

- Improve access to mental health services for children outside the child welfare system through the Children's Mental Health Initiative.

- Improve access and effectiveness of substance abuse treatment services.

### Fatherhood Providers

- Improve engagement of fathers through inclusion in case planning, Child and Family Team Meetings, visitation, and services.

### Home-based Providers

- Improve training for home-based workers. The group is collaborating with DCS to piloting a core set of curricula that will be required for all home based workers.
- Improve communication and information sharing between providers and DCS.

### Indiana Association of Resources and Child Advocacy (IARCA)

- Address residential and LCPA rate setting issues
- Address capacity building within the public and private sector

### Licensed Child Placing Agencies

- Improve quality of services provided to children placed in licensed foster home settings.
- Improve relationship and communication between DCS and LCPAs.

### Multi Disciplinary Team (DCS, Division of Mental Health and Addictions, Bureau of Developmental Disabilities Services, Division of Aging)

- Improve the access and effectiveness of services for children who have developmental delays/intellectual disabilities.
- Improve service availability for children with very complex mental health, physical health and/or developmental delays/intellectual disabilities.

### Residential Providers

- Improve access to high quality residential services
- Improve relationship and communication between DCS and residential providers.

## II. ASSESSMENT OF PERFORMANCE

DCS Goals, objectives, and interventions are discussed in the Plan for Improvement sections below. Before setting these, DCS evaluated current performance to determine areas of strength and areas for improvement. Tools used to determine DCS' current performance throughout the Assessment of Performance section include DCS' performance on the following:

- The Child and Family Services Review (CFSR) federal measures.
- Data from DCS' child welfare information system MaGIK (MaGIK). For additional information on the MaGIK system, please see Section II A.
- DCS Quality and Services Review Data (QSR) - an evidence-based case review method and practice appraisal process. For additional information on the DCS' QSR process, please refer to the Quality Assurance Systems section under Systemic Factors below in Section II C.

### A. SAFETY

**Child and Family Outcomes - Safety**

1. Children are first and foremost, protected from abuse and neglect; and
2. Children are safely maintained in their own homes whenever possible and appropriate.

#### Federal Safety Measures

DCS' performance on the Child and Family Services Review (CFSR) measures has remained fairly consistent in recent years. DCS has consistently exceeded the national standard for Absence of Child Abuse or Neglect in Foster Care. The agency remains just below the national standard for Absence of Recurrence of Maltreatment.

| CFSR Safety Measures | Indiana Department of Child Services Data Profile | | | |
|---|---|---|---|---|
| | 2011 | 2012 | 2013 | National Standard |
| Absence of Recurrence of Maltreatment | 93.3% | 93.2% | 92.9% | 94.6% |

| | | | | |
|---|---|---|---|---|
| Absence of Child Abuse or Neglect in Foster Care (12 months) | 99.70% | 99.87% | 99.87% | 99.68% |

## Child Welfare Information System Data

In addition to the CFSR safety measures, DCS monitors performance in a number of other areas in an effort to continually assess how the agency is doing in ensuring that children are protected from abuse and neglect, and whenever possible and appropriate, maintained safely in their own homes.

### Indiana Child Abuse and Neglect Hotline (Hotline)

DCS efforts to ensure children are safe from abuse and neglect begin with the handling of reports made to the Indiana Child Abuse and Neglect Hotline. The Indiana Child Abuse and Neglect Hotline (Hotline) was established in January 2010, to ensure consistent handling of calls alleging child abuse and neglect. Prior to implementation of the Hotline there were over 350 locations that took child abuse and neglect reports. The Hotline streamlines the Department's approach to taking reports, improves the Intake Specialists' ability to gather information from callers, and expedites the process of preparing comprehensive reports and disseminating those reports to local offices for review. The Hotline is staffed with trained Family Case Manager Intake Specialists and at least one Supervisor on every shift, twenty-four hours per day, seven days a week, 365 days per year.

The Hotline was implemented in Indiana to improve quality, consistency and accuracy. After implementation of the Hotline, DCS has seen the number of reports increase from 109,489 reports in CY 2009, to 187,475 reports in CY 2013. This is an increase of over 71%. DCS attributes part of this increase in reporting to improved documentation of reports, increased awareness of how to make a report, and reporter confidence in the Hotline system. The agency is also studying whether there are other contributing factors, such as practice and policy changes, that could be impacting this increase.

Hotline staff utilize a number of reports to help monitor performance. These reports allow the Hotline staff to analyze a broad array of data including: number of calls received hourly, daily, weekly, monthly and annually; wait times for both law enforcement and non law enforcement reporters; call volume broken out by time of day; average length of call; average number of calls received per weekday vs. weekend; average speed of answer; and number of calls responded to by worker. The Hotline performed as follows during CY 2013:

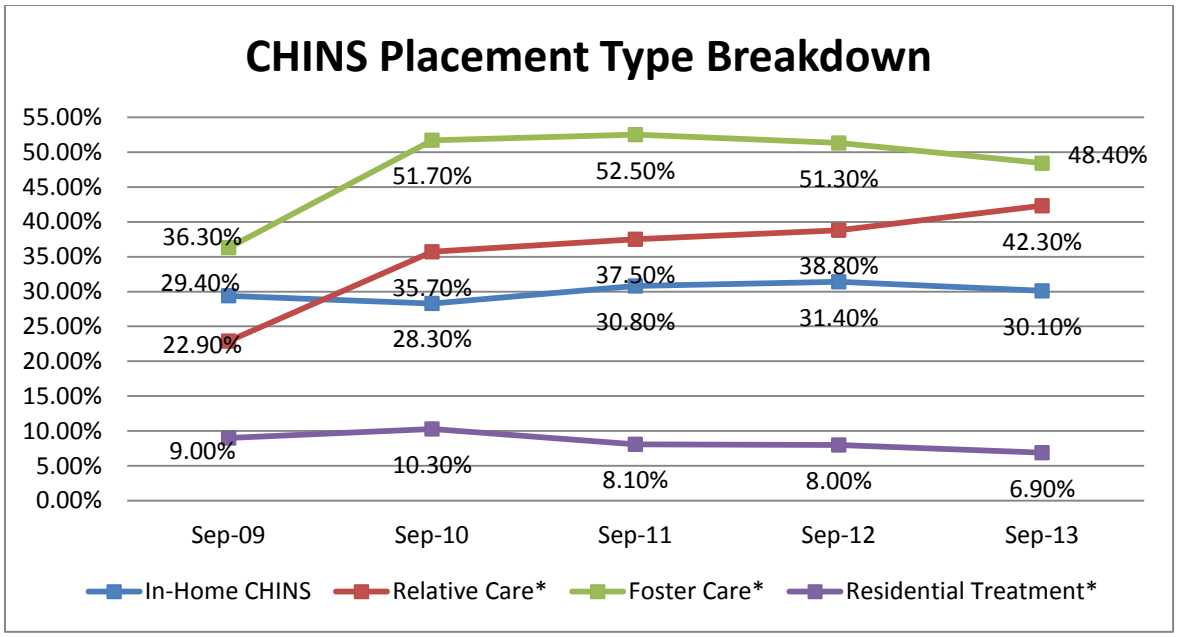
- 47% of calls were answered in less than 8 seconds.

- 62% of calls were answered in less than 30 seconds.
- 65% of calls were answered in less than 1 minute.
- 8% of callers waited 5 minutes or longer.
- 0.7% of callers waited 10 minutes or longer.
- 9% of callers hung up before speaking to an agent - of those:
    - 11% abandoned the call after waiting less than 30 seconds,
    - 36% abandoned the call after waiting less than 1 minute, and
    - 12% abandoned the call after waiting 5 minutes or more.
- The average hold time for callers who hung up before speaking to an agent was 01:24 for Law Enforcement Agencies (LEA), and 02:27 for non-LEA.
- The average speed of answer for LEA calls was 00:28 and for non-LEA calls was 01:19.
- The average caller spent 11:18 speaking with an intake specialist.
- The hotline took an average of 539 calls per business day.
- The hotline took an average of 182 calls per weekend day.

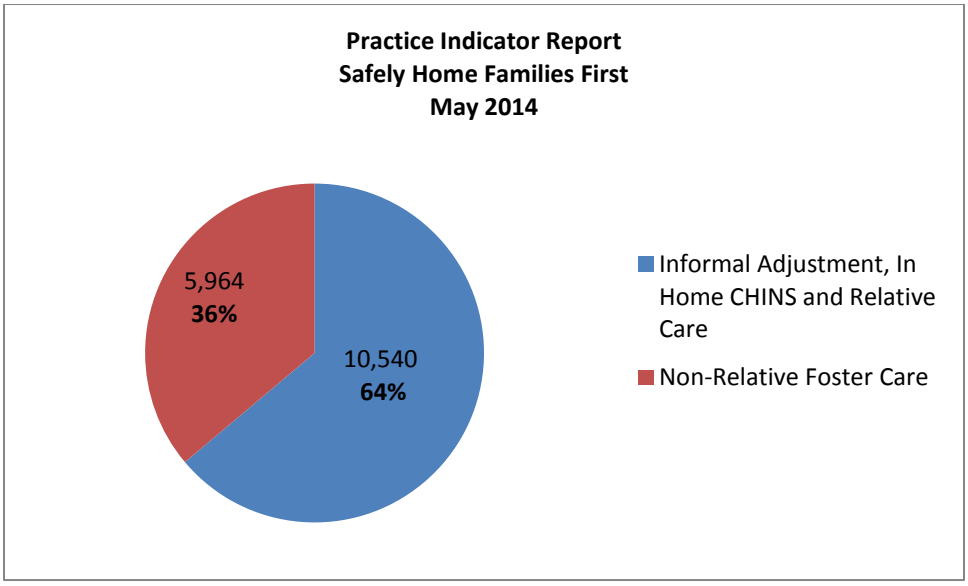
DCS piloted a new Hotline quality assurance process beginning in 2011. The Hotline quality assurance process builds on the Department's quality service review process (QSR), which allows the agency to evaluate implementation of the practice model in field operations. Components of the Hotline quality assurance process include a weekly review , by a multi-disciplinary team, of reports not assigned due to a failure to meet legal standards, quarterly reviews including review of both written reports and call recordings to evaluate worker documentation and customer service, and monthly review of outcome data such as those data points outlined above.

### Safely Home, Families First

DCS, through implementation of its practice model, and emphasis on the Safely Home, Families First philosophy, has also significantly increased the number of children remaining in-home or in relative placement. This shift has a direct impact on reducing the trauma experienced by children involved in the child welfare system, and results in better outcomes for children and families. The "DCS CHINS Placement Type Breakdown" graph below demonstrates the impact of this effort. The CHINS Placement Type Breakdown data is pulled from a DCS practice indicator report generated from MaGIK, the DCS child welfare information system.




The Safely Home, Families First Practice Indicator Report included below indicates that in May 2014, 64% of children remain in their homes or are placed with relatives. This represents a 1.5% increase from October 2012, when DCS first implemented and started monitoring Safely Home, Families First data.




## Case Record Review Data Indicators

DCS uses an evidence-based case review method and practice appraisal process, known as Quality Service Reviews (QSR), to assess:

1) How children and their families are benefiting from services received, and

2) How well locally coordinated services are working for children and families.

DCS conducts a QSR in each region approximately every 18 months (one round). In August 2013, DCS completed the third round of QSRs since its inception. For additional information on the DCS' QSR process, please refer to the Quality Assurance Systems section under Systemic Factors below in Section III C.

The QSR measures agency performance on 22 status indicators, including 2 child status indicators related to safety: Safety and Behavioral Risk. QSR reviewers evaluate cases to assess the quality of safety of the child in all settings.

The Safety Indicator assesses to what degree:

- The child is safe from harm or abuse, neglect and exploitation by others in his/her place of residence and other daily settings,
- The child is free from injury caused by others in his /her daily home, school, and community, and
- Whether parents and caregivers provide the attention, actions, and supports necessary to protect the child from known risks of harm in the home.

Freedom from harm is an essential condition for child well-being and development. QSR Reviewers evaluate the capability and reliability of parents (and other responsible persons) in recognizing risks of harm and protecting the child from those risks.

The second indicator related to safety is Behavioral Risk. The Behavioral Risk Indicator is concerned with lawful community behavior, the child's engagement in socially appropriate activities and avoidance of risky and illegal activities. Self-endangerment and posing risk of harm to others are central concerns. Specifically, the Behavioral Risk Indicator assesses to what the degree the child /youth is consistently avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm.

The table below provides the results for all eighteen (18) regions reviewed in the third round of the QSR compared to the same regions in the previous two rounds for the safety and behavioral risk indicators. The statistics represent the Refine/Maintain scores in each of the indicators for the Baseline, Second Round, and Third Round QSR across the regions. At the conclusion of Round 3, DCS showed a 2% improvement between the baseline and Round 2 and an additional 1% improvement between Rounds 2 and 3 in Safety. DCS showed an even greater increase in the Behavioral Risk indicator, which reflects an 8% increase between the baseline and

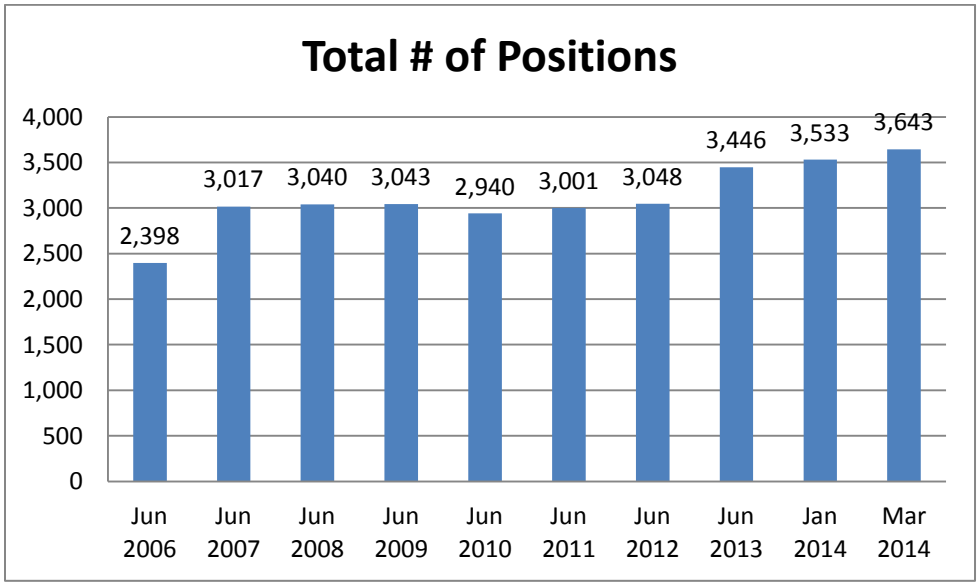
Round 2 and an additional 2% increase between Rounds 2 and 3.

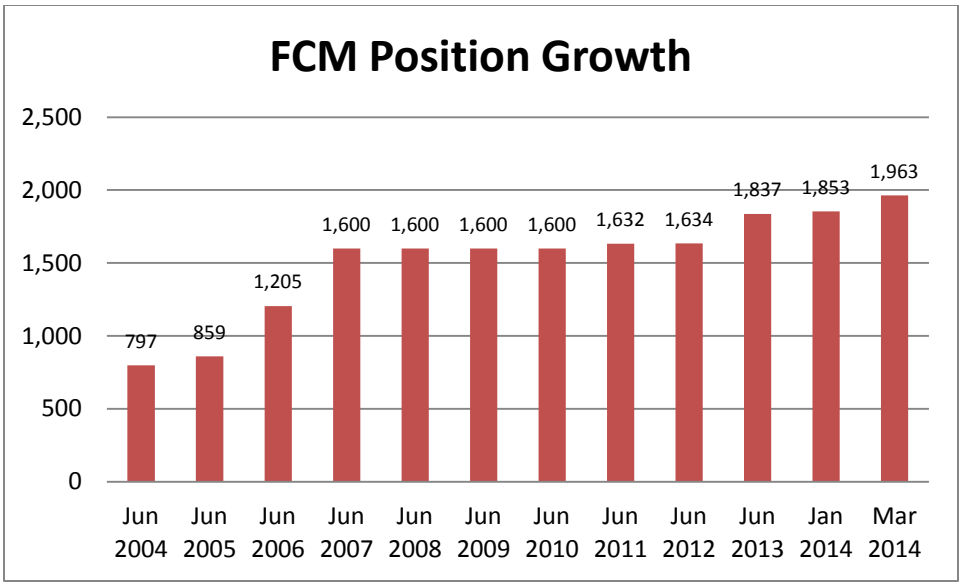
| Quality Service Review Indicator | Baseline 4/2007 -6/2009 | Round 2 8/2009 -7/2011 | Round 3 9/2011 – 8/2013 |
|---|---|---|---|
| Safety | 96% | 98% | 99% |
| Behavioral Risk | 78% | 86% | 88% |

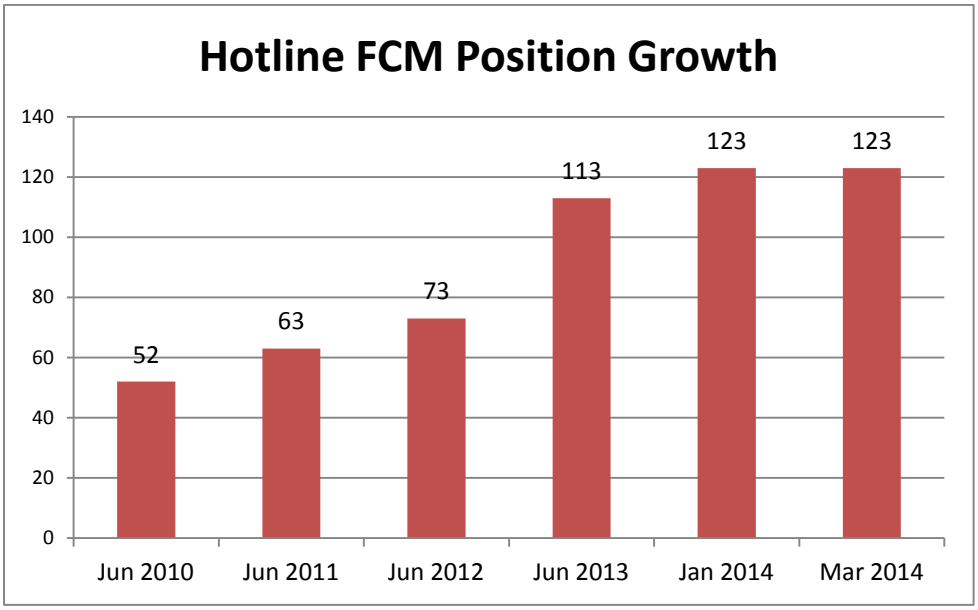
## Additional Information on System Performance Related to Safety Outcomes

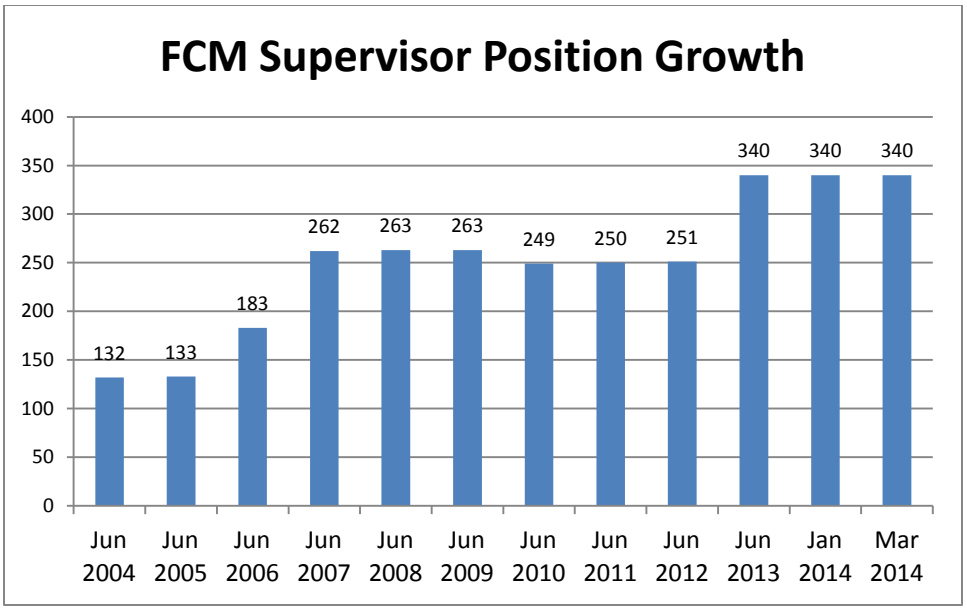
### DCS Staffing Increase

During the past five years, DCS has made a significant investment in staff: including Family Case Managers (FCMs), FCM Supervisors, DCS Hotline workers, attorneys and a number of specialist positions (education, foster care, relative care, nurses, clinicians, etc.). Below please find data reflecting the increase in staff in recent years. The addition of these workers has contributed to improved outcomes for children and families in a number of ways. The increase of FCMs specifically, allows the agency to maintain regional average caseloads consistent with the best practice standard of 12 new assessments or 17 on-going cases.



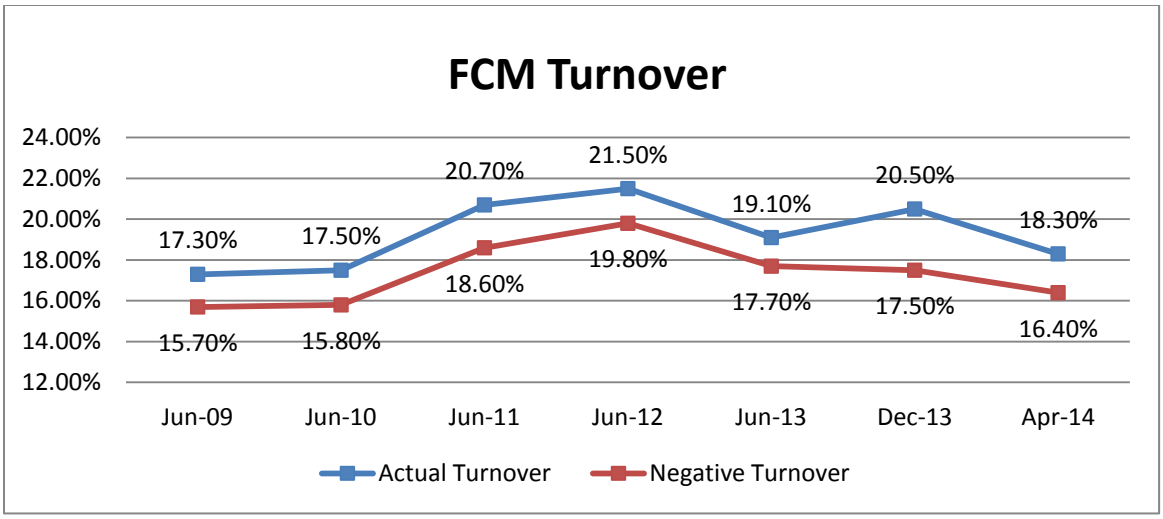

FCM Position Growth
2,500
2,000
1,500
1,000
500
0
797
859
1,205
1,600
1,600
1,600
1,600
1,632
1,634
1,837
1,853
1,963
Jun 2004
Jun 2005
Jun 2006
Jun 2007
Jun 2008
Jun 2009
Jun 2010
Jun 2011
Jun 2012
Jun 2013
Jan 2014
Mar 2014


Hotline FCM Position Growth
140
120
100
80
60
40
20
0
52
63
73
113
123
123
Jun 2010
Jun 2011
Jun 2012
Jun 2013
Jan 2014
Mar 2014




While the increase in staff strengthens the agency's ability to achieve positive outcomes for children and families, DCS, like most child welfare organizations, must continue to monitor employee turnover. DCS began tracking turnover data for the FCM position in March 2007. The agency tracks two types of turnover—actual and negative. While actual turnover includes all FCMs who left their position, negative turnover reflects only those FCMs who departed the Agency. Negative turnover excludes employees who were promoted or transferred to another position within DCS, and is determined to be a better measure of how the agency is doing with respect to retaining valuable staff.

Starting in SFY 2012 and continuing into SFY 2013, DCS experienced an upward trend in negative staff turnover, which climbed to 20.6% in November of 2012. To address this concerning trend, DCS employed a number of strategies including providing pay raises for family case managers and local office management staff, establishing a peer-to-peer support team trained in critical response, and partnering with Indiana University to identify strategies that are designed to promote employee recognition, well-being, and long-term commitment to children and families. These efforts have seemingly had an impact and FCM negative turnover has steadily declined since the peak in 2012.




## Summary of Additional Strengths and Concerns

### SYSTEM STRENGTHS

DCS has implemented a number of strategies and programs designed to ensure the agency is successful in furthering its mission to protect children from abuse and neglect. A few of the system strengths with regard to ensuring child safety are outlined below.

#### Children's Mental Health Initiative

DCS is collaborating with the Indiana Division of Mental Health and Addiction (DMHA) and the Indiana Bureau of Developmental Disabilities Services (BDDS) to build a continuum of care for children with complex mental or behavioral health needs and at risk of entering the child welfare or juvenile delinquency systems. This is being accomplished through the Children's Mental Health Initiative and also the Family Evaluation process, which began rolling out in late 2012. Additional information about the CMHI is available in section V. A, under Prevention Services.

#### Child Fatality Review Process

DCS assesses all deaths of children under the age of 18 that are reported as suspicious for abuse or neglect, and are perpetrated by a parent, guardian or custodian. Indiana state law has two main provisions that help to ensure all child fatalities are reported to DCS. The first is IC 36-2-14-6.3, which requires the county coroner to file an immediate report with DCS on all suspicious, unexpected, or unexplained child deaths. The formalized process for evaluating child deaths, combined with the statutorily required local and statewide child fatality

review teams allows DCS and other child welfare stakeholders to understand causes and trends with regard to child fatalities, and target prevention efforts accordingly.

When DCS completes a child fatality assessment, the Family Case Manager (FCM) gathers relevant data from a variety of sources, including, but not limited to, law enforcement, hospitals, pathologists, primary care physicians, schools, the state's vital statistics department and coroners. Indiana state law (IC 36-2-14-18) requires the county coroner to provide child death autopsy reports to DCS to help determine if the child died as a result of abuse or neglect. All data gathered by the Family Case Manger during the child fatality assessment is entered into MaGIK, the State's child welfare information system. In order for DCS to substantiate allegations of abuse or neglect for any child death, the alleged perpetrator must meet the statutory definition of parent, guardian, or custodian. Indiana pulls data from MaGIK on all substantiated child fatalities to submit for the NCANDS child maltreatment fatality measure.

As of July 1, 2013, changes to state law mandated that county representatives assume responsibility for creating and maintaining a Local Child Fatality Review Team. Prior to July 1, 2013, DCS was responsible for creating and supporting these multi-disciplinary fatality review teams in each of the Department's 18 Regions. The law now requires that the local Prosecutor establish a Local Child Fatality Review Committee (Committee) in coordination with representatives from the coroner, health department, DCS and law enforcement. The Committee is responsible for determining whether to create a County Fatality Review Team or a Regional Fatality Review Team and to appoint the team members. In order to support the transition of the child fatality review teams from DCS to the local level the Indiana legislature created a "Statewide Child Fatality Review Coordinator" position under the Indiana State Department of Health (ISDH). The position also supports the State Child Fatality Review Team.

While the responsibility for establishing the teams was amended, the team members and the team responsibilities remain the same. The teams are required to review all child deaths that are sudden, unexpected, unexplained, assessed by DCS for alleged abuse or neglect, or if the coroner has ruled the cause of death to be undetermined, or the result of homicide, suicide or accident. The goal of the new structure is to create a statewide child fatality review system, where local experts use their knowledge of the area to report information to the State Fatality Review Team, who will then be able to provide a more holistic review of trends in child fatalities. The goal of the teams is to help inform future prevention efforts across the state.

In addition to the thorough review process outlined above, DCS specialized fatality review staff are trained by medical experts from Riley Children's Hospital. DCS case managers also respond immediately and/or within 24

hours to ensure other children living in the home where a child fatality occurs are safe.

### Institutional Child Protective Services Unit (ICPS)

The Institutional Assessment Unit (ICPS) assesses allegations of abuse or neglect occurring in daycares, schools, residential facilities, group homes, detention centers and other scenarios where child care staff is identified as an alleged perpetrator. The ICPS case managers have expertise in conducting these assessments and have built close working relationships with the licensing bodies over these institutions including DCS Residential Licensing, the Family and Social Services Administration Division of Family Resources, the Department of Corrections and the Department of Education. In addition to completing assessments, the ICPS unit works with institutions and licensing bodies to improve protocols and procedures to ensure safety of other children who will be attending or placed in these facilities in the future.

### PEDS Contract

DCS partners with Riley Hospital to obtain medical consultation from a team of specially trained pediatricians. This partnership allows DCS staff to request medical consultations and review of cases involving head trauma and other physical injuries. This service, while not limited to this age bracket, is particularly helpful with young children and babies due to their difficulties in communicating the cause of their injuries. These highly qualified pediatricians, with significant training and knowledge of child abuse and neglect, are able to medically diagnose and identify the source of injuries to assist in determining if the injuries are accidental or the result of abuse or neglect. They often consult with other doctors across the state, in addition to DCS, to ensure appropriate safety decisions are being made for children and their families. This program helps to ensure that children are removed when necessary to ensure their safety.

### Title IV-E Waiver

Indiana's 2012 waiver IV-E extension enables DCS to utilize a broadened service array and increase the target population to all children served by DCS.

The waiver supports and enhances service and program offerings that are consistent with Indiana's Safely Home, Families First philosophy. In conjunction with its IV-E waiver and Safely Home, Families First, DCS offers programs and intensive services that allow children to remain safely in home. When removal is necessary, the goal of Safely Home, Families First is to place children with willing and able relatives and provide wraparound services as needed. Without the approval of the 2012 Waiver Demonstration Project, DCS would not be able to

provide these expanded services consistent with Safely Home, Families First. Moreover, the waiver enables the agency to provide these expanded services to all children, without a determination of IV-E eligibility

## CHALLENGES / OPPORTUNITIES FOR IMPROVEMENT

While DCS has made great strides in furthering its mission to protect children from abuse and neglect, there are always opportunities to further improve the ways in which the agency ensures child safety. Through the goals and objectives outlined in the Plan for Improvement in Section IV below, DCS hopes to address the system challenges outlined below.

### Developmental and Intellectual Disability Service Array

DCS is more frequently interacting with and serving children with complex developmental, intellectual and mental health needs. This is due, in part, to the launch of the Children's Mental Health Initiative, outlined in Services Section V below, aimed at keeping children out of the child welfare system through the provision of services to address the child's complex needs. This program, along with a shortage of placement options due to the closure of a large residential facility in 2012, have magnified the service gaps for this population. DCS will identify strategies to address this system barrier through Objective 1.2 outlined in the Plan for Improvement Section (IV- A).

### Domestic Violence Policy, Training and Stakeholder Collaboration

Indiana requested technical assistance from the National Resource Center for Child Protective Services (NRCCPS) regarding DCS policy and practice surrounding issues involving domestic violence (DV). NRCCPS provided Assessment Results (Results) on November 4, 2013. These results indicated that Indiana DCS policy and practice standards reflect "most of what is considered to be DV best practice in child protection(s)." The results also identified three primary areas that could benefit from technical assistance. These include:

- Strengthen local/regional collaborations with domestic violence victim advocacy programs to promote consistency in DV practice within DCS, and to promote safety for children when they are with a non-offending parent,
- Expand DCS policy, practice and training to include an emphasis on working with Domestic Violence offenders, and
- Make minor revisions to policy, practice guidance, and training to eliminate areas of possible confusion

or contradictory messages.

Domestic Violence Policy and Service Standards have been implemented as a result of these recommendations; however, DCS still needs to further evaluate opportunities to address the other areas identified in the technical assistance results. DCS will continue to implement strategies to improve practice in this area as outlined in Objective 1.5 outlined in the Plan for Improvement Section (IV- A).

### Family Case Manager Visits / Face to Face Contacts

The report below is designed to show a running total of Federal standards for Caseworker contacts for the year-to-date months within the current federal fiscal year. This report is used to determine the progress of caseworker contacts throughout the year. It provides a monthly breakdown of children with whom FCM's have visited and with whom FCM's have visited in the child's home setting. Although DCS has seen improvements in family case manager visits for children in the child welfare system, the improvements are believed to be offset by difficulties with tracking of visits for probation youth placed in foster homes. DCS will address system deficiencies in this area through Objective 2.7 outlined in the Plan for Improvement Section (IV- B).

**Monthly Family Case Manager Visits**

| | Children with Contacts | | | | Children with Contacts in Home Setting | | |
|---|---|---|---|---|---|---|---|
| Month | Contacted Children | Total Children | Percentage | | Contacted Children | Total Children | Percentage |
| October 2013 | 9132 | 9903 | 92.21% | | 7449 | 9903 | 75.22% |
| November 2013 | 9274 | 10067 | 92.12% | | 7404 | 10067 | 73.55% |
| December 2013 | 9293 | 10010 | 92.84% | | 7428 | 10010 | 74.21% |
| January 2014 | 8985 | 9621 | 93.39% | | 7306 | 9621 | 75.94% |
| February 2014 | 9234 | 9847 | 93.77% | | 7281 | 9847 | 73.94% |
| March 2014 | 9554 | 10076 | 94.82% | | 7757 | 10076 | 76.98% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| April 2014 | 9867 | 10410 | 94.78% | | 7788 | 10410 | 74.81% |
| May 2014 | 10150 | 10649 | 95.31% | | 8232 | 10649 | 77.30% |

### Substance Abuse Treatment Services

The Biennial Regional Services Strategic Plans (BRSSP) completed by RSCs throughout Indiana this year identified Substance Abuse services as a significant gap in the DCS service array. Each region identified this service need in their Biennial Plan. DCS will address this service gap as outlined in Objective 1.4 outlined in the Plan for Improvement Section (IV- A).

## B. PERMANENCY

### Child and Family Outcomes - Permanency

1. Children have permanency and stability in their living situations.
2. The continuity of family relationships is preserved for children.

#### Federal Safety Measures

Indiana's performance on federal permanency measures is shown in the charts below. The Permanency composites review 1) the time it takes for a child to achieve permanency through reunification, 2) the time to permanency by adoption, 3) permanency for children in foster care for long periods of time, and 4) a child's stability in placements (the number of placement moves while in DCS care). DCS exceeds national standards in 3 of the 4 Permanency composites.

### Timeliness and Permanency of Reunification

| CFSR Data Profile | Indiana Scores and Ranking | | |
|---|---|---|---|
| | FFY 2011 ab | FFY 2012 ab | FFY 2013 ab |
| **Permanency Composite 1: Timeliness and Permanency of Reunification**<br>National Standard – 122.6 or higher | 126.9<br>10th | 123.9<br>10th | 119.4<br>18th |
| **Component A: Timeliness of Reunification (composed of three timeliness measures).** | | | |

| | | | |
|---|---|---|---|
| **Measure C1 – 1) Exits to reunification in less than 12 months**<br>Of all children discharged from foster care (FC) to reunification in the year shown, who were in FC for at least 8 days but less than 12 months, what percent were reunified in less than 12 months from the date of the latest removal from home?<br>National Median – 69.9%; 75th percentile – 75.2%<br>A higher percentage is preferable for this measure. | 72.5% | 71.2% | 67.6% |
| **Measure C1-2) Exits to reunification, median stay**<br>Of all children discharged from foster care (FC) during the year shown, who were in FC for at least 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification?<br>National Median – 6.5 months; 25th percentile – 5.4 months<br>A lower percentage is preferable for this measure. | 7.4 months | 6.9 months | 8.3 months |
| **Measure C1-3) Entry cohort reunification in < 12 months**<br>Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or more, what percent were discharged from FC to reunification in less than 12 months from the data of the latest removal from home?<br>National Median – 39.4%; 75th percentile – 48.4%<br>A higher percentage is preferable for this measure. | 44.3% | 37.9% | 34.4% |
| **Component B: Permanency of Reunification (this component has one measure).** | | | |
| **Measure C1-4: Re-entries to foster care in less than 12 months**<br>Of all children discharged from foster care (FC) to reunification in the 12 month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge?<br>National Median – 15.0%; 25th percentile – 9.9%<br>A lower percentage is preferable for this measure. | 9.4% | 9.8% | 9.8% |

### Timeliness of Adoptions

| CFSR Data Profile | Indiana Scores and Ranking | | |
|---|---|---|---|
| | FFY 2011 ab | FFY 2012 ab | FFY 2013 ab |
| **Permanency Composite 2: Timeliness of Adoptions**<br>National Standard – 106.4 or higher | 128.2<br>3rd | 122.8<br>6th | 114.1<br>10th |
| **Component A: Timeliness of Adoptions of Children Discharged from Foster Care**<br>(there are two individual measures for this component). | | | |

| | | | |
|---|---|---|---|
| **Measure C2 – 1) Exits to adoption in less than 24 months**<br>Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home?<br>National Median – 26.8%; 75th percentile – 36.6%<br>A higher percentage is preferable for this measure. | 30.2% | 29.1% | 25.8% |
| **Measure C2-2) Exits to adoption, median length of stay**<br>Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption?<br>National Median – 32.4 months; 25th percentile – 27.3 months<br>A lower number is preferable for this measure. | 29.0 months | 29.6 months | 30.6 months |
| **Component B: Progress toward adoption for children in foster care for 17 months or longer.** | | | |
| **Measure C2-3: Children in care 17+ months, adopted by the end of the year**<br>Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown?<br>National Median – 20.2%; 75th percentile – 22.7%<br>A higher percentage is preferable for this measure. | 30.4% | 32.3% | 27.8% |
| **Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months**<br>Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship."<br>National Median = 8.8%, 75th Percentile = 10.9%<br>A higher percentage is preferable for this measure. | 13.8% | 8.3% | 3.5% |
| **Component C: Progress toward adoption of children who are legally free for adoption.** | | | |

| | | | |
|---|---|---|---|
| **Measure C2 - 5: Legally free children adopted in less than 12 months**<br><br>Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free?<br><br>National Median = 45.8%, 75th Percentile = 53.7%<br><br>A higher percentage is preferable for this measure. | 61.1% | 65.3% | 66.2% |

### Permanency for Children and Youth in Foster Care for Long Periods of Time

| CFSR Data Profile | Indiana Scores and Ranking | | |
|---|---|---|---|
| | FFY 2011 ab | FFY 2012 ab | FFY 2013 |
| **Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time**<br>National Standard – 121.7 or higher | 137.5<br>3rd | 146.3<br>2nd | 142.7<br>2nd |
| **Component A: Achieving permanency for children in foster care for long periods of time (component has 2 measures).** | | | |
| **Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.**<br><br>Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative).<br><br>National Median 25.0%, 75th Percentile = 29.1%<br><br>A higher percentage is preferable for this measure. | 35.9% | 38.2% | 34.5% |
| **Measure C3 - 2: Exits to permanency for children with TPR.**<br><br>Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative).<br><br>National Median 96.8%, 75th Percentile = 98.0%<br><br>A higher percentage is preferable for this measure. | 94.9% | 97.5% | 96.8% |
| **Component B: Growing up in foster care (component has one measure).** | | | |

| | | | |
|---|---|---|---|
| **Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More**.<br>Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer?<br>National Median 47.8%, 25th Percentile = 37.5%<br>A lower score is preferable for this measure. | 36.4% | 35.0% | 32.5% |

### Placement Stability

| CFSR Data Profile | Indiana Scores and Ranking | | |
|---|---|---|---|
| | FFY 2011 ab | FFY 2012 ab | FFY 2013 ab |
| **Permanency Composite 4: Placement Stability**<br>National Standard – 101.5 or higher | 103.0<br>10th | 104.4<br>9th | 105.6<br>9th |
| **Measure C4 – 1) Two or fewer placement settings for children in care for less than 12 months.**<br>Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings.<br>National Median – 83.3%; 75th percentile – 86.0%<br>A higher percentage is preferable for this measure. | 88.4% | 88.3% | 89.2% |
| **Measure C4-2) Two or fewer placement settings for children in care for 12 to 24 months.**<br>Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings?<br>National Median – 59.5%; 75th percentile – 65.4%<br>A higher percentage is preferable for this measure. | 67.3% | 72.0% | 70.2% |
| **Measure C4-3) Two or fewer placement settings for children in care for 24+ months.**<br>Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings?<br>National Median – 33.9%; 75th percentile - 41.8%<br>A higher percentage is preferable for this measure. | 38.9% | 37.6% | 41.5% |

### Child Welfare Information System (MaGIK) Data

DCS has developed several reports to monitor factors known to have an impact on permanency for children and youth.

### Permanency Outcomes for Children in Out of Home Placement

DCS selected 'Permanency Outcomes for Children in Out of Home Placement' as a key performance indicator for the agency in SFY 2014. DCS recognizes that permanency for a child means a safe, stable and secure home and family, love, unconditional commitment and lifelong support. The agency believes that every youth exiting foster care should have at a minimum a permanent connection with one caring, committed adult who will provide them with guidance and support as they make their way into adulthood. This key performance measure demonstrates whether DCS is achieving timely permanency either through reunification, adoption, guardianship or living with a relative within 24 months of case start date. DCS started utilizing this report in July 2013. This report is published quarterly on the Indiana Transparency Portal at: http://www.in.gov/itp/. In Quarter 1 of 2014, 81% of the cases closing to permanency did so within 24 months.

### Adoption Trending Report

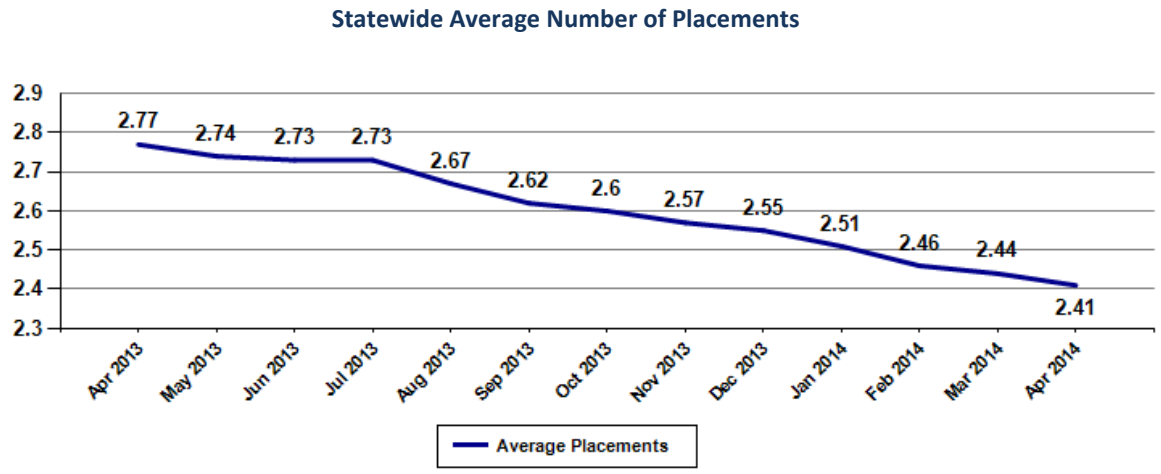
DCS monitors the number of completed adoptions through its adoption trending report. In 2012 and 2013, the number of completed adoptions decreased from prior years. The agency is presently completing some additional data analysis to get a better understanding of the factors impacting this trend. Below please find a summary of adoptions completed by calendar year.

| Calendar Year | Total # of Completed Adoptions |
|---|---|
| 2009 | 1,226 |
| 2010 | 1,551 |
| 2011 | 1,790 |
| 2012 | 1,282 |
| 2013 | 1,033 |

### Placement Stability

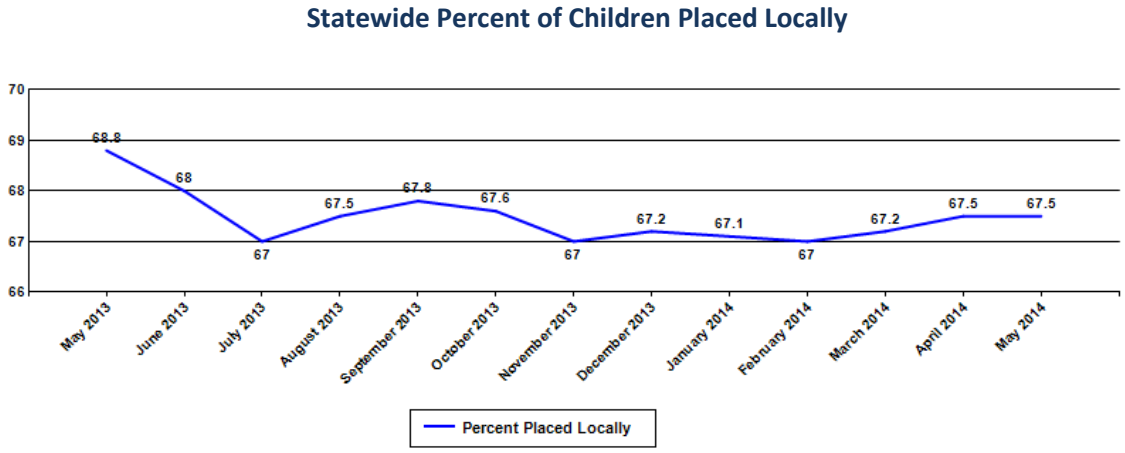
DCS uses the Average Number of Placements per Child practice indicator report to monitor placement stability. The calculation is based on the total number of out-of-home placements for each CHINS child in placement on the last day of the report month and includes all placements during the current removal episode. This number is then divided by the total number of CHINS children who are in out of home placement on the last day of the

report month to arrive at the average number of placements per child.




## Children Placed Locally

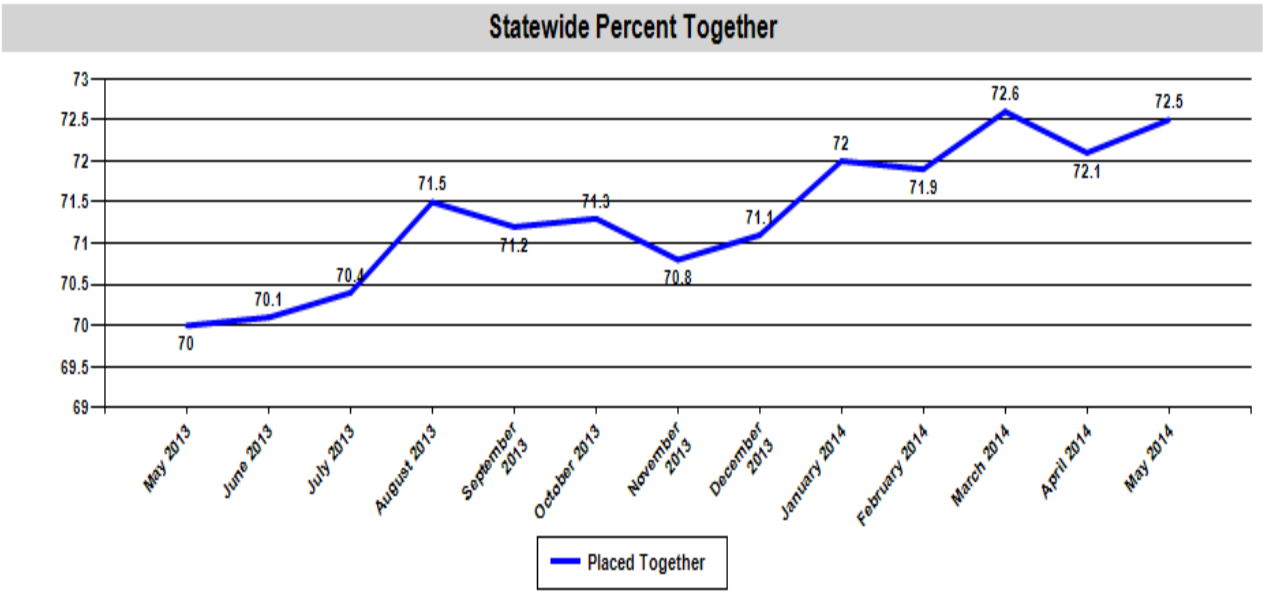
DCS utilizes another practice indicator report to monitor the number of children in out-of-home placement who are placed locally within their communities. The report reflects the total number of children who are living in the same county as the court in which they were adjudicated as a CHINS. The percent of children locally placed is determined by dividing the number of children living in the same county by the total number of children with a CHINS case that are placed outside of their home.




## Sibling Placements

The chart below depicts information from a practice indicator report that shows the number of cases with siblings placed together. As of May 2014, in 72.5 % of DCS cases involving siblings, the siblings were placed in the same home. This represents steady improvement in the number of cases involving siblings placed together in

the past year.




## Case Record Review

The QSR measures two child status indicators related to permanency – 1) stability, and 2) permanency.

### Stability

The stability measure evaluates to what degree:

1) The child's daily living, learning, and work arrangements are stable and free from the risk of disruption,
2) The child's daily settings, routines and relationships are consistent, and
3) Risks are being managed to achieve stability and reduce the probability of future disruption.

The stability indicator acknowledges that continuity in caring relationships and consistency of settings and routines are essential to a child's sense of identity. This indicator looks retrospectively at the past 12 months and prospectively over the next 6 months to assess and project the relative stability of the child's home setting and relationships. A 12 month "opportunity window" (consistent with CFSR timelines) is used to track recent life disruptions for the child to establish any movement pattern over that time period. Prognosis for future disruption in the next six months is based on the pattern observed over the past 12 months and on future events that would have a high probability of causing a disruption.

The results in the chart below indicate that in Round 3 of the QSR, 65% of the cases reviewed resulted in scores of 4, 5, or 6 (Refine/Maintain), with 6 being optimal or the best possible result. This represents a 2% increase in scores from Round 1.

| QSR | | | |
|---|---|---|---|
| **QSR INDICATORS** | **Baseline 04/07 -06/09** | **Round 2 08/09 -07/11** | **Round 3 09/11 – 08/13** |
| Stability | 63% | 65% | 65% |

### Permanency

The Permanency child status indicator assesses the degree to which:

- The child / youth is living with parents or out-of-home caregivers that the child, parents or out-of-home caregivers believe will sustain until the child reaches adulthood and continue onward to provide family connections and supports,
- If not, permanency efforts presently being implemented on a timely basis that will ensure the child /youth soon will be enveloped in enduring relationships that provide a sense of family, stability, and belonging.

The chart below reflects the results of the QSR relating to the Permanency Child Status Indicator, which considers the percentage of cases with a Refine/Maintain score for length of time it takes to place a child into a home in which everyone believes the child will remain until adulthood. The results indicate that DCS has made significant progress in this area, increasing from 49% in the first round to 60% in Round 3.

| QSR | | | |
|---|---|---|---|
| **QSR INDICATOR** | **Baseline 04/07 - 06/09** | **Round 2 08/09 - 07/11** | **Round 3 09/11 – 08/13** |
| Permanency Indicator | 49% | 56% | 60% |

### Maintaining Relationships

In addition to the Stability and Permanency Child Status Indicators, the QSR measures several caregiver indicators. One of the factors in a child's stability and successful reunification is the ability to maintain relationships with parents, siblings and extended family while the child is in out-of-home care. The Maintaining Quality Family Relationships indicator looks at criteria that maintain and encourage the child's connection to family members. Specifically, the indicator evaluates when children and families are temporarily living away from one another:

- How well are specifically planned strategies and supports working to build and sustain family connections through appropriate visits and other means, unless compelling reasons exist for keeping them apart, and
- To what degree have strategies and efforts been put into place to support the following between the child and his/her parents for:
    - Building and maintaining positive interactions,
    - Creating and using opportunities for providing emotional support, and
    - Using varied and creative opportunities for family members to nurture one another.

DCS showed improvement in all relationship categories between Rounds 1 and 3; however, this is an area in which DCS' QSR performance has shown some fluctuation.

| QSR Indicators | | | |
|---|---|---|---|
| **Maintaining Relationships Indicator** | **Baseline 04/07 - 06/09** | **Round 2 08/09 - 07/11** | **Round 3 09/11 – 08/13** |
| Mother | 61% | 76% | 69% |
| Father | 40% | 36% | 48% |
| Siblings | 61% | 70% | 62% |
| Extended Family | 57% | 61% | 61% |

### Role and Voice of Family Members

The caregiver's level of investment in and commitment to taking an active role in making decisions about strategies, services and results for the child and family has a direct impact on permanency for children. The QSR Engaging Role and Voice of Family Members measure looks at the extent to which:

- Family members with whom the child is living and/or will be reunited with are active, ongoing participants in decisions made about child/family change strategies, services and results,
- Caregivers are active participants in the plans and services they identified, and
- Trust-based relationships exist between all team members.

The table below reflects the percentage of cases reviewed that scored a Refine/Maintain in engaging family members to actively participate in case decisions. DCS showed significant improvement in this measure in Round 3 compared to both Baseline and Round 2 scoring. This is an area in which DCS has remained focused on demonstrating continued improvement, particularly with regard to the role and voice of fathers. Fathers have consistently scored lower than mothers in this area.

| Engaging Role and Voice | Baseline 04/07 - 06/09 | Round 2 08/09 - 07/11 | Round 3 09/11 - 08/13 |
|---|---|---|---|
| Mother | 44% | 57% | 63% |
| Father | 25% | 29% | 37% |
| Child/Youth | 50% | 65% | 68% |

## Summary of Additional System Strengths and Concerns

### Expansion of Definition of Relative

Legislation passed by the 2014 General Assembly statutorily expanded the definition of relative to include those having an established and significant relationship with a child. As a result of this legislative change, DCS amended Policy 4.84, effective July 1, 2014, to add "any other adult with whom the child has an established and significant relationship," to the list of available placement options. This expanded definition provides FCMs with an additional placement option when circumstances require removal.

### Foster and Relative Care Specialist Positions

In recent years DCS established several specialist roles in an effort to support stable placement and permanency options for children in care. Foster Care Specialists were established in 2009 to manage recruitment, licensing and ongoing support for foster parents. Relative Care Specialists were created in 2013 to provide support to relative caregivers. For additional information about these positions and the roles they play within the DCS system, please see Section III - G. Foster and Adoptive Parent Licensing, Recruitment, and Retention.

These positions have increased the agency's ability to provide ongoing support to both foster and relative caregivers. How to consistently educate substitute caregivers, particularly relatives, on the types of financial and other support resources available to them is one area DCS plans to address as a part of Objective 2.2 outlined in the Plan for Improvement Section (IV- B).

### Permanency Roundtables

In 2011, Indiana adopted a process for specialized staffing called "Permanency Roundtables" based on work completed by Casey Family Programs. These structured internal staffings focus on reviewing youth in extended care without attainable permanency goals. Both DCS and Juvenile Probation utilize a variation of this process to further permanency goals. On the child welfare side, the roundtable process is used primarily in cases where the child has been in care for a long period of time with no real progress towards permanency or in those instances where permanency is likely to become stalled. Since piloting PRTs in June 2011, DCS has completed 614 round tables. Of those 173 (28%) cases have been closed and 345 cases (56%) have improved permanency status.

### Guardianship Assistance Program

DCS utilizes guardianship as a permanency option for children in care. Indiana offers both the Title IV-E Guardianship Assistance Program (IV-E GAP) and a state funded Guardianship Assistance Program (State GAP). There are currently 14 participants receiving IV-E GAP funding and 14 participants in the State GAP. Participation in both of the guardianship programs is incredibly small. DCS intends to look into ways to increase utilization of this permanency option for foster children as detailed in Objective X. Recent changes in the law to expand the definition of relative to include individuals with significant relationships with the child may result in an increase in the number of children achieving permanency through guardianship.

## C. WELL-BEING

### Child and Family Outcomes – Well-being

1. Families have enhanced capacity to provide for their children's needs.
2. Children receive appropriate services to meet their educational needs.

While there are no federal outcome measures related to well-being, DCS is in the early stages of developing several MaGIK reports to help monitor how the agency is doing in terms of improving child well-being. In addition, through the QSR, DCS evaluates several indicators to determine well-being outcomes for children.

#### Child Welfare Information Systems (MaGIK) Data

### Child and Adolescent Needs and Strengths (CANS) Reports

DCS utilizes the Child and Adolescent Needs and Strengths (CANS) assessment tool to identify the unique needs

and strengths of children and families and to make appropriate service referrals based on the specific needs of each child. DCS implemented the CANS starting in 2009, and in recent years, has developed a series of reports to allow management to monitor how the assessment is being used. For example, DCS utilizes several compliance reports to determine whether CANS are being completed at the intervals required by policy, and to monitor whether staff are remaining up to date on training recertification. Management staff also have access to a report that provides county level overview of both behavioural health and placement scores.

In 2013, as a part of efforts to increase focus on trauma-informed care, DCS added the trauma module to the CANS. This series of questions included in the CANS are used to better identify children entering the system who have experienced adverse trauma due to abuse or neglect. One of the agency's goals in starting to complete this module of the CANS is to better identify those children who will more likely benefit from evidenced-based services, which focus on trauma (e.g., Child Parent Psychotherapy).

DCS clinical support specialists are assisting in agency efforts to improve child well-being by appropriately addressing trauma. When a child scores a three or above on the CANS adjustment to trauma indicator, the DCS clinician reviews the case to evaluate whether the services being provided are the right match to address the child's needs. DCS generates a monthly report from MaGIK that lists all cases in which the child scored a three or above for the clinicians to review. If a case appears on the report that the clinician is not already working with an FCM on, the clinician reaches out to the child's family case manager to offer assistance in reviewing the services in place.

One of DCS' goals in the 2015-19 CFSP is to ensure the well-being of Hoosier children by integrating a trauma-informed approach to its child welfare practice (See Section IV. Plan for Improvement, Goal #3). In order to measure progress in this area, DCS is in the final stages of developing a report to measure improvement in CANS adjustment to trauma scores over the life of a case. DCS will begin utilizing this report to evaluate performance in achieving this goal by comparing scores on this indicator for all cases opened and closed after July 1, 2013.

### Safely Home, Families First

One of DCS's values is that the most desirable place for children to grow up is in their own home - as long as the family is able to provide safety and security for the child. When a child cannot be safely maintained in the home, DCS is committed to finding absent parents and relatives. The agency looks for family members who know the child and who are familiar and comfortable to the child. These relatives have established relationships, and as such the trauma of removal is mitigated because the child is with people who know the child and who desire to

help the child feel included in their family.

As indicated in Section II-A above, DCS is doing well with regard to maintaining children in the home and/or placing with relatives in an effort to minimize trauma and further child well-being. As of May 2014, 64% of children either remained in the home or with relatives. In addition, the agency has seen a steady increase in its use of relative placements in recent years.

### Case Record Review System Data

The QSR measures several well-being indicators. These indicators are summarized below.

- Learning and Development
    - Age 0 – 5 – To what degree is 1) the young child's development status commensurate with his/her age and developmental capacities, and 2) is the child's developmental status in key domains consistent with age-appropriate expectations.
    - Age 5 and Older – Is the child 1) regularly attending school, in a grade level consistent with age, 3) actively engaged in instructional activities, 4) reading at grade level or IEP expectation, and 5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.
- Physical Health: To what degree:
    - Is the child achieving and maintaining his/her optimum health status?
    - If the child has a serious or chronic physical illness, is the child receiving his/her best attainable health status given the disease diagnosis and prognosis?
- Emotional Status: To what degree:
    - Is the child presenting age appropriate emotional development, adjustment, attachment, coping skills and self control?
    - Is the child achieving and maintaining an adequate level of behavioral functioning in daily settings and activities, consistent with age and ability?

Some of the QSR section results on well –being are summarized in the chart below. The statistics represent the Refine/Maintain scores in each of the indicators for the Baseline, Second Round, and Third Round QSRs.

| QSR | | | |
|---|---|---|---|
| INDICATORS | Baseline 4/2007 - 6/2009 | Round 2 8/2009 - 7/2011 | Round 3 9/2011 – 8/2013 |
| Learning and Development Indicator | 82% | 89% | 88% |
| Physical Health - Child Indicator | 95% | 97% | 97% |
| Emotional Status Indicator: Child | 76% | 83% | 86% |

### Parent/Caregiver Status Indicators

Parents should have knowledge of and the skills necessary to nurture, guide, supervise and provide age-appropriate discipline to care for, protect and provide for the normal development of their children. The Parenting Capacities Indicator measures to what degree:

- The parent / caregiver demonstrates adequate parenting capacities on a reliable, daily basis commensurate with that required to provide the child with appropriate nurturance, guidance, protection, care, education and supervision, and

- If the child has special medical, emotional, behavioral and/or developmental needs, the caregiver has and uses any special knowledge, skills and supports that may be required to meet the needs of the child.

The following statistics represent the number of cases that received a 4, 5, or 6 (Refine/Maintain) score in the areas of Parenting Capacities and Informal Supports for the Baseline, Second Round, and Third Round QSRs. DCS showed a 12% increase in Round 3 from the Baseline review.

| INDICATOR | Baseline 04/07 - 06/09 | Round 2 08/09 -07/11 | Round 3 09/11 – 08/13 |
|---|---|---|---|
| Parenting Capacities Indicator (Parents combined score) | 48% | 51% | 60% |

## Additional System Strengths and Opportunities for Improvement

### Permanency and Practice Support Specialists

In recent years, DCS created several specialized staff positions to provide additional support to family case managers in areas known to have a significant impact on child well-being. These employees provide subject matter expertise and serve as an invaluable resource to field staff in navigating challenging issues and barriers to child well-being and permanency in areas such as mental/behavioral health, physical health, education and parent locating. Below please find a summary of the Permanency and Practice Support Specialist Positions.

### Clinical Support Services

DCS has long recognized that mental health issues, including substance abuse, mental illness, and domestic violence, can present unique challenges to case planning and service coordination efforts. In the fall of 2010, DCS leadership identified the need for internal clinical resources, and the Clinical Resource Team (CRT) was formally launched in the summer of 2011. The Clinical Resource Team provides the following services:

- Consultation regarding safety/risk concerns, needs for additional assessment, placement decisions, complex behavioral health issues, and service planning,
- Liaison between DCS and other human service systems, including mental health, juvenile justice, education and the provider community,
- Assistance with linkage and referral services (e.g., PRTF admission), and
- Education regarding complex mental health issues and best practice models.

### Education Services

DCS recognizes that children involved in the child welfare system experience multiple risk factors that may keep them from succeeding in school. Moreover, the education system is complex and navigating and resolving the various issues, barriers and needs of our youth is extremely challenging. The education services unit provides

expertise to family case managers, families, students and schools to ensure the educational needs of youth under DCS care are met and to provide a seamless transition for students entering new and unfamiliar school environments. DCS employs 16 regional education specialists and a state-wide manager to ensure foster children receive the educational opportunities they need to succeed in school, and in life.

### Nursing Services

DCS nursing services staff provide consultation, assist with health and medical issues, and support FCMs in their decisions to impart positive health, well-being, and safety for Indiana children and families served by DCS. Some of the specific functions the nurses provide include:

- Coordinate care for cases with complex / multiple medical needs,
- Medical Record Review & Interpretation,
- Home Visits / Provider Visits / Other Visits,
- Provide Resources, Education and Training, and
- Assist with CANS completion (health / medical).

### Parent/Relative Locate Investigators

To further strengthen the Department's efforts with regard to locating absent parents, DCS created investigator positions in July 2012. The investigators – typically retired detectives - have a unique skill set and knowledge of / access to a variety of locate resources not familiar or available to social work staff. They are experienced in utilizing a variety of mediums such as computer databases, social media, telephones, public records, court systems/records, the Internet, and knocking door to door in order to gather information. These investigators not only exercise different means to locate and engage fathers and extended family on both sides, but are available to assist family case managers with challenging cases where the investigations require more extensive research and officer presence.

Through feedback from family case managers and some limited tracking of outcomes, these additional specialist positions are having a positive impact in improving child well-being for children in DCS care. In order to better track the impact these specialists have on child outcomes, DCS is in the process of developing a series of reports for each specialist function. Reports will look at the number and types of referrals received for each specialist unit, and will also look at the impact of specialist involvement in addressing the needs that resulted in the referral.

### Home-based and Evidence-based Service Array

The DCS service array, as described in Section III - E, is a system strength with regard to supporting improved child well-being. The availability of home-based services allows more children to remain in-home safely, which in turn reduces the amount of trauma experienced by the child. In addition, the expanding evidence-based service array provides opportunities to utilize proven treatment interventions to address the individual needs of children and families with a focus on addressing underlying trauma.

While the availability of evidence-based services has increased significantly in recent years, DCS still has service gaps in some areas, particularly in addressing the needs of children with severe developmental or intellectual disabilities, or complex mental health needs. In addition, there are opportunities, through service mapping to ensure that children and families are referred to the right evidence-based services based on their individualized needs. These areas will be addressed as detailed in Objective 1.1 outlined in the Plan for Improvement Section (IV- A).

## III. SYSTEMIC FACTORS

### A. INFORMATION SYSTEM

DCS launched a new child welfare information system, the Management Gateway for Indiana's Kids (MaGIK) in July 2013. MaGIK is based on the core platform of Casebook, an emerging Commercial-Off-the-Shelf (COTS) solution developed by Case Commons, a non-profit private organization originally launched by the Annie E. Casey Foundation. In this public – private partnership between DCS and the Annie E. Casey Foundation, private funds are used for development of the core Casebook system, while DCS pays the costs of configuration and integration of this system in the DCS environment, which the creates the MaGIK system. MaGIK includes functionality that allows DCS to readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. In addition, the system does much more to support workers in making child safety decisions, identifying appropriate placement options and achieving timely permanency for children in care. Though a young system, MaGIK has already shown increasingly positive results in functionality and usability.

The MaGIK Dashboard feature (dashboard) has been particularly useful to family case managers. The dashboard displays useful and important reminders to provide FCMs with a visual picture of what's going on with a case and call attention to those things that research tells us impact child safety and permanency. For example, every

worker's dashboard displays the number of days since their last face to face contact with each child on their caseload. It also provides reminders of approaching deadlines and due dates. This feature is well-liked by family case managers because it provides them with real time updates and feedback on their cases.

MaGIK's embedded family and extended support network capabilities make seeing and utilizing family members for placement and support much easier for FCMs. The case history function provides FCMs with a greater understanding of a child's history with DCS. Resource directories within MaGIK provide a better view into foster family service coverage within a local area. MaGIK also provides FCMs with real-time access to the child protective history of the family, aides them in assessing the possibility of involving relatives and family friends as formal or informal supports, and supports the documentation of child and family team meetings.

MaGIK incorporates a comprehensive view of each child's family and support network that is both easy to update and easy to view. Historically, genograms had been captured in a separate tool or on paper and not consistently kept up to date. As a result, FCMs did not necessarily have reliable and current information on relatives available to them. MaGIK encourages workers to use the family network extensively, to capture contact information for each relative and support member and to track relationships. The networks have become a significant resource for workers looking to place children and support the goal of increased kinship placements.

Although MaGIK has been maturing in the past year and half since implementation, there are still several enhancements to be developed that will take into account the data that is being captured, validation of the data entered, and use of the data to allow rapid decisions to be made on behalf of the child for their safety, well-being, and permanency. Discussions with our vendor, Case Commons, occur on a regular basis with senior DCS management and with the DCS MaGIK development and maintenance team. In recognition of the need to continue identifying ways to further enhance the system to support improved outcomes for children and families, and improved access to reliable data for reporting purposes, DCS included a few interventions related to using technology to support the objectives and goals outlined in Objective 4.3 in the Plan for Improvement Section (IV-D).

## B. CASE REVIEW SYSTEM

### Written Case Plan

As outlined in Objective 2.5 in the Plan for Improvement, DCS plans to evaluate the structure of and policy surrounding the use of the case plan and transition plan to ensure it supports development of goals that are in

the best interests of children and families, and furthers timely permanency. While DCS policy and the case plan itself include all required provisions, DCS plans to identify ways to make the case plan more user-friendly, and to develop reports that will allow the agency to monitor how effectively it is being utilized.

DCS Policy requires that case plans be completed within 45 days of initiation of the case. To allow supervisors to monitor whether case plans are being completed timely, the Child Data Summary Report includes both the involvement date and the case plan start date. While this report is valuable at the individual supervisor level as a result of the supervisor's ability to drill down and look at individual cases, the report does not currently provide any local, regional or state-wide data with regard to the number of case plans completed within that 45 day window.

The DCS case plan includes all required provisions. As an example, the Child and Family Team Meeting (CFTM) section of the case plan includes a checkbox that indicates whether parents were involved in the CFTM. Because updates are required by most courts at all hearings, case plans should be prepared timely.

While case plans are used consistently and updated for the court at periodic reviews, DCS is working to improve in this area. In order to assess concerns with the current structure and policy surrounding use of the case plan, DCS formed a committee of DCS staff and stakeholders to gather feedback on the effectiveness of DCS case plans. While the committee continues to meet and is still evaluating ways to improve the plan, a few of the concerns noted include:

- Complexity: the committee had concerns that the Case Plan is too complex and is difficult for some family members to understand.

- Not User Friendly – the case plan committee requested that case plan completion in MaGIK be more user friendly, including capability to download other information into the case plan (like CFTM notes).

- Tracking – the committee identified ways in which we could better track case plan completion in MaGIK.

- Parent Involvement - We are not currently monitoring the participation of parents in the CFTM but rather are capturing parent involvement in the CFTM as a part of QSR sampling. We have the ability to run reports on this data point, but are not currently doing so.

### Periodic Reviews

Periodic Reviews are tracked through court orders. The Child Data Summary report includes a field for date of the last review, along with a field for the next scheduled periodic review. Based on the court date of the last periodic review, MaGIK will send a notification to the FCM when it is time for the next periodic review.

### Permanency Hearings

Permanency hearings are tracked through court orders. The Child Data Summary report includes a field for date of the last permanency hearing, along with a field for the next scheduled hearing. Based on the court date of the last permanency hearing, MaGIK will send a notification to the FCM when it is time for the next hearing.

### Termination of Parental Rights (TPR)

Historically, DCS ran a monthly report to track children out of home for 15 out of 22 months. This report was not created at the time of MaGIK implementation, and presently, DCS is evaluating the methodology and definitions associated with this report. Improved tracking of timelines associated with TPR filings is incorporated in Objective 2.5 as outlined in Plan for Improvement Section IV – B.

### Notice of Hearings and Reviews to Caregivers

DCS includes information about requirements for caregivers to receive notice of hearings and periodic reviews. To more effectively evaluate how the agency is performing with regard to this particular systemic factor, DCS needs to incorporate a question in the QSR related to whether caregivers were in fact timely notified of hearings and reviews. In addition, DCS needs to provide training to DCS clerical staff on requirements in this area.

To address concerns raised by the case plan committee, and to improve data collection and tracking of how well the case review system is functioning, DCS will pursue Objective 2.5 outlined in Plan for Improvement Section IV –B.

## C. QUALITY ASSURANCE SYSTEM

### Foundational Administrative Structure

The Indiana Quality Assurance System has evolved significantly since the agency's creation in 2005. Indiana now

has well-defined policies and procedures in place to evaluate various areas of practice: Quality Service Reviews (QSR), Quality Assurance Reviews (QAR), Reflective Practice Surveys (RPS), Hotline Quality Review (HQR), and Institutional Child Protection Services (ICPS) Quality Review. These processes are managed by DCS and are applied consistently throughout the state. These processes are familiar to, and in the case of the QSR and Hotline Quality Reviews, include stakeholders in the evaluations who provide important feedback on the functioning of the child welfare system in Indiana.

Indiana has made a commitment to continuously evaluate its child welfare practice, and continues to revisit the practices and procedures in place to do so. The developing organizational structure and staff resources the agency has devoted to emphasizing quality improvement practices is one of the greatest strengths of the Indiana Quality Assurance System.

In recent years, Indiana has made several organizational changes to support development of a more robust, comprehensive continuous quality improvement structure. These changes include the creation of a Research and Evaluation team. This team evaluates the effectiveness of the service array and of providers to impact outcomes for children and families. In 2014, DCS modified the reporting structure of the Performance and Quality Improvement unit (PQI), Office of Data Management (ODM) and MaGIK teams. These units all now report up through the DCS Chief of Staff. This provides a more comprehensive continuum for gathering and analyzing both qualitative and quantitative data and to better incorporate development of technology in order to further initiatives and support how the agency collects and reports data.

A description of the DCS units supporting quality improvement efforts is included below.

### Research and Evaluation Unit

DCS developed the Research and Evaluation Unit within the Programs and Services Division (now Services and Outcomes Division) in November 2010. The Research and Evaluation Unit serves as the clearinghouse for DCS and provider data to generate constructive analyses on data trends, measurable and quantifiable outcomes, and findings around the practice-model achievements. As of May 2014, there are five staff members in the Research and Evaluation Unit who work closely with DCS executive committee members, other Services and Outcomes staff, Information Technology staff, community providers, and research consultants.

Staff in the Research and Evaluation Unit provide timely information on service utilization and service gaps within Indiana, create templates for community providers to report services received by DCS children and families, and conduct monthly and yearly reports on specific outcomes related to youth in institutional

placements. Projects assigned to the Research and Evaluation staff by the Deputy Director of Services and Outcomes support service delivery throughout the state. As the Continuous Quality Improvement process at DCS expands, Research and Evaluation staff will continue to focus on measuring the impact of services that are delivered by community providers as they work in collaboration with DCS partners to achieve positive results for children and families in Indiana.

### Performance and Quality Improvement (PQI) Team

The Performance and Quality Improvement (PQI) team has been restructured to be champions of the Continuous Quality Improvement (CQI) processes within the regions and across the state as the statewide CQI process is further developed. The team consists of nine team members. Eight team members focus on conducting Quality Service Reviews (QSR) and being CQI facilitators and liaisons to the 18 regions throughout Indiana. One team member is assigned primarily to serve in the same capacity for state-wide applications such as the Hotline, Quality Assurance Review (QAR) and Older Youth Services (OYS) Quality Service Review (QSR).

### Office of Data Management

The DCS Office of Data Management (ODM) develops all reports from the DCS child welfare information system, MaGIK, for a variety of audiences including various levels of DCS staff, legislative partners, the Governor's office, Federal partners, and for the general public. ODM works closely with DCS executive staff to develop reports to help them monitor practice and to help answer operational questions from the various business areas. ODM works to ensure quality and consistency with the data DCS staff use to make business decisions. ODM also completes data analysis for the DCS executive staff. ODM uses live data from various source systems as well as an analytical data warehouse to produce reports and data. As of May 2014, 9 people comprise the ODM including the ODM manager, a business analyst, a federal reports analyst, 5 report developers / programmers, and a data architect.

### Child Welfare Information Systems Division

The DCS Child Welfare Information System team (MaGIK staff) also reports to the DCS Chief of Staff. The team includes 51 staff with responsibilities for Project Management, Business Systems Analysis, Software Development, Quality Assurance Testing, and End User Support. In addition to the DCS state staff and contractors, the MaGIK team works with peers employed by Case Commons to further develop the Casebook components of the MaGIK child welfare information system.

While existing quality assurance policies and practices, along with the staff resources devoted to managing

quality improvement initiatives within the organization are great strengths for the agency, Indiana lacks a comprehensive policy that ties all of these things together and provides a context for how the Department will utilize CQI to make decisions about how to further improve practice. To address this gap in the Indiana quality assurance system, Indiana has identified a specific goal and a number of objectives to further evolve its quality improvement system. See Section IV –Goal 4 for additional information about CQI related goals and objectives.

### Quality Data Collection

Child welfare data collection is managed through several different means. Qualitative data is gathered through the QSR and RPS practices, which allows DCS to get a picture and understanding of trends, contributing factors, and practices in Indiana's child welfare system. Quantitative data, such as monthly practice indicators, compliance related reports and federal data points are gathered primarily from the State's child welfare information system, MaGIK. The agency also uses information gathered through its service database, KidTraks.

While DCS management staff is used to managing by data and familiar with how to access and analyze the data available to them, the agency had some delays in being able to provide access to the same level of detailed reporting with the implementation of MaGIK. This delay was to be expected with the implementation of a brand new system; and while data collection and reporting has improved significantly since implementation of MaGIK in July 2012, DCS must continue to prioritize further development of user-friendly reports and data analysis to allow continued evaluation of child welfare practice.

The avenues available to DCS staff to gather information about system functioning are a strength for the agency; however, DCS has not historically done a good job of linking up and analyzing qualitative data gathered from QSRs, alongside quantitative gathered through MaGIK. Indiana plans to address this gap through the objectives outlined within Goal 4, further detailed in Section IV.

### Method for Conducting Ongoing Case Review

The Region V Administration of Family and Children (ACF) office provided Indiana with an assessment of its current quality assurance system(s) in January 2014. This letter identified several system strengths with regard to Indiana methods for conducting ongoing case reviews.

- Indiana's case record review instrument is utilized statewide and collects case level data, provides context, and addresses quality standards for best practice, Indiana's Practice Model (TEAPI), safety,

permanency, and well-being of children.

- Indiana has a process in place to conduct ad hoc reviews (Mini Review) to assess a specific area of practice.
- Indiana uses random sampling to select cases for review, and includes foster care and in-home services cases.
- Indiana's QSR process includes case specific interviews with the child, parent, both formal and informal child/family supports, and key stakeholders in the case.
- Indiana's QSR reviewers are required to complete New Reviewer Training, Mentor Training, and are mentored through a Shadow, two Lead, and a Mentor case review experience by a Mentor Qualified Reviewer prior to becoming Qualified Reviewers.
- Indiana has a formal process in place to ensure inter-rater reliability is achieved.

ACF also identified several opportunities for improvement as listed below. Indiana will continue to evaluate opportunities to incorporate these ideas into its quality assurance system.

- Define in written policy what constitutes a conflict of interest for internal and external case reviewers.
- Consider developing ongoing training opportunities for provider reviewers, similar to current DCS reviewer practice (Advanced QSR reviewer training) and including this standard in future RFPs.
- Develop and share an on-going case review schedule which includes representation of populations served, including the largest metropolitan areas.

### Analysis and Dissemination of Data

DCS has several methods for disseminating data to external audiences for a variety of purposes. A few of these methods are outlined below.

- Monthly Practice Indicator reports are published on the DCS website.
- Information is shared with several legislative study committees and associated task forces via quarterly data reports and in an Annual Report to the Legislative Budget Committee.
- Information about the DCS system, data summaries and ad hoc data reports are released to external stakeholders through media and public information requests.
- Indiana supports Citizen Review Panel projects by providing data related to their project goals.
- Regional and local practice and financial data is provided to RSCs to allow assessment of regional trends

and development of strategic plans to address local service needs. See Section I- C for additional detail.

To ensure data quality, Indiana developed a Data Governance Committee which includes internal stakeholders from ODM, Research and Evaluation, PQI, Field Operations, Services, Placement, Practice Support, Finance, Communications, MaGIK, Constituent Services, and Legal to make sure data is consistent with existing data reports, to develop data reports which are easily understood, and provide clarity for data points in reports.

Data needs identified through implementation of a statewide CQI policy, should drive the collection methods and prioritization of report development. As outlined in Objective 4.1, DCS intends to develop regional CQI teams to support data driven decision-making and practice improvement at the local level. The agency does not currently have a consistent process for combining stakeholder feedback (providers, families, youth, courts, etc.) and connecting that information with quantitative data to get a comprehensive picture of trends and the functioning of Indiana's child welfare practice, which will be addressed as part of Objective 4.3.

In addition to developing regional CQI teams and identifying mechanisms for incorporating stakeholder feedback into the agency's CQI policy, DCS needs to formalize a process for using information gathered and analyzed by local/regional teams to inform state-wide data analysis and decisions to pursue implementation of state-wide initiatives. Evaluating what this process will look like will be one aspect of Objectives 4.1 and 4.3.

### Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process

Indiana gathers feedback from stakeholders in a number of different ways. For example, Indiana utilizes both internal and external stakeholders as qualified reviewers in the QSR process. To engrain stakeholder feedback into the QSR process, Indiana recently added a requirement to contracts that comprehensive home-based service providers have at least one qualified QSR Reviewer for each organization. Indiana also gathers feedback from stakeholders as outlined in the Collaboration section I-C.

DCS makes concerted efforts to gather feedback from a variety of stakeholders. The QSR has a definitive process to communicate back to stakeholders. However, DCS needs to develop a more standard procedure for including and incorporating stakeholders in the broader CQI process along with more formal mechanishm for communicating the results of decisions back to stakeholders.

## D. STAFF TRAINING

The training opportunities available to DCS staff and the commitment of the Staff Development Division to

continually evaluating worker professional development and training needs is an incredible strength for DCS. The DCS Staff Development Division and the training curriculum offered for all levels of DCS staff has evolved significantly since the agency's creation in 2005.

In order to support training for hundreds of new employees each year, in addition to over 3,400 current staff, DCS maintains a Staff Development Department with 75 employees. The Staff Development Department works in conjunction with Indiana University (IU) to develop and deliver high quality, relevant training content. Currently, the Department offers 103 classroom and 67 computer-assisted trainings, in addition to the twelve (12) week new worker training.

There are two primary tools used to assess performance of DCS training initiatives.

The Child Welfare Education and Training Partnership (CWETP), a partnership between DCS and Indiana University, utilizes a formal training evaluation. DCS staff complete evaluations of training, which are then compiled and analyzed by IU. IU provides quarterly and annual reports to the Department. Pre and post testing of new workers is also included in the CWETP. All Providers complete evaluations of trainings offered by DCS; however, we are working on incorporating an evaluation process for providers as well. DCS incorporated this formal evaluation for our Foster and Adoptive Parent Training effective June 1, 2014. The Indiana Training Needs Assessment (ITNA) report identifies training needs as reported by Family Case Managers and Family Case Manager Supervisors. Outcomes from these evaluations are included in the sections below.

### Initial Staff Training

DCS created a comprehensive new worker training program in 2006. All new Family Case Manager's complete twelve (12) weeks of training prior to taking on a case. Over time, DCS' FCM new worker training has been updated to reflect feedback of graduates and practice improvements. The formal training evaluation for the 2014 first quarter indicated that initial staff improved 96 % from pre to post testing. The areas of improvement that were identified by participants were in training regarding sexual abuse cases and initial staff case closures. The ITNA was used with Family Case Managers in 2012 and with Family Case Manager Supervisors in 2013. Veteran staff identified domestic violence, child development and substance abuse as training needs.

During most of fiscal year 2006, new workers participated in twelve (12) weeks of classroom training, four (4) of which took place in Indianapolis, with the other eight (8) taking place in one of the DCS regional training centers. The training was updated in 2006, 2009, and 2011 to reduce the number of days in the classroom and increase

the days of on-the-job training. The current new worker training, implemented on July 1, 2011, consists of twenty nine (29) classroom days, twenty one (21) local office based transfer of learning days and ten (10) local office based on the job reinforcement days.

To better support staff transitioning into the challenging work of case management, a Field Mentor Program was implemented in 2007. This program matches a trainee with an experienced, trained, Family Case Manager in the local office to provide one-on-one support. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of child welfare. In collaboration with Dr. Anita Barbee from the University of Kentucky, a comprehensive Skill Assessment Scales tool was developed to assist the Field Mentor with providing feedback to the trainee based on established, research-based competencies. Feedback from this process is used as a framework for developing additional training assistance if needed, as well as to provide necessary modifications to the new worker curriculum. This project is on the cutting edge of national best practices in training and supervision of frontline child welfare workers.

### Experienced Worker Training

Ongoing training of staff was identified as an area needing improvement in DCS' Round 2 CFSR. Throughout the course of the 2010-2014 CFSP plan period, DCS invested significant resources to develop a robust training plan for all levels of staff. DCS recognizes that staff expertise is a critical component of achieving positive outcomes for children and families and to that end, has established an expectation that staff professional development remain a priority. DCS memorialized this expectation in Policies GA 10 and GA 11 (available at http://www.in.gov/dcs/2516.htm), which requires all levels of staff to satisfy certain annual training requirements. These hours can be a combination of classroom and computer assisted trainings.

The training curriculum now available to staff includes more than 109 different types of training courses and provides staff ample opportunity to satisfy the annual training requirements. It also supports continued professional development for all staff. Additional detail about the training program and course offerings, including the extensive array of leadership trainings offered, is included in Section XI -D.

In addition to the expansive training curriculum available for experienced FCMs and other staff within the Department, Staff Development also offers initial Family Case Manager Supervisor training for all new supervisors. Supervisors identified judgment and critical thinking, case work supervision and public community relations as areas in need of improvement.

Staff Development also provides the Leadership Academy for Supervisors, which is inclusive of the National Child Welfare Workforce Institute model. Local Office Directors and Central Office Middle Managers continue to be trained in the Leadership From Within training. This training focuses on leadership styles and leadership concepts. DCS also provides leadership training for middle management staff aspiring to promote into executive level positions. This comprehensive, intensive 6 month training program is known as the Child Welfare Management Innovations Institute. Participants are trained on various aspects of leadership and complete a change management project during the course of the training. The second CWMII class graduated in May 2014.

### Foster and Adoptive Parent Training

Training for current and prospective foster and adoptive parents was also identified in CFSR Round 2 as an area requiring improvement. To address this issue during SFY 2011, DCS assumed responsibility for foster parent training for DCS direct managed homes, a service previously contracted to a private provider. By directly providing foster parent training, DCS was able to expand the number and types of course offerings, and ensure improved consistency in the course curriculum / content. This change allows the agency to further its goal of reducing barriers to becoming a licensed foster parent. Now prospective foster parents can take classes at night or on the weekends when the training fits into their schedules, while obtaining the skills and knowledge they need to provide quality care for DCS wards.

DCS is collaborating with Licensed Child Placement Agency (LCPA) Providers to develop trainings for their foster parents. DCS also meets with LCPA representatives quarterly to identify their training needs. In the most recent meeting, the workgroup identified four trainings as a need. They include: Behavioral Interventions, Trauma Informed Care, Substance Abuse and Cultural Competence. DCS is also currently collaborating with LCPA agencies to provide and share training for LCPA supervisors on these and other topics.

## E. SERVICE ARRAY

There are three core objectives for services paid by DCS.

1. To ensure a safe home environment,
2. To create permanency for children and youth, and
3. To maintain/develop a strong level of well-being for children and youth.

The DCS service array supports a safe home environment by providing the following services throughout the state. Home-based services including case management and therapy; Homebuilders; mental health services in

collaboration with the Community Mental Health Centers including Medicaid Assessment to connect to the state-wide program 1915i to prevent residential placement for mental health needs, Medicaid Rehabilitation Option (MRO) services, and the prevention program, Children's Mental Health Initiative (CMHI); substance abuse assessment and treatment including the Sobriety Treatment and Recovery Team (START) model; other prevention programs including Healthy Families Indiana, Community Partners for Child Safety, and collaboration with Prevent Child Abuse Indiana across the state; and general products and services.

In addition to the above listed services, DCS expanded the service array in 2014 to include comprehensive home-based services that include many evidence-based practices such as Family Centered Treatment, Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, Alternatives for Family Cognitive Behavioral Therapy, Child Parent Psychotherapy, and Intercept through Youth Villages. These evidence-based programs are designed to not only address the home environment, but also to address child well-being.

The breadth of evidence-based, trauma-informed services now available to help children and families is a system strength; however, there is concern that the service array is too complex for case managers to know every service that exists. To help address this concern, DCS is working on using scores from the Risk and CANS assessment tools to map to services most likely to meet a family's unique needs. See Objective 1.1 . The goal is that service mapping will help to address the complexity of the added Comprehensive Home Based Services in 2014 and beyond.

The service array for achieving permanency for foster and adoptive children include the above mentioned service array (when appropriate) in addition to: Older Youth Services including Collaborative Care, Youth Connections, Connected by 25 utilizing Education and Training Vouchers (ETV) funds, Permanency Roundtables, Special Needs Adoption Program specialists (SNAPs), Regional Foster Care Specialists, and Relative Specialists. Having all of these comprehensive services across the state is also a strength of the DCS service array. An additional strength is that because many of the services are home-based, client transportation to receive the services is less of an issue.

### Statewide Data Presentation and the Biennial Regional Strategic Services Plan

DCS collaborates with community stakeholders involved in child welfare through multi-disciplinary teams in each of DCS' 18 regions, known as Regional Service Counsels (RSC). The RSC's complete biennial plans, which include service arrays for the regions. All DCS regions conduct the Biennial Regional Strategic Services Plan (BRSSP)

process (See Section I-C, Collaboration section, for a complete description of this process).

During the fall of 2013, DCS conducted the State-wide Data Presentation for DCS management staff, which included a presentation of state level Quality Service Review data, Practice Indicators, Service Needs Assessments, and Service Utilization data. The meeting focused on taking a more holistic look at data by considering different sources and kinds of data together and considering the information in the context and through the filter of regional knowledge. State-wide information was presented and then Region 8 was highlighted as an example of how to utilize the data to develop a plan for services. The PowerPoint utilized for the State-wide Data Presentation is included in Attachment 31. A copy of a sample packet provided to each region is included as Attachments 26-30. Following the meeting, the Regional Managers and Local Office Directors were each given data for their region on those same measures. In the Fall of 2013 and early 2014, each DCS Region utilized this information and conducted the Biennial Regional Strategic Services Plan (BRSSP) process.

Service Coordinators and Program Quality Improvement staff were assigned to specific regions as part of a Continuous Quality Improvement (CQI) team to facilitate the local team's review of data trends, exploring underlying needs behind data, aiding in regional goal setting, as well as, the development of measurable action steps for improvement. The improvement plans were developed with input from stakeholders, youth, parents, and other system partners through a needs assessment survey, public meetings to gain input from the community, and the Regional Service Councils (RSC).

The Indiana University Needs Assessment Surveys for both family case managers and community members were compiled as a part of Indiana's Title IV-E Waiver Evaluation, and provide insight into the perceived strengths and gaps in the Indiana service array. In March 2013, DCS Family Case Managers (FCMs) were asked to complete an online survey measuring the FCMs' perceptions of twenty services in their communities. In September 2013, community stakeholders throughout the state were asked to complete a similar survey measuring their perceptions of the same twenty services in their communities. Looking at the state mean (average) ratings, the highest reported need from the FCMs' perspectives was for home-based case management followed by health care, public assistance, and mental health services. The highest reported needs state-wide from the community stakeholders' perspectives were education, healthcare, mental health services, and home-based case management, respectively. The availability, utilization, and effectiveness of the twenty services were also rated with some variability in availability and utilization ratings depending on the service rated.

The effectiveness of services was rated lower than the availability and utilization of many needed services,

which suggests there are areas of improvement across the state that may have been addressed in the regions' BRSSP. For example, in Region 8, the FCMs and community stakeholders reported that many of the DCS contracted services (i.e.: Home-Based Case Management, Substance Use/Abuse, and Mental Health) are usually needed, available, and utilized; however, on average, they rated these services as only moderately effective. Furthermore, community stakeholders in Region 8 reported a slightly greater need for these services while rating them slightly less effective than the FCMs did. Additionally, Region 8 FCMs reported father engagement services were available and utilized more often than the community stakeholders. FCMs in Region 8 also reported father engagement services to be more effective than the community stakeholders did. These data revealed areas of strength and need for twenty services in the particular region by need, availability, utilization, and effectiveness, as well as highlighted gaps in services within the region and counties using the community-based service descriptions.

Additionally, regions were provided information on the community-based paid services for DCS and probation cases including the top paid services, as well as the number of units provided, and cases receiving that service in the region for SFY 2013. These reports informed regions what services were utilized the most, provided the regions with insight into what future contracting needs they may have, and identified what services were most utilized or under-utilized, but may still be continuing needs. Regional Finance Managers within the DCS Finance Department provided financial data to regions showing the funding expended during the SFY 2013 so regional service councils and community stakeholders were aware of the funding distributed to the services.

The Regional Management Team and Regional Service Council, in conjunction with regional service coordinators and performance quality improvement team staff, developed the BRSSP. These plans incorporated CQI plans developed through the QSR and RPS processes, the child protection plan and the early intervention plan. The biennial plans also identified gaps in services and strategies to improve the quality of services and available service array in a region. State-wide quantitative and qualitative data, ad hoc reviews, and improvement planning outcomes were used to assess regional progress on their plans. Prevention data were part of the data used to develop the BRSSP, as well as regional reports on contracted community-based services by county and their utilization in SFY 2013 (whether or not the service provider had a payment in SFY 2013). These data were used by the regions to develop both service strengths and gaps that could be addressed by DCS and the local communities.

A copy of the Services needs identified through the BRSSP process for each region are attached as Attachments 33 -55.

## Safety and Risk Assessment Data

After reviewing all eighteen regions' biennial plans, DCS identified common areas of need around substance abuse, both assessment and treatment, in fourteen of the eighteen regions. In particular, the regional plans requested additional data and guidance from the Central Office. Data were requested on substance abuse as a risk factor in open cases, identifying substance abuse providers in their communities, and working collaboratively with providers both in state and across state lines to better meet the needs for substance abuse prevention and treatment. The initial safety and risk assessment tools may be able to provide data on substance abuse as a risk factor in those cases in which the assessment worker substantiates the abuse/neglect allegations.

The Standardized Decision Making (SDM) Safety and Risk Assessments measure the strengths and needs of a family as they become an open case with DCS. Following an initial assessment by a case worker, safety and risk assessment tools (SDM tools) are completed that include the child's characteristics including age; medical diagnosis or mental disorder; school age, but not attending school; diminished mental capacity; and diminished physical capacity. Twelve safety threats are assessed along with protective factors if safety threats are present. Using both safety threats and protective factors information, the case worker assesses if specific safety responses can control the safety threat. Safety decisions are categorized as safe, conditionally safe, or unsafe, in which case the number of children placed outside of the home is indicated.

Looking at three months of data (one quarter) in 2013, out of 23,510 safety assessments completed, 7.75% of the safety assessments (1,819) were substantiated with DCS involvement (meaning DCS had a case opened with the family). Of those safety assessments substantiated with involvement, 45.63% had children between 0-5 years old. Examining the safety threats in the home, 29.52% had a caregiver who did not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care. In 27.21% of the substantiated safety assessments, caregiver's current substance abuse seriously impaired his/her ability to supervise, protect, or care for the child. In terms of protective factors, which are only completed in those cases where safety threats are present, 21.61% of the substantiated with involvement safety assessments involved the child having the cognitive, physical, and emotional capacity to participate in safety interventions. In 21.83% of substantiated with involvement safety assessments, the caregiver was identified as having the cognitive, physical, and emotional capacity to participate in safety interventions. In 20.89% of the safety assessments, the caregiver had supportive relationships with one or more persons who may be willing to participate in safety planning, and the caregiver was willing and able to accept their assistance.

The identified safety responses for the substantiated with involvement assessments included use of family, neighbors, or other individuals in the community as safety resources (46.12%); use of community agencies or services as safety resources (36.01%); legal action planned or initiated to effectively mitigate identified safety threat (35.35%); direct services by family case manager (26.39%); the caregiver appropriately protected the victim from the alleged perpetrator (25.62%); child placed in protective custody because other safety responses mentioned above did not adequately ensure the child's safety (41.29%).

For the risk assessment, parental/caregiver risk factors were assessed including previous child protective services (CHINS or informal adjustments); history of abuse or neglect as a child; mental health problem; alcohol or drug problem; criminal arrest history; domestic violence in household in the past year; excessive/inappropriate discipline; domineering; and current housing situation. The risk assessment is scored as low, moderate, high, very high and based on both the overall safety and risk levels result in either a plan to open a case or not open. The SDM risk assessment tool states that when unresolved safety threats are still present at the end of the assessment, the assessment should be opened as a case regardless of risk level. Conditionally safe households should be opened as an Informal Adjustment, while unsafe households should be opened as a Child In Need of Services (CHINS) out-of-home case.

Looking at the last quarter of 2013, for those cases that had a safety assessment and were identified as substantiated with involvement, there were 1,802 risk assessments completed with 86.57% of those risk assessments being completed for neglect and 20.5% for abuse. Sixty percent (60%) of the risk assessments completed had one or more prior assessments for neglect completed and 39% had previously received child protective services. Prior contact/history with the child welfare system is common in those cases of substantiation with involvement. Ninety percent (90%) of the assessments had three or fewer children involved and 41% had a child under the age of two years. Twenty-five percent (25%) of the risk assessments had a primary caregiver with a history of abuse or neglect as a child and 27% had a primary caregiver who has/had a mental health problem.

In 45% of the risk assessments, the primary caregiver had no alcohol and/or drug problem. Of the 55% that had an alcohol and/or drug problem, 18.5% had a problem with drugs in the last 12 months with marijuana (24.25%), methamphetamine (16.87%), other drugs (16.48%), heroine (6.6%), and cocaine (6.38%) being reported used for both the last 12 months and/or in the prior 12 months. Criminal arrest history was also recorded with 60.54% reported as not having a criminal arrest history. Similar questions were recorded for abuse allegations with additional questions about domestic violence in the household in the past year (27.2%) and primary caregiver

employs excessive/inappropriate discipline (9.05%). Overall risk level fell into one of four categories: low (4%); moderate (32.3%); high (37.57%); and very high (26.14%). The planned action of opening a case was identified in 88.18% of the cases in the substantiated with involvement cases.

Both the regional managers and local office directors received the quarterly report on safety and risk assessments for their region and might use these data to identify the safety threats and risk factors that are common in their specific region, but are different from the overall state percentages. These differences may help to provide future recommendations around additional services needed in that region that may not be a focus around the state.

### Child and Adolescent Needs and Strengths Assessment

DCS utilizes the Child and Adolescent Needs and Strengths assessment tool to aide family case managers in identifying the individualized strengths and needs of a child and his/her family. Each month, the MaGIK system provides reports for field staff to review the Child and Adolescent Needs and Strengths (CANS) tools completed the prior month for that region. Within the region's report, viewers of the report can drill down to county and case level information. This detailed report provides information to the regional managers and local office directors on those cases that could be referred for Medicaid services (if the child's behavioral health CANS recommendation is 3 or higher) as well as other diagnostic and evaluation services.

A score of 3 or higher on the CANS behavioral health recommendation indicates supportive community-based services, intensive community home-based services, or high intensity services are needed to address concerns around mental health issues in the child/youth. It is also important to connect the child and family to the local community health center to ensure continuity of care after DCS involvement ends.

The CANS report also indicates the placement CANS recommendations that are used to identify the level of care as well as services, and funding for contracted placements/foster care if the child requires placement outside of the home. These CANS reports can also be used during case supervision with the case managers to ensure the child and family are being connected to appropriate services.

### Service Mapping

During implementation of Comprehensive Home-Based Services, DCS recognized the referral process was becoming complex and identified a more communicative approach in identifying and utilizing the evidence-

based practices through a strategy it calls service mapping. This strategy utilizes existing assessment tools (Risk Assessment and CANS) to identify those families and youth, both in child welfare and juvenile probation, who could benefit from certain evidence-based programs (EBPs) and other state funded programs.

FCMs and Probation Officers will have the ability to print recommendations and include available service providers for reference during case planning and team meetings. The recommended evidence-based programs are provided in a comprehensive manner such that the needs of all family members will be addressed. These services vary in intensity and the recommendations will provide different levels of services in order to best meet the needs of the family.

DCS has a vast array of services available to meet the needs of families and children. See Attachments 33-50 for service availability by region. In addition to the services outlined in Attachments 33-50, DCS is currently rolling out Comprehensive Home-Based Services. Contracts are in place statewide for Family Centered Treatment, Motivational Interviewing and Trauma Focused Cognitive Behavioral Therapy. Other programs are offered in selected communities.

## F. AGENCY RESPONSIVENESS TO THE COMMUNITY

The Collaboration section under General Information includes a complete description of the methods by which DCS is responsive to the community.

DCS continues to look for opportunities to work with stakeholders to review and provide feedback on the goals and objectives outlined in the CFSP. To date, the agency has reviewed the goals and objectives outlined in the CFSP with two provider groups – the Community Mental Health Centers (CMHC) and the Community-Based Providers. Feedback from these two organizations was incorporated into the goals. As an example, DCS added an objective and modified several interventions under its safety goal as a result of feedback from the CMHC workgroup.

In the coming months, DCS intends to review the agency's CFSP goals, objectives and interventions with other stakeholder groups, and will incorporate feedback and revise the plan as appropriate. As an example, DCS plans to schedule a meeting with tribal representatives from the Pokagon Band of Potawatomi Indians, Indiana's only recognized tribe. DCS also intends to review the plan with several work groups representing Licensed Child Placing Agency and Residential Treatment Facility Providers during an upcoming meeting.

## G. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

DCS' placement mix has changed over the past 5 years. Today, DCS is placing more and more children with relatives when an out of home placement is required, relying less on foster homes and residential facilities than 5 years ago. While DCS expects this trend to continue, licensing of foster homes and residential facilities remains vitally important. First, DCS strives to license relatives to provide needed financial support to the relative and children. Second, DCS will always need quality, unrelated foster homes when a relative cannot be located to care for a child. Third, residential treatment will be needed at times for those children with serious behavioral health needs in order to stabilize and return them to the community. Thus, DCS must continue to work to ensure that quality foster care and residential programs are available to children and families in Indiana.

With regard to foster family homes, DCS licenses these homes through DCS local offices and through licensed child placing agencies (LCPAs). LCPAs are private agencies that are licensed by DCS and in turn license foster homes on behalf of DCS. For foster homes licensed through DCS local offices, DCS has 98 Regional Foster Care Specialists (RFCS), who are dedicated to recruiting, licensing and supporting/retaining foster homes. As of April, 2014, DCS had 3,514 foster homes licensed through a DCS local office (out of the total 5,415 licensed foster homes in Indiana).

DCS also has 31 Relative Support Specialists (RSS), who provide critical support to a relative in the first 30 days of placement. This includes explaining all of the financial options available to the relative, including licensure. As of April, 2014, DCS had 4,529 children placed with a relative (which is 43.5% of the children in out of home care). As a comparison, there were 4,965 children in non-relative foster care (or 47.7%). DCS has 21 Supervisors who manage the RFCS and RSS staff.

### DCS Licensed Foster Homes

In order to ensure that state standards are applied to foster family homes licensed by DCS local offices, the DCS Central Office Foster Care unit (FCU) is currently developing numerous worker performance and program metrics, as well as annual review procedures and tools. A weakness of our system is that we have not measured this program in the past. We have spent the last several years creating specialized foster care licensing workers within DCS, with a focus mainly on licensing and support. DCS is now beginning to focus on targeted recruitment and on measuring the program. To further improve in this area, DCS included Objective 2.2 and associated interventions within the permanency goals section of the CFSP.

Additional details included in the worker and program performance plans are included below.

### Worker Performance Metrics

The DCS FCU is working with the DCS Office of Data Management to design reports to assist field management in supervising Regional Foster Care Specialists (RFCS) and Relative Care Specialists (RCS) staff for their respective region(s). These reports will help in the quantitative measurement of staff performance. In addition, the following report metrics will also be analyzed in order to relate their impact on the qualitative outcomes measured during each region's yearly review which is outlined below. The reports that are currently in development will include the following data related to worker performance:

- Timeliness of licensing-The median and average time, by worker, to complete licensing. Report will pull all active homes as of the last day of the month.
- Percentage of families who inquire that become licensed foster parents (Foster/Relative only separated).
- Homes with no placements in the last year, broken down by worker. This will not include families identified in MaGIK as relative or adopt only.
- Overdue Contacts
- Contacts not made or entered into MaGIK following placement and after placement leaves resource home.
- Caseload summaries for each worker broken down into the following categories:
    - Total licensed homes
    - How many currently have placements
    - Broken up into foster, relative, adopt only
    - Total applications pending
    - Annual Reviews/Relicensures completed in the last month
    - Homes licensed in the last month

- Number of placements located in the last month

### Program Metrics

The DCS FCU will utilize the above and additional reports once they have been finalized for an annual review of each Region's foster care program. The yearly review will conclude with a discussion with regional management on the findings and recommendations for program enhancement over the next year. NOTE: percentages will be determined once reports are generated and baseline numbers can be obtained. The following are the anticipated measures that will be monitored along with the above worker performance data.

Goal #1-Resource Families receive continued support and guidance.

- __% of families will have at least 3 documented contacts with their Foster Care Specialist during the licensing process.
- __% of families will complete the training portion of licensing within 30 days from RAPT 1 to completion of RAPT 3.
- __% of families will receive contact (face to face or telephone) from the Foster Care Specialist within 5 business days of initial inquiry.
- __% of families will be licensed within 4 months (measured from inquiry to licensure).
- __% of families will report that they feel included as members of the team.
- __% of families will identify their foster care specialist as a member of their support team.

Goal #2-Children identified for foster home will be matched to the most appropriate foster home available.

- __% of children in non-relative foster care will be placed locally.
- __% of current foster homes had a placement in the last year, excluding relative only and adopt only homes.
- __% of DCS/LCPA placements, excluding relative placements, will be made proportionate to CANS recommendations.

Goal #3-Minimize the number of disrupted placements.

- __% of foster homes with a new placement will have an assessment of the placement completed by the Foster Care Specialist within 7 business days.
- __% of Foster families will be contacted by a Foster Care Specialist within ten 10 days of a placement leaving the foster home.
- __% of Family Case Managers with a new foster home placement will be contacted by the Foster Care Specialist within 10 business days of placement.

Goal #4- Maximize the retention of foster families.

- __% of families that voluntarily withdraw or have licensed revoked within 18 months of initial licensure.
- __% of foster homes who have been licensed for at least one year have had a placement (excluding relative only and adopt only homes).
- __% of families who withdraw will not identify the following as reasons for their withdraw:
    - Lack of services/support for the foster child and/or foster family,
    - Communication issues with,
    - DCS local office,
    - Licensing worker, and
    - Service providers.
- Region as a whole posts a net gain of foster families each year.

### Licensing and Practice Review

DCS FCU is also working on a licensing review that will be completed by the region's assigned Foster Care Consultant. The licensing review calendar will follow the same calendar as the Quality Service Review, to the extent possible with current resources. The review will encompass qualitative practice and licensing compliance outcomes.

Qualitative Review: The COFCU will be utilizing the current QSR data relevant to the capacities of resource homes as caregivers and system performance as it relates to resource homes. In addition, the Reflective Practice Survey is being reviewed to determine if it can be altered to apply to the Foster Care/Relative Support position. The goal would be for the RPS to incorporate system performance indicators that would otherwise require extensive alteration to the current QSR process. The following indicators that we would like to look at along with the tool being used are as follows:

- Role and Voice of the Resource Home: Quality Service Review/Reflective Practice Survey
- Guidance will be given to QSR reviewers to include the role and voice of resource homes for any case where a child is placed in a resource home. The current QSR scoring sheet already lists Other in the Role and Voice section so no other accommodations are needed. The Reflective Practice Survey will also incorporate Role and Voice of the resource home.
- Current Caregiver Capacities: Quality Service Review
- Any case reviewed through the QSR whereby scores are generated for resource homes as current caregivers will be analyzed in the licensing review.
- Informal Supports: Quality Service Review
- Any case reviewed through the QSR process whereby scores are generated for resource homes as current caregivers will be analyzed in the licensing review.
- Appropriate Living Arrangement: Quality Service Review
- Any case reviewed through the QSR process whereby scores are generated for resource homes as current caregivers will be analyzed in the licensing review.
- Team Formation and Functioning: Reflective Practice Survey

This portion of the review will focus on the extent to which resource families have been identified as members of the team and have been fully informed of the status of the child and family and the implementation of planned services. Further, for those cases where resource families have not been included, it will assist in determining the extent to which their exclusion has created specific barriers to achieving sustainable case closure.

Licensing compliance review-The FCU, in conjunction with the Supervisors, will seek to perform a regional licensing audit from a stratified sample of resource homes. The assigned Foster Care Consultant will review the licensing file and MaGIK to measure the rate at which licensing requirements are being met. The following documentation will be reviewed for compliance:

- Initial Documentation:
    - Initial Inquiry
    - Application
    - Evidence of completion of pre-service training
    - Completed background checks (including waivers if required)
    - 4 references
    - Documentation to show financial stability
    - Child Care plan
    - Physical Environment Checklist
    - Resource Parent Role Acknowledgement
    - Home Study
- Annual Review Documentation:
    - Annual Review report
    - Home Study Addendum
    - Completed background checks
    - Licensing staff inquiry
- The following contacts will be reviewed in MaGIK:
    - Foster families will be contacted by a Foster Care Specialist within ten (10) days of a placement leaving the foster home.
    - Family Case Managers with a new foster home placement will be contacted by the Foster Care Specialist within ten (10) business days of placement.

- Families will have at least 3 documented contacts with their Foster Care Specialist during the licensing process

- Families receive contact (face to face or telephone) from the Foster Care Specialist within 5 business days of initial inquiry.

Once the data has been compiled from the Quality Service Review and Licensing Compliance Review (LCR) the Foster Care Consultant will create a comprehensive data report to regional and program management. This report will consist not only of QSR and LCR data, but also summary data from the RPS, performance and program metric reports. From the comprehensive report, regional management and the Foster Care Consultant will identify goals and program enhancements to help ensure success in reaching the goals. At the region's subsequent review, prior scores will be compared to current scores as well as evaluating the region's progress in achieving goals outlined.

### Licensed Child Placing Agencies

For foster homes licensed through LCPAs, DCS has 35 LCPAs that provide foster care services. The DCS Residential Licensing Unit (RLU) licenses LCPAs, and then DCS contracts with these agencies to provide foster care services, including recruitment, licensing and support/retention. As of April, 2014, DCS had 1,901 foster homes licensed through an LCPA (out of the total 5,415 licensed foster home in Indiana). When DCS RLU licenses an LCPA, DCS ensures that the LCPA and the foster homes licensed by the LCPA meet Indiana statute and rules. While an LCPA and a foster home license is valid for 4 years, DCS RLU conducts annual licensing reviews to ensure that Indiana statute and rules continue to be met.

DCS RLU recently updated the licensing audit tool. RLU provided a draft to the LCPAs and obtained feedback prior to finalizing the new tool. DCS RLU has additional requirements in the LCPA contracts for foster care services. A weakness of our system is that DCS has not audited these contracts in the past. The contracts contain many quality measures that are not in the licensing rules. In 2014, DCS RLU is beginning audits of those contracts to ensure that quality services are being provided above and beyond the licensure standards. Thus, all LCPAs providing foster care services will have both a licensing review and a contract audit each year. DCS also gave the LCPAs an opportunity to give feedback on the LCPA contract tool. DCS will be conducting a pilot of the tool with an LCPA in late May, 2014, to get additional feedback on the tool before utilizing it for all LCPAs.

When an LCPA is not meeting licensing and/or contract standards, DCS RLU utilizes a Plan of Correction.

Depending on the nature of the non-compliances, DCS RLU may also institute a placement hold and/or a probationary status on the license. Additionally, if an individual foster home is not meeting standards, the same actions can be taken.

Additionally, the DCS FCU has recently assigned a consultant to begin working with LCPAs on more targeted issues. DCS has learned that LCPAs have a lot of basic questions particularly with regard to licensing as staff turnover. The role of this DCS staff will be to provide training and assistance to LCPAs as issues are identified. DCS FCU also is developing a process to ensure that LCPAs follow up on all licensing complaints and CPS assessments with an appropriate action plan.

### Residential Treatment Facilities

DCS RLU also licenses residential facilities. This includes private secure facilities, child caring institutions and group homes (collectively referred to as "residential facilities"). DCS has 214 licensed residential facilities. The licensing and contracting process for residential facilities is identical to the LCPA process. RLU issues 4 year licenses and conducts annual licensing and contract audits. DCS can take action against a license for non-compliance, including plans of correction, placement holds and probationary status. With regard to the residential contract audits, these began for residential facilities in 2013, thus DCS is in year two of completing these audits. The contract audits consist of a program, clinical and fiscal audit. DCS RLU staff conducts the programmatic audit, DCS residential clinical services specialists conduct the clinical audit and DCS fiscal staff conducts the fiscal audit. DCS has added extensive programmatic and clinical standards to the residential contract. Examples include:

- All programs must utilize trauma focused CBT as a base competency;
- Other evidence-based practices should be utilized that are specific to the population being served;
- Independent living skills must be provided to all children 16 years and older for a minimum of 3 hours per week; and
- Specialized service standards have been developed for the following programs: developmental and/or intellectual disabilities, sexually maladaptive, short term diagnostic and evaluation, and substance abuse treatment.

While facilities are in differing stages in regards to their treatment programs, DCS will continue to monitor the facilities closely to ensure those with strong evidence-based programs stay strong and to ensure that those that need to make improvements do in fact make the necessary changes.

In the coming 5 years, DCS plans to further review the licensing and contract tools for both LCPAs and Residential Providers. The current tools are narrative in form. DCS would like to explore a more objective scoring mechanism. DCS would also like to explore making the licensing and contract final reports more readily available to the public.

## Stakeholder Feedback

The Deputy Director of Placement Support and Compliance hosts a monthly conference call with the LCPAs and a separate one with Residential Providers to discuss hot topics, trends, policy, needed areas of training, and other relevant issues. Representatives from fiscal, training and other areas of DCS regularly attend the calls to answer questions. The onsite licensing and contract visits as well as these calls are major sources of information gathering for DCS to ensure that we obtain input from stakeholders. Additionally, the LCPA and residential contracts expire at the end of 2014. DCS is in the process of drafting a survey to courts, probation and DCS field staff to gather information on how we can improve foster care and residential programming.

## Background Checks and Case Planning

DCS has statutory requirements for background checks for foster and adoptive families that exceed the federal standards. See IC 31-19-9 and 31-27-4. DCS also has extensive policy explaining the requirements for background checks as well as the procedures to be followed. See DCS Policy Chapter 13. DCS RLU audits for compliance with background check statutes for all LCPAs and residential facilities as Indiana also statutorily requires background checks of employees and volunteers of LCPAs and residential facilities. See IC 31-27-3, 5 and 6. Additionally, a foster family home cannot be licensed in the child welfare case management system unless background check information is added to the licensing checklist.

As to a case planning process that includes provisions for addressing safety of foster care and adoptive placements for children, DCS currently uses child and family team (CFT) meetings for case planning. During the CFT meeting, a Safety Plan is created/updated, which includes the child's current level of safety in placement, visitation, school, etc.

## Interstate Compact on the Placement of Children

DCS participates in the Interstate Compact on the Placement of Children (ICPC). The DCS ICPC unit produces a monthly 60 days overdue report to ensure Indiana is doing everything that it can to move ICPC cases quickly

through the process. Home studies for ICPC requests for placement are required to be completed within 60 days. The 60 day overdue report shows how many are beyond the 60 days. Field management utilizes these reports to manage timeliness of response. There is also a report that lists Indiana children placed out of state. Field management utilizes this report to monitor these placements as they work toward permanency for these children.

DCS is also working with Michigan on an ICPC Border Agreement. This would allow for expedited placement of children in five (5) Indiana counties and five (5) Michigan counties that border each other. This agreement will establish a process to access the safety and suitability of caregivers who have an existing relationship with a child, but live across the state border. A more comprehensive evaluation of the caregivers and their home would follow the initial, expedited assessment.

DCS is taking part in the federal ICPC pilot, called NEICE. NEICE is an electronic web-based system which is designed to shorten the processing time of ICPC cases. In addition, the system, if implemented nationally, should significantly reduce administrative costs. During the pilot phase, Indiana is working with five other states to test the system and collect data which will be analyzed at the Federal level. The pilot is administered by APHSA and AAICPC with support from ACF, ACYF and the Children's Bureau.

# IV. PLAN FOR IMPROVEMENT

## A. SAFETY GOALS, OBJECTIVES AND INTERVENTIONS

Goal 1: Ensure the safety of Hoosier children through informed decision-making beginning from initial assessment.

DCS core mission is to protect children from abuse and neglect. In order to ensure the Department is successful in fulfilling that mission, DCS used information from a variety of resources to evaluate its strengths and opportunities for improvement in the policies, processes, training, services and other resources the agency uses to ensure child safety.

The Biennial Regional Services Strategic Planning process is one example of the ways in which DCS identified areas of focus for the goals and objectives outlined below. Data evaluated by DCS regions as a part of the Biennial Regional Services Strategic Plan (BRSSP) process, and discussions with local stakeholders in reviewing this data, helped to identify service gaps, not only in individual regions, but allowed agency leadership to identify those gaps that existed throughout the State. See pages 9-10 and 58-61 for information on the BRSSP.

A few examples of data and information used to develop the objectives outlined in this section include:

- Results from the Indiana University Needs Assessment Survey for both FCMs and community members compiled as a part of Indiana's Title IV-E Waiver Evaluation. A summary of the areas of service needs identified through these surveys is included on page 59.

- Standardized Decision Making (SDM) Safety and Risk Assessment data, which identified a high frequency of substance abuse being identified as a risk factor in substantiated cases of abuse and neglect, consistent with information gathered through the BRSSP process, which supported service gaps in substance abuse assessment and treatment services. See page 28 and pages 61-63.

- Review of Children's Mental Health Initiative (CMHI) cases and discussions with the Multi-Disciplinary Team about service gaps for children who have very complex mental health, physical health and/or developmental delays / intellectual disabilities. See page 26 and pages 90-92.

- Information from the Individual Training Needs Assessment (ITNA) Survey, as well as the FCM Field Mentors and FCM Supervisor Training Skills Assessment Scales on the effectiveness of new worker training and ongoing training needs for experienced staff. See pages 159-160.

- Assessment results from the National Resource Center for Child Protective Services (NRCCPS) on DCS domestic violence policy, training and stakeholder collaboration. See pages 26-27.

## OBJECTIVE 1.1 EXPAND UTILIZATION OF EFFECTIVE, PROVEN HOME-BASED SERVICES IN ORDER TO INCREASE THE NUMBER OF CHILDREN WHO CAN REMAIN SAFELY IN THEIR OWN HOMES AND TO REDUCE THE INCIDENCE OF MALTREATMENT FOR CHILDREN INVOLVED IN THE CHILD WELFARE SYSTEM.

a) Identify ways to monitor the utilization and effectiveness of services employed during the assessment phase.

b) Train service providers on Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing and Family Centered Treatment.

c) Complete service mapping to ensure that children at high risk of maltreatment are recommended for the appropriate evidence-based service(s) based on the individually identified needs of the child and family.

d) Educate field staff on the availability and appropriateness of evidence-based services.

### OBJECTIVE 1.2 EXPAND DCS SERVICE CAPACITY TO MEET THE NEEDS OF DCS INVOLVED CHILDREN WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES, AS WELL AS THOSE WITH SIGNIFICANT MENTAL HEALTH ISSUES.

a) Collaborate with the Bureau of Development Disabilities Services to maximize access to available services and identify gaps that exist for children both within the child welfare and probation systems, as well as those outside of the systems in an effort to prevent their entry into foster care.

b) Collaborate with the Bureau of Development Disabilities Services and the Division of Mental Health and Addictions Services to ensure children who are dually diagnosed have appropriate service access.

c) Develop capacity within the Community Mental Health service system to provide high fidelity wraparound services to manage care and service access for children with mental health issues to prevent their entry into foster care.

d) Collaborate with DCS providers to develop interest in serving this population.

e) Develop additional residential, group home, foster care and community-based service and treatment capacity.

f) Ensure youth aging out of care have access to appropriate transition services for emerging adults.

g) Expand expertise in infant mental health by supporting efforts to increase the number of professionals and paraprofessionals in the state that are endorsed by the Indiana Association for Infant and Toddler Mental Health (IAITMH) to ensure that all Indiana families with very young children have access to well-trained providers in their home communities.

### OBJECTIVE 1.3 RE-EVALUATE AND UPDATE TRAINING CURRICULUM FOR NEW FAMILY CASE MANAGERS TO ENSURE NEW WORKERS HAVE THE BASIC SKILLS AND KNOWLEDGE TO ENSURE CHILD SAFETY AND SUPPORT POSITIVE OUTCOMES FOR CHILDREN AND FAMILIES.

a) Evaluate the role of peer coaches and field consultants in supporting new workers and helping to facilitate their skill development.

b) Identify opportunities to maximize knowledge-based learning through online training.

c) Incorporate training on the safety and risk assessments into new worker training to ensure that new workers have the skills they need to evaluate risk and ensure child safety.

d) Incorporate training on the Child and Adolescent Needs and Strengths assessment tool to ensure new workers have the skills to appropriately address child trauma and service needs particularly for targeted populations (children age 0-5).

### OBJECTIVE 1.4 IMPROVE ACCESSIBILITY AND EFFECTIVENESS OF SUBSTANCE USE DISORDER TREATMENT.

a) Document available evidence-based practices for the treatment of substance use disorders and determine service gaps, including services available for older youth.

b) Collaborate with Community Mental Health Centers, with assistance from the National Resource Center for Child Welfare and Substance Abuse Treatment, to educate DCS and CMHC staff on the effects of substance use disorders on children, best practices in substance abuse disorder treatment, and to develop local initiatives to address service gaps and improve outcomes for families.

c) Continue collaboration with the Commission on Improving the Status of Children Substance Abuse and Child Safety Task Force to (1) evaluate the availability of services; 2) determine the best evidence-based treatment programs, and 3) determine the best evidence-based prevention programs.

d) Develop an annual, mandatory staff training on substance abuse disorder and the impact on children, particularly drug-exposed infants and young children (ages 0-5).

e) Implement the Sobriety Treatment and Recovery Teams (START) program in appropriate communities.

f) Consider service mapping to available evidence-based practices to ensure that families are referred to appropriate services based on their individually identified needs.

g) Review and realign new worker competencies and learning objectives to identify ways to streamline training content and ensure consistency with policy and practice.

### OBJECTIVE 1.5 BUILD STAFF COMPETENCY IN ENGAGING, ASSESSING AND WORKING WITH DOMESTIC VIOLENCE (DV) OFFENDERS TO APPROPRIATELY EVALUATE RISK AND PROMOTE SAFETY.

a) Review and revise existing policy, practice guidance and training to more clearly align with best practice standards and eliminate inconsistent or confusing language.

b) Expand DCS policy, practice and training to include an emphasis on working with DV offenders.

c) Strengthen local / regional collaborations with DV victim advocacy programs to improve DCS practice consistency and to enhance safety for families.

### OBJECTIVE 1.6 EVALUATE THE DCS SERVICE ARRAY AND MECHANISMS FOR PROVIDING QUICK ACCESS TO SERVICES DURING THE ASSESSMENT PHASE.

a) Evaluate the availability, utilization and effectiveness of crisis services to ensure children can be safely maintained at home.

b) Improve monitoring of service provider response times.

### OBJECTIVE 1.7 IMPROVE COMMUNICATIONS WITH SERVICE PROVIDERS TO BETTER ENSURE CHILD SAFETY.

a) Ensure appropriate information is provided when a family is referred to a provider.

b) Ensure appropriate communication occurs between all service providers, formal and informal supports to collaborate for consistency and improved outcomes.

### SAFETY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency outcomes:

- Absence of Recurrence of Maltreatment.
- Maltreatment in Foster Care.

DCS will also monitor and anticipates improved outcomes related key performance and practice indicator reports generated from MaGIK.

- Absence of Maltreatment after Involvement.
- Family Case Manager Visits.

- CHINS Placement.
- Safely Home, Families First.
- Re-Report of Maltreatment.

DCS will also monitor the impact of implementation of these goals, objectives and interventions on Safety and Behavioral Risk Quality Service Review Child Status Indicators. DCS also intends to develop additional reports and identify ways that technology can further support improved outcomes for children and families. As an example, DCS plans to identify strategies to better capture child visits completed by service providers. In addition, DCS plans to identify ways to measure utilization and effectiveness of proven, home-based services.

## B. PERMANENCY GOALS, OBJECTIVES AND INTERVENTIONS

### Goal 2: Promote safe, timely and stable permanency options for children.

DCS believes that every child has a right to appropriate care, a permanent home and lifelong connections. The objectives outlined below include a number of strategies to strengthen the types of placement and permanency options available for children requiring out of home care, and putting systems and monitoring mechanisms in place to improve permanency outcomes and time to permanency measures.

DCS decided to focus on these objectives following an analysis of CFSR permanency related outcomes (see pages 28-32), QSR permanency data (see pages 35-39) and in evaluating the status of the foster care and adoption programs during development of the Foster and Adoptive Parent Diligent Recruitment Plan (see pages 151-154). While in recent years, DCS has either met or exceeded the national standard in CFSR permanency composites, in the FFY 2013 AFCARS submissions, DCS permanency composite scores for composites 1, 2 and 3 fell slightly. These decreases, combined with a decrease in the number of completed adoptions in 2013, prompted the agency to look more closely at data impacting permanency outcomes for children in care.

DCS is in the early stages of this analysis, and intends to use CQI methods to evaluate the data and identify solutions to improve outcomes. Because the agency is still in the information gathering phase of analyzing outcomes in this area, many of the objectives below are written very broadly and will likely be revised once DCS has a better understanding as to the reasons behind the changes in permanency outcomes. In addition, to allow for improved monitoring and analysis in this area going forward, many of these objectives include interventions related to data tracking or analysis.

## OBJECTIVE 2.1 EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN KINSHIP PLACEMENTS.

a) Develop policy and procedures for the expansion of Indiana's definition of relative to include those with an established and significant relationship with the child.

b) Evaluate system and fiscal application changes necessary to track and monitor use of the expanded definition of kinship care.

c) Review and revise, as necessary, policies and procedures related to the Guardianship Assistance Program to include the expanded definition of kinship care.

d) Evaluate resources available to kinship caregivers and revise policies, procedures and information systems to ensure these caregivers are well supported.

e) Expand the use of resources (staff, financial and service) to provide support to and ongoing assessment of the needs of kinship caregivers.

f) Improve utilization of the CANS to ensure children are placed and provided services according to their individualized needs.

## OBJECTIVE 2.2 EXPAND PLACEMENT AND PERMANENCY OPTIONS, AND IMPROVE PLACEMENT STABILITY FOR CHILDREN IN FOSTER CARE PLACEMENTS.

a) Implement the Structured Analysis Family Evaluation (SAFE) to evaluate families for adoption, foster care licensure, relative placement and reunification readiness.

b) Expand use of resources (staff, financial and service) to provide support to and ongoing assessment of needs of foster parents.

c) Improve utilization of the Child and Adolescent Needs and Strengths (CANS) assessment to ensure children are placed and provided services according to their individualized needs.

## OBJECTIVE 2.3 IMPROVE PLACEMENT STABILITY OF ADOPTED CHILDREN THROUGH PROPER IDENTIFICATION OF PLACEMENT OPTIONS BASED ON THE CHILD'S INDIVIDUALIZED NEEDS, AND BY PROVIDING SUPPORT FOR THAT PLACEMENT TO AVOID DISRUPTION.

a) Expand use of resources (staff, financial and service) to provide ongoing support to pre-adoptive parents.

b) Promote availability of post adoption services to increase the numbers of families engaged in post-adoption services, including trauma-informed trainings, to prevent adoption disruptions and dissolutions.

c) Develop mechanisms to track and evaluate the post adoption service array to assess its overall utilization and effectiveness, including its interaction with the Children's Mental Health Initiative.

### OBJECTIVE 2.4 INCREASE THE EFFECTIVENESS OF FOSTER AND ADOPTIVE PLACEMENTS.

a) Expand resources available to foster and pre-adoptive parents.

b) Increase the effectiveness of matching foster children to resource homes.

c) Minimize the number of disrupted placements.

d) Maximize retention of resource families.

### OBJECTIVE 2.5 EVALUATE THE STRUCTURE OF AND POLICY SURROUNDING THE USE OF THE CASE PLAN AND TRANSITION PLAN TO ENSURE IT SUPPORTS DEVELOPMENT OF GOALS THAT ARE IN THE BEST INTERESTS OF CHILDREN AND FAMILIES, AND FURTHERS TIMELY PERMANENCY.

a) Determine methods to ensure permanency goals are appropriate to the child's needs and the circumstances to the case and that the goals are with input from the youth and parent.

b) Determine methods to ensure case plans are completed timely and consistent with the court orders for permanency goals (no later than 60 days from the date the child entered foster care).

c) Evaluate the existing case plan and transition plan to gather feedback on its current functionality and determine what information and or questions need to be revised or added to the Case Plan to ensure better outcomes for children.

d) Determine methods to ensure case plan goals are updated in a timely manner (e.g., when changing a goal from reunification to adoption). Consider system monitoring efforts.

## OBJECTIVE 2.6 IMPROVE ENGAGEMENT AND PARTICIPATION OF FATHERS AND PATERNAL RELATIVES.

a) Increase efforts to find fathers by utilizing available search tools and through referrals to the investigation unit.

b) Increase utilization and effectiveness of father engagement services.

c) Increase engagement of fathers in child and family team processes, case planning activities, visitation and service provision.

d) Engage paternal relatives as informal supports and placement and permanency options.

## OBJECTIVE 2.7 IDENTIFY AND IMPLEMENT STRATEGIES TO BETTER TRACK AND MONITOR CHILD / PARENT VISITS.

a) Evaluate strategies for capturing parent / child visits supervised by either DCS or provider staff for both CHINS and Juvenile Delinquency cases.

b) Implement technology solutions to support consistent monitoring of visits.

### PERMANENCY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the CFSP, DCS will monitor, and anticipates improved outcomes related to the current and/or revised federal CFSR permanency outcomes:

- Improved Placement Stability and/or Reduction in the number of placement and adoption disruptions.
- Decrease in the length of time to permanency for all permanency options.
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care for 2 years or more
- Re-Entry into Foster Care

DCS will also monitor and anticipates improved outcomes related to the following Quality Service Review Indicators.

- Placement Stability and Permanency Child Status Indicators,

- Parent / Caregiver Status Indicators,
- Role and Voice of Family Members,
- Long Term View and Intervention Adequacy Planning Indicators.
- DCS also intends to monitor the utilization of kinship placement options, as well as post adoption services and consistent with its goals related to continuous quality improvement, will identify and implement strategies to further improve outcomes based on data trends.

## C. WELL-BEING GOALS, OBJECTIVES AND INTERVENTIONS

Goal # 3: Ensure the well-being of Indiana children by integrating a trauma-informed care approach to our child welfare practice. 1

During the 2010-2014 CFSP, DCS implemented a number of new services and created several specialized staff functions all designed to further well-being for children involved with the child welfare system. Many of the objectives outlined in this goal are designed to continue moving forward with strategies put in place during the prior CFSP. These objectives focus on improving and/or evaluating how we are using the services and staff resources we put in place in 2012 and 2013, as opposed to implementing new strategies to improve child well-being. Many of the programs and services identified in the objectives below are very new for the agency, and as a result, DCS needs to devote resources during the early years of the 2015-2019 CFSP towards identifying ways to track and evaluate the effectiveness of these programs in improving outcomes for children and families, and identify additional ways to measure child well-being.

### OBJECTIVE 3.1 CONTINUE EXPANDING THE AVAILABILITY AND USE OF EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES TO ENSURE CHILD AND FAMILY NEEDS ARE BEING MET.

a) Document and train staff, CASAs, Judges and Probation on available evidence-based programs and target populations for these services.

b) Improve the effectiveness of residential programs by requiring all residential programs to utilize an evidence-based program and auditing provider compliance with the program model.

c) Improve the effectiveness of community-based programs by contracting for services that utilize an evidence-based program and auditing provider compliance with program model.

d) Collaborate with stakeholders to address unmet service and placement needs through provider

engagement.

e) DCS-involved youth who are identified as having significant needs associated with trauma (i.e., CANS "adjustment to trauma" item score = 3) will receive evidence-based, trauma-informed services to enhance their well being.

## OBJECTIVE 3.2 ENHANCE STAFF CAPACITY TO UTILIZE SAFETY, RISK AND CANS ASSESSMENTS IN CONJUNCTION WITH ONE ANOTHER TO IDENTIFY UNDERLYING NEEDS OF CHILDREN AND FAMILIES, ENSURE APPROPRIATE CASE PLANS ARE ESTABLISHED, AND TAILORED SERVICES ARE PROVIDED.

a) Improve staff capacity to effectively assess trauma and the behavioral health and placement needs of children and youth to identify appropriate services through use of the Child and Adolescent Needs and Strengths (CANS) assessment tool.

b) Improve assessment of the child and family's needs through utilization of the Safety and Risk Assessments and ensure results are being used to guide development of the case plan.

c) Utilize the assessment tools to map to appropriate services to meet the individual needs of the family and child.

d) Explore methods to improve participation and engagement of service providers in child and family teams and case planning activities.

e) Consider training and appropriate use of case plan goals associated with building social capacities, self esteem, coping skills and re-establishing and maintaining relationships.

f) Improve the utilization of contracted providers to offer more in-depth assessments for trauma, bonding and attachment, psychological evaluations, and independent living skills.

## OBJECTIVE 3.3 IMPROVE PARTICIPATION AND ENGAGEMENT OF CHILDREN AND CAREGIVERS IN CHILD AND FAMILY TEAMS, CASE PLANNING ACTIVITIES AND SERVICE PROVISION.

a) Explore methods to engage children and youth in child and family teams, case planning activities, and service provision.

b) Explore methods to engage noncustodial parents, kinship caregivers, foster parents, and pre-adoptive

parents in child and family teams, case planning activities, and service provision.

### OBJECTIVE 3.4 EVALUATE THE IMPACT OF TRAINING AND APPROPRIATE USE OF CASE PLAN GOALS ASSOCIATED WITH BUILDING SOCIAL CAPACITIES, SELF ESTEEM, COPING SKILLS AND RE-ESTABLISHING AND MAINTAINING RELATIONSHIPS.

a) Identify ways to track whether nursing services staff are improving timely access to medical and dental care for children in care.

b) DCS Clinical Services Specialists will provide clinical consultation, as requested by the FCM, for any youth rated a 3 on the CANS "adjustment to trauma" item.

c) Evaluate the impact of the education liaisons with regard to school attendance and graduation rates, incidence of suspension and expulsion and attendance in post-secondary education.

d) Evaluate frequency with which investigators are locating additional family members, which result in additional family supports and / or permanency options for children in care.

#### WELL-BEING MEASURES OF PROGRESS

Through implementation of the goals, objectives and interventions outlined above, DCS will the monitor the measures outlined below to determine well-being outcomes for children and youth.

- Permanency and Practice Support reports related to the number and impact of referrals to nurses, clinical services specialists, investigators and education liaisons.
- CANS outcomes and compliance reports.
- Well-being Quality Service Review Child Status Indicators,
- Appropriate living arrangement,
- Physical Health,
- Emotional Status,
- Learning and Development,
- Pathway to Independence.

## D. CONTINUOUS QUALITY IMPROVEMENT (CQI) GOALS, OBJECTIVES AND INTERVENTIONS

Goal #4: Promote a culture of learning whereby staff at all levels of the agency consider ways to improve

practice, programs and policy.

During the preceding CFSP, DCS developed and/or made a number of enhancements to the processes and tools it uses to evaluate and improve child welfare practice in Indiana. In the 2015-2019 CFSP, as outlined in the objectives below, DCS intends to further incorporate continuous quality improvement as a business model by better integrating the tools and processes already in place to gather information about the child welfare system in Indiana, and to create a policy, organizational structure and communication methods to strengthen how DCS and its partners and stakeholders evaluate and make decisions about how to improve the child welfare system. For additional information about the current state of the CQI system in Indiana and the areas identified as focus areas for this goal, see pages 49-54.

### OBJECTIVE 4.1 DEVELOP A POLICY AND ORGANIZATIONAL STRUCTURE TO BUILD SYSTEM CAPACITY TO BEGIN USING CQI AS THE METHOD FOR EVALUATING AND IMPROVING CHILD WELFARE PRACTICE.

a) Develop regional CQI teams that include regional arms of central office to improve the flow of information and facilitate performance improvement and problem-solving at the local level. .

b) Establish policy work group to define and draft agency policy around CQI including administrative structure, quality data collection, and processes for ongoing case reviews, data analysis and dissemination, and providing feedback.

c) Engage stakeholders around CQI including revisiting the composition of and role of regional service counsels.

d) Implement a train the trainer on CQI processes for performance and quality improvement staff and regional coordinators so they can serve as CQI experts on the regional teams.

e) Provide support to service providers as they identify ways to incorporate CQI processes into their way of doing business.

### OBJECTIVE 4.2 EVALUATE CURRENT QUALITY IMPROVEMENT AND QUALITY ASSURANCE POLICIES AND PROCESSES AND IMPLEMENT STRATEGIES TO FURTHER ENHANCE THESE SYSTEMS AND INTEGRATE THEM INTO THE LARGER AGENCY CQI MODEL.

a) Continue development of a QSR process for collaborative care.

b) Continue further development of automated QAR reports.

### OBJECTIVE 4.3 IMPROVE UTILIZATION OF INFORMATION SYSTEMS AND DATA FROM A VARIETY OF SOURCES TO SUPPORT THE MANNER IN WHICH THE AGENCY ASSESSES SYSTEM PERFORMANCE TO SUPPORT SYSTEM IMPROVEMENT.

a) Improve manner in which we structure our data to provide more timely access to satisfy individual data requests.

b) Build staff capacity to utilize data for decision-making.

c) Integrate qualitative and quantitative data to provide a more comprehensive view of child welfare system strengths and areas for improvement.

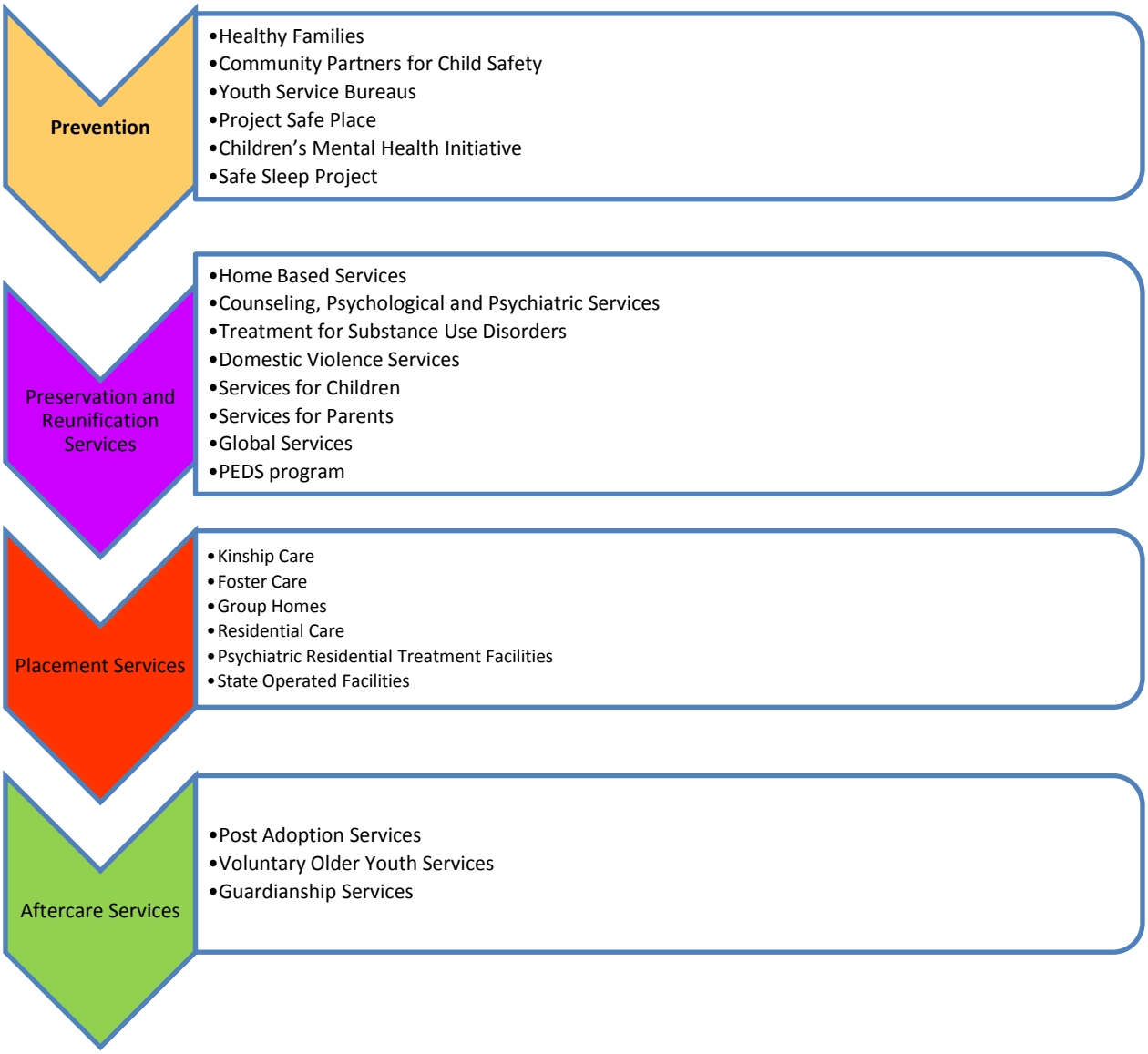
#### CQI MEASURES OF PROGRESS

Initially, DCS will likely evaluate progress in achieving this goal from a completion perspective as opposed to a more quantified data analysis method. To evaluate the agency's progress in achieving its CQI goal and objectives, the agency will monitor its success in timely developing a policy and organizational structure to support its utilization of a CQI framework. In addition, the agency will develop a process and monitor progress for identifying opportunities to utilize CQI to further analyze problem areas and identify strategies for improvement.

## V. SERVICES

### A. CHILD AND FAMILY SERVICES CONTINUUM (45 CFR 1357.15(N))

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




## Prevention Services

### Kids First Trust Fund

A member of the National Alliance of Children's Trusts, Indiana raises funds through license plate sales, filing fee surcharges, and contributions. This fund was created by Indiana statute, is overseen by a Board, and staffed by DCS. Kids First funds primary prevention efforts through the Prevent Child Abuse Indiana (PCAI), Healthy Families Indiana and the Community Partners for Child Safety program.

### Youth Service Bureau

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

### Project Safe Place

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

### Community-Based Child Abuse Prevention

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

### Healthy Families Indiana (HFI)

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

### Community Partners for Child Safety (CPCS)

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

### Maternal Infant Early Childhood Home Visiting (MIECHV)

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

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

### Children's Mental Health Initiative

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

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

- Rehabilitation Option Services,
- Clinic Based Therapeutic and Diagnostic Services,

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

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

- Child or adolescent age 6 through the age of 17.
- Youth who is experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification).
- Not eligible for Bureau of Developmental Disability Services.
- Not eligible for Medicaid.
- Needs based criteria include: DSM-IV-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- Child and Adolescent Needs and Strengths (CANS) recommendation indicating a high level of risk and need for placement in a Group Home, Residential Treatment Facility or Psychiatric Hospital.
- Dysfunctional Behaviour- Youth is demonstrating patterns of behaviour that place him/her at risk of institutional placement & unresponsive to traditional outpatient and/or community-based therapy.
- Specifically: Maladjustment to trauma, Psychosis, Debilitating anxiety, Conduct problems, Sexual aggression, and Fire-setting.
- Family Functioning and Support- Family/caregiver demonstrates significant need in one or more of the following areas: Mental health, Supervision issues, Family stress, and Substance Abuse.

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

## Preservation and Reunification Services

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

### Home Based Services

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

### Counseling, Psychological and Psychiatric Services

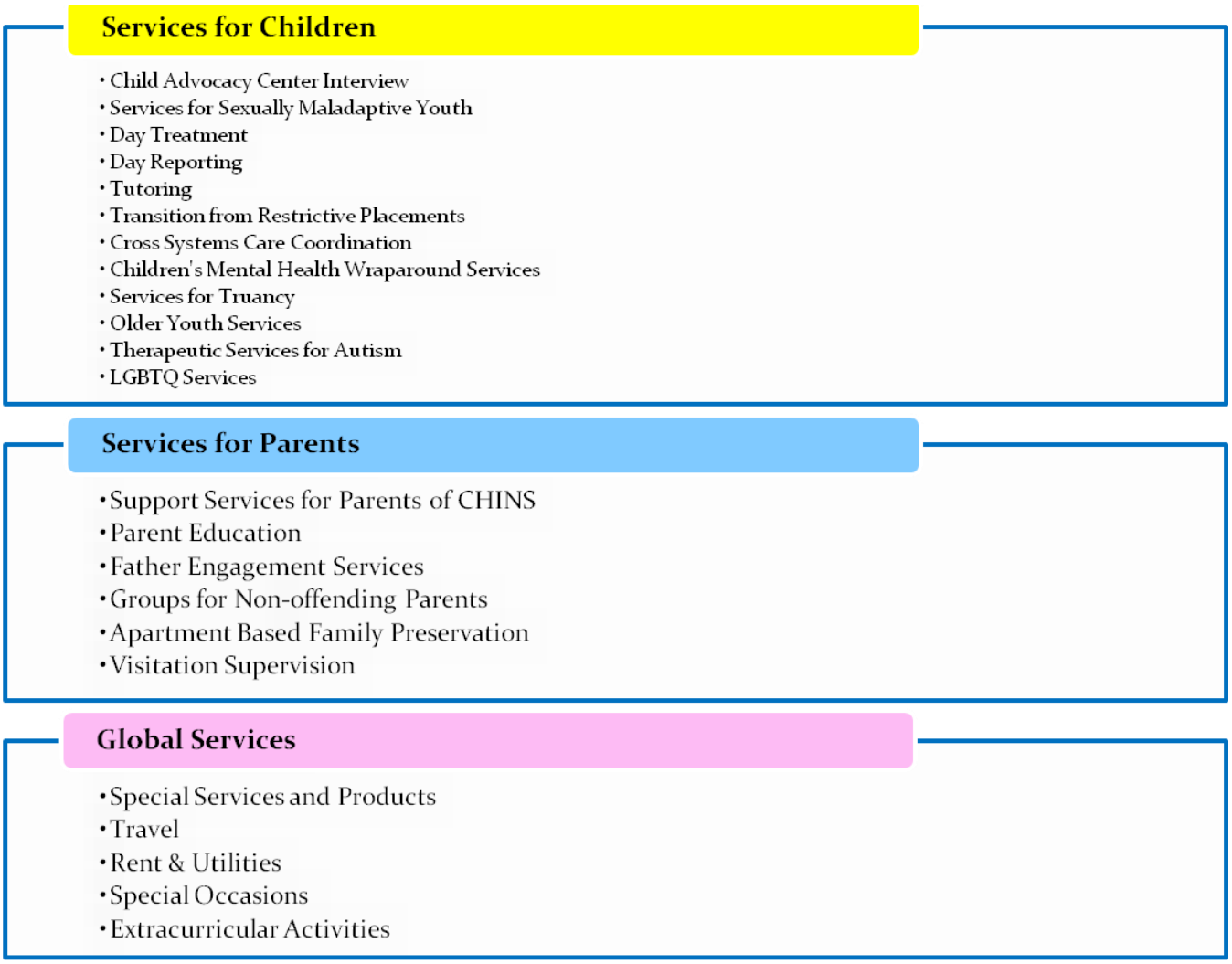
- Counseling
- Clinical Interview and Assessment
- Bonding and Attachment Assessment
- Trauma Assessment
- Psychological Testing
- Neuropsychological Testing
- Functional Family Therapy
- Medication Evaluation and Medication Monitoring
- Parent and Family Functioning Assessment

### Treatment for Substance Use Disorder

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

### Domestic Violence Services

- Batterers Intervention Program
- Victim and Child Services




These services are provided according to service standards found at:

http://www.in.gov/dcs/files/ATTACHMENT_A_Community-Based_Services_Service_StandardsR_December_16_2013.pdf

Service enhancements during the next 5 years include continued expansion of the home-based service array.

Services currently available under the array include:

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

| | | | |
|---|---|---|---|
| (HM/PA) (Para-professional) | | hours/week | and/or role modeling new, appropriate skills for coping. Some providers have a 1 hour response time for families in crisis.<br><br>Maximum case load of 12. |
| **Comprehensive Home Based Services** | Up to 6 months | 5-8 direct hours with or on behalf of the family | Utilizing an evidence based model to assist families with high need for multiple home based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency.<br><br>This is referable through service mapping or the Regional Services Coordinator<br><br>Maximum case load of 5-8. |

### Comprehensive Home-Based Services

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

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

| Services Available Through Comprehensive Home Based Services | | |
|---|---|---|
| Service Standard | Target Population | Service Summary |
| FCT – Family Centered Therapy | ● Families that are resistant to services<br>● Families that have had multiple, unsuccessful attempts at home based services<br>● Traditional services that are unable to successfully meet the underlying need<br>● Families that have experienced family violence<br>● Families that have previous DCS involvement<br>● High risk juveniles who are not responding to typical community based services<br>● Juveniles who have been found to need residential placement or are returning from incarceration or residential placement | This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family. |
| MI – Motivational Interviewing | ● effective in facilitating many types of behavior change<br>● addictions<br>● non-compliance and running away of teens<br>● discipline practices of parents. | This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents. |

| | | |
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| TFCBT – Trauma Focused Cognitive Behavioral Therapy | ● Children ages 3-18 who have experienced trauma<br>● Children who may be experiencing significant emotional problems<br>● Children with PTSD | This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma in order to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services. |
| AFCBT – Alternative Family Cognitive Behavioral Therapy | ● Children diagnosed with behavior problems<br>● Children with Conduct Disorder<br>● Children with Oppositional Defiant Disorder<br>● Families with a history of physical force and conflict | This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning. |
| ABA – Applied Behavioral Analysis | ● Children with a diagnosis on the Autism Spectrum | This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors and intensive intervention for development of social and academic skills. |
| CPP – Child Parent Psychotherapy | ● Children ages 0-5 who have experienced trauma<br>● Children who have been victims of maltreatment<br>● Children who have witnessed DV<br>● Children with attachment disorders<br>● Toddlers of depressed mothers | This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child's mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies. |
| IN-AJSOP | Children with sexually maladaptive behaviors and their families | This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. |

| | | |
|---|---|---|
| | | Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors |
| Intercept | Children of any age with serious emotional and behavioral problems | Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups. |

### Sobriety Treatment and Recovery Teams

Indiana is currently piloting a promising practice program that has shown very positive outcomes with families in Kentucky. The program combines a specially trained Family Case Manager, Family Mentor, and Treatment Coordinator to serve families where there are children under the age of 5 and the parent struggles with a substance use disorder. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The program is being piloted in Monroe County. Currently there are three active Family Case Managers, one Family Mentor and one Treatment Coordinator with the ability to add 2 additional mentors. It is estimated that the full team will be serving approximately 30 families at any given time. Currently DCS is considering expansion of this program into additional counties.

### Adolescent Community Reinforcement Approach (ACRA)

The Department of Mental Health Addictions (DMHA) has trained therapists at two agencies in Indianapolis. This model will be expanded through this inter-department collaboration and ensures that the service is available to adolescents in need. This EBP uses community reinforcers in the form of social capital to support recovery of youth in an outpatient setting. A-CRA is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery.

This outpatient program targets youth 12 to 18 years old with DSM-IV cannabis, alcohol, and/or other substance use disorders. Therapists choose from among 17 A-CRA procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in pro-social activities with

the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioural rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in pro-social leisure activities. The A-CRA is delivered in one-hour sessions with certified therapists.

### Trauma Assessments, TF-CBT, CPP

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

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

### Parent Child Interaction Therapy

DMHA will begin training therapists at Community Mental Health Center's on Parent Child Interaction Therapy (PCIT), which DCS children and families will access through our collaboration and master contracts with the CMHC's. Additionally, with the DCS Comprehensive Service supporting the usage of evidenced-based models, PCIT will increase in its availability throughout the state.

PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Disruptive behavior is the most common reason for referral of young children for mental health services and can vary from relatively minor infractions such as talking back to significant acts of aggression. The

most commonly treated Disruptive Behaviour Disorders may be classified as Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD), depending on the severity of the behaviour and the nature of the presenting problems. The disorders often co-occur with Attention-Deficit Hyperactivity Disorder (ADHD). PCIT uses a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent–child relationship. PCIT draws on both attachment and social learning theories to achieve authoritative parenting. The authoritative parenting style has been associated with fewer child behavior problems than alternative parenting styles.

### Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ) Services

DCS, with technical assistance from Gary Malon, revised policies and service standards, and developed a guidebook for staff and providers to utilize to ensure appropriate services are provided to clients who identify as Lesbian, Gay, Bisexual, Transgender or Questioning. Training on these changes and new resources has already started and will continue throughout the rest of 2014. See Attachment 32 for a copy of the guidebook.

### Foster Care

Indiana DCS will continue to provide access to foster homes throughout the state. The homes are licensed through DCS and through licensed child placing agencies. More detailed information can be found in the Foster and Adoptive Parent Licensing, Recruitment, and Retention section.

### Kinship Care

Indiana DCS is committed to securing the most family-like setting for a child when removal from the home occurs. DCS will first consider placing a child with an appropriate noncustodial parent. If placement with a noncustodial parent is not possible, DCS will look to relatives. DCS changed statute effective July 2014, to include in the definition of “relative,” “any other individual with whom a child has an established and significant relationship.” DCS is in the process of establishing policy and practice around the new statutory definition.

DCS utilizes Relative Support Specialists to assist in supporting relative resources. These staff are relatively new, thus their duties are still being formalized.. The Specialists main duties are to inform the relative care placements of support services available to them to promote child permanency, stability and well-being. DCS ensures appropriate services are in place for both the child and the relative caregiver. DCS continues to monitor the relative placement to ensure a safe environment with appropriate supervision is being provided.

### Adoption Services

Please see Services Description, Adoption Promotion and Support Services below for additional information on the types of Adoption Services provided.

### Independent Living: Older Youth Services

The service array for Independent Living is described in detail in in Section VII, Chafee Foster Care Independence Program.

## B. SERVICE COORDINATION (45 CFR 1357.15(M))

Indiana DCS has built an extensive network of Federal, State, local and private partnerships and collaborations to support child maltreatment and prevention programs and activities. The DCS Prevention Team and the Community Partners for Child Safety contracted providers build on these efforts to promote and support families by connecting families with a continuum of services and resources needed to strengthen the family and prevent child abuse and neglect.

More specifically, federal funds awarded to Indiana and the extensive collaboration and coordination between State agencies, both directly and in-directly, result in the following partnerships, ultimately supporting communities and families at the local level.

### Indiana State Department of Health (ISDH):

ISDH houses a number of divisions that receive federal funding to administer several programs that are vital to families and children in Indiana. At the state level, a number of partnerships have been formed between DCS and ISDH in an effort to better coordinate federal and state resources.

### Maternal and Child Health (MCH)

At the state level, MCH is funded in large part by the federal Maternal and Child Health Bureau (MCHB) Title V Block Grants. MCH also houses a number of projects, programs and services that are vital to the families and children served by CPCS, as outlined in more detail below.

### Early Childhood Comprehensive Systems (ECCS)

Since 2003 ISDH has received a grant from the HRSA Maternal Child Health Bureau (MCHB) to support states to initiate ECCS projects which is now known widely in the state as Sunny Start: Healthy Bodies, Healthy Minds,

with the goal to ensure that Indiana's children arrive at school healthy and ready to learn. Sunny Start's purpose is to bring together decision makers at the state level to improve coordination of all services for young children and families in the state.

The DCS Prevention Manager (CBCAP Lead) and MIECHV Coordinator are active members of the Sunny Start Core Partners (advisory board members) by regularly participating in the Sunny Start Advisory Committee, the Home Visiting Sub-committee and the ECCS Social Emotional Sub-committee which is also chaired by the Director from the Riley Child Development Center (RCDC, described in more detail below).

### Social Emotional Sub-committee

The work of the Social Emotional Sub-committee centers around increasing the number of direct service providers with knowledge, practical skills and specialization in the effects and treatment of mitigating toxic stress and trauma, as well as enhancing linkages and cooperation across systems serving infants and children. The Social Emotional Sub-committee is focused on outreach and supportive efforts to increase the number of professionals and paraprofessionals in the state that are endorsed by the Indiana Association for Infant and Toddler Mental Health (IAITMH).

### Endorsement Process

The Endorsement process will increase the mental health workforce capacity and create an integrated infrastructure that will ensure that all Indiana families with very young children have access to well-trained providers in their home communities.

Beginning in 2010, support to implement the Endorsement process in Indiana has been provided by the Indiana Head Start Collaboration and the Department of Child Services. Benefits of the Endorsement program are numerous for children and families, providers, agencies, and systems of care. Individuals who have earned the Endorsement cite the program as leading to an increase in professional development, including the completion of a degree or graduate degree. In addition to the positive provider experiences, families have benefited from greater access to well-trained providers whether their family is in need of high quality child care or the services of a mental health professional.

Agencies have found the Endorsement helpful in structuring training and ensuring a well-prepared early child care and intervention workforce. Finally, systems have realized improvements in agreement about best practices, increased workforce capacity, and even cost savings because prevention and promotion of behavioural health by workers at Levels I and II reduces the need for services at more costly levels.

Moving forward, the DCS Prevention Team is working on a plan to cross-walk the training requirements for the Endorsement with current DCS staff training requirements to develop a simplified pathway to support efforts of DCS Field staff to achieve the Endorsement. In addition, the DCS Services Division is also in discussions to explore how the agency can support efforts of contracted providers for Prevention, Preservation and Reunification services to achieve and maintain the Endorsement.

The collaborations and partnerships formed by the Sunny Start Core partners has been instrumental in allowing IAITMH to bring this competency-based endorsement process and the benefits it will bring to Indiana systems and professionals, but most importantly to children and families.

### Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)

In 2012, the focus of Sunny Start was enhanced as Indiana was granted Project LAUNCH, funded by SAMHSA for a 5 year grant awarded to states, tribes and local communities to see that all kids are ready for school and life. In Indiana, ISDH and Family and Social Services Administration (FSSA) Department of Mental Health and Addictions (DMHA) are co-leads of Project LAUNCH and are continuing the coordination of efforts of the Sunny Start Core Partners (advisory board) with the goal to make sure that social, emotional, physical and cognitive needs are met from birth to early school age.

#### Enhanced Home Visitation

Another Sunny Start Sub-committee that the Prevention Manager and MIECHV Coordinator are actively engaged involves one of the current projects being supported by Project LAUNCH for Enhanced Home Visitation to a local community in the state. Through a grant awarded by Project LAUNCH in 2013 to Family Connections, a private non-profit serving families and children in the South Eastern corner of the state and is also one of the DCS contracted HFI providers, there are plans to enhance upon the providers current scope of work by including Incredible Years services to families who are eligible.

Home visiting staff will also receive enhanced trainings in Motivational Interviewing, Trauma-Informed Approaches, and Mental Health First Aid in order to improve outcomes for families and children. Additionally, the providers Healthy Families staff will receive mental health consultation that will serve to bolster their knowledge and continually serve families in the most effective manner. Such partnerships and collaborations further demonstrate the strength and positive impacts of the DCS Prevention Team's relationships with ISDH have had to further larger prevention efforts for Indiana families and children.

### Maternal Infant Early Childhood Home Visiting (MIECHV)

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

### Evaluation Advisory Board (EAB) and the Indiana Home Visiting Advisory Board (INHVAB)

As part of the MIECHV partnership between DCS and ISDH, Indiana created the MIECHV Evaluation Advisory Board (EAB) and the Indiana Home Visiting Advisory Board (INHVAB). The EAB is lead by the MIECHV external evaluation team from Indiana University and includes stakeholders from DCS, HFI, ISDH, and NFP to review and advise on MIECHV evaluation studies being completed in Indiana. The INHVAB includes stakeholders from DCS, HFI, ISDH, and NFP for the purpose of identifying aspects of the MIECHV project that should inform policy for home visiting within Indiana. The INHVAB also serves as the oversight committee for MIECHV Continuous Quality Improvement (CQI) development and activities. Indiana believes that these advisory boards not only provide additional to the benefits to both HFI and NFP, these boards have and will continue to serve as catalysts for increasing collaboration and relationship building between DCS and ISDH, which will ultimately result in improved coordination and quality of home visiting services in Indiana

### Local Safe Sleep

ISDH is also reaching out to many HFI and CPCS providers to coordinate safe sleep education and outreach efforts as well as develop formal Memorandum of Understanding (MOU) through which the provider will become a crib distribution site for the Safe Sleep program in their local communities.

## Family and Social Services Administration (FSSA):

FSSA houses a number of divisions that receive federal funding to administer several programs that are vital to families and children in Indiana. At the state level, a number of partnerships have been formed between DCS and FSSA in an effort to better coordinate federal and state resources.

### Department of Mental Health and Addiction (DMHA)

As outlined in the services section, the Children's Mental Health Initiative (CMHI) is a collaboration between DCS and DMHA and local Community Mental Health Centers (CMHCs) who serve as access sites to ensure children are served in the most appropriate system to meet their needs. At the local level, partnerships between Community Partners for Child Services providers and local access sites are beginning to develop as the CMHI project spreads throughout the state and the benefits of collaboration efforts are realized.

### Department of Family Resources (DFR)

FSSA's DFR houses a number of programs and services which are valuable resources for families and children. Therefore it is vital for DCS, the Prevention Team and local CPCS providers to develop and maintain strong partnerships as outlined below.

Housed in DFR, the Indiana Bureau of Child Care is funded by the Child Care and Development Fund (CCDF) and Temporary Assistance to Needy Families (TANF) to provide a number of services to low income families. Indiana Code (IC) 12-17.2 establishes the authority for DFR to regulate child care in the State. It also authorizes the division to adopt rules to implement the federal CCDF voucher program. Access to affordable, quality childcare is often a need for many families receiving CPCS services therefore it is vital at the local level for CPCS providers to have well established referral and outreach relationships with their local CCDF providers.

### Indiana Head Start

Also housed in DFR, the Indiana Head Start Collaboration Office (IHSCO) and the Prevention Manager (CBCAP Lead) have a long time partnership, which includes annual financial support from the IHSCO for the Institute for Strengthening Families conferences which allows for significant attendance from Head Start and Early Head Start Program staff. In addition, the Prevention Manager is an active member of the IHSCO Bi-Annual Multi-Agency Advisory Council which brings partners and potential partners together to discuss the plans of the Collaboration office and discover how members might collaborate for the benefit of Indiana's youngest Hoosiers and their families. IHSCO members include: the Bureau of Child Development, Head Start and Early Head Start, Maternal and Child Health (MCH), Sunny Start and DCS Prevention Services.

The Collaboration Office completed a statewide needs assessment in preparation for the 2009-2013 State Plan. The needs assessment reported data in the following areas: early childhood education and transition, professional development, child care, services to children with disabilities, services to children experiencing

homelessness, and community based services. DCS is an active partner with the Head Start Collaboration Office and works to develop intermediate and advanced training seminars at the Institute for Strengthening Families scheduled in April and September of each year.

At the local level, federal grants are provided directly to local public and private non-profit and for-profit agencies to provide Head Start and Early Head Start programs, which are comprehensive child development services to economically disadvantaged children and families with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. In FY 1995, the Early Head Start program was established to serve children from birth to three years of age in recognition of the mounting evidence that the earliest years matter a great deal to children's growth and development.

Head Start programs promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children and families. They engage parents in their children's learning and help them in making progress toward their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Many of the CPCS providers in the state are active members of their local Head Start and Early Head Start Advisory Boards and use the Head Start model of engaging parents in leadership activities as models for their own current and future plans for such within CPCS programs. Such sharing of effective practices further demonstrates the strength and extensive nature of such relationships.

### Bureau of Child Developmental Services

At the state level, FSSA's Bureau of Child Developmental Services administers the First Steps System which is Indiana's Early Intervention Program, Part C of the Individuals with Disabilities Education Act (IDEA). First Steps is a family-centered, locally-based, coordinated system that provides early intervention services to infants and young children with disabilities or who are developmentally vulnerable. First Steps brings together families and professionals from education, health and social service agencies. By coordinating locally available services, First Steps is working to give Indiana's children and their families the widest possible array of early intervention resources. Families who are eligible to participate in Indiana's First Steps System include children ages birth to three years, who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay.

### First Steps

At the state level, First Steps is advised by the Interagency Coordinating Council (ICC). The ICC is a federally mandated group that assists and advises the state's program of early intervention services for infants and toddlers with disabilities and their families. It is a Governor-appointed council that includes membership of all pertinent state agencies/departments, service providers, and family consumers. In 2014, the Prevention Program Manager (CBCAP Lead) has been invited to and will participate in ICC quarterly meetings. In addition, many First Steps providers regularly participate in the training opportunities available through the Institute for Strengthening Families.

At the local level, many of the CPCS providers have developed reciprocal referral relationships with their local First Steps offices as part of the outreach efforts to support families of children with disabilities.

## Additional Collaborations Furthering Service Coordination

### Domestic Violence Prevention and Treatment

The Governor's Domestic Violence Prevention and Treatment Council is administered by the Indiana Criminal Justice Institute (ICJI) under I.C. 5-2-6.6. The Governor's Domestic Violence Prevention and Treatment Council (DVPT) is responsible for developing a state-wide domestic violence and sexual assault strategic plan that includes analysis of: existing programs and services, gaps in services, funding, staffing and other resource needs and gaps and emerging issues and challenges for the delivery of services. In 2014 the Prevention Manager (CBCAP Lead) was invited to serve on the council.

### National Resource Center for Child Protective Services (NRCPS)

The NRCPS provides free on-site training and technical assistance to State and Tribal child welfare agencies through funding provided by the Children's Bureau, U. S. Department of Health and Human Services. In 2013, DCS requested assistance from NRCPS for possible revision of Batterer Intervention Service standards and to ensure alignment of Domestic Violence policy and practice with national standards. One of the recommendations from NRCPS as a result of their assessment is for DCS to participate on the Indiana Coalition Against Domestic Violence (ICADV) workgroup as they consider revisions to their Batterers Intervention Program standards. Additional recommendations from NRCPS are currently under consideration with DCS leadership.

### Indiana Coalition Against Domestic Violence (ICADV)

The Indiana Coalition Against Domestic Violence is a statewide alliance of domestic violence programs, support agencies and concerned individuals. ICADV provides technical assistance, resources, information and training to those who serve victims of domestic violence; and promote social and systems change through public policy, public awareness and education.

ICADV also developed Indiana's Batterers' Intervention Program (BIP) Standards and certification process to ensure overall quality and consistency for service providers who work with men who batter. An ICADV certified BIP is a community program that makes victim safety its first priority, establishes accountability for batterers and promotes a coordinated community response. These standards were developed by a committee of the Indiana Coalition Against Domestic Violence and were first adopted in November 2001. ICADV is currently in the process of reviewing and updating the standards.

The ICADV BIP Standards are the result of extensive work among members of this committee and a review of the standards in other states. Many individuals from all areas of the state of Indiana participated in the process of developing these standards including judges, defense attorneys, prosecutors, law enforcement, probation officers, substance abuse counselors, mental health counselors, marriage and family therapists, social workers, clergy, academics, community activists, politicians, victim advocates, BIP providers, survivors, and many other concerned citizens. In 2014, the Prevention Manager (CBCAP Lead) was identified as the DCS staff person assigned to participate as a member of the committee, which currently meets monthly to update the standards.

Participation of the Prevention Manager in this workgroup is vital to building relationships with ICADV and the larger Domestic Violence infrastructure in the state and for creating the opportunity for future collaboration and partnerships, which will result in more coordinated prevention and intervention efforts across the state.

### Riley Child Development Center (RCDC)

RCDS is housed in Riley Hospital for Children and their mission is to provide leadership education excellence in neurodevelopment and related disabilities to professionals who are preparing for careers in health care and other fields, which enhance the quality of life for children with developmental disabilities and their families. The mission is achieved primarily through interdisciplinary training of long term trainees at the graduate and postgraduate levels who develop the clinical expertise, competence and leadership attributes that extend basic knowledge and acumen which prepares graduate trainees for leadership roles within local, regional, state and national communities.

Activities of the RCDC reflect a commitment to persons with disabilities and their families through the pursuit of new knowledge by way of critical inquiry and research, the provision of professional consultation and technical assistance to state and local health authorities, and the provision of continuing education activities for all issues that involve children and families at the local, state, regional and national levels. In addition, the RCDC promotes the inclusion of content regarding children, families and neurodevelopmental disabilities in all curricula within Indiana University.

RCDC activities are culturally sensitive and demonstrate respect for individual differences in behaviors, attitudes, beliefs, interpersonal styles and socioeconomic status. Members of the RCDS work closely with DCS and the Prevention team as part of the planning committee for the Institute for Strengthening Families, which helps to ensure there are always affordable training opportunities for individuals seeking to achieve and maintain the IAITMH Endorsement described above. The strong relationship between the DCS Prevention Team and RDCS has also been critical to establishing future plans for a pathway and to supporting DCS field staff and providers in achieving the Endorsement.

### Systems of Care

Systems of Care meet within local communities and are a composed of community agencies, schools, law enforcement, prosecutors and focuses on ensuring that services are available in the community to meet the needs of families. One possible service is high fidelity wraparound that is funded through Medicaid or the Children's Mental Health Initiative and prevents youth residential placement by provided targeted individual services and family support services for children with high behavioral health needs. Other services include residential services as well as state operated facilities for those children who cannot be safely served in the community.

### Regional Service Councils

The Regional Service Councils and Regional Service Coordinators both work to enhance the coordination of services. The original purpose of the Regional Services Council was to: evaluate and address regional service needs; manage regional expenditures; and to serve as a liaison to the community leaders, providers and residents of the Region (See Collaboration section for a complete description). The Regional Service Coordinators and Probation Consultants then work with local agencies throughthe contracting process to help fill regional service gaps. Additionally, Indiana continues to work with its partner agencies to evaluate progress and identify areas for continued improvement.

### Provider Workgroups

DCS has worked to engage service provider partners through continued meetings and workgroups. For example, DCS will continue its Yearly CMHC/DCS Collaboration Conference, ongoing meetings with the Community Mental Health Centers, and Regional Collaboration Meetings between DCS and the CMHC's. Regional Service Coordinators will continue facilitating the ongoing support groups for specific services such as Family Centered Treatment, Father Engagement, Homebuilders, and START. This facilitation includes monthly calls, yearly conferences, and break out workgroups.

### Support Groups

The success of these groups has led to the planned expansion into additional support groups including services such as Cross System Care Coordination, Child Parent Psychotherapy, and Diagnostic and Evaluation Services. DCS will continue collaborating with existing statewide associations, such as Indiana Council Community Mental Health Centers Child and Adolescent Committee, Coalition of Family Based Services, and the Indiana Chapter of National Children's Alliance.

### Community-Based Providers and IARCA

DCS will continue to elicit feedback from a Community Based Provider workgroup regarding referrals, billing, and service standard updates.DCS Executive Management will also continue regular meetings with IARCA leadership to work on systemic provider issues. Currently, DCS is working with IARCA on residential and LCPA rate setting for 2014, on capacity building and on access to psychiatric residential treatment centers, among other things. We are also working with IARCA on any needed modifications to the 2014 LCPA and residential contracts. DCS Placement Support and Compliance will continue monthly conference calls with residential providers and monthly calls with LCPAs to collaborate on residential and foster care issues. In July, the calls will include a one-hour training on collaborative care and how it impacts residential providers/foster parents.

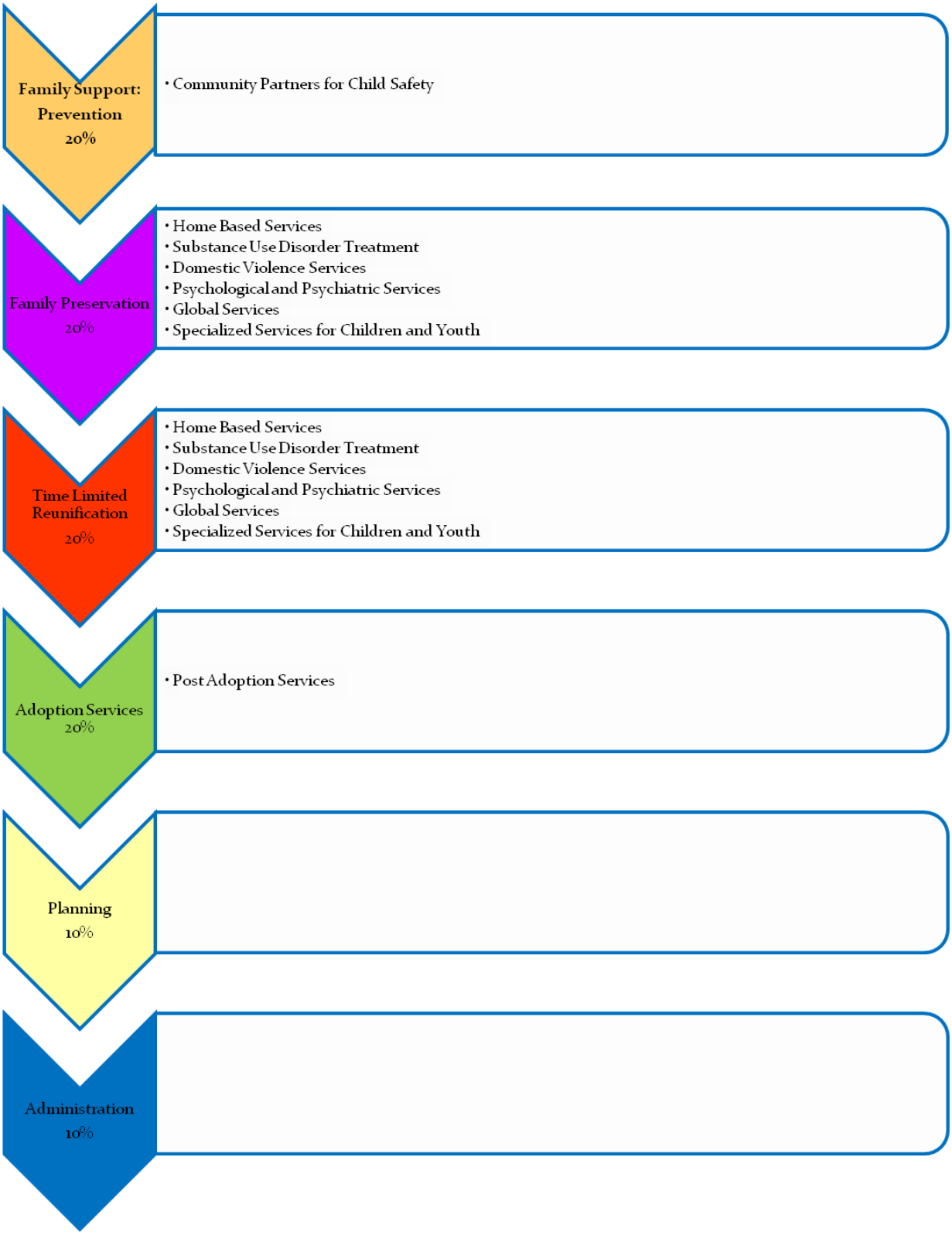
For a complete description of collaborative efforts, please review the Collaboration section under General Information above. Many of these efforts are described in more detail in previous sections.

## C. SERVICE DESCRIPTION (45 CFR 1357.15(O))

Each region identifies the services needed for their families, and then DCS contracts with agencies through a fair bid process. As part of this identification of services, the regions utilize service data including contracted

agencies, service utilization, and service outcome reports to determine which service gaps need to be addressed. These DCS contracts include the specific services and the counties where they will be provided. The service standard defines the family population as a family involved in the Child Welfare or Juvenile Delinquency systems. Additionally, the DCS services standards will be amended to include language ensuring that Lesbian Gay Bisexual Transgender and Questioning youth will have services provided in a culturally sensitive manner.

Information is provided in Service Array Section regarding strengths and gaps in service. Indiana has chosen to spend 20% in each of the Title IV-B subpart 2 service categories. Indiana continues to allot 10% in planning and 10% in administration. If these funds are not utilized in these areas, the excess will be put back into services. The visual below depicts this breakdown in service categories.


Family Support: Prevention 20%
• Community Partners for Child Safety
Family Preservation 20%
• Home Based Services
• Substance Use Disorder Treatment
• Domestic Violence Services
• Psychological and Psychiatric Services
• Global Services
• Specialized Services for Children and Youth
Time Limited Reunification 20%
• Home Based Services
• Substance Use Disorder Treatment
• Domestic Violence Services
• Psychological and Psychiatric Services
• Global Services
• Specialized Services for Children and Youth
Adoption Services 20%
• Post Adoption Services
Planning 10%
Administration 10%

## Family Preservation (20%)

This category is designed to provide services for children and families to help families (including pre-adoptive and extended families) at risk or in crisis, including services to assist families in preventing disruption and the unnecessary removal of children from their homes (as appropriate). They help to maintain the safety of children in their own homes, support families preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

Reunification services are also included in this category which could assist children in returning to their families or placement in adoption or legal guardianship with relatives. These services may include follow-up care to families to whom the child has been returned after placement and other reunification services.

Services may include but are not limited to:

- Home Based Services
- Substance Use Disorder Treatment
- Domestic Violence Services
- Psychological and Psychiatric Services
- Global Services
- Specialized Services for Children and Youth

The Service section includes a description of available services.

Services are restricted to the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.

2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.

3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

## Family Support (20%)

This category is designed to cover payment for community–based services which promote the well-being of

children and families and are designed to strengthen and stabilize families (including adoptive, foster, and extended families). They are preventive services designed to alleviate stress and help parents care for their children's well-being before a crisis occurs.

Services may include, but are not limited to: Community Partners for Child Safety. The Service section includes a description of these services.

### Time Limited Family Reunification (20%)

This category covers services and activities that are provided to a child placed in a foster family home or other out-of-home placement and the child's parents or primary caregiver in order to facilitate reunification of the child safely and appropriately within a timely fashion. These services can only be provided during the 15-month period that begins on the date the child is considered to have entered out-of-home care.

Services may include but are not limited to:

- Home Based Services,
- Substance Use Disorder Treatment,
- Domestic Violence Services,
- Psychological and Psychiatric Services ,
- Global Services,
- Specialized Services for Children and Youth.

The Service section includes a description of available services.

Services are restricted to those children who meet the eligibility for this category and meet the following criteria:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with IA or CHINS status.

2) Children and their families which have an Informal Adjustment (IA) or the children have the status of CHINS or JD/JS.

3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

### d. Adoption Promotion and Support Services (20%)

Services and activities available are designed to encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Such services and activities are designed to expedite the adoption process and support adoptive families. This includes preparing the child for adoption with regard to loyalty, grief, and loss issues related to their birth family, as well as evaluating a prospective adoptive family and making a recommendation regarding appropriateness of the family to adopt special needs children.

Target Population

1) Foster parents and the foster/relative children in their care that have expressed an interest in adoption.

2) Pre-adoptive parents and adoptive parents with recently adopted children.

3) Long term adoptive parents experiencing challenges with their adopted children.

4) Families who have successfully completed the Resource and Adoptive Parent Training (RAPT) and are interested in adopting.

5) Families who are interested in parenting children who have suffered abuse or neglect.

6) Families who are interested in adopting children with serious medical and/or developmental challenges, older children, and sibling groups who are in the custody of the State of Indiana.

Desired Outcomes

1) Minimize the number of disrupted foster/relative placements.

2) Minimize the number of disrupted pre-adoptive and adoptive placements.

3) Ensure that prospective adoptive families and children free for adoption are adequately prepared for adoption.

4) Ensure that each prospective adoptive family is informed of issues related to children with special needs and that informed choices are made when matching children free for adoption and adoptive families.

5) Increase the number of adoptive parents available for special needs children.

6) Decrease the number of children waiting for adoptive parents.

7) Decrease the number of disrupted adoptions.

Based on the benefits of the Child and Family Team Model and the CANS assessment, the post-adoption service standards were restructured in 2011 with the goal of creating cross-system coordination and adoptive family-centered care for service delivery. Services provided to families include a comprehensive strength-based assessment. This service is based on the belief that children and their families are remarkably resilient and capable of positive development when provided with community-centered support, defined by what is in the best interest of the child. It is meant to provide a comprehensive system of care that allows families to find support after adoption.

To put these beliefs into practice, DCS has developed a delivery system for post adoption services that involves three regionally based contractors. As of July 1, 2014, contractors SAFY, Children's Bureau, and The Villages will begin their 4th year providing post-adoption services to families in the State of Indiana. These 3 agencies provide Care Coordinators located in various regions within the state to oversee intake referrals and provide support to families. The services provided to the client may include, but are not limited to the following: behavioral health care services, respite, parent/child support groups, trauma training, and other services and/or necessary items approved by DCS.

## D. SERVICE DECISION-MAKING PROCESS FOR FAMILY SUPPORT SERVICES (45 CFR 1357.15(R))

DCS selects agencies and organizations to provide services through a Request for Proposal (RFP) process. RFPs are issued broadly for services every 4 years. In the interim, regions can request RFPs to address gaps in services. When an RFP is issued, information is posted to the DCS website and notification is sent to all contracted agencies and at Regional Service Council meetings. Interested agencies submit proposals for the service(s). These proposals are then evaluated, scored, and agencies are selected by the local regional scoring team. The local scoring team submits a recommendation to the Regional Service Council, which has the ability to alter the recommendation. The RSC submits the final recommendations to DCS central office for the final decision to issue a contract. Current Requests for Proposals are found at: http://www.in.gov/dcs/3151.htm.

## E. POPULATIONS AT GREATEST RISK OF MALTREATMENT (SECTION 432(A)(10) OF THE ACT)

Those children at high risk for maltreatment who do not have involvement with the Department of Child Services are served through prevention services including Healthy Families Indiana and Community Partners for Child Safety. These programs are described in the Service section above. The Healthy Families Indiana process of identifying high risk families is described below.

### Healthy Families Indiana (HFI)

HFI is credentialed by Healthy Families America as a multi-site statewide program. HFI is an evidence-based, voluntary home visitation program designed to promote healthy families and healthy children through a variety of services, including child development, access to health care and parent education. Best practice shows that providing education and support services to parents around the time of birth and continuing afterwards significantly reduces the risk of child maltreatment.

To be eligible for HFI, families must be referred either prenatally (no earlier than the 6th month of pregnancy) or shortly after birth of the target child and fall at or below 250% of the federal poverty level. Additionally, families must be identified at increased risk for child maltreatment as determined by the Parent Survey Process (formerly the Kempe Family Stress Checklist). Referred families are initially screened by HFI assessment staff utilizing the Parent Survey Process with a Fifteen Item Screen that measures risks based on marital status, employment status, income, housing, phone, education, emergency contacts, substance abuse history, prenatal care, history of abortions, history of psychiatric care, abortion sought or attempted, adoption sought or attempted, marital or family stresses and history of or current depression.

If a family screens positive, the Parent Survey Process continues to Assessment including an in-depth conversational interview by HFI assessment staff with expectant or new parents to learn about their individual experiences, competencies and strengths. HFI staff are trained to engage the family conversationally, weaving in ten areas of focus (parent's childhood experience, lifestyle behaviours and mental health, parenting experience, coping skills and support system, current stresses, anger management skills, expectations of infant's development, plans for discipline, perception of new infant, and bonding and attachment). After the assessment interview is complete, the HFI assessment staff supervisor reviews and scores the results. Potential HFI clients must score above 40 to be eligible for HFI services.

If families score 25 or above and have any of the risk factors outlined below, they may also be offered services.

Additionally, if families score 25 or above and have additional risk factors, they may also be offered services.

- Safety concerns expressed by hospital staff,
- Mother or father low functioning,
- Teen parent with no support system,
- Active untreated mental illness,
- Active alcohol/drug abuse,
- Active interpersonal violence reported,
- Cumulative score of 10 or above or 3 on question #10 on the Early Postpartum Depression Scale,
- Target child born at 36 weeks gestation or less,
- Target child diagnosed with significant developmental delays at birth, or
- Family assessment worker witnesses physical punishment of the child at visit.

## F. SERVICES FOR CHILDREN UNDER THE AGE OF FIVE (SECTION 422(B)(18) OF THE ACT)

DCS will continue to monitor and support new initiatives which work towards reducing the length of stay for children under 5:

- The Fatherhood Initiative has focused on engaging Fathers in the case plan and increasing their parenting capacity.
- The START program focuses on keeping the child in the home while increasing the accessibility and support for substance using parents. The program will continue to expand throughout the state.
- DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy.
- DCS Comprehensive Service supporting the usage of evidenced based models, PCIT will increase in its availability throughout the state.
- DCS has enhanced the Diagnostic and Evaluation Service Standard to include an Attachment and Bonding Assessment.

## Fatherhood Initiative

The Fatherhood Initiative has focused on engaging Fathers in the case plan and increasing their parenting capacity. This effort potentially allows the father or paternal family to be a possible permanency option for the child. One future enhancement could be focusing on co-parenting facilitation for non traditional families in an effort to increase cooperation and communication between the parents.

## Substance Abuse Treatment and the START Program

START specifically works to increase permanency for children birth – 5 while improving access and availability to substance use services for the caregiver. This is a multi team approach, including a close collaboration between DCS and the CMHC. The CMHC employs a Treatment Coordinator who provides immediate substance use assessments, provides oversight of client treatment plan, and ensures communication with DCS and the mentor about client progress. Another component, the START Mentor, can support the substance using parent through the recovery process.

The program supports the Safely Home, Families First initiative by providing the services and support needed for the parents while in the treatment and recovery process, so they may safely parent their child. Currently there are three active Family Case Managers, one Family Mentor and one Treatment Coordinator with the ability to add 2 additional mentors. It is estimated that the full team will be serving approximately 30 families at any given time. Currently DCS is considering expansion of this program into a neighboring county.

During the biennial planning process, DCS regions identified service areas of improvement including substance use treatment. The START program will continue to expand throughout the state, but other modalities will be researched and considered to work with children with parents affected by substance use. DCS will contact all contracted substance use treatment providers and gather information related to their service availability, treatment modalities, and feedback. This information will be used to enhance this service array.

## Service Mapping

For those families involved in the child welfare system, DCS is initiating Service Mapping (described in detail in previous sections). Service Mapping will utilize the Risk Assessment and CANS to identify those families who are at high risk of repeat maltreatment. Using a developed algorithm, Service Mapping will create service recommendations for evidenced-based models most appropriate for the child and family based on their unique

needs.

While there are evidence-based models that will be mapped for the entire age range of children, there are specific models available for young children. These evidenced-based models will include Child Parent Psychotherapy and Parent Child Interactive Therapy. Recognizing the unique needs of this age group, DCS identified specific evidenced-based models, and contracted with agencies for both Child Parent Psychotherapy and Parent Child Interactive Therapy to serve children birth to age 5.

Service Mapping will continue to be evaluated and enhanced through collecting and analyzing service recommendations. The recommendation data along with service referral trends, will provide insight into service gaps within the state, and allow for opportunities to assist in targeted service development.

### Child Parent Psychotherapy

DCS has trained a cohort of 28 therapists to provide Child Parent Psychotherapy. This first cohort of trained therapists includes 9 teams of 3 therapists from within the Community Mental Health Center network and one additional DCS clinician. These therapists completed their training in May 2014, but will receive another year of consultation through the Child Trauma Training Institute as they begin to fully implement the model. DCS will evaluate the need and ability to train additional clinicians to ensure service availability for children in need.

### Parent Child Interactive Therapy

Another State of Indiana Department will begin training therapists at CMHCs on PCIT, which DCS children and families will access through our collaboration and master contracts with the CMHC's. Additionally, with the DCS Comprehensive Service supporting the usage of evidenced-based models, PCIT will increase in its availability throughout the state.

PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Disruptive behavior is the most common reason for referral of young children for mental health services and can vary from relatively minor infractions such as talking back to significant acts of aggression. The most commonly treated Disruptive Behavior Disorders may be classified as Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD), depending on the severity of the behavior and the nature of the presenting problems. The disorders often co-occur with Attention-Deficit Hyperactivity Disorder (ADHD).

PCIT uses a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent–child relationship. The model draws on both attachment and social learning theories to achieve authoritative parenting. The authoritative parenting style has been associated with fewer child behavior problems than alternative parenting styles.

### Attachment and Bonding Assessment

DCS has enhanced the Diagnostic and Evaluation Service Standard to include an Attachment and Bonding Assessment. Contracted agencies were made aware of the service expectation, and will be able to provide this service to children throughout the state. The Attachment and Bonding Assessment will be used to determine the quality and nature of the bond from the child to the child's caretaker. Recommendations will be focused on the child's need that include ways to foster and improve the relationship and attachment quality.

## G. SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES (SECTION 422(B)(11) OF THE ACT)

The services provided for children adopted from other countries will be the same services provided to children adopted in the United States.

# VI. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The Pokagon Band of Potawatomi Indians (hereinafter Pokagon Tribe) officially moved its tribal organization and its tribal court to Dowagiac, Michigan. However, members of this Pokagon Tribe have lived in the lower Great Lakes area for hundreds of years and the Pokagon Tribe's homeland covers six northern Indiana counties including LaPorte, St. Joseph, Elkhart, Starke, Marshall, and Kosciusko. The tribe also extends through four southwest Michigan counties – Berrien, Cass, Van Buren and Allegan. Despite the Pokagon Tribe's move to Dowagiac, Michigan, Indiana DCS has maintained an interagency relationship with the Pokagon Tribe and their Director of Social Services, Mark Pompey, MSW.

Indiana continues to meet with the Pokagon Band of Potawatomi Indians staff, specifically Social Services Director, Mark Pompey, to discuss the tribe's strengths for family and youth services, as well as any challenges. Director Pompey was instrumental in the state's implementation of an improved method for identification of Indian children in 2013.

DCS has also worked with other tribes as Native American children have come into the DCS system to ensure that the tribal heritage of children with tribal connections is maintained. DCS remains committed to continually

working to expand the knowledge of staff regarding tribes and their native culture and ensuring collaboration and coordination with tribes, tribal courts, and families of children with tribal connection.

### Pokagon Tribe

Although in the past, various state staff have met with Director Pompey, in moving forward Indiana DCS is proposing to increase this contact by having partnership meetings with representatives from the Pokagon tribe twice a year. The state proposes that one meeting take place at a location chosen by the tribe, and the other meeting at a location determined by DCS. This will allow DCS staff to become more knowledgeable about the Tribal organization and operations, and provide an opportunity for information-sharing and collaboration. These meetings will allow DCS to gather input from the tribe and identify further opportunities to collaborate in order to preserve the Indian family and tribe, and keep children safe and well. These meetings will also allow exchange of the CFSP and continued ICWA compliance.

An invitation was sent June 10, 2014 to Director Pompey to arrange for a partnership/collaboration meeting with DCS staff. DCS is currently awaiting a response.

### American Indian Center of Indiana, Inc.

Over the past year the DCS ICWA Coordinator had the opportunity to have some minimal contact with staff at the American Indian Center of Indiana, Inc. located in Indianapolis, IN. DCS would like to continue to develop a collaborative relationship with the Center staff and actively engage the staff's input regarding the urban Indian population being served through the Center, including any gaps or barriers in service needs or service delivery.

## Ongoing Coordination and Collaboration with Tribes

Improved collaboration efforts will focus on preserving the children's connections to their families and tribes, and also preserving the Indian culture so it continues to thrive. Improved collaboration efforts will also help enhance the DCS's understanding of, and respect for, the Indian culture.

The state will utilize an already existing DCS International and Cultural Affairs (ICA) Multi-Cultural Practice Advisory Committee and Permanency Roundtables (PRTs) for reviewing ICWA cases as they develop, and act as a means of checks and balances for identification, compliance and services. Target date for full implementation is July 2015 for the Advisory Committee; however the PRTs should already be in place and being utilized.

## Child Welfare Services and Protections for Tribal Children

The state has opened an International and Cultural Affairs (ICA) page on the DCS Internet site which is available to the public. Updates and resource information will be posted for public use. In addition, the ICA page provides the same information for DCS staff. Contact information for state staff will be posted on the site for questions and requests for entering into IV-E agreements. It is DCS' understanding that the Tribe does not wish to enter into any IV-E agreement at this time.

DCS has limited familiarity with a few of the services offered by the Pokagon Tribe. As an example, the Pokagon Tribe opened a Center in South Bend in 2013, which houses a Health Center and some social services. Other Pokagon programs include: a Healthy Families Project which offers services to families needing help prior to DCS intervention; the Launch Program which targets services for children ages 0 to 8; and the Victim's Advocate program. DCS hopes that the regular meetings proposed above will allow DCS an opportunity to learn more about the array of services offered by the Tribe.

## Assessment of Ongoing Compliance with ICWA

Indiana remains compliant with all ICWA requirements in 25USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355-1357.

Over the last five years, DCS has made considerable progress working with tribes to ensure continued compliance with ICWA and to broaden our relationships with tribes across the United States.

The state continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. During this past year the notification responsibility was given to each local office attorney in order to expedite and provide for a more timely notification process. The state also continues to offer placement preferences and respect the tribe's decisions.

On January 14, 2014 a letter was sent to all staff attorneys, which included a reminder of all of the resources available to them on their Legal Sharepoint, including a draft of the ICWA Notification pleading; instructions on service of the ICWA Notification on the tribe, Bureau of International Affairs (BIA), and the U.S. Secretary of Interior; a link to the Federal Register - Designation Agents for Service of Process; address and contact information for the BIA Midwest Regional Office, Midwest Area Director and Social Worker; Pokagon Tribe contact information; and the Tribal Leader's Directory. Information regarding ICWA has also been provided to

local office attorneys at their annual CLE training sessions.

DCS attorneys and family case managers have worked with various tribes throughout the United States. When a child of tribal heritage becomes involved with the Indiana child welfare system, DCS notifies the tribe per ICWA requirements. The attorney and family case manager collaborate with tribal representatives to determine how to proceed, to include them in all aspects of the case, and to transfer jurisdiction to the tribe or place the child with tribal members, if requested.

The ICWA Coordinator remains involved in ICWA cases and assists the public and DCS staff on ICWA matters. DCS also has an attorney designated as the ICWA legal liaison that assists local office attorneys and the ICWA Coordinator on legal issues. DCS local office attorneys were already involved in ICWA cases, but transferring responsibility for notifications has helped to ensure that the local office attorneys become involved at the earliest possible opportunity. This allows them to begin working directly with tribal attorneys or representatives as soon as a child with tribal membership or eligibility for membership becomes involved with DCS.

### Notification of State Proceedings

The state continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. During this past year the notification responsibility was given to each local office attorney in order to expedite and provide a more timely notification process. The state also continues to offer placement preferences and respect the tribe's decisions. Over the past year the state made ICWA policy changes and replaced 'reasonable efforts' with 'active efforts', along with definition. This provides staff with a direct resource as guidance when assessing an ICWA case.

The Pokagon Band is notified immediately when a report is received regarding any known member of their tribe. The DCS local office attorney and the family case manager work with the attorney for the tribe and tribal staff in their social services department to determine the best solution for the child with preference for placement to tribal members. The Pokagon Band has their own preventative services, but they are aware of the prevention services also offered through DCS. They are also aware that their members may access DCS services.

### Tribal Right to Intervene

The Pokagon Band, their attorney, their tribal judges and their social services personnel are all aware of their right to request transfer of proceedings, as are the local juvenile court judges in the northern regions of Indiana as this has been their practice.

Indiana's Notification for ICWA that is sent by the DCS Local Office Attorneys includes language informing the tribe of their right to intervene, and/or have the proceedings transferred to the Tribal Court.

Also, a tool was added to state child welfare policy for DCS staff's guidance, and language is included within policy regarding the transfer of proceedings to the jurisdiction of a tribe.

### Continued ICWA Compliance

Indiana will remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355 – 1357. As stated above, DCS will continue to work with the Pokagon Band of Potawatomi Indians and will continue to maintain the relationships that we have with tribal officers and members. DCS will also continue to assist them with services and information that may be of assistance. DCS will continue its integration of ICWA into the responsibility of local office attorneys and will continue to refine and improve interactions with tribes across the United States.

Identifying the Indian child and family's needs is important, as is making sure there is clear communication between DCS and the tribe to ensure services are available and implemented for the child and family and that no one is missed.

Through continued training and workshops being provided, DCS staff has had the opportunity to learn more about Pokagon's children's services. Pokagon has around 5,000 members and one person to handle all ICWA affairs. Pokagon's ICWA intent is "to preserve who we are." Through communication with the Pokagon Band, DCS has been informed that their social services division will continue to send event information, newsletters, etc., to children in foster care as long as they have the child's address. This is done to help the child maintain cultural contact. It is DCS's intent to work with Pokagon to ensure this information is received and their child maintains their cultural contact. DCS will talk with the American Indian Center, Inc. about whether their newsletter could be sent to the Indian children in foster care as well.

In addition to direct collaboration with tribes, DCS will be increasing local office staff's training opportunities. Over the next five years DCS plans to provide additional training in order to increase each worker's knowledge base of ICWA compliance, cultural adherence and sensitivity, and identification awareness. Training will include

large group, computer assisted, written, and face-to-face. This will be ongoing. DCS plans to increase ICWA training opportunities not only for DCS staff, but for county juvenile courts, foster parents (stressing the importance of cultural heritage and need for the child to participate in Indian events; to be knowledgeable of Indian rituals, celebrations, beliefs, etc. and provide their Indian foster children availability to practice these traditions), and other appropriate community agencies.

Completion of the ICWA referral through KidTraks is tentatively targeted for 9-1-14. This referral process will provide the state with a more accurate method of tracking measurable outcomes for our identified Indian children and ICWA cases, as well as, identification of potential ICWA eligible children that enter the DCS system.

The state added an additional position to the ICA program. That staff person is responsible for ICWA matters and offers support to the field staff regarding ICWA questions, situations, and cases. This staff person, the ICWA Coordinator, will be completing face-to-face time with local office staff and provide a brief overview of various ICWA topics. This will be ongoing and began in June 2014.

### Discussions regarding Chafee Foster Care Independence Program

The Pokagon Band cares for their youth and they are not interested in CFCIP. DCS will discuss the CFCIP with the Pokagon Band further as collaboration meetings take place throughout the year.

### Exchange of CFSP and APSR

Approved copies of the CFSP and APSR's will be provided to officials of the tribe at DCS' annual meeting with the tribe.

### Title IV-E Funding for Foster Care, Adoption Assistance and Guardianship Assistance Programs

DCS will follow established procedures for the transfer of responsibility for placement and care of a child to a Tribal Title IV-E agency or Indian Tribe with a Title IV-E agreement. DCS provides additional instruction for DCS staff to follow in the event that the Tribe wishes to enter into an agreement.

DCS is also prepared to enter into negotiations with any tribe to share IV-E benefits. Pokagon Band has indicated they are not currently interested in entering into an agreement for IV-E benefits.

## VII. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

## A. AGENCY ADMINISTERING CFCIP (SECTION 477(B)(2) OF THE ACT)

The Indiana Department of Child Services (DCS) will administer and supervise contracted providers who deliver CFCIP services directly to eligible youth. Services will be available in all 92 counties across the state. DCS will utilize a fair bid Request for Proposal (RFP) process to award contracts for CFCIP services. The DCS Central Office Older Youth Initiatives (OYI) Team will provide direct oversight of program, service array and service provision of contracted providers or Older Youth Services (OYS) providers. The DCS OYI Team is a cross divisional team made up of key personnel from the Services & Outcomes and Field Operations Divisions.

DCS provides program oversight to the six (6) Older Youth Services (OYS) Providers that provide CFCIP services through multiple methods. Bi-monthly meetings are held with OYS Providers, DCS OYI program and Collaborative Care (CC) leadership staff. Program success, challenges, potential improvements and best practices are discussed. DCS Collaborative Care Case Managers (3CM), Collaborative Care Supervisors, Independent Living Specialist, OYS provider direct staff and Supervisors come together at the local level (per Service Area, which is comprised of two DCS Regions) to discuss individual cases, local resources and CC practices. DCS Independent Living Specialists are in consistent communication with the OYS Providers to provide technical assistance for program and contract questions. DCS also gathers feedback on service delivery, gaps and quality from youth participating in services provided under the OYS service array. Contract compliance is monitored by the DCS fiscal department.

## B. DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

### Current Practice

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

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

### Service Delivery

Indiana has opted to extend IV-E foster care. In 2009, DCS held focus groups with key Stakeholders, including youth, to assist in restructuring the service delivery of Independent Living Services. The state moved to a Broker of Resources model prior to implementation of Collaborative Care (CC). In addition, Indiana strengthened its focus on assisting youth transition out of foster care by expanding DCS policy 11.6: Independent Living/Transition Planning. This policy outlines that starting at age 15.5; youth should have a strong voice in choosing who is a part of their team. This team should meet every 6 months or more often if a critical case juncture occurs. There are outlined topics to discuss at each meeting, such as youth's housing, employment and educational goals. Steps to reach each goal are identified as well as which member of the youth's team is responsible for assisting this youth in achieving the goal.

In order to support positive youth development during adolescence, services are adjusted to account for the unique needs of youth who are aging out of foster care. Services are designed in such a way to: 1) provide support; and, 2) foster interdependence (different from independence by the inclusion of/emphasis on social capital) to each youth. This is accomplished by designing services that allow for youth to learn from experiences and mistakes. These experiences and mistakes promote positive brain development at a time when adolescents' brains are in a state of plasticity, allowing youth to gain self-confidence, coping skills, self regulation and resiliency skills. Indiana's "broker of services" model for Chafee Independent Living Services support older youth in this manner by being structured to allow for youth-adult partnerships in the planning process.

Additionally, the standards are structured in a way that allow for a myriad of individuals to role-model, teach, train, monitor, etc. particular IL skills. Youth should have the opportunity to experience situations that build social relationships and networks (i.e. strengthen their social capital). The contracted Older Youth Service provider is not solely responsible for the growth and development of the young person participating in services. All youth should be supported by a team of people including formal and informal connections. Finally, Indiana's OYS service standards are designed to give differing levels of support to the youth depending on the youth's skill developmental and comfort level. Youth with less experience may require more guidance and face to face instruction time, while other youth may only need assistance occasionally with less guidance.

The expectation of OYS providers is to serve in the role of community resource broker for youth receiving OYS services (CFCIP). This role focuses on increasing the youth's skills in accessing services within their community and building support networks that will exist after DCS services end. OYS providers need to first seek community resource providers to provide the direct services associated with the outcome areas outlined within the OYS

Service Standards. Providers must maintain documentation in the file if no community resource exist thus direct service was provided by the OYS provider. If the OYS provider can document a service gap in a region/county for an outcome area, approval may be granted for that specific region/county, thus documentation would not be needed for each youth seeking services in that region/county. Group services with a pre-approved curriculum by the ILS will not need to seek this additional approval.

Collaborative Care (CC), Indiana's program and practice model for case managing older youth in foster care was built upon five foundational pillars: Youth Voice; Social Capitol; Relational Permanency; Authentic Youth-Adult Partnerships; Teachable Moments and Adolescent Brain Research. Youth will transition to a 3CM at age 17 ½ (for all youth who will not achieve permanency within 3-6 months after obtaining age 17 ½). The goal of the Collaborative Care program is to help youth practice living interdependently to gain the skills and knowledge to transition successfully out of the foster care system. Identified youth will move into independent living settings (that are developmentally appropriate) that the youth can continue to live in once DCS closes the case. The focal points of this programming are to increase youth voice, offer youth opportunities to practice interdependence, and provide a foundation for gaining the skills needed to build the youth's own social capitol. This program also allows youth to voluntarily return to foster care on or after the age of 18.

### Future Planning

Over the next 5 years, DCS will continue to focus on older youth in care and those transitioning out of care. More specifically, the Older Youth Initiatives Team will continue to build upon the foundations laid to create the Collaborative Care practice model, improve individualized services to the various special needs populations, continue active collaboration with the whole Older Youth Services community (includes DCS program, youth, DCS CC case management, OYS providers and other key stakeholders) and explore strategies to build public awareness regarding the needs of older youth in and those transitioning out of foster care.

A group of young people from the Indiana Youth Advisory Board were asked to review the plan and provide input. Youth were given a summary of how services are being provided currently in the areas outlined in CFSP PI. Youth were asked to provide input on identified areas. Youth in the group focused feedback on training of case managers and Collaborative Care case dismissal reasoning. DCS will continue to gather feedback from youth in the Collaborative Care program, those accessing Voluntary IL Services, those utilizing ETVs and will try to engage those who choose not to participate in any services. DCS will continue to utilize the IYAB for feedback on program implementation and service development and delivery. In the next 5 years, as DCS continues to develop the OYS evaluation, DCS will explore ways of institutionalizing feedback from youth. Some possible

methods DCS may explore are adding relevant program questions to the NYTD survey, seeking external funding to host CC focus groups or annual surveys.

DCS is in the process of evaluating all the various sources of data on older youth, the quality of this data and the best way to present this data to internal and external stakeholders. DCS will begin sharing data with the OYS providers and the IYAB. These stakeholders will assist DCS in identifying and prioritizing data elements and analysis that should be shared with stakeholders. DCS will work with the Child Welfare Improvement Committee of the Court Improvement Program at the Judicial Center to identify relevant data points and strategize and develop a communication plan to start a state wide dialogue about current service delivery, service gaps and possible service improvements.

Indiana was invited and agreed to participate in the pilot rounds of the NYTD Annual Review (NAR). The Indiana NAR will occur in August of 2014. The results of this NAR will drive Indiana's NYTD plan. In addition to any changes suggested from the NAR, DCS will focus efforts on NYTD data collection, examining quality of data collected via youth surveys and service data. The DCS NYTD team is a cross divisional team made up of key personnel from the Services & Outcomes (Older Youth Initiatives and Research & Evaluation), Office of Data Management and IT. Over the next 5 years DCS will examine ways to strengthen data quality, data collection methods and data analysis. This examination may result in DCS implementing annual NYTD survey's, adding OYS program related questions to the NYTD survey as well as streamlining training efforts (such as recording webinars and offering annual face to face trainings for both internal and external stakeholders on NYTD 101).

DCS OYI and Research & Evaluation Team have begun examining the various data collected on Older Youth from internal (such as NYTD, ETV and case management data) and external (such as Opportunity Passport data from Indiana Connected By 25) sources. This is step one of several to design a program evaluation for services/programming offered to older youth in foster care. See Objective 4.2. DCS has also designed a program specific Quality Assurance Review (Collaborative Care QSR) to review and evaluation the effectiveness of the Collaborative Care practice model. This data will also be considered in the program evaluation developed. NYTD data collection method and analysis process may also be changed to enhance this evaluation, once developed. NYTD and service provision information will be utilized to work closely with service providers on plans for Continuous Quality Improvement.

## C. SERVING YOUTH OF VARIOUS AGES AND STATES OF ACHIEVING INDEPENDENCE

The OYS array (including CFCIP) provides independent living (IL) services that consist of a series of

developmental activities that provide opportunities for young people to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults. Independent living services should be seen as a service to young people that will help them transition to adulthood, regardless of whether they end up on their own, are adopted, enter a guardianship or are reunified. OYS should be based on the Casey Life Skills Assessment (CLSA) following the youth's referral for services. Youth receiving OYS must participate directly in designing their program activities, accept personal responsibility for achieving independence, and have opportunities to learn from both positive and negative experiences.

Services are provided according to the developmental needs and differing stages of interdependence of the youth, but should not be seen as a single event, or as being provided in a substitute care setting, but rather as a series of activities designed over time to support the youth in attaining a level of self sufficiency that allows for a productive adult life. Services should address all of the preparatory requirements for interdependent adulthood and recognize the evolving and changing developmental needs of the youth/young adult.

OYS follows the broker of resources model and are designed to assist young people by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills in order to enhance self-sufficiency. Services must allow the youth to develop skills based on experiential learning and may include the below outcomes based on the youth's needs as identified through the Independent Living assessment.

DCS is serving the following age groups in the following ways:

*Youth under the age of 16*

CFCIP are not offered to youth under the age of 16. However, Indiana does focus on transition planning for youth at age 15.5. DCS Policy 11.6 Transition/IL Planning outlines that all youth who enter foster care will transition out and all youth need skills, knowledge and abilities to ensure a successful transition home, to a new home, or to their own home. Youth ages 16 to 18

All youth in out of home care start to receive Independent Living services at the age of 16. Who provides the service depends upon where the youth is placed. If a youth is placed in a residential facility, group home or a Licensed Child Placing Agency home, the facility or agency is responsible for providing the direct IL skills education. If a youth is placed in a DCS licensed foster home, a relative home, or another court appointed placement, a referral may be made to the OYS provider (if services are appropriate for the youth). At age 17.5 all youth should be referred to an OYS provider (if services are appropriate for the youth). Youth in Collaborative Care Host Homes and College Dorms, may or may not be referred to an OYS provider. This

decision is made with the youth and the youth's team and based upon what resources are being offered by the Host Home adult or college campus.

All services are delivered based upon the broker of resources model and should be based upon the individual youth's abilities and needs.

*Youth ages 18-20 in foster care*

All OYS are based upon the youth's abilities and needs. The OYS array does not change with age. The method by which services are delivered varies based upon youth's skill level, needs and abilities.

*Former foster youth ages 18 through 20*

Youth who turned 18 in a foster care placement and are not yet 21 years of age are eligible for Voluntary IL Services. The OYS array is available for youth participating in Voluntary IL Services. Services are to be administered using the broker of resource model and should be individualized based upon the youth needs and abilities.

Room & Board funds are offered to youth who are participating in Voluntary IL Services only.

*Youth, who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption*

Youth who transition out of foster care on or after their 16th birthday due to an adoption or guardianship are eligible for OYS array.

Indiana utilizes the Casey Life Skills Assessment as a starting point to evaluate what skills, knowledge and abilities a youth needs to focus on while preparing to practice living interdependently. The Independent Living Plan is developed by the youth and OYS provider. The goals should be individualized and based upon the youth's abilities, skill level and needs.

In addition, prior to a youth transferring from a Family Case Manager to a 3CM, a team meeting is held to talk with the youth about their plan for after foster care and what skills and education they need to move forward with their plan. These transition meetings between case managers, the youth and the youth's team should also include discussion about the youth's stage of development, current services being utilized and future service needs.

## D. SERVING YOUTH ACROSS THE STATE

### State's Definition of "room and board"

Below is an excerpt from the OYS Service Standards regarding Room & Board funding:

Room and Board (R&B) expenses are considered as security deposits, rent, utility deposits and utilities. Utilities are limited to electric, gas, water and sewage. These funds are contingent upon availability as well as verification of the youth's eligibility for voluntary services by the IL Specialists. Room and board payments include a maximum lifetime cap of $3,000 for assistance up to age 21.

Youth may access this assistance as long as they continue to participate in case management services and receive SSI (Supplement Security Income through Social Security) or participate in a full or part time schedule of work (or are actively seeking employment) until the $3,000 limit is exhausted. While receiving room and board funds, youth are expected to make incremental payments toward their own housing and utility expenses beginning in the third month of assistance and should be prepared to accept full responsibility by the sixth month unless there are extenuating circumstances. In cases where the youth is unable to accept full responsibility for their rent in the sixth month, approval must be received from the DCS IL Specialist to allow payment beyond the fifth month. Requests for an extension of this capped amount will be considered on a case-by-case basis by DCS Older Youth Initiatives Manager or designee, based on availability of funds. Room and Board payments will only be made through a contracted service provider who is providing independent living case management services to the youth.

Youth receiving room and board assistance and planning to attend a post-secondary institution may access room and board funds to obtain off-campus housing prior to beginning their post-secondary program. Deposits for housing on campus may be made through Emancipation Goods and Services funding. Education and Training Voucher (ETV) funds are available for housing for youth attending post-secondary institutions. Those attending school full time or part time may access the ETV Program at www.indiananetv.org. If eligible for ETV funds, housing assistance must be accessed through this program and not Room and Board.

### Housing Options

Potential housing options for youth accessing Voluntary IL services may include host homes with foster families, relatives other than biological or adoptive parents, or other adults willing to allow the youth to reside in their home with or without compensation. This setting does not require the same responsibilities provided by the host home adult as the Host Home placement type in Collaborative Care. Other housing options may include

youth shelters, shared housing, single room occupancy, boarding houses, semi-supervised apartments, their own apartments, subsidized housing, scattered site apartments, and transitional group homes.

Youth aged 18-20 who are eligible may remain in or return to foster care through participation in the Collaborative Care program. For youth whom are in the Collaborative Care program, available placement and housing options include all traditional foster care placements, such as foster home and congregate care, as well as Supervised Independent Living options such as Host Home, College Dorm, own or shared Housing. Youth in Collaborative Care are wards, thus all placements and housing is paid for by DCS.

Youth who wish to leave care at or after the age of 18 and are eligible can access voluntary independent services. The service array is described above. Room & Board funds are reserved for only those youth accessing Voluntary IL Services.

Room and Board funds are not used for youth who enter Collaborative Care. Room and Board funds are reserved for youth who access Voluntary Independent Services.

At this time, DCS does not systemically track program participation per eligibility condition. This information is available through paper records only. During FFY 2013, 713 youth remained in care on their 18th birthday.

Through a team process, placement opportunities are determined giving consideration to the youth's developmental needs. Please see below for a breakdown of placement locations as of March 2014.

| | |
|---|---|
| Relative Home | 8% |
| Non Relative Foster Home | 41% |
| Residential Setting | 16% |
| Own Apartment | 18% |
| Shared Housing | 2% |
| Host Home | 6% |
| College Dorm | 5% |
| Other Placement | 4% |

### Education and Employment

Education and employment preparation for older youth in foster care continues to be a focus. Service providers and case managers continue to ensure that youth are referred to Work One, through the Indiana Department of Workforce Development (DWD) for employment related coaching, TASC (Test Assessing Secondary Completion)classes, and testing.

Older youth who are receiving OYS services and have an Individualized Education Plan (IEP) continue to be referred to Vocational Rehabilitation, when appropriate and to DCS Educational Liaisons if they are in need of additional education support or advocacy.

Youth goals are supported in several ways; this includes youth's educational goals. Youth must address education at each transition planning meeting that starts at age 15.5. This includes current educational status and future educational goals. Education is an outcome area addressed in the OYS Service Standards and outlines youth outcomes and provider responsibilities that will assist youth achieve the identified core competencies. Education may also be an area that is addressed in the IL Plan developed by the youth and the OYS provider. 3CMs may reach out to the DCS Education Liaisons for assistance with educational issues or barriers. 3CMs receive training in assisting youth apply for post-secondary training or education. Youth who are enrolled in post-secondary training or education and are receiving ETVs can also utilize the regionally based ETV Specialists for assistance.

### Young adults who are pregnant and parenting

Within the Collaborative Care program, DCS implemented a pilot program that designed a case management system where one case manager managed both the older youth's open DCS case, as well as the open DCS case for the child of the older youth.

DCS ensured that all services were managed with a family centered approach as outlined below.

1) All services are coordinated with one team,

2) Both cases are reviewed by the same Judge virtually simultaneous to one another, and

3) Case planning is used as a means to support the family unit.

Before leaving care, the youth and their team will make sure parenting youth have established sustainable resources, including: established paternity and a child support order entered for their child; developmental needs addressed for their child, including medical and dental health; and supportive, sustainable services are in

place and planned around the family unit, through referrals to the Indiana Healthy Families program, First Steps/Head Start and other social services.

Over the next 5 years, DCS will evaluate the effectiveness of this pilot by comparing outcomes of youth in the pilot with a control group of youth in similar situations who had a different case worker than their child. Depending upon the results of the evaluation, DCS may expand this program to other areas across the state.

### Young adults with histories of substance abuse

This is an identified area of need within the Older Youth population. DCS is currently and will continue to explore transitional housing and programming options for older youth and young adults who suffer from Substance Use/Abuse with existing Substance Abuse Treatment providers within Indiana. See Objective 1.4 Under Plan for Improvement (IV-A). DCS will explore how to develop and implement individualized services to meet the needs of this group of Older Youth and existing services within local communities across the state. DCS will research if the START program could be effective for youth/young adults. Over the next 5 years all 3CMs and OYS providers will receive training in working with youth who are suffering from Substance Use/Abuse. DCS will explore training materials and opportunities via SAMSHA as well as the Indiana Department of Mental Health and Addictions.

### Young adults with mental health and/or trafficking histories

These are identified areas of need within the Older Youth Population. DCS is partnering with a small group of Community Mental Health Centers to explore the idea of transition services for youth engaged in mental health services. The identified problem is that at risk youth struggle with continuing to engage in mental health services when they are transitioned from children's services to adult services. Barriers identified are:

- While active in children's mental health services, the provider is responsible for seeking out the client for engagement, whereas, in adult mental health services, the client must seek out services. At risk youth, including foster youth struggle with making this transition.
- Many services provided by the Community Mental Health Center are not well known to youth aging out of care.

Strategies identified thus far to remove barriers include:

- Ensuring key stakeholders and decision makers are invited to this group to ensure an action plan can be

developed, and

- Engaging Medicaid regarding what services/reimbursements will be offered as part of MA15.

DCS is currently in the exploration/education phase of understanding the impact of Human Trafficking on youth in foster care. DCS has an identified agency lead who works closely with the Attorney General's Human Trafficking initiative. See below for more details. The DCS OYI Team is researching best practices for intervention services, service coordination/management, placement, and aftercare services for this group of Older Youth. Over the next 5 years DCS will gain an understanding of the true need of youth who have experienced trafficking, gain an understanding of best practices, develop a service array to meet the needs of this special group and develop an evaluation of services.

### Youth with criminal histories

The OYS array does not differ for youth who have criminal histories. All youth in foster care experience circumstances that warrant individualized service delivery. Youth Voice and Authentic Youth-Adult Partnerships are foundational pillars for the Collaborative Care model. 3CMs have received training on youth engagement and use these skills to work alongside youth to overcome their pasts and look toward the future.

### Young adults with disabilities

3CMs receive on-going training on the process to help youth apply for the Bureau of Developmental Disability Services (BDDS). In some areas designated 3CMs carry a full case load of youth who will transition to adult services through the BDDS. DCS and BDDS have a formalized partnership that allows DCS youth to automatically enter the BDDS system at age 21, if not before.

An identified area of need in this category is youth who have developmental and/or intellectual disabilities, but do no quality for BDDS. Over the next 5 years DCS will continue to examine how to best meet the needs of this population. The OYI Team will work with the Placement Support and Compliance Division regarding building provider capacity for placement and services. The OYI Team will focus on Older Youth service needs as well as transitioning services for these youth.

Examining data from January to May 2014, youth are leaving the program prior to turning age 20 for many reasons. Many youth are reuniting with biological family and requesting case closure. Some youth are entering adult services, thus the DCS case is closing. Other youth are struggling to maintain eligibility. Collaborative Care practice is to assist the youth in becoming eligible for services for up to 60 days. If youth has not obtained

eligibility by the 60th day, the case needs to move towards case closure.

Whenever a youth is leaving care prior to obtaining 20 years of age, re-entry procedures and procedures to access Voluntary IL Services are explained and given to the youth in writing. All youth continue to receive the full service array with goals focusing on transitioning out of care once it has been decided that the case will move towards case closure. All eligible youth can access Voluntary IL Services, once the case is closed. In most cases, the youth's OYS provider worker will not change if a youth moves from Collaborative Care to Voluntary IL Services. The full OYS array is offered in Voluntary IL Services. In addition Room & Board, funds are available for eligible youth to access.

## E. COLLABORATION WITH OTHER PRIVATE AND PUBLIC AGENCIES

DCS' OYI Team identifies public and private entities that might be able to assist youth achieve interdependence. Some examples of partnerships are the Department of Workforce Development, Indiana Connected By 25, One Simple Wish, Indiana Housing and Community Development Authority, Twenty-First Century Scholars, and the Bureau of Developmental Disabilities.

More specifically, the Department of Workforce Development and DCS have created a partnership to work more closely in identifying youth that both agencies serve. Foster youth are prioritized for local Work One initiatives. This year a youth in the Collaborative Care program came in second place in the Outstanding JAG (Jobs for American Graduates) Senior award. This award came with a scholarship.

DCS has partnered with Indiana Connected by 25 (CB25) to further the states work with older youth in foster care. CB25 is a strategy developed by a group of national funders, the Youth Transition Funders Group, which focuses on young people ages 14 to 25 either living in foster care, detained in the juvenile justice system, or who have dropped out, or had to leave school due to the school system not meeting their needs. This organization targets youth currently in foster care and youth who have aged-out of foster care (alumni). CB25 focuses efforts in 5 areas: Housing, Financial Literacy, Health, Education and Employment. CB25 has been able to leverage funding from DCS with private foundational funds to serve Indiana's Older Youth.

Indiana has partnered with One Simple Wish, a not for profit organization based out of New Jersey, created in 2008 by a foster/adoptive parent. OSW takes advantage of the internet to bring an awareness to foster youth. OSW is a wish granting program that allows private citizens or organizations to grant wishes posted by youth in foster care. Examples of what youth could wish for include sports equipment/uniforms, name brand

clothing/money for a shopping trip, computers, prom dresses, limo for prom, tickets to a theme park or concert, furniture…basically, a wide range of items from practical to fun.

The Indiana Housing and Community Development Authority (IHCDA) and DCS entered a partnership in 2009, starting with sharing information and education on why the two state systems can work together to focus on the housing needs of youth aging out of foster care. There have been three projects supported by IHDCA and the Corporation for Supportive Housing that have focused on making available supportive, affordable housing for current and former foster youth.

DCS has a partnership with the Twenty-First Century Scholars program, which is a program supervised by the State Student Assistance Commission of Indiana (SSACI). SSACI accomplishes its mission with:

- Grant and Scholarship Programs for full-time and part-time college students;
- Early Intervention programs for Twenty-first Century Scholars;
- Research to better understand the needs of Hoosier students and families; and
- Technology to make the delivery of awards as simple as possible for students and colleges.

In addition to making awards, SSACI promotes awareness of Indiana financial assistance programs through its website, guidance counselor workshops, financial aid nights, college fairs, community forums and other statewide events such as College Goal Sunday.

As described above DCS also has a partnership with the Bureau of Development Disabilities (BDDS) to prioritize foster youth entering adult services through the BDDS system when DCS is no longer able to care for those youth.

The OYS Team has also partnered with other agencies that may have services that our youth can access concurrently or in replacement of CFCIP services. Independent Living Specialists and the Assistant Deputy Director for Services and Outcomes will make themselves available to give presentations to agencies, departments, and companies that interact with youth on a regular basis. In this way information about available services can be disseminated to the stakeholders in order to better reach youth.

At this given time DCS does not have any campaigns to raise awareness on the needs of youth/young adults in foster care. DCS has consulted with key members of the Older Youth Community on this topic. Both Youth and OYS providers believe pursuing a public awareness campaign may be beneficial for the state. Some suggestions from stakeholders include: utilizing providers to form grassroots campaigns in each community; targeted

outreach for Host/Foster Homes for Older Youth; an RFP for Older Youth Community Outreach and/or Training; utilizing social media for cost effectiveness and widespread availability; and work with the IYAB. The Indiana Connected By 25 program identified they are already working with national partners on similar marketing projects aimed at raising public awareness about older youth in foster care and offered to bring DCS to the table.

Over the next 5 years DCS will continue to explore the idea of campaigns to raise awareness of the needs of older youth in foster care. DCS will continue to consult with Older Youth Community as well as the Indiana Governor's Office on such an effort.

### Federally funded Transitional Living Programs

There are two federally funded transitional living programs in Indiana. When DCS learns of a youth who is homeless that young person is brought into care under a CHINS. Thus that youth is eligible to access CFCIP services.

### Abstinence Programs

DCS is partnering with a local implementing site for the Federal youth development/pregnancy prevention grant that is specifically for foster youth. DCS' role is to encourage youth to attend education programs/seminars and to provide transportation when appropriate. Currently this program targets youth who reside in and around Marion County.

### Local Housing Programs

DCS has a partnership with the State level IHCDA as described in the collaborations/partnering sections. At the local level, both 3CMs and OYS provider direct staff provide education to youth on local housing programs, if appropriate.

### Programs for disabled Youth

At the State level, DCS has a partnership with BDDS, as described in the collaborations/partnering sections.

### School to Work Programs

At the State level, DCS has a partnership with the Department for Workforce Development, as described in the

collaborations/partnering sections. At the local level 3CMs and OYS providers work with youth to ensure they know why and how to access local Work One offices. 3CMs also encourage youth to join the Jobs for America's Graduates (JAG, a DWD program) when available and appropriate.

### Plan to coordinate services with local youth shelters and other programs serving young adults at risk of homelessness

Over the next 5 years, DCS will explore expanding the state partnership with IHCDA to the local level. DCS will be visiting local youth shelters to distribute Medicaid information (see below). DCS will use this time to talk with local shelters about foster youth and learn how frequently shelters are serving current and former foster youth. DCS will also provide education material on how youth may re-enter care and access voluntary services if eligible. DCS will need to develop a plan to effectively carry out this process working with the capacity of the OYI Team. DCS will also revisit the idea of administering a homeless risk assessment prior to youth turning 18 and then again prior to turning 20. DCS will partner with IHCDA and local youth shelters to explore a stronger partnership between these entities to better serve youth who may face homelessness.

DCS is working with the Office of Medicaid Programs and Policy on creating a flyer to be distributed to all 3CMs, OYS providers and ETV Specialists. Flyers will be distributed at local homeless shelters, youth shelters, food pantries, federal transitional housing programs and other identified places where young adults may visit.

A member from the child welfare agency serves on the Core Group for the Indiana Protection for Abused and Trafficked Humans (IPATH). The Core Group of IPATH discusses current cases of human trafficking in the State of Indiana. This group also provides education and training opportunities for constituents in Indiana. Members of IPATH include, but are not limited to, the Indiana Attorney General's Office, Assistant United States Attorney for the Southern District of Indiana, FBI, DCS, law enforcement officers from Indianapolis and the State Police Department, the Marion County Prosecutor's Office, juvenile probation, and victim service providers.

The child welfare agency is developing policies and procedures, which include training opportunities for child welfare agency staff, to address the ongoing need of young people and children who are involved in the child welfare system.

## G. DETERMINING ELIGIBILITY FOR BENEFITS AND SERVICES (SECTION 477(B)(2)(E) OF THE ACT)

Services to be provided are the same and are based upon the Broker of Matrix section of the OYS Service Standard.

## CFCIP Services

Eligibility for CFCIP Services starts at age 16. Placement drives who provides services. When youth are placed in a DCS licensed foster home, a relative home or another court appointed placement, a referral is made to an OYS provider. When youth are placed in residential facilities, group homes or a Licensed Child Placing Agency foster home, the facility/agency is responsible for providing the CFCIP Services, according to the OYS Service Standards.

The following youth meet the eligibility requirements for voluntary case management services:

- Youth ages 18 to age 21 who were formerly in foster care after the age of 16 for a period of six (6) months while a CHINS or probation youth or a "ward or in the custody of another state" or
- Youth ages 16 to age 21 who were formerly in foster care for a minimum of six (6) months as a CHINS or probation youth between the ages of 16-18 who have been adopted or placed in a guardianship from foster care and were receiving OYS services prior to the dismissal of their case.

DCS has determined the following former foster youth meet the eligibility requirements for room and board (R&B) services:

- A youth who turns 18 years of age while placed in foster care; or
- A youth who turned 18 years of age in foster care, who was a "ward or in the custody of another state"; or
- A youth age 18 to 21 who was on a trial home visit on his or her 18th birthday or in runaway status with an open CHINS or probation youth case.

DCS will assure that all youth receiving R&B services also receive case management.

## Collaborative Care

Indiana opted into all eligibility criteria outlined in the Fostering Connections Act for extending Title IV-E Foster Care. In addition, Indiana decided that youth who are not IV-E eligible are included in the population. Eligibility is determined the same way for all youth in the following categories.

- CHINS: youth who have an open CHINS case are presumed to remain in care until age 20. Under a CHINS

case, you can remain in care to the age of 21. Youth receive all the same service and placement options. When it is in the youth's best interest, the CHINS case will be dismissed and a Collaborative Care court case will open.

- Re-Entry: youth who have aged out of foster care (turned 18 in a foster care placement) either with an open CHINS or Juvenile Probation case, who are 18 years of age, but not yet 20 years of age and meet Collaborative Care eligibility may re-enter foster care. Youth sign the Voluntary Collaborative Care Agreement, agreeing to come back into foster, meet at least monthly with a 3CM and be under the supervisor of the Juvenile Court. Youth who re-enter care can remain in an open Collaborative Care case until one day before their 20th birthday. Youth receive all the same service and placement options.

## H. COOPERATION IN NATIONAL EVALUATIONS

DCS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

## I. EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

DCS will contract with one vendor to administer the ETV program. This vendor is required to create and maintain a web-based application system, funding methodology that ensures ETV award does not exceed the cost of attendance, administer funds directly to students, monitor student grads and offer academic support. The current program model includes student ambassadors and ETV Specialists. The student ambassador role offers peer support to other students and provides education on ETV to new and incoming students. The ETV Specialist role offers support, guidance and advocacy to ETV students and helps student navigate the campus process.

Cost of attendance is determined by each participant's choice of school based on factors such as tuition, fees, books, housing, transportation and other school-related costs unique to the participants' needs at their institution of choice. All ETV participants are required to submit a Cashier statement and Financial Aid statement to their higher education institution. Once cost of attendance is calculated by the school, verification is provided in accordance to the Higher Education Act of 1995, typically either by fax or mail, to the main ETV office with the appropriate staff signatures from the institutions. The ETV Program Manager reviews documents to ensure the ETV funds awarded do not exceed the total costs of attendance.

All financial aid directors at educational institutions that ETV recipients attend are informed each academic year, about the ETV program and ETV aid is reported to the higher education institutions via sharing of

documentation. In addition ETV program staff are aware of each student's total financial aid package to ensure that ETV funds are used to fill the funding gaps up to but not exceeding the cost of attendance.

Indiana Connected By 25, Inc, works closely with The Commissioner of Higher Education(CHE) to insure that the ETV staff is update to date on all financial aid rules, regulations, changes and supports. INCBY25 is connected to a listserv sponsored by Department of Education and CHE for higher education Financial Aid directors. ETV staff are also connected to the American Bar Association Center on Children and the Law Foster Care Education group. Higher education institutions are updated each academic year and INCBY25 encourages and has leveraged the institutions to designate a key person to work with ETV students and required documentation.

The ETV staff also works closely with all Financial Aid directors and staff where ETV students are enrolled. The higher education institutions report student grants and additional aid on the financial aid form. INCBY25 tracks all student aid dollars by category and student. To stay ahead of developing issues, and due to the growing number of ETV participants and the various institutions of learning, ETV staff will be hosting informational sessions for Financial Aid directors in 2014-2015.

Finally, Indiana offers a 21st Century scholar's scholarship for low income students that covers tuition only. The 21st Century Scholarship is supported by state funding. INCBY25 works closely with the 21st Century Scholar staff and higher education institutions to address duplication of funds. The ETV staff submits student names to 21st Century Scholars and monitors student funding and progress.

The ETV recipients apply each semester (fall, spring, summer), which allows INCBY25 to track the student's enrollment and pull quantitative data on retention and persistence each academic year. A comparative analysis is completed to extract new applicants in each academic year.

## J. CONSULTATION WITH TRIBES (SECTION 477(B)(3)G))

The Pokagon Band of Potawatomi Indians (Pokagon Tribe) is Indiana's only federally-recognized tribe. When the Pokagon Tribe intervenes in an Indiana DCS case and assumes jurisdiction, they request that all IV-E benefits be terminated. The Pokagon Tribe provides income and services for the family and youth as part of their tribal benefits and does not want to participate in Title IV-E. If the child remains under Indiana DCS jurisdiction, the child is eligible for all benefits and programs available to foster children and youth. The Pokagon Tribe is aware that Indiana DCS will assist them if this changes in the future and Indiana DCS continues to inform them of new benefits and programs during meetings.

## K. CFCIP PROGRAM IMPROVEMENT EFFORTS

DCS will continue its efforts to gather youth feedback and ideas for program improvements. DCS will continue to consult with youth on the Indiana Youth Advisory Board on older youth related agency initiatives. Over the next 5 years, DCS will explore avenues to partner with outside stakeholders to fund and facilitate focus groups to gather feedback from youth involved with the full OYS array as well as others who are involved with the program, such as providers, foster parents, host home adults, etc. DCS will revisit the practice of gathering youth input on new policies and procedures. As DCS develops the OYS evaluation plan, youth feedback, ideas and input will be gathered.

## L. CFCIP TRAINING

Over the next 5 years, the OYI Team will develop a statewide plan for training internal DCS staff on CFCIP and OYS. The OYI Team will work closely with the DCS Staff Development Division on the development of a Computerized Training to be posted on the DCS Training website. This training can be accessed by DCS staff when the training material is relevant to the DCS staff person. The OYI Team will explore the option of requesting OYS be a reoccurring training topic for the annual Local Office Director and Local Office Supervisor workshops. The OYI team will continue to work closely with the DCS Staff Development Division on updating the Positive Youth Development training curriculum and any additional OYS/CFCIP related trainings.

While reviewing and gathering feedback on the CFSP from the OYS providers, a shared training goal was developed. The OYI Team will partner with the OYS providers to identify shared training that will focus on best practices in working with Older Youth.

Based upon feedback from youth, the OYI Team will work with the IYAB on creating a workgroup of youth to assist DCS in developing trainings for Case Managers (both DCS and provider) on working with Older Youth in foster care, assisting in transition planning from a youth's perspective and additional topics. The OYI Team will work with the team of youth on developing the trainings; explore methods of training the youth as professional trainers and support youth as trainers.

# VIII. MONTHLY CASEWORKER VISIT FORMULA GRANTS AND STANDARDS FOR CASEWORKER VISITS

DCS requires that family case managers have monthly face-to-face contact with all children under DCS care and supervision and those who are at imminent risk of placement. This includes children and their families

participating in an Informal Adjustment (IA). These contacts/visitation must occur in the home. The FCM must document the visit and any new information gained (e.g., health, educational services) in MaGIK within one (1) business day following each visit with the child, and parent, guardian, or custodian.
During critical episodes involving the child and/or family (e.g., potential risk of removal, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), contact must be made within 24 hours of receiving knowledge that a crisis has occurred. The Family Case Manager (FCM) will monitor and evaluate the situation, as well as convene the Child and Family Team (CFT), to assess whether the situation warrants additional services or supports to the family.

While monthly visits conform to DCS policies, best practice indicates a need to see the child on a more frequent basis early on to ensure monitoring and adherence to Visiting and Monitoring of Plans, Family Support/Community Services/Safety Plan (SF 53243), for example, as determined by the Child and Family Team Meeting process.

FEDERAL MONTHLY CASEWORKER CONTACTS PROGRESS REPORT

The report below is designed to show a running total of Federal standards for Caseworker contacts for the year-to-date months within the current federal fiscal year. This report is used to determine the progress of caseworker contacts throughout the year. It provides a monthly breakdown of FCM children with whom FCM's have visited and with whom FCM's have visited in the child's home setting.

| Monthly Family Case Manager Visits | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Children with Contacts | | | | Children with Contacts in Home Setting | | |
| Month | Contacted Children | Total Children | Percentage | | Contacted Children | Total Children | Percentage |
| October 2013 | 9132 | 9903 | 92.21% | | 7449 | 9903 | 75.22% |
| November 2013 | 9274 | 10067 | 92.12% | | 7404 | 10067 | 73.55% |
| December 2013 | 9293 | 10010 | 92.84% | | 7428 | 10010 | 74.21% |
| January 2014 | 8985 | 9621 | 93.39% | | 7306 | 9621 | 75.94% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| February 2014 | 9234 | 9847 | 93.77% | | 7281 | 9847 | 73.94% |
| March 2014 | 9554 | 10076 | 94.82% | | 7757 | 10076 | 76.98% |
| April 2014 | 9867 | 10410 | 94.78% | | 7788 | 10410 | 74.81% |
| May 2014 | 10150 | 10649 | 95.31% | | 8232 | 10649 | 77.30% |

## IX. ADOPTION INCENTIVE PAYMENTS (SECTION 473A OF THE ACT)

Adoption incentive payments continue to be used to provide a wide spectrum of services and supports to adoptive families and children. A majority of payments are used to pay for adoption and recruitment programs including adoption education events, adoption program development, media events, and projects to inform the public of children waiting to be adopted.

Indiana DCS continues to train and educate community partners and mental health providers on the effects of trauma and how it impacts the healthy attachment of children to their families. DCS's contractual relationship with the Children's Bureau (CB), to train and educate community partners and mental health providers on the effects of trauma and its impact on healthy attachment for children and their families, began in 2009. The evidence-based curriculum focuses on a trauma-informed method of addressing attachment issues in children and the training provides information on the biological effects of trauma on the brain, therapeutic interventions that can be effective, and a suggested curriculum that can be implemented for support groups.

DCS also purchased adoption recruitment billboards aimed at recruiting adoptive/foster parents. Billboards were purchased statewide in August of 2012 with rural, urban, and suburban exposure, and a concentration in the south where we are in need of new adoptive/foster parents.

The Indiana Heart Gallery, referenced above in the Adoptive Parent Recruitment section, is also implemented through adoption incentive payments. DCS also continues to use adoption incentive payments to contract with AdoptUSKids for online recruiting and national exposure.

## X. CHILD WELFARE WAIVER DEMONSTRATION ACTIVITIES (APPLICABLE STATES ONLY)

## A. WAIVER FRAMEWORK AND ACTIVITIES

Indiana has had the benefit of participating in a Child Welfare Waiver Demonstration Project (herein referred to as the 'waiver') since 1998. Indiana's waiver was extended in 2003, 2005, 2010, and then again in 2012. On September 14, 2012, the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), approved the Waiver Terms and Conditions for an extension of the State's waiver demonstration project. Indiana DCS accepted the Terms and Conditions on September 27, 2012. The waiver period is for five years, beginning July 1, 2012.

The original waiver (1998-June 2012) allowed for only a limited target population to participate in services. However, Indiana's 2012 waiver extension includes all children served by DCS under the age of 18 and their families, as well as a broader array of services. The extension enables waiver service provision to more closely mirror DCS' TEAPI practice model (Teaming, Engaging, Assessing, Planning and Intervening) and the Safely Home, Families First philosophy. The flexibility of the waiver program better aligns the State's system of care with desired outcomes and DCS' overall philosophy of "Safely Home, Families First."

In conjunction with Safely Home, Families First, the waiver targets both Title IV-E eligible and Title IV-E ineligible children and youth who are at risk of or in out-of-home placement and their parents, siblings and caregivers. Specifically, the target population served will include the following eligibility categories:

1) Children and families who have substantiated cases of abuse and/or neglect and will likely develop into an open case with Informal Adjustment (IA) or Child in Need of Services (CHINS) status.

2) Children and their families which have IA or the children have the status of CHINS or Juvenile Delinquency Juvenile Status Offense (JD/JS).

3) Children with the status of CHINS or JD/JS and their Foster/Kinship families with whom they are placed.

Waiver funding is integral to our delivery of services. The waiver allows the State to invest in an improved array of in-home and community-based family preservation, reunification and adoption services and expand existing services. Examples of new programs that were implemented due to the flexibility of the waiver include: the children's mental health initiative, the family evaluation/multi-disciplinary team, child parent psychotherapy, sobriety treatment and recovery teams, and comprehensive home-based services, such as family centered treatment, motivational interviewing, and trauma focused cognitive behavioral therapy.

DCS has also utilized innovative methods to ensure families are provided with services that meet their needs, and when possible, allow children to remain safely in their home. Through use of waiver funding, Indiana is able to offer an expanded array of concrete goods and services to help families succeed. These types of services are typically only available through other funding sources. Some of the concrete services supported by waiver funding include: payment of utility bills, vehicle repairs, before/after school care, respite care, baby monitors, and cleaning of the home environment. These are valuable services for families that often prevent the need for removal, which Indiana would not have been able to consider if it were not for the flexibility associated with the waiver. Waiver funding is so ingrained in our model of service delivery, that without the waiver project, DCS could not implement or continue to provide expanded services in support of Safely Home, Families First.

The purpose of Indiana's waiver project remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and expanded services. As such, the waiver allows us to use a Continuous Quality Improvement (CQI) process as the foundation for our continuum of service provision. DCS has routinely monitored the effectiveness of our practice model in order to establish goals and direction with regards to waiver spending and service delivery. We are committed to developing a Continuous Quality Improvement (CQI) approach that will serve as the basis for evaluating and improving child welfare practice. For new programs funded by the waiver, DCS will move towards a CQI driven method of evaluating service needs, quality of services, and the impact that those services have on child and family outcomes. Waiver funding already supports the DCS practice indicators, including:

- Reduced use of substitute care,
- Increased use of relative care,
- Increased placement in own community,
- Reduced use of residential placement,
- Reduced number of placement moves,
- Increased sibling placements,
- Reduced length of stay,
- Increased permanency,

- Increased child & family visits, and

- Reduced incidence of repeat maltreatment.

With a shift in focus to a CQI driven approach, waiver services will be further embedded in our quality improvement processes. As outlined in Goal 4 and associated objectives, we are implementing a CQI approach based on the use of regional CQI teams, engagement of stakeholders, increased education of staff on CQI, provision of CQI support to service providers, improvement in the manner in which data is structured, development of staff capacity to use data for decision making, and the integration of qualitative and quantitative data to provide a comprehensive view of strengths and areas for improvement.

At the core of our CQI approach will be the development of an organizational culture that supports continuous learning. As stated in Positioning Public Child Welfare Guidance, this is important because: "A well-trained, highly skilled, well-resourced and appropriately deployed workforce is foundational to a child welfare agency's ability to achieve best outcomes for children, youth and families it serves."[1] In partnership with the Michigan Public Health Institute (MPHI) Center for Healthy Communities, DCS will provide key CQI staff and regional coordinators with quality improvement training and technical assistance support during the implementation of CQI. The goal of the training is to educate staff on the basic theory and strategies of quality improvement, the Plan-Do-Study-Act (PDSA) model, and key quality improvement tools. Staff will also learn how to train other CQI staff on the content of the training. Once staff is equipped with the information from the training, they will serve as DCS CQI experts and will train and provide technical assistance to other DCS staff and/or providers so that all staff on the CQI team, as well as those providing core DCS services, will have a common foundation from which to implement CQI.

A Steering Committee was developed to oversee the implementation and ongoing activities of the waiver. The Steering Committee is comprised of executive staff and Deputies from all DCS divisions, demonstrating our commitment to waiver services and the importance of the funding to our organization's service delivery. The Steering Committee has been involved in establishing CQI as core to services delivered under the waiver. The Steering Committee will continue to monitor and shape the CQI efforts driving service delivery.

In addition to our own CQI process, DCS has contracted with the Indiana University School of Social Work to

[1] Positioning Public Child Welfare Guidance can be found at: www.ppcwg.org

evaluate the effectiveness of the waiver. The evaluation will test the hypotheses that an expanded array of in-home and community-based care services available through the flexible use of Title IV-E funds will:

1) Reduce the number of children who enter out-of-home placement;

2) Increase the number of children who exit out-of-home placement to permanency;

3) Reduce length of time to permanency;

4) Decrease the incidence and recurrence of child maltreatment; and

5) Enhance child and family well-being.

We will utilize the findings of the external evaluator and our CQI process in combination to improve the waiver services provided to the children and families that we serve.

### B. COORDINATION WITH TITLE IV-B

DCS coordinates the use of IV-B funds with IV-E waiver dollars through use of a matrix that details how each program or service is funded. Examples of services funded by IV-B, but not by the waiver, include post-adoption services, child/parent support services, community partner services, and fatherhood engagement services. We continually review the matrix to ensure that resources are maximized to best serve children and families.

## XI. TARGETED PLANS WITHIN THE CFSP

### A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

#### Recruitment

DCS continues to have success in placing children with relatives and in kinship care homes as a first preference. One of the results of this trend has been that children entering traditional foster care have challenges that might make them harder to place (i.e. behavioral or mental health challenges, developmental or intellectual disabilities, sibling group members of 3 or more, delinquency issues, special medical needs or conditions, etc). Older youth also tend to be more difficult to find well-matched homes for placement. As a result, many regions and private agencies have had increased difficulty finding appropriate, least-restrictive placement options for these children that allow them to remain with their siblings and/or within their own communities.

Each of the 18 DCS regions has developed, and will continue to refine, regionally specific foster parent recruitment and retention plans. The intent of these plans was to better define the children for whom foster parents are needed within specific regions and counties, as well as potential target audiences/venues that might be accessed to find appropriate candidates. Once these plans were configured, collaborative calls were held with regional staff and Central Office foster care and communications staff to discuss strategies and resources that could be utilized from the below lists that would help each region in better recruiting foster parents to meet their needs. Along with news release and media opportunities, the regions were encouraged to target community churches or agencies that might be willing to partner in recruiting foster parents through the use of their newsletters or other promotional materials or even facilitating presentations or informational meetings with their audiences.

To further aid foster care staff in understanding and planning for recruitment needs, the Central Office Foster Care Unit, in collaboration with the DCS Office of Data Management, has recently created and launched regional recruitment reports for use by field staff in monitoring their placements and foster home needs. These reports contain regional data (which can be drilled down to individual counties within each region) regarding the numbers of children in foster care. This information is further broken down to allow for analysis of the numbers of children in DCS vs. Licensed Child Placing Agencies (LCPA) homes, the numbers of children in placement by age categories, the numbers of children whose placements are consistent with CANS placement recommendations, and the number of children placed as part of sibling groups. These reports are intended to be a tool for determining the current ability of available homes to meet the needs of children coming into care. These reports will be utilized on a recurring basis during monthly staff meetings as part of recruitment discussions and planning.

A particular population for which foster home placement matches can be particularly challenging is youth with Developmental and Intellectual Disabilities. DCS has recently begun discussions and planning with an interested LCPA regarding a pilot program in which homes will be recruited and licensed to provide foster care services to this population. The program entails specialized recruitment, the provision of training specific to the needs of children with these disabilities, and the provision of specialized services for this population of children. If this pilot is implemented, the results may be evaluated to determine how this model may be applied to other agencies that may have a similar capacity for and interest in providing specialized services to this population of youth.

Lastly, DCS contracts with the Children's Bureau, Inc. (CB) for the recruitment and retention of adoptive families.

CB's collaboration with local diverse neighborhoods, faith-based organizations, and community leaders will be sought in order to recruit appropriate families that reflect the diversity of children in the state for whom foster & adoptive homes are needed. CB hires Adoption Champions who are part-time staff with a personal tie to adoption who can answer the public's questions at various events. Additionally, DCS Special Needs Adoption Specialists (SNAPS) are available per region to walk potential adoptive parents through the process. SNAPS also serve as a liaison for post-adoption service referrals.

Some current methods utilized for disseminating information about foster parenting needs include:

- The DCS website.
- Foster Parent Recruitment brochures, which include general information about how to become a foster parent, as well as contact information to get linked with foster care staff for further information or to initiate the process.
- One or two mass produced promotional items (i.e. bath safety thermometers, bandage dispensers), which contain DCS contact information and can be given to interested parties at recruitment events (described below). These catch people's attention and provide them with a useful item that can keep the idea of foster parenting and the contact information on their minds.
- Recruitment and/or education booths or tables at targeted health or service fairs, conferences or other community events/locations that draw a wide population of attendees.
- Foster Parent Recruitment flyers or tri-fold table top displays for use at local businesses. These include local contact information for foster care staff.
- Financial Assistance for Relative Caregivers brochures are given to relative caregivers at placement and include preliminary information on the foster home licensing process/benefits
- Relative Resource Guide, which is reviewed at the follow-up visit with relative caregivers and contains more detailed information related to foster home licensing process/benefits
- Targeted radio PSA's during Foster Care Month and Adoption month that highlight the need for foster parents
- A recruitment video that is embedded on the DCS website, which features foster parents and former foster children, asking people to Choose to Be the Difference for a child. This video also may be embedded on selected websites as a "web banner" during targeted times within the year.
- DCS contracts with CB to publish & distribute the bi-monthly issue of "Opening Hearts, Changing Lives" adoption picture book which features children referred to the SNAPS for recruitment of adoptive families.

- DCS contracts with AdoptUSKids to feature specific children referred to the SNAPS for recruitment of adoptive families.
- DCS contracts with Transform Consulting Group for the management, coordination, and hosting of The Heart Gallery exhibit throughout the state. The exhibit serves as child-specific recruitment and is used as a tool to raise general awareness of the need for adoptive parents for children in foster care.

In looking to grow our methods of disseminating information, the following tools/resources have been requested or are being developed:

- Foster Care toolkit for use by Local Office staff when engaging in community outreach forums. This toolkit will include templates which may be customized with local information about children in care and foster parent needs. Included in the toolkit is a recruitment power point, a recruitment letter to the editor for local print or online newspapers, and a recruitment news release to engage local news outlets in possible media coverage.
- A supply of foster parent recruitment yard signs has been requested for use in the regions. If approved for use, these may be placed in the yards of current foster parents or at willing community partner or business locations.
- Use of the DCS Twitter account or social media sites of partnering agencies (i.e. Heart Gallery) to disseminate information about fostering.

DCS has a toll free foster care hotline, and a toll free phone number for adoption questions (which is directed to the appropriate regional SNAPS based on call origination). Also, the DCS website lists hours and contact information for each local DCS office across the state, each SNAPS, and for the licensed child placing agencies. Staff who license foster parents may be reached by contacting these offices.

### CULTURAL DIVERSITY TRAINING AND TRANSLATION SERVICES

DCS provides cultural diversity training for new staff as part of the initial cohort training curricula. Subsequent training is provided to experienced workers through the completion of “Understanding Culture and Embracing Diversity”, which is a one day training required to be taken once every two years. This training focuses on the knowledge and skills needed to work in today’s diverse society. Finally, during 2014 DCS provided the opportunity for the regional foster care specialist staff to attend the Resource and Adoptive Parent (RAPT) trainings on cultural competence, which includes the topics of culture, race/ethnicity and socio-economic variations.

DCS has a contract with a translation service which may provide assistance when linguistic barriers exist in the licensing or training process. This service is only modestly successful at meeting the needs of applicants and foster parents across the state. A sub-committee of training, licensing, and fiscal staff, along with our International/Cultural Services liaison, has been working on ways to improve access for applicants or foster parents who do not speak/understand English well. DCS has translated a majority of the forms required by foster parents in the licensing process into Spanish. Over the past six months, DCS licensing supervisors have been keeping track of the number of occasions in which a family required some type of assistance to deal with a language barrier to assess the value of adding training staff for Spanish-speaking applicants or foster parents. These results should be able to be assessed within the next several months. Preliminary plans have also been discussed to provide some portions of the foster parent training in other languages via an online format.

DCS does not charge a fee to become a licensed foster parents. DCS covers the costs of background checks, trainings and the like.

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided that such procedures ensure that placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

### Adoptive Parent Recruitment

As mentioned previously, DCS utilizes an adoption picture book, AdoptUSKids website, The Heart Gallery, and Wendy's Wonderful Kids recruiters throughout the state to search for prospective adoptive parents. DCS contracts with CB to work with the regional SNAPS to coordinate & host matching events state-wide for the purpose of allowing legally-free waiting children and prepared/recommended prospective adoptive families to meet & interact in an informal, fun setting. The SNAPS, when requested, also assist the local offices with prospective adoptive family interviews & participate in the selection recommendation that is sent on to the Local Office Director.

## B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

The DCS Health Care Oversight and Coordination Plan is attached as Attachment 13.

## C. DISASTER PLAN

The DCS Disaster Plan is attached as Attachment 11.

## D. TRAINING PLAN

### Pre Service Training and Ongoing Staff Development Training

The Indiana Partnership for Child Welfare Education and Training (a Partnership between the Department of Social Services and the Indiana University School of Social Work) is designed to provide high quality, competency-based in-service training for staff in the Department of Child Services throughout Indiana. Program activities include assessment of training needs, development of curricula, development of trainers and other resources, training of trainers, delivery of training, evaluation of training programs and consultation to local offices as well as external stakeholders. In addition, a comprehensive Training Records Tracking System called Enterprise Learning Management (ELM) has been developed which allows staff to register on-line for identified trainings, and upon completion of the training as verified by trainers, the establishment of a permanent training record which can be used to track/verify all training of any staff member throughout their employment history. This Records Management System is embedded within the PeopleSoft State Personnel System so that official Personnel Records also include this training history. Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff and records management personnel comprise the positions devoted to this area. Very minimal use is made of any contract trainers for the Department of Child Services at this time.

The Institute for newly hired Family Case Managers is 12 weeks in length including 29 classroom days, 21 transfer of learning days and 10 on the job reinforcement days. A summary of this program is:

Total 60 days – 12 weeks

29 Classroom, 21 County Based Transfer of Learning Days, &

10 County Based On the Job Reinforcement Days

**Module I: Orientation and Introduction to Child Welfare: 19 days – 9 Classroom & 10 Local Office**

- 1 Day – **Orientation in Central Office-HR presentation** (ID, Finger Printing, Swearing-in, info on location of training, parking, etc.)
- 2 Days – **Getting to Know DCS** (introduction to agency mission and values, agency structure, position roles and responsibilities, and essential processes at DCS)
- 1 Day – **Introduction to Laptop & MaGIK** (laptop distribution and set–up, introduction to MaGIK, and

on-line policy manual)

- 1 Day – **Transfer of Learning: DCS Hotline** (Overview of functions and responsibilities of the DCS Hotline)
- 5 Days – **Orientation in County Office & Transfer of Learning in County Office** (Introduction to field office supervisor, director, and family case managers, completion of initial new hire paperwork, etc.)
- 2 Days – **Culture & Diversity** (cultural learning continuum, self-assessment, and norms, as well as cultural aspects of Indiana and working with diverse families throughout state)
- 1 Day – **Legal Overview** (introduction to legal aspects of the job)
- 2 Days **– Worker Safety** (introduction to risk management & safety awareness, cycle of escalation, universal precautions, substance identification, and car seat installation)
- 4 Days – Transfer of Learning in County Office

**Module II: Assessing for Safety: 15 days – 9 Classroom & 6 Local Office**

- 2 Days – Engagement (introduction to engagement skills needed to create and maintain trust based relationships with children & families, focus on cycle of need, process of change, working with resistance, Johari's window, core conditions, challenge model, functional strengths, etc.)
- 2 Days – Teaming (introduction to the child and family team meeting process, preparation of parents, identification of team members, discussion of formal and informal supports, etc.)
- 1 Day – Transfer of Learning in County Office
- 5 Days – Assessing Child Maltreatment (introduction to assessment process and impact on safety, stability, permanency, and well-being from the first contact with family through case closure. As well as introduction to abuse & neglect scenarios, utilization of agency forms, planning & techniques of interviewing, and how to document the assessment process)
- 5 Days – Transfer of Learning in County Office

**Module III: Planning for Stability and Permanency: 10 days – 5 Classroom & 5 Local Office**

- 3 Days – Case Planning & Intervening (introduces participants to the case planning process, the importance of DCS intervention, development of goals, objectives, and activities, as well as tracking and monitoring for goal achievement. It addresses family issues related to mental health, substance abuse, and domestic violence.)
- 2 Days – Legal Roles & Responsibilities (introduces the Family Case Manager to the legal roles and responsibilities of the position including knowledge of CHINS statutes, timelines, legal reports, etc.)
- 5 Day – Transfer of Learning in County Office

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**Module IV: Tracking and Monitoring Well–Being: 16 days – 6 Classroom & 10 Local Office**

- 1 Days – Introduction to MaGIK (introduces the Family Case Manager to the states child welfare data management system and how to properly document family data in it throughout the life of a case. Capturing data in the assessment, case planning, and case closure phases)
- 2 Days – Effects of Abuse, Neglect, and Separation on Child Development (introduces participants to normal child development, effects of abuse and neglect on development, reactive attachment disorder, impact of separation on child and family, importance of placement identification and stability, and focuses on tracking and monitoring child well-being from initial contact through case closure)
- 1 Day – Permanency Planning Outcomes for Children & Families (introduces participants to permanency options & programs, importance of achieving permanency, ways to assess & ensure permanency within legal timeframes)
- 1 Day – Time Management (introduces importance of time management, planning, prioritizing, and maintaining a positive work / life balance)
- 10 Days – On the Job Skill Reinforcement in County Office
- 1 Day – Cohort Graduation (half the day is spent on posttest, collection of training feedback, and recommendations, other half is focused on graduation ceremony)
- ceremony)

All training is designed to promote culturally competent child welfare practice. Courses related to the Indiana Practice Model which include Teaming, Engaging, Assessing, Planning and Intervening (TEAPI) have been incorporated into new worker training. New cohorts begin every 2 to 3 weeks and complete the entire cycle above. All curricula have been updated to reflect the Indiana Practice Model and address concerns raised by evaluations from previous cohorts. Continuous feedback from the Qualitative Service Review process, the training evaluation process (described below) and legislative or policy changes are reflected in ongoing curriculum revisions.

Prior to completing pre-service training, all Family Case Managers are assigned a Peer Coach within their region to assist them in becoming trained facilitators. Following a prescribed shadowing, observation and mentoring program, Peer Coaches authorize these Family Case Managers to complete their Child and Family Team Meetings independently. De-Brief feedback forms are completed and Supervisors quarterly complete Observation forms to maintain fidelity to the model. Six Regional Peer Coach Consultants (who are part of Staff

Development) monitor progress and provide additional information and support as necessary including fidelity monitoring. Due to increased staffing, three additional positions and a supervisor were hired in 2013.

During pre-service, all Family Case Managers are also assigned a Field Mentor. Following a one-day training for field mentors, the Field Mentor and the trainee work side by side during the transfer of learning days and the last two weeks of the on-the-job training period. Required and optional activities have been developed for the Transfer of Learning days that align with the coursework completed in the classroom sessions immediately prior to these field experiences. The Field Mentor also completes skill assessment scales at the time of graduation. These are behaviorally anchored scales designed to assess the strength of the trainees' skills in each of 57 areas. Supervisors receive a copy of this assessment and can use as a basis to strengthen their newly hired staff's skills. Three months after graduation, the new employee's supervisor also completes Skill Assessment Scales to assist Staff Development with analyzing any additional training needs during the pre-service period.

This feedback process provides the necessary link between classroom training and transfer of learning to job performance and provides specific knowledge about the strengths and challenges of training provided. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. This project is on the cutting edge of national best practice in the training and supervision of frontline child welfare workers and has been presented at the annual National Staff Training and Development Association's workshop. Feedback from this process is also used to provide necessary modifications to new worker curriculum.

The feedback has provided Staff Development with an opportunity to begin redesigning new worker training in 2014. This redesign will include more practical training curriculum and more time in the field with mentors and supervisors. This new redesign of new worker training is scheduled to take place in January 2015.

### Ongoing Training for Family Case Managers

In January of 2010, Indiana established required yearly required training hours for Family Case Managers, Supervisors and Field Management Staff. This consisted of 24 annual hours (12 of which could be on-line) for Family Case Managers and 32 hours (16 of which could be on-line) for Supervisors and other Field Management Staff. DCS staff have been extremely responsive to this directive and has clearly sought out training opportunities to fulfil this requirement.

This policy was updated on November 1, 2011 (see http://www.in.gov/dcs/files/Internal_Training.pdf ) to establish

required training hours for all DCS personnel in all divisions. Staff Development worked with these divisions to establish a process to assist with providing and/or facilitating trainings that would meet each division's needs. Many divisions, such as finance and child support, have developed their own methods of training staff to meet this requirement and enhance their professional development. In addition, DCS Staff Development developed Practice Model training for non-field staff which includes a Computer Assisted Training as well as webinars that have been occurring throughout this fiscal year and count toward these required annual training hours.

DCS has also implemented a policy that addresses external trainings. The External Training policy outlines the procedures staff must follow to participate in external trainings and details the criteria that the External Training Review Committee will use to approve/deny such requests. The External Training Policy was effective June 1, 2011 (see http://www.in.gov/dcs/files/External_Training.pdf).

Beginning in August of 2007, Staff Development developed tools to assist with determining ongoing training needs. A Statewide Survey in August of 2007 identified the most pressing needs and curriculum was developed to meet those needs, both through classroom training and computer assisted training. An Individual Training Needs Assessment tool was developed and completed by over 1400 Family Case Mangers during September and October of 2009. A comprehensive analysis of these assessments was completed and training needs identified. Following a staff development strategic planning session in December of 2010, a list of priorities has been established for the development of classes, computer assisted trainings, videoconferences, and webinars. Staff time was allocated between the implementation of this strategic plan as well as training needs being implemented based on the Indiana Program Improvement Plan. Classroom trainings targeted for development and implementation during 2011 included: 1) Overview of practice Model for Non-Field Staff (Computer Assisted Training and Webinar), 2) Engaging and Working with Challenging Clients, 3) Engaging Parents with Mental Illness, 4) Facilitating a Child and Family Team Meeting in The Assessment Phase, 5) DCS Customer Service, 6) Service Standards, What Are They and How Do I Use them? 7) Advanced Developmental Disabilities, 8) Experienced Worker Reactive Attachment Disorder, 9) Advanced Domestic Violence and 10) Working with Clients Challenged with Substance Abuse Disorders. All of these curriculums were successfully developed, piloted, and are available upon request. In addition, several curriculums were updated based on new research.

The Individual Training Needs Assessment tool was then revised to reflect current policies, procedures and best practices. It was completed by all Family Case Managers with their supervisors in the summer of 2011. Following a comprehensive analysis and detailed Individual Training Needs Assessment (ITNA) report, a subsequent strategic planning session was held to identify curriculum development needs for 2012. The results

of the ITNA demonstrated a need for the following training topics among our field staff:

- Teaming in the First 30 Days
- Advanced Engagement & Crisis Management
- Advanced Cultural Competency
- Protective Factors
- Advanced Developmental Disabilities
- Trauma Informed Care
- Experienced Worker Safety
- Introduction to the Attachment Continuum

Advanced Developmental Disabilities, Experienced Worker Safety, Protective Factors, Trauma Informed Care and Culture and Diversity have all been developed and piloted during this fiscal year and are available to be trained regionally upon request. A Strategic Planning meeting held in November, 2012, identified the following curricula which were developed in 2013 based on ITNA results as well as additional surveys and feedback received. In addition to updating several new worker pre-service trainings, the following were identified as 2013 priorities:

- Understanding Culture and Embracing Diversity for All DCS Staff; Both Field Staff and Non-Field Staff
- Servant Leadership
- Clinical Supervision and Advanced Clinical Supervision
- Engaging Challenging Clients
- Trauma Informed Care
- Presentation and Facilitations Skills Training

Two of these curriculums, Understanding Culture and Embracing Diversity and Trauma Informed Care will be offered Regionally Statewide to the majority of DCS Staff. Other trainings will be scheduled upon request. A catalog of courses available has been developed and distributed to staff so that training requests can be made if 10 or more individuals in a region would benefit from a particular topic.

### Enhanced Practice Model Training

Peer coach consultants provide additional coaching/mentoring as needed and also provide mini "information" sessions related to the Indiana practice model utilizing material from the initial practice model training. In January of 2012, Peer Coach Consultants have provided 3 hour specialized, regionally based trainings to enhance Practice Skills. During 2012, in the 1st quarter, the focus was on "Start of the Team Formation" while the 2nd quarter topic was "Advanced Team and Teaming Transitions". During the 3rd quarter of 2012, the in-service topic was "Team Maintenance and Stability" and finally, in the 4th quarter the consultants focused on "Preparing for Case Closure". These sessions were very well received in 2012 so they have continued into 2013. During the 1st quarter, the emphasis was on enhancing the skills of the Peer Coaches described above with a workshop entitled "Permanency Round Table for Peer Coaches. " Additional workshops scheduled for 2013 include "Basics of Prep Meeting To Get To The Underlying Need", Advanced Engagement Skills for Supervisors, and Advanced Engagement Skills for Family Case Managers.

In addition, a Workshop for all Peer Coaches was held in July of 2012. In addition to hearing from the Director, the Peer Coaches received workshops on providing Constructive Feedback/Debriefing as well as Public Speaking. They ended the day with a celebratory release of balloons focusing on the positive work that has been done in Indiana regarding the practice model and improving outcomes for Indiana's children. A similar workshop for all Peer Coaches is in the development phase and will be held in July of 2013.

### Management Gateway for Indiana's Kids (MaGIK)

A new computer information system was activated for the Indiana Department of Child Services on July 5, 2012. In anticipation of this transformation, Staff Development, in close collaboration with the Practice and Permanency Division and the Contracted Vendor, Case Commons, developed and implemented a Statewide training initiative for all relevant employees. A group of field individuals were identified to be "power users" and were trained in late 2011 and early 2012. An additional group of interested individuals, called "early adopters" were also provided training through a collaborative effort. Numerous "specialized" trainings were developed and offered during the first quarter of 2012 in anticipation of the July implementation date.

140 one day regional trainings were scheduled and delivered between May 14 and June 21, 2012 by 20 DCS trainers with materials developed by the contracted vendor, Case Commons. In addition, DCS developed materials for new family case manager training and that material has been incorporated into pre-service training and enhanced throughout the year when additional updates were migrated. Training has continued in collaboration with the MaGIK Coordinators as needed throughout the Regions.

Manuals and various materials are posted to a common SharePoint that can easily be accessed by all and scenarios have been developed to assist individuals with the transfer of learning component from the classroom to their daily tasks. The MaGIK Coordinators continue to develop scripts for additional Computer Assisted Trainings that have been implemented in 2013 and 2014. Enhancements continue to occur regularly, but through regular newsletters and updating the SharePoint site, information is widely distributed. More formal training including a webinar will be developed if a need is identified.

### Permanency Roundtable Process and Training

In 2011, Indiana adopted a process for specialized staffing called "Permanency Roundtables" based on work completed by Casey Family Programs. These structured internal staffings focus on reviewing youth in extended care without attainable permanency goals. They are designed to identify and address system barriers, improve case decision-making, strengthen practice, and influence timely permanency for children in out of home care.

Training on this new process includes a one day orientation session which describes the process and reviews values. This training has been broadly provided to appropriate DCS staff as well as stakeholders. In addition, a one day training on enhancing facilitation is conducted for those individuals designated to provide facilitation services for these meetings. These trainings were provided by Casey Family Program staff in 2011 and early 2012 with DCS Staff providing assistance and assuming a greater role in the process. DCS developed the materials and expertise to assume these trainings beginning in July of 2012 and also engaged a professional video production company to videotape a "mock" permanency roundtable session which is being used in training at this time. In Fiscal Year 2013, 9 trainings were held Statewide to insure that all 18 Regions were adequately trained. The Division of Permanency and Practice Support has continued to take the lead in providing this training. In Fiscal Year 2014, 9 trainings are planned Statewide to continue to ensure all 18 Regions are able to continue to train staff to account for turnover.

### Supervisory and Management Training

All new supervisors receive a comprehensive training over a 5 month period covering five modules. The first Module is an orientation module which provides an overview of clinical supervision and information about servant leadership and leadership behaviors. This is followed by four 3 day training modules covering the areas of (1) personnel and technology issues(2) administrative supervision (3) educational supervision and (4) supportive supervision. Recognizing that well-prepared and competent supervisors are a key to successful outcomes for children, the new supervisor curriculum that was piloted was implemented with the assistance of

experienced trainers from the Butler Institute for Families working with Indiana trainers to develop competency in delivering the curriculum. Results have been very positive and Indiana trainers are now delivering this training to all new supervisors who are hired. This training continues to be offered based on need. In Fiscal Year 2013, an additional 75 Supervisors were added to the staff so 4 cohorts were scheduled, 2 more than have been offered in the past.

Evaluations provided for these supervisor trainings will allow the Staff Development Department an opportunity to enhance and revise these trainings to make them more practical and provide more alignment of our current practice and policies.

A Supervisor Mentor program has also been established following a process similar to that of the Field Mentor. A series of Skill Assessment Scales were developed based on the modules described above and identified supervisors who are assigned to new supervisors complete the scales approximately one month after each module. These scales were updated in 2012 to reflect the many changes that have occurred throughout DCS the last three years. The completion of these scales provides additional information to both the new supervisor regarding strengths and needs as well as to the Staff Development area to identify additional training needs. A manual is provided to the supervisor mentor that includes information about learning styles, the program protocol and a description of the scales. A computer assisted training was also developed in 2012 to assist Supervisor Mentors with understanding expectations related to their mentoring role and continues to be available for all newly appointed supervisors.

Ongoing supervisory training includes a specialized course in “Coaching for Successful Practice” which is available to all supervisors based on need, as well as a yearly two day workshop for all supervisors addressing training needs identified by the Field. Both of these trainings continue to occur and address relevant topics. To further assist with providing supervisors with skills and tools necessary to provide for Staff Retention and Better Outcomes in Child and Family Services, the Department of Child Services worked with the McKenzie Consulting Group in 2009 to provide a workbook series and training plan for all supervisors. A thorough description of this initiative follows:

Indiana DCS, in partnership with Casey Family Programs, acquired the rights to make the Staff Retention for Better Outcomes in Child and Family Services workbook series available for use within the State. This included tailoring the workbook content to align with the State’s Practice Model and Practice Indicators. .

Workshops based on this series occur quarterly facilitated by individuals who have completed training provided

by John and Judith McKenzie and staff, by those who have completed the DCS sponsored MSW program, or by other identified experts in the topic area. Videoconferencing equipment assists with connecting supervisors from across the state for these sessions which focus on a particular topic. Based on feedback, the procedure for these trainings was modified in 2012 to include an identified trainer at each location. Locations continue to interact through videoconferencing, but the main presentation is done by a local trainer with an established topic/curriculum.

The steering committee who developed the ongoing training plan reviewed the flexible workbook design, which allows for the workbooks to be used in many ways.

- Training of supervisors – Indiana's trained facilitators/trainers have been able to support and train other leaders and supervisors. Participants who attend a training session have the information and tools at their fingertips to refresh their learning and to use as needed long after they attend the training
- Supervisory support groups – Learning activities appear throughout each workbook to encourage supervisors to use the materials during formal staff training, supervisory support networks and/or more informal sessions
- Self-study – Individuals can benefit from the program by using the workbooks as self-study tools, if they cannot attend a group training
- Web/technology based applications – All of the workbooks have been posted on a Supervisor SharePoint site for easy access to workbook content. Al supervisors have received copies of the entire workbooks series for use within their units as well.

An Individual Training Needs Assessment (ITNA) for Supervisors was developed and completed by all Family Case Manager Supervisors in July 2013. The following were identified as 2014/2015/2016 priorities:

1. Organizational Commitment

    a. Adjusts work-related priorities to meet staff needs while maintaining focus on agency goals.

    b. Knows the elements of the practice model and core conditions and the impact they have on all agency and casework practices.

    c. Shows ability to communicate a clear vision, motivation and commitment to the safety and well-being of children.

2. Judgment and Critical Thinking

    a. Appropriately incorporates past experience to guide analysis and practice.

    b. Balances short- and long-term implications when making decisions.

    c. Maintains objectivity in handling difficult issues, events, or decisions.

    d. Models and guides caseworkers in using critical thinking skills when making decisions about risk and safety issues for abused and/or neglected children.

    e. Sets priorities for tasks in order of importance.

3. Casework Supervision

    a. Assesses caseworker's use of child and family team meetings.

    b. Demonstrates ability to effectively manage case assignments, case coverage and service delivery to clients via direct caseworker supervision.

    c. Guides caseworkers in recognizing culturally based parenting practices that can be potentially misconstrued as abuse or neglect.

    d. Helps caseworkers identify family strengths and community resources to address poverty and environmental conditions that place children at risk of future harm.

    e. Models, guides, and monitors caseworkers in promoting client's rights of self-determination to the fullest extent possible.

    f. Structures supervisory staffings (individual and group) to review and document casework activities and caseworker performance.

    g. Knows and applies relevant federal and state statutes, rules, policies, procedures and current practice standards related to casework.

    h. Understands the importance of respecting clients' right to privacy and the agency's obligation to protect the confidentiality of information about the client.

i. Knows statutes, rules, best practice standards, policies and procedures that apply to child sexual abuse cases.

j. Knows statutes, rules, best practice standards, and agency policies and procedures for managing child abuse and neglect cases.

k. Knows policies and procedures related to documenting and protecting the integrity of evidence for presentation in court.

l. Uses available data from formal and informal reports (including outcome, practice, and performance data) to manage casework performance.

4. Public/Community Relations

a. Demonstrates ability to deliver presentations at public/private meetings, conferences and workshops.

b. Effectively works with and understands various community partners.

c. Knows how to prepare and use annual reports and other printed materials to lead regional services council meetings.

d. Knows policies and procedures governing access to family and caregiver case information.

e. Presents a professional image to other service providers and the community at large through use of the media, personal contacts and presentations.

f. Builds and strengthens working relationships with community partners.

Some common themes that were expressed in the ITNA include:

a. developing the skills to better manage staff as both individuals and as a group

b. becoming more familiar with DCS policies and procedures

c. learn how to plan and conduct team and unit meetings, as well as making these meetings more productive

d. assistance with working with the many different unique styles and personalities of their staff (requests ranging from tools to address difficult and insubordinate staff all the way to developing tools to praise accomplishments and encourage career development for outstanding staff)

e. how to work with staff that are passive aggressive and encouraging these staff to clearly express their needs and concerns and how to encourage these staff members to maintain a positive outlook on their job

### Curriculum Content of Supervisor Workbooks

The curriculum is based on extensive literature review on the topics of leadership, staff retention and turnover in child and family services, human services and business. Surveys conducted with supervisors and front-line staff in child and family services served to inform content. Curriculum authors and advisors have extensive firsthand experience in agency management and child and family services. Throughout this program, there is strong emphasis on the day-to-day skills and practices needed by front-line supervisors to build mutually respectful relationships with their staff and meet agency outcomes within the context of family centered practice. Workbook subjects include:

Workbook 1 – The Role of Leaders in Staff Retention: presents a leadership model that introduces self-mastery and teaches ways of cultivating both hard and soft leadership skills; provides information, tools and methods for leaders to use to support staff in creating and sustaining a positive culture and organizational climate for staff retention.

Workbook 2 – The Practice of Retention-Focused Supervision: promotes supervisory competencies for retaining effective staff, including self-assessment and planning tools; includes methods and tools for setting objectives, structuring the supervisory process, encouraging self-care and managing stress in the workplace. Intentional use of the supervisory relationship to meet individual and organizational goals is stressed.

Workbook 3 – Working with Differences: provides understanding, methods and tools for tailoring supervision to the diverse characteristics, learning and behavioral styles and professional development needs of staff; encourages the development of self-awareness, self-mastery and relationship skills.

Workbook 4 – Communications Skills: provides specific information, tools and activities to model effective communication skills within the supervisory relationship.

Workbook 5 – The First Six Months: provides a structure, methods and tools for orienting, supporting and training new staff during their first six months on the job; promotes particular attention to raising

supervisory awareness and skills in helping staff cope with and manage the stressors of the job, as well as the growing workload.

Workbook 6 – Recruiting and Selecting the Right Staff: provides information on promising practices and tools for recruiting and selecting front line staff; includes profiles of desirable qualities needed in front-line supervisors and staff and processes for managing timely hiring and conducting successful interviews, including behavioral interview questions.

Initially these quarterly workshops were conducted using Videoconferencing equipment, however, feedback from the supervisors indicated that this type of training was difficult for the supervisors to fully become engaged and understand the material. So the training was modified to become a classroom type training day held on two different days in their region or in a neighboring region to minimize travel. This has been very well received and will continue quarterly with the topics chosen based on results of assessments and feedback from focus groups. A training held in March of 2013 on "Managing Change" received very positive feedback. In December 2013, training was also held on "Reflective Practice Surveys" as well as in March 2014 which covered "The Role of the Supervisor in the CFTM Process". They both received very positive feedback.

### Leadership Academy for Supervisors (LAS)

Beginning in the Summer of 2009, Indiana has been closely working with the National Child Welfare Workforce Institute to provide "pilot" feedback on the Leadership Academy For Supervisors on-line training initiative, including the learning network sessions conducted through webinars. This core curriculum consists of the Introductory Module and five subsequent modules. Learning activities include some pre-learning in preparation for each of the five modules following the Introductory Module as well as follow up peer-to-peer networking to each of the modules facilitated. The entire process was completed with over a 90% participation rate. Three supervisors from each of Indiana's 18 regions were selected to participate in this leadership program which includes the development and implementation of a "change initiative" based on locally identified needs. Throughout the process, Indiana's participation and feedback exceeded the national initiative. Modules include: (1) Introductory Module; (2) Foundations of Leadership; (3) Leading in Context: Partnerships; (4) Leading People: Workforce Development; (5) Leading for Results: Accountability and (6) Leading Systems Change: Goal-Setting.

This program was modified for the 2011/2012 academic year. An application process was used to identify individuals who demonstrated leadership potential as noted by their Local Office Directors. There were 51 applications and 30 individuals were chosen. These 30 individuals participated in the on-line sessions, 4 learning network sessions through webinars and 2 classroom training sessions. In addition, they each developed a

Personal Learning Plan and a Change Initiative. Several of their completed worksheets were reviewed by staff at the IU School of Social Work as well as their Local Office Director and evaluated for thoroughness and quality. Three state-wide initiatives were also chosen and each supervisor was assigned to one of the initiatives to assist with completing critical tasks. 26 of the individuals received graduation certificates following a graduation ceremony.

After further review, the selection process was narrowed further for the 2012/2013 class which started in January of 2013. There were 22 individuals who participated and developed their Personal Learning Plan and Change Initiative as previously described. One webinar was conducted to review the overall course and explain expectations, however, all other training are classroom based to review in depth the 5 modules that focus on leadership enhancement. Also, the IU School of Social Work has engaged 4 professors (instead of 2) to review selected worksheets which provides each individual with in-depth feedback. In addition, training was provided to the Local Office Directors/Central Office Managers so that they could provide appropriate support and mentoring to the individuals they supervise who are completing this academy. Graduation is slated for August, 2013. Indiana has continued to provide consultation and assistance to several other states through the National Child Welfare Workforce Institute (NCWWI) regarding a statewide implementation plan for this training, including participating in a national webinar which had over 800 individuals registered.

In January 2014, a new class began which included 21 individuals. A coaching component was added to this group. There are currently 3 coaches who had previously gone through this program who are currently coaching 5 of these participants. We will also add an evaluation component to this group which will be implemented in August 2014. This evaluation process will also include an evaluation of the coaches and the LAS.

In addition, 5 Designated individuals participated in the classroom based Leadership Academy for Middle Managers (LAMM) also facilitated by the National Child Welfare Workforce Institute. That brings a total of fourteen DCS leaders who have completed this training and have continued to be involved with follow-up webinars.

### Management Trainings

A “leadership training program” for executive staff and local office directors was initiated and completed in 2009. This included a two day workshop in January of 2009, and 5 additional half day workshops which focused on both leadership/management skills related to staff development as well as improving the organizational climate of the local offices. The Leadership Transformation Group from New York, NY, assisted with the

provision of these trainings. In 2010, quarterly transfer of learning "reinforcement' activities have occurred. Local Office Directors submitted their completed activity information for review and outstanding responses are publicly recognized, both at the annual workshop and in the Statewide DCS Newsletter.

Staff Development has now developed formal curriculum for this leadership series which is completed yearly for all newly hired Local Office Directors. Management staff from other areas have also been identified to complete this training (including the legal division, the hotline division, the programs and services division and staff development). Individuals trained through the "train the trainer" program provided by the Leadership Transformation Group continue to facilitate this training. Each individual also identifies a mentor to assist them through the training process and activities, although a formal mentor program has not been developed.

### Management Innovations Institute

Following a Request for Proposal Process, DCS selected the Indiana University School of Social Work in collaboration with The University's School of Public and Environmental Affairs (SPEA) Executive Education Program to develop a world class human services leadership program. Called the "Management Innovations Institute", this academy was charged with preparing identified individuals with skills to assume enhanced executive positions. Learning opportunities have been developed in the areas of critical thinking, leadership skills development, operational skills development, community partnership/resource development, effective team work and shaping an effective, loyal and retention-focused "service" culture. Twenty-two individuals from every division in DCS were chosen to participate in this 7 month training which culminated in a graduation ceremony in May of 2013.

These individuals also assisted in developing a Child Welfare Leadership Conference in June of 2013 for 200 DCS managers and stakeholders. Speakers included Commissioner Bryan Samuels from the Administration on Children, Youth and Family as well as James Hmurovich, President and CEO of Prevent Child Abuse Indiana. Numerous workshops were also held addressing leadership principles.

The Second Annual Child Welfare Leadership Conference was held in June 12-13, 2014 for 200 DCS managers and stakeholders. There were a variety of speakers including Governor Mike Pence.

### Other Training Initiatives

Staff Development continues to partner with both internal divisions as well as external partners in various training initiatives. Two one-day legal trainings occur each year addressing relevant legal topics for all DCS Staff

Attorneys, and monthly legal trainings occur using videoconferencing equipment. Independent Living Specialists provide Regional informational sessions as described elsewhere in this document. Legal Training related to the Indiana Practice Model is available upon request by Regional Offices. Regular trainings occur to prepare individuals to participate in the Quality Service Review (QSR) process. Numerous other trainings are available and can be facilitated based on results from the Individual Needs Training Assessment, an assessment of organizational needs or if needed based on unique local needs. During 2010, Field Operations Staff developed a "protective factors" training that occurred regionally throughout Indiana, building upon concepts presented during pre-service training. This training was developed into a formal curriculum and is currently available based on regional needs. Staff Development has assisted the Child Support Division in utilizing ELM for their staff trainings as well as facilitating some cultural competence trainings.

During Fiscal Year 2013, DCS conducted four (4) training sessions for Providers of residential treatment services in Indiana. The focus of the training was on contract compliance audits as well as monthly critical incident reporting. DCS first began auditing residential provider contracts in 2013. Due to provider questions over the audits, the training focused on walking providers through the various audit tools and explaining the reasons behind the need for certain information. DCS also first began to collect monthly critical incident information from residential providers in 2013. The first month of data showed that providers were collecting and reporting in different methods. The training provided additional guidance to ensure the data was being reported in a consistent manner by providers.

During Fiscal Year 2014, DCS continues to provide training to Probation Officers focusing on transitioning the functionality of the MaGIK Probation Application to KidTraks. There are 12 sessions scheduled, allowing Probation Officers multiple opportunities to participate. The training will focus on how Probation Officers access cases, enter and edit data and create referrals. Additionally, education will be provided regarding enhancements to the current functionality that will improve the user experience.

In addition, the Staff Development Division, in cooperation with the Indiana Judicial Center, continues to partner on providing training to Court personnel relative to child welfare practice. Several workshops have been provided during this last year which provided cross training in the permanency area to court personnel, probation officers, Guardian ad Litem/Court Appointed Special Advocate personnel and other stakeholders as identified under P.L. 110-351 amended section 474(a)93)(B). Specifically, DCS partnered with the State Court Appointed Special Advocate (CASA) program to provide training to CASA's/GALS through 4 regionally based trainings which occurred in Lafayette, Warsaw, Evansville and Indianapolis. Topics covered in this training

included: Legal Requirements for the Identification of Child Abuse and Neglect, The Role of an Attorney Guardian ad Litem in Juvenile Court, Developmental Considerations in Working with Abused and Neglected Children and Adolescents, Treatment of Child Abuse and Neglect: Trauma Informed Care and Ethics.

The courts participated in the CFSR process, including developing and implementing court related PIP items. There was also judicial participation in the Title IV-E review that took place the week of April 16-20, 2012. The CIP administrator and two judges attended the entrance and exit conferences. The results of the audit were shared with all Juvenile Judges at the Annual Juvenile Judges Conference held on June 21-22, 2012. Training was also provided to address some of the court related areas of concern identified during the review and presentations were given on the Clinical Resource Team, the new collaborative care program and other topics identified by Director Payne.

There has been ongoing collaboration on the development/re-design of the DCS and Probation interface and DCS and the Judicial Center hosted a webinar to train Probation staff on the new referral and ICPR process.

DCS representatives routinely attended meetings with the Juvenile Justice Improvement Committee and the Child Welfare Improvement Committee to discuss permanency and other child welfare issues, including the use of emergency shelter care, statutory timelines in CHINS and TPR cases, the statewide IV-E waiver program and DCS Services and Outcomes.

On November 1, 2011, the Court Improvement Program, Indiana Judicial Center, and the Indiana Department of Child Services sponsored a statewide summit on "Child Welfare and Juvenile Justice-Working Together to Improve Outcomes for Children." The Summit was held at the Indiana Convention Center and was attended by over 550 juvenile probation officers, chief probation officers, and Department of Child Services family case managers, supervisors, local office directors, regional managers, and probation service consultants from across the state. The purpose of the summit was to inspire collaboration and cooperation between probation officers and Department of Child Services staff who work with children that are involved in both the child welfare and juvenile justice systems or are at risk of being involved in both systems.

The Summit provided an opportunity for probation officers and staff from the Department of Child Services to learn about each other's roles in working with children and families. The Summit included sessions on Family Case Managers and Juvenile Probation Officers: Are their roles Really So Different, Case Scenarios and Round Table Discussion; Adolescent Brain Development, and Working together on a Local Level: Success Stories. Justice Steven David provided opening remarks and James Payne, Director of the Indiana Department of

Child Services gave closing remarks.

Important Numbers: Over 550 Juvenile Probation Officers, Chief Probation Officers, Department of Child Services Family Case Managers, Supervisors, Regional Managers, Local Office Directors, Probation Service Consultants attended representing 88 counties in Indiana.

A Memorandum of Understanding (MOU) has been developed and signed with the Indiana Supreme Court – Division of State Court Administration which further details efforts that will be undertaken going forward.

### Statewide Conference - "The Five Essential Steps To Excellence in Child Welfare"

Building upon the Administration for Children and Families initiative to promote the social and emotional well-being for children and youth receiving child welfare services through a memorandum issued in April of 2012, the Department of Child Services planned and implemented a statewide Conference in October of 2012 at the Indiana Convention Center in Indianapolis, Indiana. Experts in the topic areas of Trauma Informed Care, Brain Development, Adverse Childhood Experiences, Evidence Based Practices and Childhood Relational Permanency were engaged to provide presentations to over 600 individuals from both public and private agencies throughout Indiana. The presentations culminated in 5 separate workgroups that related these topics to child well-being.

Information from the presentations as well as from the group sessions were summarized and posted on the DCS website for additional review and consideration. Agencies have used this material to further educate their staff on these important topics.

Building on this conference, Marion County, Indiana's largest jurisdiction, held a "Trauma Informed Symposium" in May of 2013 highlighting the following topics: How Resilience Trumps ACES, Trauma Informed Care and Domestic Violence and Models of Care To Engage Young Men In Caring For Themselves and Others". Stakeholders included DCS staff, Juvenile Court Staff, Child Advocates, Prevention Partners, Child Protection Team Members as well as Community Members.

### Additional Assessment Training

Following an agency initiative in 2009 focusing on better assessment of children's behavioral health needs, a decision was made to adopt the utilization of the Child and Adolescent Needs and Strengths (CANS) tool developed by John Lyons, Ph.D. In Collaboration with the Indiana Division of Mental Health and Addictions

(DMHA), all DCS Supervisors receive a two day training to become "Super Users" of the tool so they in turn could assist the Family Case Manager staff to become certified by completing an on-line training and certification process. All Super Users also complete a yearly "booster" session which DCS is coordinating with DMHA. Additional training and support regarding the use of this tool was identified by the Field and an amendment was added to the IU School of Social Work contract to provide a part-time CANS Expert trainer who focuses on providing training, consultation and support at the local level through FY 2013. The use of this tool has provided for better information upon which to base both treatment and placement decisions relating to children and youth.

Building on the Indiana focus of identifying and addressing trauma for child welfare clients, DCS is partnering with DMHA to modify the CANS tool to incorporate questions related to trauma to better identify children who can benefit from trauma informed care. Training will continue to be provided so that appropriate referrals can be made based on the results of the cans assessment.

In 2013, a Casey study and assessment was completed on the assessment (front end). An identified need was a revision and training on the safety and risk tools. A committee was put together to brainstorm with Casey on ways to improve our assessment tools. The new and revised tools will be trained to all field staff, supervisors, local office directors, managers.

### Specialized Medical Training for Indiana Physicians and Other Relevant Parties

In 2012, an amendment was prepared for the Pediatric Evaluation and Diagnosis Program Contract with Indiana University to provide program development, implementation and training on child abuse and neglect identification and/or reporting and related topic to ER physicians, family physicians, pediatricians and others who see infants and children in a medical setting. The contract provides for a minimum of six regionally based trainings along with on-line modules/webinars with Continuing Medical Education credit that can be provided across the state of Indiana on such topics as: identification, reporting, mechanisms of injury and appropriate medical evaluation. This much needed training will clearly benefit Indiana's children.

The first training occurred in April of 2013 in Fort Wayne, Indiana and 400 individuals attended, including 60 physicians. Elkhart, in northern Indiana is scheduled for Summer of 2013 and then the additional four trainings will be scheduled in other jurisdictions to provide Doctors and other individuals the opportunity to learn more about this important topic.

### Foster Parent Specialist Training

DCS made the decision following a review of best practice programs concerning foster care, that the development of specialists in this area would best meet the agency vision and mission. Therefore, the position of Foster Parent Specialist was fully developed and approximately 100 individuals were designated to complete these responsibilities along with approximately 20 supervisors. A two day training was developed and is delivered to these individuals yearly covering the topics of: (1) Roles and Responsibilities of a Foster Care Specialist, (2) Identification and Recruitment of Foster Parents, (3) The Licensing Process, (4) Foster parent Engagement and Support and (5) Facilitating the Perfect Placement. In addition, plans were made to train all of these specialists, based on the Program Improvement Plan, on the Casey Foster Family Inventory tools. Current staff trainers completed a "train the trainer" program and have become certified on this tool. They continue to provide this training for newly hired specialists on how to effectively work with foster parents using this inventory. Since July 1, 2011, all foster care specialists have been providing the pre-service orientation (RAPT 1) to prospective resource parents. Staff Development provides updates as needed.

### Indiana Child Abuse and Neglect Hotline Training

In 2010, DCS implemented a centralized intake hotline beginning with the largest region (Marion County) and continuing with a roll-out plan until all regions were included in the summer of 2010. A four day training session was developed in collaboration with Hotline staff which included topics such as: The Business Flow Diagram; Legal Aspects of Screening in Indiana, Determining Urgency; Customer Service; Intake Appropriateness and Information Gathering; the Intake Guidance Tool; Training on the Indiana Child Welfare Information System (ICWIS), Culture and Its Impact on the Screening Process; Community Resources and Mental Health; Observation and Mock Calls. Following the initial hiring/training, staff has been added due to turnover, some of who were not previously employed with DCS. An additional training component consisting of attendance at pre-service training sessions as well as specialized training sessions related to legal matters and initial assessment procedures has been added to enhance these external workers' understanding of both the agency and their role in the process This two week training is offered and modified as needed. Staff development has also prepared and/or facilitated other training for hotline workers geared to their specific needs.

### Intensive Family Preservation Training

Beginning in January of 2011, DCS developed an overall theme of "Safely Home, Families First". One component of this initiative was an increased emphasis on maintaining children in their homes if at all possible, making sure

all safety needs are identified and met. DCS continues to use the Homebuilder Model and training on this program for DCS staff is sustained as part of a new training developed by DCS on all service standards. This training has been scheduled regionally for ongoing staff in both FY 2012 and FY 2013. In an effort to strengthen Intensive Family Preservations Programs, DCS has identified several Evidence Based Models that will be supported through training funds. With the assistance of Casey Family Programs, the Institute for Family Centered Treatment has provided Motivational Interviewing and Relapse prevention training to over 400 Home based caseworkers and Therapists in FY 2013. Trauma-Focused Cognitive Behavioral Training will commence during the summer of 2013 for many stakeholder therapists. Family Centered Treatment providers have also received this training in the Fall of 2013.

### Clinical Resource Team

DCS has developed a unit of "Clinical Consultants" who are available to provide behavioral health expertise to field staff related to underlying needs and effective interventions for children, youth and adults involved in the child welfare system. Training and technical assistance was initially provided by Nationwide Children's Hospital and Franklin County Children's Services, and supported by Casey Family Programs. Staff Development has coordinated the planning and implementation portion of this project which includes training. Now that the program is established, training is provided by the project's Clinical Director who is a licensed psychologist, However, staff development continues to review and approve all training materials. In addition, the Clinical Specialists have provided training at various workshops on related topics such as trauma informed care.

### Educational Liaisons

DCS has developed a unit of "Educational Liaisons" who are available to provide assistance to field staff regarding children's educational needs. These regionally based specialists have developed training which they regular provide to foster parents as coordinated by Staff Development. Topics are pre-selected and curriculum is approved through Staff Development and include topics such as: Special Education Alphabet Soup, Life After High School, Talking State Test Talk/What if a Child Doesn't Pass, let's Think About the Swimming – Planning for Summer. In addition, these individuals have prepared training related to educational topics for field staff.

### Cost Allocation Methodology

Cost allocation for the training program continues to be determined by an analysis of the content of each curriculum and by tracking the job responsibilities of each person attending each training session. All ongoing

courses are provided from 9 to 12 and 1 to 4 each training day, or 6 hours per training day. The allocation methods for child welfare training are described in Appendix E: Child Welfare Trainings/Allocation Methods.

### Improving the Quality of Visits

Indiana worked with the Child Welfare Policy and Practice Group from Montgomery, Alabama to develop and pilot a three day workshop entitled Making Visits Matter, Home Visiting to Improve Safety, Well-Being, Stability and Permanence for Children and Families in 2008. This curriculum was finalized and Partnership Staff were prepared to deliver this training. After the initial roll-out which provided this training to every Field Operations Family Case Manager, Supervisor and Local Office Director, the training continues to be provided regularly for more recently hired staff. Prior to the registration for this training, staff is asked to have completed six months of service so that they will have the background and experience necessary to receive maximum benefit from attending.

In this workshop participants explore "levels of knowing" in the context of their work with children and families. This helps them get to know families and caregivers based on the principles that guide the work (Practice model) in efforts to achieve the four major outcomes in child welfare (safety, permanency, well-being and stability). Participants also learn to know children within their context by examining ways of connecting or joining with children, families and their informal and formal support network in achieving individualized goals and resources to achieve outcomes.

### Outcomes for Quality of Visits Training

This curriculum is focused on the critical role of worker visits and the relationship visits have in improving safety to children and supporting effective case plan development, implementation and adaptation. In addition, special considerations related to engagement, interviewing and taking a team approach will be integrated throughout the three-day curriculum. The following resulting practices are discussed and practiced within the training session:

- Identification of purposes and the value of partnership in worker visits with children and families
- Development of strategies toward effective working agreements for visiting
- Identification of and practice in safety assessment during visits, including observation and interviewing information

Individualization of visiting techniques and observations based on developmental considerations, case progress

and key decision points in work with children and families.

### Realistic Job Preview

Building on research regarding worker recruitment and retention and based on the work of the Butler Institute for Families, Indiana has developed a Realistic Job Preview video for use during the recruitment process. Calamari Production Company, an award winning company that specializes in child welfare/juvenile justice issues was contracted to develop this video. This production company has hundreds of hours of footage from developing documentaries with unprecedented access to Juvenile Courts. In addition, several staff have been interviewed to provide a realistic review of what the position of a direct line work consists of. Coordinating interview questions and evaluation material has also been provided by the Butler Institute of Families. This video has now been incorporated into the recruitment process including the funded BSW students so that all potential family case managers view the video prior to accepting a field position. Formal research has not been completed, but anecdotal feedback indicates that several individuals have withdrawn their applications for the position after they have viewed the video.

- Tracking and adaptation of case plan goals, tasks and accomplishments
- Development of worker engagement strategies with children, families and caregivers
- Development of strategies toward team-building during visits to promote progress and stability for children and families

### Providers of All Training Activities

In January of 2010, the Indiana Department of Child Services entered into a 2nd 4 Year Partnership Contract with the Indiana University School of Social Work to identify, develop, implement and provide all identified training needed to establish a well-prepared workforce in child welfare focusing on child safety, well-being and permanency. Through its Staff Development Division, DCS has full-time equivalent positions including a Deputy Director, Assistant Deputy Director, Training Manager, two supervisors, eight classroom trainers, six peer coach consultants, a curriculum writer and two support staff. The Partnership Contract provides for the following full-time equivalent staff positions: Training Manager, two supervisors, two curriculum writers, 10 trainers, 2 production staff, fiscal staff, evaluation staff, a multi-media staff person and support staff. The majority of trainings offered are by Partnership staff.

A three (3) day training of the trainers (TOT) has been developed using the Competency Based format and has

been offered to all new trainers hired through the partnership. The TOT covers curriculum development, use of media and presentation skills. In addition, each newly hired trainer completes a rigorous preparation phase prior to delivering material which includes observation, co-training with feedback and mentorship/coaching by experienced trainers and supervisors. DCS has also worked with the Butler Institute of Families to further develop trainer competencies. In addition to providing this TOT to identified staff development trainers, this training has also been offered to the Regional Foster Care Specialists to assist them with providing resource parent orientations.

In 2015, Additional emphasis will also be placed on curriculum oversight/consistency now that Staff Development has created a curriculum library and is providing training to individuals with varying job responsibilities.

### Settings for Training Activities

New worker training primarily occurs in the Indianapolis Based Training Center referred to as Partnership Castleton. Due to the volume of training occurring, additional classroom space was secured and available effective April of 2013. Classroom space is also utilized through the University Partnership and referred to as Park 100 since the location is based in the Park 100 area of northwest Indianapolis. Training space has also been identified in each of the 18 Regional Hubs established so that regional classroom training can occur minimizing the travel required for staff. In addition, video teleconferencing equipment has been installed in all of these hubs and training is now occurring through this medium with one or two trainers located in one location and 4 or 5 sites connected to observe and participate in the training. This way of providing training will be extensively used during the next 3 to 5 years so that travel costs can be minimized and staff can participate in trainings without extensive time needed for travel. The amount of training related to both new employees as well as ongoing employees has required additional training space to be identified throughout Indiana. Other Government buildings including city/county centers, libraries and local offices have also been used.

During the last three years, Computer Assisted trainings have been used to easily provide information to staff members in a short period of time. Legislative training and policy training is now promoted extensively through this medium. A full-time position has been established through the University partnership to continue to develop these types of trainings as appropriate. In addition, a contract has been executed with “Essential Learning”, so that additional computer based relevant trainings can be offered to staff. 30 Courses have been identified and include:

## Essential Learning course names and descriptions

- A Culture-Centered Approach to Recovery (3 hrs)

  A review of the many dimensions of culture, the impact of a worldwide view on psychosocial rehabilitation practice (PSR), and the steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as identify biases which could impact their relationships with others.

- ADHD: Diagnosis and Treatment (4 hrs)

  This course will help you identify the symptoms and diagnosis of ADHD, and also understand the possible causes of the disorder. Additionally, you will learn some of the latest treatment options for children, teenagers, and adults. These skills will help you in the treatment of your clients who have ADHD.

- Adolescent Suicide (2.5 hrs)

  In 2004, suicide was the third leading cause of death in children, adolescents and young adults. Common warning signs of suicide include suicidal threats both direct and indirect, dramatic changes in personality or appearance, severe drop in school performance and giving away belongings. High risk factors in this age group include a history of alcohol and substance abuse, family history of maltreatment or neglect, recent bereavement, physical illness and school failure. Important elements of suicide assessment include asking directly about the presence and nature of suicidal thoughts, a plan for suicide, determining the availability of lethality, previous thoughts or attempts, exploring beliefs and values and barriers to suicide.

- Alcohol and the Family (2.5 hrs)

  Alcohol use can have a destructive effect on individuals as well as their families and loved ones. In this course, you will gain in-depth knowledge about research concerning the impact of alcohol use disorders on the family context. You will learn the "brass tacks" of the family systems approach to understand the complicated dynamics of families struggling to deal with the impact of alcohol use disorders. Furthermore, you will be able to identify specific risk factors that are related to developing an alcohol use disorder. Vignettes and interactive exercises give you the opportunity to apply what you learn so that you can easily apply these competencies in your own setting.

- Attachment Disorders and Treatment Approaches (1.5 hrs)

  This presentation given by the Center for Behavioral Health's as part of their ongoing Breakfast Learning Series addresses the concept of attachment theory and treatment of attachment disorders. Assessment parameters, treatment goals, ethical issues, and related disorders are also covered in this video course. **Audio/Video Required

- Attitudes at Work (2 hrs)

  An employee's attitude at work impacts performance, office culture, and the overall success of an organization. Unfortunately, an employee's attitude is often overlooked and considered a factor that is uncontrollable and unchangeable. Because of this perception, poor attitudes can easily infect the workplace and cause significant problems for both the employees and the organization as a whole. This course will give you valuable information about the importance of employees' attitudes in an organization, how certain attitudes can be promoted or changed, and how to create a workplace environment that fosters helpful attitudes.

- Bipolar Disorder in Children and Adolescents (1 hr)

  This course discusses the signs and symptoms of Bipolar Disorder in children and adolescents, reviews the latest pharmacological and psychotherapeutic treatment for this population.

- Child and Adolescent Psychopharmacology (2 hrs)

  This course – intended for non-MD mental health professionals, including marriage-family therapists and licensed clinical social workers – will give you in-depth knowledge of psychotropic medications used to treat children and adolescent psychiatric issues. This includes anxiety, mood, psychotic, and behavioral disorders. You will learn about to the unique issues surrounding psychopharmacology for pediatric populations, including common uses, side effects, and timelines for medication response. Through interactive games, quizzes, and vignettes, this course will help you to take the learning back to your real-world work environment.

- Communication Skills and Conflict Management for Children's Services Paraprofessionals (2 hrs)

  The ability to communicate with the children and families you serve is essential to your work with them.

Passing along those basic communication skills that we take for granted--communicating successfully with others, basic social skills, coping with conflict or anger, and solving problems--is another important part of your work. In this course, we will be focusing on various forms of communication, communication skills, and how to use communication effectively in solving problems and conflicts.

- Cultural Diversity for Paraprofessionals (1.5 hrs)

  This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.

- Domestic and Intimate Partner Violence (2 hrs)

  This course gives an overview of domestic violence, discusses the risk factors and clinical issues associated with domestic violence. It also describes the psychology of abuse and the best treatment strategies.

- Dual Diagnosis Treatment (3 hrs)

  Dual Diagnosis Treatment is for people who have co-occurring disorders: Mental illness and a substance abuse addiction. This treatment approach helps people recover by offering services for both disorders at the same time. In this course, we will discuss treatment options that address the various mental and substance abuse issues.

- Fundamentals of Fetal Alcohol Spectrum Disorders (1.5 hrs)

  This course gives you key information about Fetal Alcohol Spectrum Disorders (FASDs) and the commonly associated complications. You will learn ways to identify common symptoms, and the benefits of proper diagnosis treatment for those who have an FASD. Strengths and difficulties for these individuals will be emphasized to help you better recognize when someone you work with has an FASD. Finally, you will learn ways that you can raise awareness for these disorders – this can ultimately result in proper treatment and prevention of FASDs. You will have a chance to review what you have learned through a series of interactive exercises and vignettes.

- Identifying and Preventing Child Abuse and Neglect (2 hrs)

This course will familiarize you with different types of child abuse, how to identify them, and what to do if you suspect that a child has been abuses. Definitions of child abuse – along with how and when to report it- vary from state to state so you must always check with your local state reporting agency regarding laws and requirements. Regardless of your location, this course will give you a solid overview of the most common types of abuse that a mandated reported is likely to encounter.

- Making Parenting Matter Part 1 (2.5 hrs)

  Many parents find themselves wondering if parenting actually matters. They may ask themselves if they know what decisions a "good" parent should make and whether their parenting style is good, bad, common, or unique. Working effectively with children, adolescents, and their families can be quite challenging if you are not adequately prepared with the best tools for the job. Drawing upon content developed by Carol Hurst, Ph.D. of the Corporate University of Providence, this series of trainings is designed to empower clinicians who work with parents and their children with clear, relevant, and actionable information about best practices. This first course gives you an overview of the importance that parenting plays on child development by covering various parenting styles and typologies, as well as the theoretical perspectives of psychologists Freud, Bowlby, Baumrind, and Bandura. The instructive information, interactive exercises, and case vignettes in these courses will leave you prepared to successfully apply these concepts in your work with parents and children. *Flash required

- Methamphetamine: Effects, Trends, and Treatment (1.5 hrs)

  The course provides a comprehensive overview of the drug methamphetamine including how the drug is created, the short and long term effects of meth abuse, recent law enforcement trends for manufacturing and trafficking, and the physical and psychological nature of methamphetamine dependence. It also describes treatment options and outcomes including the Matrix Model Intensive Outpatient Program. ****Audio/Video Required**

- Motivational Interviewing (4 hrs)

  This course helps you understand what Motivational Interviewing is and become familiar with strategies to help you with your client counseling.

- Overview of Psychopharmacology (4 hrs)

This course describes four major categories of medications by their generic and trade names (brand names used by pharmaceutical companies): anti-psychotics, mood stabilizers, antidepressants and anti-anxiety medications. It presents information about clinical indications, dosages and side effects. Medications that specifically affect children, the elderly, and women during the reproductive years are also discussed.

- Overview of Serious Mental Illness for Paraprofessionals (3 hrs)

  This course provides an overview of serious mental illness including schizophrenia, bipolar disorder, and children and adolescents mental disorders.

- Overview of Suicide Prevention (3.5 hrs)

  This course is designed for professionals in the prevention, addictions, mental health, and related fields. The nature of the topic of suicide prevention also makes this course relevant to community members, including the gatekeepers identified in this course (healthcare workers, school personnel, protective service workers, law enforcement, members of faith communities, program planners, volunteers, and juvenile justice personnel) and any community members who have been touched by suicide. The content is adapted from the National Strategy for Suicide Prevention which is published on the Substance Abuse and Mental Health Services Administration website (SAMHSA).

- Post-Traumatic Stress Disorder (3 hrs)

  This course discusses the prevalence and diagnostic criteria for PTSD; it discusses treatments for PTSD including psychotherapy and medication as well as PTSD in children and adolescents.

- Safety Crisis Planning For At-Risk Adolescents and Their Families (2 hrs)

  This course focuses on how social service workers and mental health clinicians can work to create effective family safety/crisis plans with high-risk families in the community. As you are probably well aware, high-risk adolescent consumers and their families face a number of obstacles that may seem impossible to manage. However, with the techniques you will learn in this course will help you to keep the family and the community safer. After completing this training, you will understand a clear step-by-step process to safety/crisis planning- and you will even get a sample crisis/safety plan form that you will use to apply the knowledge you gain during the course.

- Strength-Based Perspectives for Children's Services Paraprofessionals (1.5 hrs)

  While the medically oriented “deficit model” is standard training for most staff who work directly with children, the strength-based/recovery movement emphasizes the need to have a balanced view of clients. That balanced view includes learning the values, terminology, and interventions that allow clinicians and the consumers you serve to address strengths along with challenges throughout the treatment process. In this course, you will learn about assumptions about the strength based perspective including the definition, principles, and beliefs about working with children and their families from the strengths perspective. You will also learn concrete strategies to apply these principles with children and their families at home.

- Stress Management for Mental Health Professionals (2 hrs)

  As mental health professionals, you are prone to stress, which may lead to physiologic, emotional and spiritual symptoms. This course explains the sources and types of stress unique to mental health professionals like you and the physiological mechanisms of stress. The interactive course identifies symptoms of stress and discusses several stress management, reduction, and prevention techniques that you can use. It provides an opportunity for you to assess your own levels of stress through the Compassion Fatigue Inventory. The course includes current resources for you to access as you develop your personal stress management strategy. We use a blend of experiential vignettes, interactive activities, didactic information as tools to prevent stress in the workplace. This information is especially relevant to mental health professionals in all treatment settings. You can also use this information to teach patients stress management techniques. **Audio Included

- Substance Abuse and Violence Against Women (3.5 hrs)

  This course provides a comprehensive review of the nature and prevalence of substance abuse problems and its association with violence against women. The course discusses social, family and cultural aspects associated with domestic violence. It also provides a comprehensive review of services available to women and men who are in this cycle of violence. A detailed discussion about legal options for women is also contained in this course.

- Time Management (2.5 hrs)

  The bottom line in many organizations is productivity. If you find yourself overwhelmed, working too

many hours, or running behind you may have room to improve your approach to time management. This course will give you an overview of the top issues related to managing your time effectively at work. You will learn ways to streamline your daily work along with skills that can help you to get more work done in less time.

- Trauma Informed Treatment for Children with Challenging Behaviors (3 hrs)

  This course is about how to help children who have been severely traumatized to more effectively regulate their emotions and better manage their challenging behaviors.

- Valuing Diversity in the Workplace (2.5 hrs)

  In today's increasingly diverse workplace, recognizing and valuing diversity has never been more important for an organization's success. The differences and similarities that we share with our colleagues contribute to the successes and difficulties we experience. The key to valuing differences is to be appropriate about recognizing them so that they don't hold us back from performing at the highest level possible. In this course, you will learn about your own attitudes toward diversity along with specific skills to work effectively with other employees who have different backgrounds and training.

- Working with Children in Families Affected by Substance Use (4 hrs)

  This course is designed to help you assist families experiencing Substance Use Disorders (SUDs) and the child maltreatment that often results. You will learn how to address each problem by gaining an understanding of SUDs, including their dynamics, characteristics, and effects. You will also learn how Child Protective Services workers recognize and screen for SUDs in child maltreatment cases. Finally, you will find out how to establish plans for families experiencing these problems, including how to support treatment and recovery, as appropriate. By completing this training, you will have opportunities to apply what you have learned in a series of interactive exercises, games, and vignettes that are designed to address issues you may encounter. The knowledge you gain will contribute to your understanding, helping you to identify avenues for enhanced services to families.

  This form of training has been extremely popular with staff. Between July 1, 2013 and June 2014 staff completed 1114 classes and 75 more individuals enrolled who have not yet launched the course. Numbers of each selected training continue to be further reviewed so that courses not used frequently can be replaced with others from the Essential Learning catalog.

### Webinar Capability

Finally, a "webinar" feature called "WebEx" has been implemented allowing staff to participate in training from their office location. This includes the ability to participate, using their computers and their phone lines, so that they can both see and hear presentations and ask questions as appropriate. This feature has been used to train large groups of staff on issues relating to the Indiana Practice Model, fiscal issues, preparation of referral forms for providers, and IV-E eligibility among others. It was utilized for one of the modules from the Leadership Academy of Supervisors outlined above. It is anticipated that this medium will be used extensively in the future to disseminate information quickly throughout Indiana efficiently and effectively.

### Develop Evaluation Infrastructure

Evaluation forms continue to be collected from all trainees after each module and cover issues relating to the training, the trainer(s) and the location. Many of these evaluations are collected on-line. They are summarized by evaluators from Indiana University. The 2013 report is a synopsis of the quarterly reports which contain all the evaluations of Levels I, II, III, and IV. Level I addresses trainee satisfaction and Level II addresses knowledge gained from training. Level III addresses the application of skills learned in training. Added to each question for Level I is the relative rank of each question, class, or trainer by quarter and overall. Because the Partnership is committed to continually assessing training effectiveness, the reports are valuable information.

The response rate from ranged from 98.8% in the 1st quarter to 100% in the 3rd quarter. Regarding Level I, 177,146 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score was 4.18, indicating that trainees rated the training as "greatly exceeding" their expectations. Lowest rated were the questions about the physical locations of training (questions 9 through 11, means of 3.61, 3.76, and 3.88 respectively), the highest rated were importance of training (question 14b, with a mean of 4.56), applicability of training (question 13, with a mean of 4.51), and practicality of training (question 14a, with a mean of 4.48). These numbers are consistent with last year's results. As mentioned above, trainer characteristics were also highly rated, with an overall mean of 4.26. Focusing on the trainees' feelings about the training itself, rather than the furniture and locations, it can be seen that overall, trainees have very positive opinions about the training.

A summary of questions related to the curriculum was added to this report. The following classes ranted in the top 10% for the selected questions: Worker Safety, Casey Foster Family Assessment, legal Overview, Domestic Violence: Holding a CFTM and Forensic Interviewing. The following classes ranted in the bottom 10%:

Supervision II: Administrative Supervision, Secondary Trauma, Advanced Developmental Disabilities, Supervision IV: Educational Supervision, and Supervision V: Supportive Supervision.

Level II evaluations are designed to assess the knowledge gained from training, through using a pre-test and a post-test. In 2012, we collected 17 cohorts of both the pre-test and the post-test. For most of 2011, we used the original test. Participants taking the original test improved 18.4%  All trainees improved from pre to post.  86% improved by 11 or more questions on average from pre-test to post-test.

Level III Evaluations are designed to measure the "transfer of learning" that occurs from the classroom to the field.  Both Field Mentors and Supervisors complete behaviorally anchored scales regarding competencies on various identified skills.  Throughout the  year, Supervisors submitted evaluations nearly as often as Mentors. Mentors tended to give most mentees very similar scores. This means that the average scores that mentors gave to new workers were essentially the same over time in each skill set. Supervisors also tended to score mentees similarly over time. Overall, mentors tended to rate new worker's skills as "excellent." While at first this might seem like a positive statement, upon reflection we believe that the ratings are not truly reflective of the workers' abilities. It is not realistic to think that all new workers are "excellent" in their first few months on the job. If raters could provide more variation in their ratings, it would present an opportunity for workers to learn and grow in their skills. This is a message the agency could give mentors and supervisors, along with encouraging them to complete the Level III evaluations routinely. Supervisors ratings were overall slightly lower for mentees (than Mentor ratings), but were also somewhat high for new hires in their first few months of employment.

Level IV Evaluations; Measuring the impact of training relative to outcomes for the caseload of individual workers.  In this summary, we will highlight information that shows differences between FCMs trained before and after the 2008 Practice Reform was implemented. July of 2008 is the hire date that for which an FCM would have received new worker training under the new practice model. FCMs hired by DCS before July of 2008 are "before new practice model" and those hired after July of 2008 are "after new practice model."

If the numbers are fairly similar, they will not be mentioned here. Please note that we do not know if the differences are statistically significant, and we do not know if the differences are caused by training or by other factors. This data collection and analysis is in the beginning stages and we are presenting it here more for future reference than to draw any conclusions at this time.

Below is a summary of the data.

- The total number of cases were slightly higher for FCMs trained after Practice Reform.
- We see that for the average total days that children were in care, for FCMs trained before and after the 2008 Practice Reform was implemented, the numbers are better for FCMs trained after Practice Reform.
- Average number of days per case were lower for FCMs trained after Practice Reform.
- Average total placements were lower for FCMs trained after Practice Reform.
- Average number of placements per child were lower for FCMs trained after Practice Reform.
- Average number of placements per case were lower for FCMs trained after Practice Reform.
- For length of placement, the average percentage of cases that were less than 12 months was higher for FCMs trained after Practice Reform. This is a positive indicator for the FCMs trained after practice reform. For longer placements, the average percentage of cases that were more than 15 months was lower for FCMs trained after Practice Reform
- And finally, for the type of placement being in the child's own home or relative home, the average percentage of cases in these homes was slightly higher for FCMs trained after Practice Reform.

Again, we have just listed the comparisons in which there is some difference between the two sets of workers. Not all comparisons yielded any difference, and we do not know what the causes are of the differences we do note. But of all the differences, the numbers are in favor of the FCMs trained after Practice Reform. As we continue to gather more data, we hope to revise and refine this method and gain more meaning.

### Resource Parent Training

For a number of years Indiana used the Institute for Human Services curriculum for Foster/Kinship/Adoptive Parent (FAKT) training. Indiana had 11 contracts with vendors that provided 20 hours of FAKT pre-service training throughout the state. All pre-adoptive parents are required to complete this training and an additional six hours of training specific to adoption. Licensed Child Placing Agencies (LCPAs) provide training to their prospective foster parents by trainers that have been certified through the State Training of Trainers program.

During 2010, the Staff Development Division developed plans to assume responsibility for all resource parent training effective July 1, 2011. Initially, fourteen staff positions were developed, including two supervisory positions, 7 full-time trainer positions and 5 full-time coordinator positions. One full-time curriculum writer re-wrote pre-service training to better align with the vision, mission and values specific to the department. In addition, on-going training modules for licensed resource parents were developed so that consistent and quality training can be offered regionally to resource parents at convenient times and in convenient locations. Rules

and policies relating to resource parent training were reviewed and updated. A contract was established with Foster Parent College to provide on-line training to resource parents and another contract with the Central Indiana American Red Cross provides for resource parents to receive appropriate certification in CPR, First Aid and Blood borne Pathogens.

Between July 1, 2012 and April 30, 2013, 621 foster parent trainings were scheduled. This included training for 3,305 prospective foster parents/adoptive parents in pre-service training, and 3,007 licensed individuals who were completing their annual training requirements. The volume of trainings needed regionally has resulted in additional staff being added to this division including a curriculum writer, a supervisor, and two trainers. Evaluations received continue to indicate that foster parents find the training valuable and the training delivery very good. A more formal evaluation process is being considered starting in 2014.

### Training for Licensed Child Placing Agencies (LCPA's)

In Indiana, therapeutic children are placed with private agencies called Licensed Child Placing Agencies (LCPA's). To provide for consistent basic training, DCS provides quarterly trainings for representative trainers from these agencies on 10 hours of pre-service training and provides detailed curriculum to them as well. This lays the foundation for all foster parents in Indiana to have consistent, quality training as they consider whether they want to become licensed.

In addition, Indiana DCS developed a workgroup in 2013 with all LCPA agencies invited to develop additional curriculum on mutually agreed upon topics related to the therapeutic needs of many foster children. This workgroup has identified four potential topics and will further explore developing detailed curriculum available to all agencies to insure appropriate, quality training is occurring for foster parents who work with children with behavioral health needs.

### Adoption Forum

Indiana partnered with the Indiana Association on Adoption and Child Care Services (IAACCS) in 2012 to host an adoption forum titled "Adoption: It's More Than Magic". Topics covered in workshops included: special education, adoption finalization, kinship care, adoption subsidies, autism and the adoption registry among others. Attendees included more than 200 individuals including DCS staff and other provider stakeholders.

The 2013 Adoption Forum is currently in the planning phase with the theme of "Addressing Secondary Trauma and Self-Care". It will be held in July of 2013.

### Resource and Adoptive Training Advisory Board

In July of 2012, the RAPT Advisory Board held its first meeting. Consisting of both DCS staff and external stakeholders (including a foster parent), the identified purpose of this board is to help inform the training system by reviewing training trends and data and providing additional input regarding program improvement. In the Fall of 2014, this group will reconvene and will decide how often they will meet.

### IV-E Programs: Consulting Services Related to Training

Indiana has contracted with the Maximus Consulting Group to provide assistance in developing our IV-E programs. These services include a development of training presentations using PowerPoint's and supporting documents in areas of:

- Best practice implementation, Centralized Eligibility Unit, eligibility reviews, technical support for audits, procedural reviews of denied cases, open eligibility cases, and SSJ eligibility.
- Providing recommendations regarding resource licensing process, policies and procedures.
- Conducting cost report training for providers.

In 2014, A Computer Assisted Training (CAT) has been developed due to the changes within the implementation of the MaGIK computer system.

### Staff Education and Training – MSW Program

The Indiana Partnership for Social Work Education in Child Welfare was created in 2001 to provide high quality social work education for public child welfare employees. It was designed to utilize funds from the Federal Government under Title IV-E of the Social Security Act as well as to meet the expectations of ongoing quality improvements of state child welfare programs as required by the Adoption and Safe Families Act of 1997. The initial two-year grant provided MSW education for 35 IFSSA/DFC employees at two campuses of Indiana University: IUPUI and IU South Bend. A new three- year grant was signed in 2006 and approximately 20 students joined the program in 2007 and 2008 which had expanded to include the IUN campus in Gary. Another 3 year grant was signed effective July 1, 2009 through June 30, 2012. This program has again been reviewed and continued with a new contract covering the period July 1, 2012 through June 30, 2015. Approximately 20 identified DCS Field Staff are selected each year to participate in this program. Selection criteria includes an evaluation of leadership potential by supervisory staff and an interview process which focuses on commitment to the Department of Child Services and ability to utilize MSW knowledge and skills gained to further enhance

the DCS workforce.

The MSW program is currently available to agency students in Indianapolis, Gary, Fort Wayne, Richmond, New Albany and South Bend. In Indianapolis, classes are available during the evenings, or on Saturday. At the other campuses, classes are available in the evenings. Beginning in the January of 2012, an MSW program became available in Southern Indiana, addressing a need that was identified in the past.

In addition to student education, a major focus of this grant was to support the development of a child welfare concentration designed to provide the IV-E supported students, as well as other students interested in working in public or private child welfare agencies, with specific knowledge and skills for practice with children and families involved in the child welfare system. Four advanced practice courses and one child welfare policy course are now in place. The specific objectives of these courses were reviewed in relation to the Indiana Competencies as well as the list of competencies for child welfare practice developed by the University of California and currently utilized in their IV-E project. Advanced practice skills in the area of working with children impacted by family violence, family work particular to the child welfare setting and community-based practice in child welfare are taught through these specialized courses.

The IV-E grant also supports specialized practicum placements for the IV-E funded students. The Council on Social Work Education requires that each student have a minimum of 900 clock hours of field practice, supervised by an experienced and licensed MSW practitioner. All MSW students have the option of completing one of the two required practica in their employing agencies. This policy supports non-traditional students, like those in the IV-E program, who are employed full-time and have employment experiences in social-work related practice areas. Employment-based practicums require special planning and prior approval to ensure that students are able to have a learning experience beyond their day-to-day job responsibilities and are required to have a field instructor who is different from their employment supervisor to reduce conflicts of interest between work and practicum. Students in the IV-E program are encouraged to do one of their two practicums in an approved DCS program. Because of the large number of student who are involved in this undertaking, as well as the limited number of available supervisors who meet the minimum educational requirements, the IV-E program is able to arrange for field supervision from an MSW from outside of the agency. This service is not available to students who are not in the IV-E program, but is necessary for these students given our commitment to allowing the students and the agency to benefit from the special projects that students can be involved with during their practicums. Specific policy relating to work/class conflicts as well as work hours relative to practicum hours has been developed to provide more guidance to the field on how to balance these

two responsibilities. See General Administrative Policies 8 (Employee Outside Internships and Practicum), 9 (BSW Scholars IV-E Practicum), 12 (Academic Students Expectations) and 14 (MSW IV-E Scholars Employment Based Practicum)

There continues to be emphasis on providing high quality social work education for public child welfare employees through creating opportunities for MSW education, while at the same time creating and implementing curriculum that meets the competencies for child welfare practice as defined by the State of Indiana. Since 2001, approximately 215 DCS employees have begun their MSW studies and over 160 have graduated as of May 2014. Many of these employees have been promoted to supervisory or management positions within DCS and are utilizing their expanded knowledge and skills to benefit child welfare in Indiana.

### BSW Program

The Indiana Partnership for Social Work Education in Child Welfare expanded IV-E funded training opportunities to a Bachelor of Social Work (BSW) program offered through four universities on six campuses in January 2006. Indiana University-Purdue University Indianapolis serves as the lead university working with five other BSW programs. The partnership can include up to 36 students statewide per year. Required courses in child welfare were added to the existing BSW programs to integrate content from the DCS new worker training curriculum. A practicum experience in a local DCS office is also required of each participating student. During their time in the program, students receive support in the form of payment of tuition and fees, as well as a stipend. Upon graduation, participants are prepared for employment as a Family Case Manager. Participants have a two-year work commitment with the Department of Child Services if hired.

The first graduates of this program were offered positions in DCS Local Offices in the summer of 2007. Feedback on their training and preparation to provide quality casework has been positive. 20 Students completed this program during the 2007-2008 academic year and began employment in Local Offices during the summer of 2008. Additional students have participated in the program each year, and recently 35 students completed the required coursework and were offered positions within DCS.

Recent research completed by IU Professor Dr. Lisa McGuire established that the student's self-perceived competence for child welfare work was significantly higher than the self-perceived competence of trainees completing the established cohort training on 21 of 36 items. Also, retention analysis between the two groups demonstrated statistically significant difference between the two groups in retention with those completing the cohort training 3 times more likely to leave the job than the BSW graduates. As a result, DCS has modified its

contract with the IU School of Social Work to fund 50 BSW students completing their senior year (compared with 36). This contract has also been extended another three years, through June of 2015.

In June 2014, 48 BSW students graduated and will be placed in various county offices throughout the state.

### Training With Other External Partners

Effective in FFY 2009, the definition of trainees eligible to receive title IV-E short-term training has been expanded by Public Law110-351 to include additional groups of non local office staff. The following groups are included: relative guardians; State-licensed or State-approved child welfare agencies providing services to children receiving title IV-E assistance; child abuse and neglect court personnel; agency, child, or parent attorneys; guardian ad litems; and court appointed special advocates. The federal legislation provides for enhanced funding for these new categories of trainees. The enhanced funding rates increase each year over the five year period from FFY 2009 to FFY 2013.

Training conducted for the expanded population of trainees as set forth in the above paragraph will be initiated through a signed Memorandum of Understanding (MOU) with the respective agency/individual. As described above, such a Memorandum was completed with the Indiana Supreme Court, Division of Sate Court Administration. Any subsequent contract or MOU shall contain sufficient detail to identify the costs for appropriate allocation. Costs shall include, but are not limited to, trainers, meeting space and supplies. The training activities provided through the Supreme Court MOU will include but not be limited to: 1) current Indiana statutes guiding the child protection system, 2) judicial proceedings related to the children under the court supervision, 3) Title IV-E allowed activities specified in 45 CFR 1356.60 ( c), and 4) topics covering or related to guidance provided in CWPM 8.1H (8). All costs related to the MOU will be claimed at the 55% Federal Financial Participation (FFP) for appropriate federal fiscal year with subsequent increases for corresponding fiscal year.

### Children's Bureau Training and Technical Assistance Network

Staff Development continues to be actively involved with the National Resource Center for Organizational Improvement through its Peer to Peer Network. Indiana Staff Development has also worked closely with the National Child Welfare Workforce institute through its contractors The Midwest Implementation Center has been assisting all Region V and Region VII state training directors and support staff with coordination activities and networking opportunities although that support will end in the fall of 2013.

The Department of Child Services Division of Services and Outcomes recently requested technical assistance through JBS International regarding appropriate programming related to Domestic Violence as well as assistance in working with the Domestic Violence Community on collaborative efforts. The National Resource Center for Child Protective Services and the National Resource Center for Permanency and Family Connections have been identified as two possibilities to assist in this area and preliminary discussions have been held to develop a comprehensive plan based on approval from the Region V Office.

## XII. ATTACHMENTS

1. Assurances and Certifications (signed PDF)
2. CFS-101, Part I FFY 2015 (Excel) (Signed PDFs sent Electronically)
3. CFS-101, Part II - planned expenditures for use of FY 2015 funds
4. CFS-101, Part III FFY 2012 grants (excel) (Signed PDFs will be sent Electronically)
5. Citizens Review Panel Report – Lake County
6. Citizens Review Panel Report – Marion County
7. Citizens Review Panel Report – Wayne County
8. Citizens Review Panel Response – Lake County
9. Citizens Review Panel Response – Marion County
10. Citizens Review Panel Response – Wayne County
11. Disaster Plan
12. Education and Training Vouchers Awarded
13. Health Care Oversight Plan
14. Organizational Chart – Administrative Services
15. Organizational Chart – Chief of Staff
16. Organizational Chart – Communications
17. Organizational Chart – Executive Office
18. Organizational Chart – Field Ops and Hotline
19. Organizational Chart – Human Resources

20. Organizational Chart – Information Technology
21. Organizational Chart – Legal Operations
22. Organizational Chart – Permanency and Practice Support
23. Organizational Chart – Placement Support and Compliance
24. Organizational Chart – Services and Outcomes
25. Organizational Chart – Staff Development
26. Region 8 Service Needs Assessment Data Packet
27. Region 8 Indicators at a Glance
28. Region 8 Most Prominent Stress Factors Experienced by Parents
29. Region 8 Prevention Data
30. SFY 2013 Region 8 Paid Services
31. Statewide Data PowerPoint Presentation
32. LGBTQ Services Guidebook
33. SFY2013 Region 1 Provider Usage
34. SFY2013 Region 2 Provider Usage
35. SFY2013 Region 3 Provider Usage
36. SFY2013 Region 4 Provider Usage
37. SFY2013 Region 5 Provider Usage
38. SFY2013 Region 6 Provider Usage
39. SFY2013 Region 7 Provider Usage
40. SFY2013 Region 8 Provider Usage
41. SFY2013 Region 9 Provider Usage
42. SFY2013 Region 10 Provider Usage
43. SFY2013 Region 11 Provider Usage
44. SFY2013 Region 12 Provider Usage

45. SFY2013 Region 13 Provider Usage
46. SFY2013 Region 14 Provider Usage
47. SFY2013 Region 15 Provider Usage
48. SFY2013 Region 16 Provider Usage
49. SFY2013 Region 17 Provider Usage
50. SFY2013 Region 18 Provider Usage

# ATTACHMENTS

**Attachment C - States**

**Title IV-B, subpart 1 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 1, sections 422(b)(8), 422(b)(10), and 422 (b)(14) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year Child and Family Services Plan (CFSP).

1. The State assures that it is operating, to the satisfaction of the Secretary:

    a. A statewide information system from which can be readily determined the status, demographic characteristics, location, and goals for the placement of every child who is (or, within the immediately preceding 12 months, has been) in foster care;

    b. A case review system (as defined in section 475(5) of the Act) for each child receiving foster care under the supervision of the State/Tribe;

    c. A service program designed to help children:

        i. Where safe and appropriate, return to families from which they have been removed; or

        ii. Be placed for adoption, with a legal guardian, or, if adoption or legal guardianship is determined not to be appropriate for a child, in some other planned, permanent living arrangement which may include a residential educational program; and

    d. A preplacement preventative services program designed to help children at risk of foster care placement remain safely with their families.

2. The State assures that it has in effect policies and administrative and judicial procedures for children abandoned at or shortly after birth (including policies and procedures providing for legal representation of the children) which enable permanent decisions to be made expeditiously with respect to the placement of the children.

3. The State assures that it shall make effective use of cross-jurisdictional resources (including through contracts for the purchase of services), and shall eliminate legal barriers, to facilitate timely adoptive or permanent placements for waiting children.

4. The State assures that not more than 10 percent of the expenditures of the State with respect to activities funded from amounts provided under this subpart will be for administrative costs.

5. The State assures that it will participate in any evaluations the Secretary of HHS may require.

6. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Mary Beth Bonaventura

Title: Director

Agency: Indiana Department of Child Services

Dated: July 11, 2014

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

**Title IV-B, subpart 2 Assurances**

The assurances listed below are in 45 CFR 1357.15(c) and title IV-B, subpart 2, sections 432(a)(2)(C), 432(a)(4), 432 (a)(5), 432(a)(7) and 432(a)(9) of the Social Security Act (Act). These assurances will remain in effect during the period of the current five-year CFSP.

1. The State assures that after the end of each of the first four fiscal years covered by a set of goals, it will perform an interim review of progress toward accomplishment of the goals, and on the basis of the interim review will revise the statement of goals in the plan, if necessary, to reflect changed circumstances.

2. The State assures that after the end of the last fiscal year covered by a set of goals, it will perform a final review of progress toward accomplishments of the goals, and on the basis of the final review:

a. Will prepare, transmit to the Secretary, and make available to the public a final report on progress toward accomplishment of the goals; and

b. Will develop (in consultation with the entities required to be consulted pursuant to subsection 432(b)) and add to the plan a statement of the goals intended to be accomplished by the end of the 5th succeeding fiscal year.

3. The State assures that it will annually prepare, furnish to the Secretary, and make available to the public a description (including separate descriptions with respect to family preservation services, community-based family support services, time limited family reunification services, and adoption promotion and support services) of:

a. The service programs to be made available under the plan in the immediately succeeding fiscal year;

b. The populations which the programs will serve; and

c. The geographic areas in the State in which the services will be available.

4. The State assures that it will perform the annual activities in the 432(a)(5)(A) in the first fiscal year under the plan, at the time the State submits its initial plan, and in each succeeding fiscal year, by the end of the third quarter of the immediately preceding fiscal year.

5. The State assures that Federal funds provided under subpart 2 will not be used to supplant Federal or non-Federal funds for existing services and activities which promote the purposes of subpart 2.

6. The State will furnish reports to the Secretary, at such times, in such format, and containing such information as the Secretary may require, that demonstrate the State's compliance with the prohibition contained in 432(a)(7)(A) of the Act.

7. The State assures that in administering and conducting service programs under the subpart 2 plan, the safety of the children to be served shall be of paramount concern.

8. The State assures that it will participate in any evaluations the Secretary of HHS may require.

9. The State assures that it shall administer the Child and Family Services Plan in accordance with methods determined by the Secretary to be proper and efficient.

10. The State assures that not more than 10 percent of expenditures under the plan for any fiscal year with respect to which the State is eligible for payment under section 434 of the Act for the fiscal year shall be for administrative costs, and that the remaining expenditures shall be for programs of family preservation services, community based support services, time limited family reunification services, and adoption promotion and support services, with significant portions of such expenditures for each such program.

Effective Date and Official Signature

I hereby certify that the State complies with the requirements of the above assurances.

Certified by: Mary Beth Bonaventura

Title: Director

Agency: Indiana Department of Child Services

Dated: July 11, 2014

Reviewed by: _____

(ACF Regional Representative)

Dated: _____

**Title IV-E, Section 477 Certifications**

**Certifications for the Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Indiana, I certify that the State has in effect and is operating a Statewide or areawide program pursuant to section 477(b) relating to the Foster Care Independence Program and that the following provisions to effectively implement the Chafee Foster Care Independence Program are in place:

1. The State will provide assistance and services to youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(A)];
2. Not more than 30 percent of the amounts paid to the State from its allotment for a fiscal year will be expended for room and board for youth who have left foster care because they have attained 18 years of age, and have not attained 21 years of age [Section 477(b)(3)(B)];
3. None of the amounts paid to the State from its allotment will be expended for room or board for any child who has not attained 18 years of age [Section 477(b)(3)(C)];
4. The State has consulted widely with public and private organizations in developing the plan and has given all interested members of the public at least 30 days to submit comments on the plan [Section 477(b)(3)(E)];
5. The State will make every effort to coordinate the State programs receiving funds provided from an allotment made to the State with other Federal, State and Tribal programs for youth (especially transitional living youth projects funded under part B of title III of the Juvenile Justice and Delinquency Prevention Act of 1974); abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies [Section 477(b)(3)(F)];
6. Adolescents participating in the program under this section will participate directly in designing their own program activities that prepare them for independent living and the adolescents will be required to accept personal responsibility for living up to their part of the program [Section 477(b)(3)(H)]; and
7. The State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan [Section 477(b)(3)(I)].
8. The State will use training funds provided under the program of Federal payments for foster care and adoption assistance to provide training to help foster parents, adoptive parents, workers in group homes, and case managers understand and address the issues confronting adolescents preparing for independent living, and will, to the extent possible, coordinate such training with the independent living program conducted for adolescents [Section 477(b)(3)(D)];
9. The State has consulted each Tribe in the State about the programs to be carried out under the plan; there have been efforts to coordinate the programs with such Tribes; and benefits and services under the programs will be made available to Indian youth in the State/Tribe on the same basis as to other youth in the State; and that the State negotiates in good faith with any Indian tribe, tribal organization, or tribal consortium in the State

that does not receive an allotment under 477(j)(4) for a fiscal year and that requests to develop an agreement with the State to administer, supervise, or oversee the programs to be carried out under the plan with respect to the Indian children who are eligible for such programs and who are under the authority of the tribe, organization, or consortium and to receive from the State an appropriated portion of the State allotment for the cost of such administration, supervision or oversight [Section 477(b)(3)(G)];

10. The State will ensure that an adolescent participating in this program is provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy or other similar document is recognized under State law, and how to execute such document if the adolescent wants to do so [Section 477(b)(3)(K)].

Mary Beth Bonaventura

Signature of Chief Executive Officer

July 11, 2014

Date

**State Chief Executive Officer's Certification**
**for the**
**Education and Training Voucher Program**
**Chafee Foster Care Independence Program**

As Chief Executive Officer of the State of Indiana, I certify that the State has in effect and is operating a Statewide program relating to the Chafee Foster Care Independence Program:

1. The State will comply with the conditions specified in subsection 477(i).
2. The State has described methods it will use to:
   - ensure that the total amount of educational assistance to a youth under this and any other Federal assistance program does not exceed the total cost of attendance; and
   - avoid duplication of benefits under this and any other Federal assistance program, as defined in section 477(b)(3)(J).

Mary Beth Bonaventura

**Signature of Chief Executive Officer**

July 11, 2014

**Date**

## CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2014, October 1, 2013 through September 30, 2014

| | | |
|---|---|---|
| **1. State or Indian Tribal Organization (ITO): INDIANA** | **2. EIN: 35-6000158-J7** | |
| **3. Address: Department of Child Services, 402 W Washington Street, RM E306 MS 08, Indianapolis IN 46204-2739** | **4. Submission:** [ ] New [ X ] Revision | |
| **5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds** | $ | 6,506,901.00 |
| a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment) | $ | 650,690.10 |
| **6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.** | $ | 5,910,166.00 |
| a) Total Family Preservation Services | $ | 1,182,033.20 |
| b) Total Family Support Services | $ | 1,182,033.20 |
| c) Total Time-Limited Family Reunification Services | $ | 1,182,033.20 |
| d) Total Adoption Promotion and Support Services | $ | 1,182,033.20 |
| e) Total for Other Service Related Activities (e.g. planning) | $ | 591,016.60 |
| f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment) | $ | 591,016.60 |
| **7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)** | $ | 372,001.00 |
| a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment) | $ | 37,200.10 |
| **8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:** | | |
| a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $__0.00__, PSSF $__0.00__, and/or MCV(States only)$__0.00__. | | |
| b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $__0.00__, PSSF $__0.00__, and/or MCV(States only)$__0.00__. | | |
| **9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)** | $ | 530,945 |
| **10. Estimated Chafee Foster Care Independence Program (CFCIP) funds** | $ | 3,779,233.00 |
| a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment) | $ | 1,133,769.90 |
| **11. Estimated Education and Training Voucher (ETV) funds** | $ | 1,216,146.00 |
| **12. Re-allotment of CFCIP and ETV Program Funds:** | | |
| a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program | $ | - |
| b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program | $ | - |
| c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program | $ | 500,000.00 |
| d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program | $ | 200,000.00 |

**13. Certification by State Agency and/or Indian Tribal Organization.**

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

| **Signature and Title of State/Tribal Agency Official** | **Signature and Title of Central Office Official** |
|---|---|
| Mary Beth Bonaventura | 10/3/14 |

## CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

Fiscal Year 2015, October 1, 2014 through September 30, 2015

| | | |
|---|---|---|
| **1. State or Indian Tribal Organization (ITO): INDIANA** | **2. EIN: 35-6000158-J7** | |
| **3. Address: Department of Child Services, 402 W Washington Street, RM E306 MS 08, Indianapolis IN 46204-2739** | **4. Submission:** [ X ] New [ ] Revision | |
| **5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds** | $ | 6,506,901.00 |
| a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment) | $ | 650,690.10 |
| **6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.** | $ | 5,910,166.00 |
| a) Total Family Preservation Services | $ | 1,182,033.20 |
| b) Total Family Support Services | $ | 1,182,033.20 |
| c) Total Time-Limited Family Reunification Services | $ | 1,182,033.20 |
| d) Total Adoption Promotion and Support Services | $ | 1,182,033.20 |
| e) Total for Other Service Related Activities (e.g. planning) | $ | 591,016.60 |
| f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment) | $ | 591,016.60 |
| **7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)** | $ | 372,001.00 |
| a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment) | $ | 37,200.10 |
| **8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:** | | |
| a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS $__0.00__, PSSF $__0.00__, and/or MCV(States only)$__0.00__. | | |
| b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS $__0.00__, PSSF $__0.00__, and/or MCV(States only)$__0.00__. | | |
| **9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)** | $ | 530,945 |
| **10. Estimated Chafee Foster Care Independence Program (CFCIP) funds** | $ | 3,779,233.00 |
| a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment) | $ | 1,133,769.90 |
| **11. Estimated Education and Training Voucher (ETV) funds** | $ | 1,216,146.00 |
| **12. Re-allotment of CFCIP and ETV Program Funds:** | | |
| a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program | $ | - |
| b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program | $ | - |
| c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program | $ | 500,000.00 |
| d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program | $ | 200,000.00 |

**13. Certification by State Agency and/or Indian Tribal Organization.**

The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

| Signature and Title of State/Tribal Agency Official | Signature and Title of Central Office Official |
|---|---|
| Mary Beth Bonaventura | 10/31/14 Joseph Bock for Todd Grey |

Attachment B
OMB Approval #0980-0047
Approved through October 31, 2014

## CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization ( ITO) Indiana For FFY OCTOBER 1 ,2014 TO SEPTEMBER 30, 2015

| SERVICES/ACTIVITIES | TITLE IV-B (a) Subpart I-CWS | TITLE IV-B (b) Subpart II-PSSF | TITLE IV-B (c) Subpart II-MCV * | (d) CAPTA* | (e) CFCIP | (f) ETV | (g) TITLE IV-E** | (h) STATE, LOCAL, & DONATED FUNDS | (i) NUMBER TO BE SERVED Individuals | (i) NUMBER TO BE SERVED Families | (j) POPULATION TO BE SERVED | (k) GEOG. AREA TO BE SERVED |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT) | | 1,182,033 | | | | | 558,716 | 27,955,978 | 44,837 | 14,909 | At Risk AB/NE | Statewide |
| 2.) PROTECTIVE SERVICES | 3,904,140 | | | 530,945 | | | 15,026,873 | 88,911,400 | 197,884 | | Reports of AB/NE | Statewide |
| 3.) CRISIS INTERVENTION (FAMILY PRESERVATION) | | 1,182,033 | | | | | 27,439,729 | 35,768,595 | | 5,939 | Informal Adjustment/InHome *** | Statewide |
| 4.)TIME-LIMITED FAMILY REUNIFICATION SERVICES | | 1,182,033 | | | | | 219,325 | 245,150 | 10,677 | | Children in Foster Care & their Families*** | Statewide |
| 5.) ADOPTION PROMOTION AND SUPPORT SERVICES | | 1,182,033 | | | | | 4,670,236 | 1,856,247 | 1,284 | | Adoptive Families | Statewide |
| 6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning) | | 591,017 | | | | | 81,285 | 3,873,861 | | | | |
| 7.) FOSTER CARE MAINTENANCE: | | | | | | | | | | | | Statewide |
| (a) FOSTER FAMILY & RELATIVE FOSTER CARE | | | | | | | 9,224,225 | 78,808,930 | 9,759 | | Children in Foster Care*** | Statewide |
| (b) GROUP/INST CARE | | | | | | | 36,013,436 | 161,229,282 | 723 | | Children in Foster Care *** | Statewide |
| 8.) ADOPTION SUBSIDY PMTS. | | | | | | | 69,321,481 | 44,553,142 | 11,578 | | Adoptive Children | Statewide |
| 9.) GUARDIANSHIP ASSIST. PMTS. | | | | | | | | 1,552,157 | 262 | | Formalized Guardianships | Statewide |
| 10.) INDEPENDENT LIVING SERVICES | | | | | 3,779,233 | | | 897,194 | | | All eligible Children | Statewide |
| 11.) EDUCATION AND TRAINING VOUCHERS | | | | | | 1,216,146 | 301,140 | 430,486 | 371 | | Children ages 18-20 | Statewide |
| 12.) ADMINISTRATIVE COSTS | 650,690 | 591,017 | | | | | 16,451,977 | 72,627,734 | | | | |
| 13.) STAFF & EXTERNAL PARTNERS TRAINING | 695,537 | | | | | | 1,223,674 | 1,735,078 | | | | |
| 14.) FOSTER PARENT RECRUITMENT & TRAINING | 350,502 | | | | | | 903,463 | 710,374 | | | | |
| 15.) ADOPTIVE PARENT RECRUITMENT & TRAINING | 906,032 | | | | | | 977,897 | 1,018,641 | | | | |
| 16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING | | | | | | | | | | | | |
| 17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING | | | 372,001 | | | | | 187,881 | | | | |
| 18.) TOTAL | 6,506,901 | 5,910,166 | 372,001 | 530,945 | 3,779,233 | 1,216,146 | 182,413,457 | 522,362,130 | 277,375 | 20,848 | | |

*** NOTE These values reflect snapshot/point in time counts of the identified population(s) served.

*** These columns are for States only; Indian Tribes are not required to include information on these programs.**

**** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.**

Attachment B
OMB Approval #0960-0047
Approved through October 31, 2014

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011 through September 30, 2012**

| 1. State or Indian Tribal Organization (ITO): INDIANA | 2. EIN: 35-6000158-J7 | 3. Address: Department of Child Services, 402 W Washington Street, RM E306 MS 08, Indianapolis IN 46204-2739 | | | | |
|---|---|---|---|---|---|---|
| 4. Submission: [X ] New [ ] Revision | | | | | | |
| *Description of Funds* | *Estimated Expenditures* | *Actual Expenditures* | *Number served* | | *Population served* | *Geographic area served* |
| | | | *Individuals* | *Families* | | |
| 5. Total title IV-B, subpart 1 funds | $ 6,780,063 | $ 6,780,063 | | | | |
| a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment) | $ 678,006 | $ 678,006 | | | | |
| 6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.) | $ 7,150,741 | $ 6,552,149 | 9,649 | 6,261 | AB/NE Foster Children | Statewide/ 92 Counties |
| a) Family Preservation Services | $ 2,502,760 | $ 2,293,252 | | | | |
| b) Family Support Services | $ 1,430,148 | $ 1,310,430 | | | | |
| c) Time-Limited Family Reunification Services | $ 357,537 | $ 327,607 | | | | |
| d) Adoption Promotion and Support Services | $ 1,430,148 | $ 1,310,430 | | | | |
| e) Other Service Related Activities (e.g. planning) | $ 715,074 | $ 655,215 | | | | |
| f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007) | $ 715,074 | $ 655,215 | | | | |
| 7. Total Monthly Caseworker Visit Funds (STATE ONLY) | $ 428,370 | $ 413,933 | | | | |
| a) Administrative Costs (not to exceed 10% of MCV allotment) | $ 42,837 | $ 41,393 | | | | |
| 8. Total Chafee Foster Care Independence Program (CFCIP) funds | $ 4,013,399 | $ 4,081,313 | | | | |
| a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment) | $ 1,177,065 | | | | | |
| 9. Total Education and Training Voucher (ETV) funds | $ 1,338,235 | $ 1,338,235 | 421 | | | Children ages 18 - 20 |

10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.

| *Signature and Title of State/Tribal Agency Official* | *Date* | *Signature and Title of Central Office Official* | *Date* |
|---|---|---|---|
| Mary Beth Bonaventura | July 11, 2014 | Joseph Bodkin for Joe Leon Chief | 10/23/14 |

# Section E: Financial Information

### *1. Payment Limitations – Title IV-B, Subpart 1*

In order to verify compliance with Section 424(c) and Section 424(d) of the Act, the Indiana Department of Child Services provides the information below. The State of Indiana does not use Title IV-B Subpart 1 funds for child care, foster care maintenance and adoption assistance, nor does the State of Indiana use non-Federal funds that were expended by the State for foster care maintenance payments as part of the title IV-B, subpart 1 State match. Therefore, Indiana is in compliance with Section 424(c) and Section 424(d) of the Act which states that FY 2012 expenditures for these purposes may not exceed FY 2005 amounts.

| | *FY 2005* | *FY 2012* |
|---|---|---|
| *Federal Expenditures* | | |
| Child Care | $ 0.00 | $ 0.00 |
| Foster Care Maintenance | $ 0.00 | $ 0.00 |
| Adoption Assistance Payments | $ 0.00 | $ 0.00 |
| Child Welfare Services | $4,870,320.34 | $5,229,625.00 |
| Child Welfare Training | $1,137,534.26 | $858,262.00 |
| Administration | $667,539.40 | $678,006.00 |
| *TOTAL FEDERAL (75%)* | $6,675,394.00 | $6,765,893.00 |
| *Non-Federal Expenditures* | | |
| Child Care | $ 0.00 | $ 0.00 |
| Foster Care Maintenance | $ 0.00 | $ 0.00 |
| Adoption Assistance Payments | $ 0.00 | $ 0.00 |
| Child Welfare Services | $1,557,591.93 | $1,743,208.00 |
| Child Welfare Training | $445,026.27 | $286,087.00 |
| Administration | $222,513.13 | $226,002.00 |
| *TOTAL STATE MATCH (25%)* | $2,225,131.33 | $2,255,297.00 |

## Section E: Financial Information

### *2. Payment Limitations – Title IV-B, Subpart 2*

In order to verify compliance with the non-supplantation regulations in section 432(a)(7)(A) of the Act, the Indiana Department of Child Services provides the following illustration of FY 2012 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 for comparison with the State's 1992 base year amount.

| | *1992 Base Year* | *FY 2012* |
|---|---|---|
| Federal Share | $0.00 | $6,552,149.99 |
| State Share | $3,246,083.00 | $2,184,050.00 |
| Total Expenditures | $3,246,083.00 | $8,736,199.99 |

LAKE COUNTY CITIZEN REVIEW PANEL

ANNUAL REPORT

JUNE 2013

The Citizens Review Panel in Region 1 is comprised of the following members: Cynthia Cyprian, Clinical Director of The Villages; Jonelle Carns, Independent Contractor (foster /adoptive parent); Julie Villarreal, Program Director, Indiana MENTOR; *Cynthia Cyprian and Julie Villarreal served as co-chairs for the CRP meetings. Ann Arvidson, Foster Care Consultant for Department of Child Services and Kimberly Miller, Attorney/Federal Compliance Manager, served as liaison to the Citizens Review Panel (CRP). The Lake County Citizen Review Panel met bi-monthly from 7/1/12 through 6/30/13.

The team followed up on last year's agenda and report which looked at the role of the Child and Adolescent Needs and Strengths Assessment (CANS) in determining the level of care for children in placement. It was hypothesized that children who were under-rated by the CANS were at risk of disruption in their foster home due to a lack of supportive services. CANS levels are directly linked to the amount of supervision needed by the assigned agency, and the intensity and frequency of needs that are provided to the foster family and the identified child. For example, a level 1 child will be seen in the foster home one time per month. A level 2 child is seen twice per month. A level 3 child is seen I time per week. However, a level 4 child is seen twice per week.

This year, the members of the panel were all experienced management for Licensed Child Placing Agency's (LCPA). As a team, there was awareness that the children who were coming into therapeutic care were in need of much greater services than were required in the past. This is assumed to be due in part to the decision by the DCS to systematically reduce the number of children in residential treatment in an effort to control costs and allow children to remain in a least restrictive environment. The children who are no longer placed in residential facilities are now being placed in therapeutic foster homes.

It is believed that these high-acuity children, coupled with a miscalculated needs assessment, resulted in multiple disruptions for the child. In addition, because of the increased number of moves, the child experiences a negative impact on their emotional health and well-being, leading to an increase in runaways, reactive attachment disorders, anxiety, depression, low self-esteem, poor school performance and other issues of this nature.

In order to explore the notion that multiple disruptions were a result of a lack of supportive services for the child, we took a random sample of 19 children from random counties across the state. The sample was pulled from six randomly selected counties (Delaware, Lake, Owen, Posey, Pulaski, and Clark). The CRP chose specific demographics in which each Foster Care Supervisor from the six random counties was given the task of choosing one child from each age group with the ability to select a sibling group to be a sample for the review. The demographics included ages in the following categories: 0-4 years of age, 5-13 years of age and 14+ years of age. Each child selected was also required to have been in care for at least one year. Once the child was selected, the CRP requested a copy of the Case Plan along with

the current CANS Assessment(s). The Foster Care Supervisor from each county chose the participants and provided the necessary information. Overall, there were 19 participants selected and reviewed.

Initially, the team was going to look at Lake County specifically but felt that a larger, more diverse, sample would be more indicative of the overall possible impact across the state. Once we received the data, members compared the CANS data with the Case Plan. We were looking for consistency between the two tools which were used to provide the level of treatment services to the child. The team made the following discoveries:

- 14 out of 19 CANS improperly scored the foster family instead of the biological family. The only time that a foster family should be rated as the identified caregiver is when the permanency plan includes Adoption by that foster family.

- 10 out of 19 improperly used the short form CANS instead of the Comprehensive CANS. (Per *DCS Policy Chapter 4, Section 32: Assessment* – it states that the Short Form will be used for "each child in the home when abuse and/or neglect have been substantiated or for each child placed out-of-home during the abuse and neglect assessment"). The policy also indicates that if any item is rated a 2 or 3 on the Short Form then a Comprehensive should be completed within 30 days. This was also not consistently completed as stated in the policy.

- 10 out of 19 did not indicate a child was removed and therefore did not properly calculate the level.

- The average number of moves in the sample was 4 moves per child. The child with the most moves was 16 moves (This child was also rated on the CANS a Level 1 with no services identified).The child with the least amount of moves was 2 moves.

- 15 out of 19 indicated a "0" on the cans when the Case Plan indicated otherwise. Meaning, an item was rated a "0" on the CANS, but clearly identified as a need on the Case Plan.

For example;

- 0-Child is performing well in school, yet the child has an IEP.

- 0- Child is doing well in relationships with family members, yet the child was removed due to physical abuse.

In an effort to encourage more objectivity the CRP decided to gather information on the "experience" of the child placed in care. As a result, a survey was conducted and sent to all foster parents identified in the random sample. A series of questions regarding the foster parents experience with DCS and the CANS were developed. The surveys were mailed to each of the foster parents. Interestingly, there were no responses to our survey. The CRP then contacted the state consultant for permission to call the foster parents directly. We were given the phone numbers and attempted to make contact with all identified foster parents. We were only able to obtain responses from about 50% of our sample.

Incorrect telephone numbers and no response from left message were reasons that 100% were not included. Members contacted the identified foster parents and compiled the results to the following questions:

1) They believed that their child was properly leveled

   Yes: 30% NO: 70%

2) If they knew about the appeal process

   YES: 50% NO: 50%

3) Had they asked for an appeal?

   YES: 0 NO: 100%

4) Did they feel that the child received the support that they needed?

   YES: 0 NO: 100%

5) Were they informed of the child's known behaviors prior to placement?

   YES: 10% NO: 90%

6) Did they ask for the child's removal?

   YES: 0 NO: 100%

   *Some clients remain in the current placement, others were reunified.

As a result of the information gathered, the CRP would like to make the following recommendations to help improve the use and objectivity of the CANS tool:

- The CANS should be completed in collaboration with the foster parent, therapist and licensing agency (if applicable). The best setting for this would be a Child and Family Team Meeting (CFTM). The CFTM should be a means to gather all updated information on the child in order to score with an accurate picture of the client's current level of functioning and supportive service needs.
- Based on the improper use of the Short CANS and the lack of consistency with regards to the CANS and the Case Plan, DCS staff would benefit from additional training regarding the scoring and implementation of the CANS tool and the policies put in place.
- An additional identified issue and concern would be the rating of medically fragile children using the CANS. This tool does not allow for proper rating in the needs of these types of children. The CANS is developed and geared toward behavioral challenges, not medical needs. Yet, they both

require supervision and intervention. The team would like for the Department to consider exploring other tools that have been shown to be successful in rating the needs of medically fragile children.

# Citizens Review Panel

# Annual Report

Prepared by:

Marion County Child Fatality Review Team

Submitted to:

Indiana Department of Child Services

June 28, 2013

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Introduction

Indiana Code (IC 31-25-2-20.4) provides for the establishment by the Department of Child Services (DCS) of at least three citizen review panels in accordance with the requirements of the federal Child Abuse Prevention and Treatment Act under 42 U.S.C. 5106a. Each citizen review panel (CRP) is appointed for a three year term. One of the CRPs must be either the statewide child fatality review committee or a local child fatality review team.

The main purpose of CRPs is to evaluate how effectively a child welfare agency is discharging the agency's child protection responsibilities. This evaluation can be done by examining the agency's practices, policies and procedures; reviewing specific child protective services cases; and any other criteria the CRPs consider important to ensure the protection of children.

CRPs are to meet at least once every three months. They are also directed to prepare and submit an annual report describing a summary of its activities, conclusions and recommendations. In turn, the child welfare agency is to provide within six months a written response indicating whether and how it will incorporate the recommendations of the citizen review panel.

This is the second year the Marion County Child Fatality Review Team (MCCFRT) has served as a CRP. The 2012 Marion County CRP report documents the Panel's evaluation of two specific areas: (a) assessing outcomes for surviving siblings of children who died in Marion County, and (b) review of available data concerning child fatalities statewide which had been reported to DCS. The results and recommendations are detailed in the CRP report dated June 2012.

This report describes the work, results and conclusions of the Marion County CRP during FY 2012-2013, as well as our plans for our third year.

2012-2013 Marion County Citizens Review Panel Activity

As noted in the 2012 report, the CRP planned to continue to study statewide child fatalities this year and next, in order to track deaths due to sudden infant death syndrome (SIDS) and determine whether they are actually decreasing over time. Data for the 2012 report was acquired from a review of DCS final reports (Form CW 311, Assessment of Alleged Abuse or Neglect Report) for each case from the most recent year available, which was FY 2009. Therefore the CRP requested the CW 311 forms from the subsequent FY (2010) for all cases reported to DCS statewide involving a fatality. Only 59 of those reports were received. This compares to 306 total reports received the previous year; of those, there were 231 cases which were not screened out and had adequate information to review. The 59 reports received represented only 26% of the total reports reviewed for the prior year. Upon inquiring about the significantly lower number of CW 311 reports made available, the CRP was told this was because records for unsubstantiated cases had been purged and that this would also be the case in future years. Because such an incomplete sample would likely be biased and invalid, the CRP decided that further review of this topic would not be a worthwhile exercise.

Another area the Marion County CRP explored was the possibility of assessing outcomes for newborns found to be drug-exposed (positive for illicit drugs at birth), and whether this may be a risk factor for infant/child death. There is a sense among some team members that drug-exposed newborns are at risk but there also seems to be little data available about them. Trying to track cases, e.g. between our county review and statewide CW 311 forms, was considered but not felt to be very feasible as it would likely necessitate institutional review board approval. The CRP then considered attempting to track this data prospectively as the MCCFRT reviews cases. We have not been successful, though, in collecting adequate data as the information is not routinely available from individual case reviews.

Some of the most interesting data reviewed by the Marion County CRP relates to the work of the MCCFRT and has prompted a change in our process for selecting which child deaths to review in detail. Traditionally the MCCFRT has selected for detailed review child deaths which were (1) coroner cases, (2) known to have had DCS involvement, and/or (3) team members knew of concerns relating to the child's death. What was brought to the team's attention this year is that there are higher numbers of child deaths in certain zip codes of residence in Marion County (Figure 1).

What we also came to realize is that the largest numbers of child deaths occurred in zip codes that, perhaps not coincidentally, have the highest:

- Numbers of registered convicted violent offenders and sexual offenders (according to publically accessible data),
- Numbers of infants and children referred for sexual assault examinations;
- Numbers of infants and children hospitalized and diagnosed with definite or likely physical abuse;
- Percentages of Medicaid births (Medicaid being acknowledged as a proxy for poverty); and
- Infant mortality rates.

Five zip codes in Marion County appeared particularly concerning with respect to the number of child fatalities as well as the other factors noted above: 46201, 46218, 46222, 46226, and 46227. Of particular concern is that for cases reviewed by the MCCFRT during meetings between August 2011 and July 2012, 39 child deaths were identified in these five zip codes. Based on the team's review criteria described above, only 14 (36%) of those 39 deaths were reviewed by the team (Figure 2).

This compelling data clearly suggests many psychosocial difficulties faced by the families living in the identified areas. It also raised the following questions for the Marion County CRP:

1. Might there be opportunities for prevention of child deaths among cases not reviewed especially considering their locations? (For example, extreme prematurity listed as the cause of death on the death certificate, and detailed review by MCCFRT might identify factors such as domestic violence, fetal drug exposure or other health risks related to the premature labor and infant death.)
2. Is our process for selecting deaths to review allowing us to truly identify cases with DCS involvement and cases with opportunities for prevention?

Therefore, at the June 2013 CRP meeting it was proposed that the MCCFRT review all cases from these 5 zip codes on a trial basis for the next 12 months. Review of all cases in these specific zip codes would be done regardless of whether a coroner's case or whether there had been DCS involvement. If after one year the team identifies no additional useful information with prevention implications, the team has the option to return to their previous method of selecting cases for review. On the other hand, if additional useful information with implications for prevention of child fatalities is identified, then the team should consider continuing or even expanding the child death reviews to additional zip codes with higher numbers of deaths. We anticipate that our findings during the upcoming year may have implications for other child death review teams around the state.

In summary, the Marion County CRP was unable to continue a follow-up study of child fatalities statewide due to lack of access to data which had been available for the previous year. This is unfortunate because this statewide data could have allowed us to confirm anecdotal information suggesting that SIDS deaths were decreasing. Consideration should be given to de-identifying case data so that it could be available in a general format for reviews by Federal or state mandated bodies such as Citizens Review Panels. Finally, based on our observation that there are higher numbers of child deaths in certain zip codes of residence in Marion County, which also have higher numbers of other psychosocial problems, the MCCRFT has changed its process for reviewing child deaths on a trial basis for the upcoming year. This may help identify additional opportunities for prevention of child deaths, and have implications for child death review statewide.

Figure 1

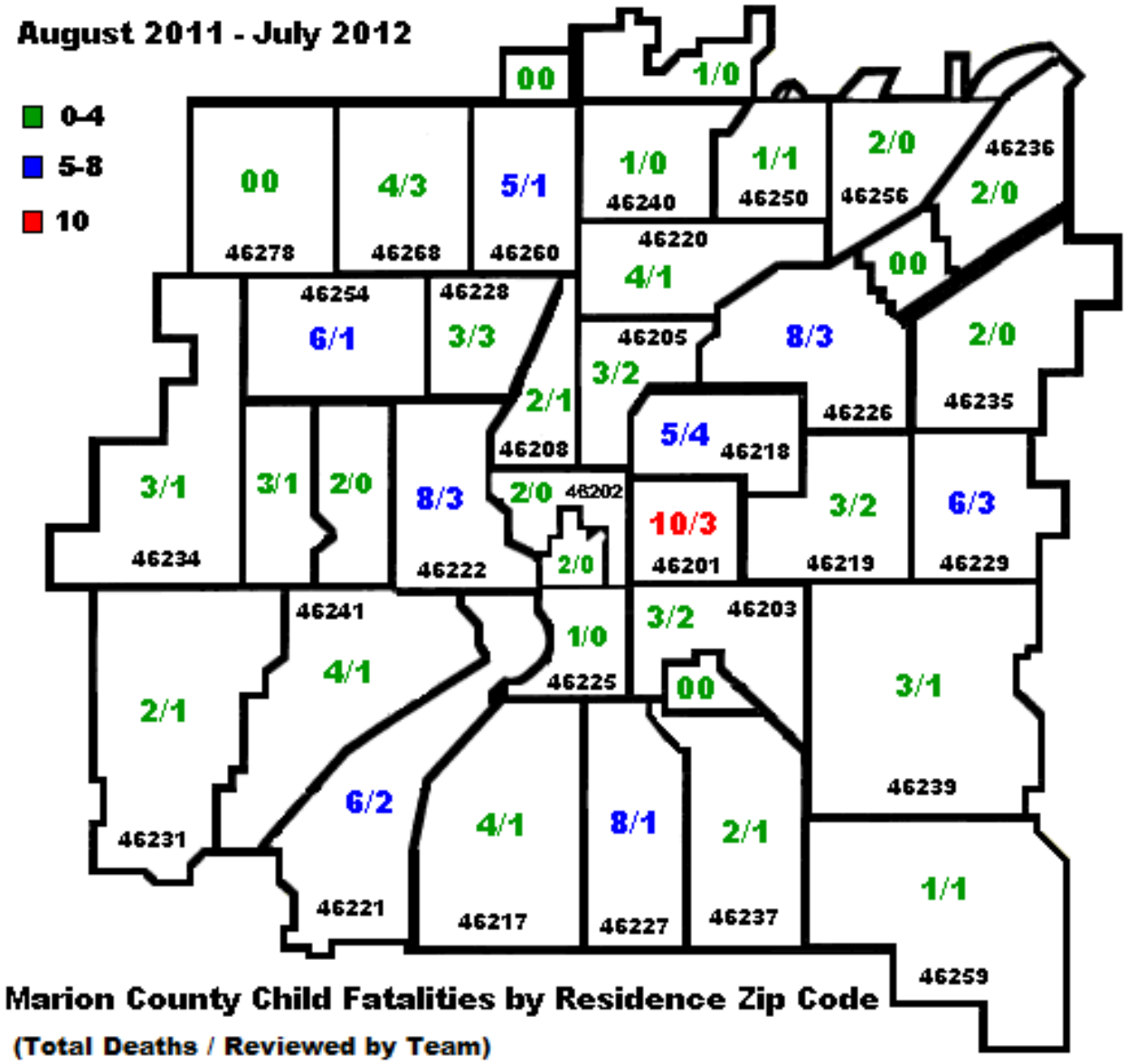
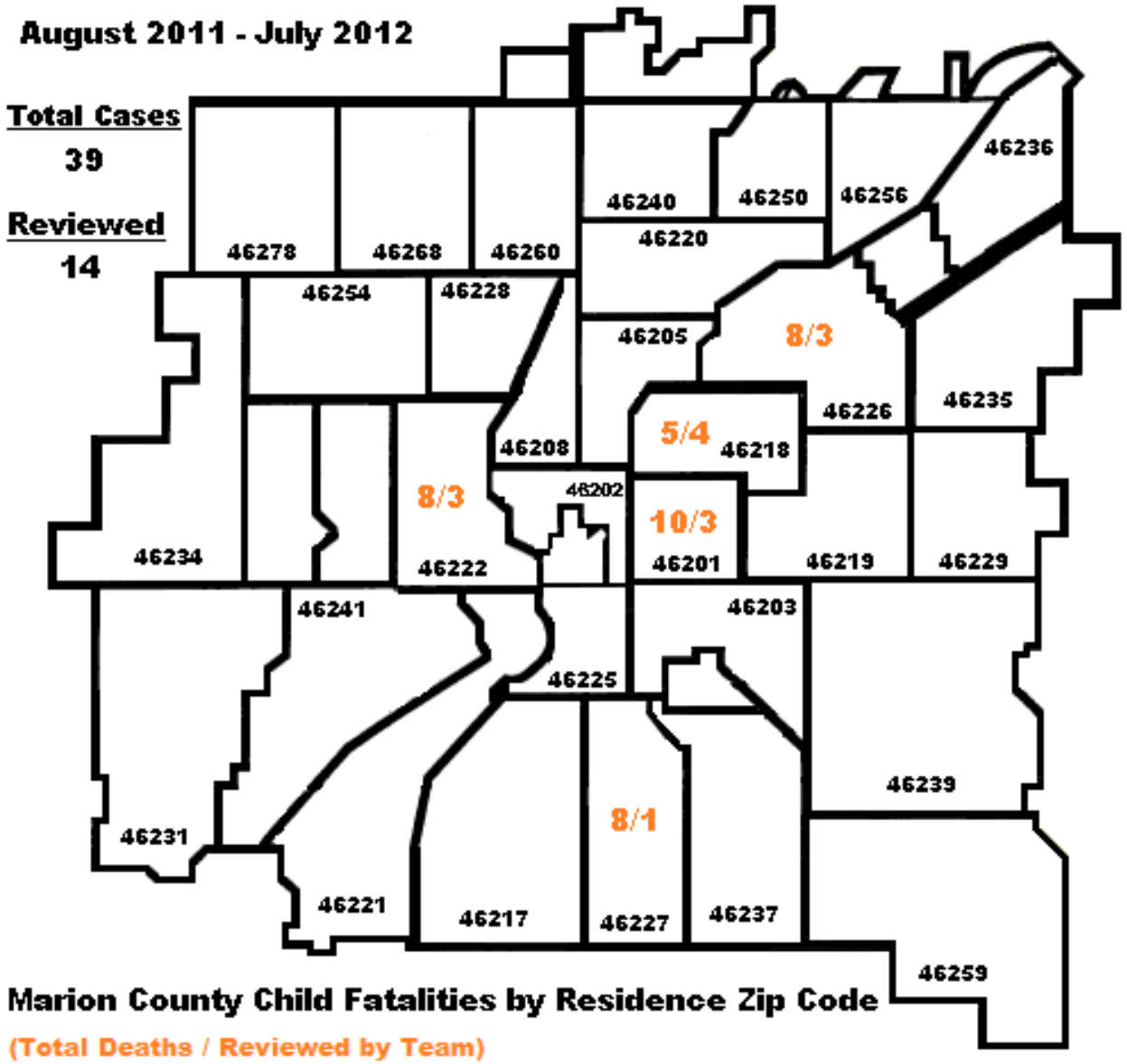

August 2011 - July 2012
0-4
5-8
10
00
1/0
00
46278
4/3
46268
5/1
46260
1/0
46240
1/1
46250
2/0
46256
46236
2/0
46220
4/1
00
46254
6/1
46228
3/3
46205
3/2
8/3
2/0
46235
46226
2/1
46208
5/4
46218
3/1
46234
3/1
2/0
8/3
46222
2/0
46202
2/0
10/3
46201
3/2
46219
6/3
46229
46241
4/1
2/1
46231
1/0
46225
3/2
46203
00
3/1
46239
6/2
46221
4/1
46217
8/1
46227
2/1
46237
1/1
46259
Marion County Child Fatalities by Residence Zip Code
(Total Deaths / Reviewed by Team)

Figure 2


August 2011 - July 2012
Total Cases
39
Reviewed
14
46278
46268
46260
46240
46250
46256
46236
46254
46228
46220
46205
8/3
46226
46235
46208
5/4
46218
8/3
46202
10/3
46234
46222
46201
46219
46229
46241
46203
46225
46239
8/1
46231
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46217
46227
46237
46259
Marion County Child Fatalities by Residence Zip Code
(Total Deaths / Reviewed by Team)

Acknowledgements

The Marion County Citizens Review Panel thanks Andrew Campbell for bringing to the CRP's attention his review of infant/child deaths and other data by zip code, and in preparing the Figures.

Members of the Marion County Citizens Review Panel and Child Fatality Review Team

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Tom Arkins, Chief of IT and Informatics, Indianapolis Emergency Medical Services
Alfarena Ballew, Marion County Coroner's Office
Milon Berry, CQI Officer, Indianapolis Emergency Medical Services
Marly Bradley, MD, Wishard Urgent Visit Center
Amanda Brewer, MD, Forensic Fellow, Marion County Coroner's Office
Andrew Campbell, Research Specialist, IU Child Protection Program
Joye Carter, MD, Marion County Coroner's Office
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Robert Collins, MD, Riley Hospital for Children Emergency Department
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Erin Connelly, MD, IU Child Protection Program
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Cara Fast, Coordinator, Community Education & Child Advocacy, Riley Hospital for Children
Kevin Gill, Marion County Coroner's Office
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Sergeant Doug Heustis, Indianapolis Metropolitan Police Department
Roberta Hibbard, MD, Director, IU Child Protection Program
Ralph Hicks, MD, IU Child Protection Program (*Coordinator, Citizens Review Panel and primary author*)
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Linda Hogan, Indianapolis Public Schools
Debra Johnson, Nosologist, Marion County Public Health Department
Kellie Kilrain, RN, CPNP, IU Child Protection Program
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Kristina Korobov, Marion County Prosecutor's Office
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Frank Lloyd, MD, Marion County Coroner
Lieutenant Jim Madison, Indianapolis Metropolitan Police Department
Gretchen Martin, Indiana Department of Child Services
Corey Miller, Division Manager, Marion County Department of Child Services
Jessica Miller, Deputy Coroner, Marion County Coroner's Office
Monique Miller, Supervisor, Marion County Department of Child Services

Lieutenant Michael Perkins, Indianapolis Metropolitan Police Department
Kim Rasheed, Executive Director, Marion County Child Advocacy Center
Melinda Schwer, Chief Legal Counsel, Marion County Department of Child Services
Dae Smiley, Fatality Specialist, Marion County Department of Child Services
Chanin Smith, Social Worker, IU Child Protection Program
Jamie Smith, Safe Kids Indiana
Lloyd Sprowl, II, Marion County Coroner's Office
Thomas J. Sozio, DO, Marion County Coroner's Office
Peggy Surbey, Director, Marion County Department of Child Services
Shannon Thompson, MD, Peyton Manning Children's Hospital at St. Vincent / Child Protection Team
Michelle Willis, Marion County Coroner's Office

# Wayne County Citizens Review Panel

# Annual Report 2013

ATTACHMENT 13

Wayne County Citizen Review Panel

Annual Report

June 2013

The Wayne County Citizen Review Panel met quarterly from August 2012 to May 2013.

The team is comprised of the following members: Pam Hilligoss, Assistant Director of Special Education, Richmond Community Schools, Dr. Paul Ryder, Pediatrician, Mike Moore, School Psychologist Centerville School District, Norm Smith, Wernle Children's Home, De Adrdra Baldwin Wayne County Probation Department, Kelly Broyles Local Department of Children's Services.

Ann Arvidson, Foster Care Consultant for Department of Child Services, served as liaison to the Citizens Review Panel.

Discussions and concerns at our first meeting involved the concern from members of the panel as well as concerns from members of the local Child Protection Committee about the large number of suspected abuse and/or neglect calls to the state level that were being screened out. The local and surrounding school districts as well as members on the panel and information from Child Protection team members gathered specific instances of reports that were screened as well as the number of total reports that were being screened out. This information was given to our local Department of Children's Services director to be shared at the state level.

As a panel we also wanted to continue with the water safety program that we implemented last year for those children who were in Department of Children Foster care placement in Wayne County. We were not able to secure a funding source.

Other topics shared and discussed at our meetings included the growing number of babies born in our local hospital, Reid Hospital that were drug addicted to maintenance drugs or illegal drugs during 2011-12. There were a total of 39 babies born during 2011-12 who were addicted. The health effects early in life as well as the on-going risk factors as these children enter school were also discussed. This discussion lead to discussions about the number of persons lodged in our local jail for drug offenses. There was also a discussion about several deaths related to heroin.

In May the Citizens Review Panel agreed to not continue as a voluntary site for a team. There was consensus from the team that the Wayne County Child Protection Team was a very active

team and that they pursued issues of concern at those meetings as well. Everyone agreed that they were a problem solving team that often worked outside of its' typical boundaries due to the vast makeup of the team.

Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

**Indiana Department of Child Services**
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-232-4497

www.in.gov/dcs

**Child Support Hotline: 800-840-8757**
**Child Abuse and Neglect Hotline: 800-800-5556**

December 31, 2013

Dear Lake County Citizen's Review Panel Members:

I wish to first thank you for your participation in the Lake County Citizen Review Panel (CRP) for the last 2 ½ years and for your hard work and dedication to improving the lives of Indiana children affected by child abuse and neglect. Your dedication to Indiana children is exemplary. Thank you also for preparing and submitting the Lake County Citizen Review Panel Annual Report (CRP Report) on June 30, 2013.

The Lake County CRP Report summarizes findings of the panel's continued analysis of CANS assessments and case plans for a specific sample of DCS child welfare cases. The sample is the same group of cases used in the panel's June, 2012 annual report. Continuation of the previous study afforded the panel the opportunity to review cases over a longer period of time. The CRP report also addresses their findings regarding a foster parent survey they completed in 2013 about foster parent's knowledge and understanding of the CANS. The panel's final recommendations provided DCS with a better understanding of the CANS assessment from the provider and foster parent perspective.

The Indiana Department of Child Services (DCS) uses the results of CANS assessment and other information regarding a child to form an individualized service plan for the child addressing the child's specific strengths and needs. The CANS assessment results are also used as a tool to assist in determining the appropriate level of placement and category of supervision for the child.

DCS chose the Child and Adolescent Needs and Strengths (CANS) Assessment to assist in assessing the strengths and needs of children that become involved in the Indiana child welfare system. Prior to choosing the CANS, DCS completed an extensive study of available assessment tools. The CANS was chosen due to its ability to integrate with other DCS tools to assess the strengths and needs of these children. DCS provided extensive training to field staff, foster parents, and providers when the CANS was initially introduced.

After reviewing the 2013 CRP Report, DCS formed a committee of local office supervisors and directors to review and analyze the findings in the CRP Report. After reviewing the CRP Report, members of the committee analyzed each of CANS assessments and case plans that were reviewed by the panel. In identifying areas of focus for CANS initiatives in 2014, DCS took into account the CRP observations and recommendations of the work group.

DCS continues efforts to train and strengthen the knowledge of staff and providers about the CANS tool. DCS is using the findings and recommendations of the CRP in these efforts. DCS has added clinical supervision staff and CANS subject matter experts to assist family case managers in using CANS. DCS has developed specific reports to evaluate and manage the use of CANS, including a report that shows whether CANS are completed at required intervals and at critical case junctures. This was one of the concerns addressed in the CRP Report.

The panel identified use of the Short Form CANS throughout the case as a concern. Family Case Managers are no longer able to generate a Short Form CANS in MaGIK during the ongoing phase of the case. DCS also plans to have additional training sessions on scoring issues including scoring the biological parent(s) versus the foster parents and how to score children in supervised settings.

There were two recommendations of the panel which DCS has chosen not to implement. First, the panel recommended that the CANS be completed in collaboration with the foster parent, therapist and licensing agency (if applicable) during the Child and Family Team Meeting (CFTM) to obtain an accurate picture of the child's current level of functioning and supportive service needs. The CFTM has its own focus and set of objectives that must be accomplished to ensure the best outcomes for the child and family. While DCS does not utilize the CFTM to complete the CANS, family case managers are expected to engage the child and family team (CFT) to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

DCS will not implement the recommendation to explore the use of other tools to rate medically fragile children. DCS understands the panel's concerns regarding medically fragile children, but DCS has already reviewed other tools. There are factors other than the CANS that are considered when determining the placement and category of supervision for medically fragile children.

We appreciate the findings and recommendations of the panel members in their 2013 CRP Report and we appreciate the opportunity to respond. We will make ourselves available to address any issues related to this response or to answer any questions..

Sincerely,

Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Service

Michael R. Pence, Governor
Mary Beth Bonaventura, Director

**Indiana Department of Child Services**
Room E306 – MS47
302 W. Washington Street
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317-234-KIDS
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**Child Abuse and Neglect Hotline: 800-800-5556**

Indiana Department of Child Services (DCS)
Response to the Marion County Child Fatality Review Team
June 2013 Citizen Review Panel Annual Report
December 20, 2013

DCS is grateful for the research and work completed by the Marion County Child Fatality Review Team/Citizen Review Panel (panel) and for the findings in their 2013 Annual Report.

DCS was implementing a new child welfare computer system when the panel requested child fatality reports in 2013. Implementation of the new system created some delays in obtaining information on unsubstantiated reports. On July 25, 2013, DCS sent a report listing all fatalities for State Fiscal Years (SFY) 2009, 2010, and 2011, including unsubstantiated cases. These reports will continue to be available to the panel in years to come. DCS also provided the panel with the additional information they requested to continue their study in the five zip codes which they identified in Marion County.

DCS looks forward to receiving the Marion County Child Fatality Review Team's 2014 Report with the results of the panel's analysis of fatalities in the five identified zip codes in Marion County and their recommendations. DCS wishes to thank the members of the panel for the important work that they do.

Sincerely,

Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Services

Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

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Indiana Department of Child Services (DCS)
Response to the Wayne County Child Protection Team
June 2013 Citizen Review Panel Annual Report
December 20, 2013

The Wayne County Child Protection Team/Citizen Review Panel's (CRP) 2013 Annual Report was received by the Indiana Department of Child Services (DCS) in June of 2013.

DCS shares the panels concerns about the increasing number of children born with an addiction to drugs and will continue to focus attention on prevention efforts and identifying appropriate services.

DCS appreciates the work completed by the Wayne County Child Protection Team and understands their decision to no longer serve as a Citizen Review Panel so that they can focus efforts on serving as a Child Protection Team. Their work on the Citizen's Review Panel for the last two years, including the water safety program, is greatly appreciated.

Sincerely,

Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Services


# [REVISED] Disaster Plan for the Indiana Department of Child Services Effective June 1, 2014

In an emergency or disaster, the Indiana Department of Child Services (DCS) is responsible for ensuring the safety and security of all children in the agency's care, to provide on-going services, and to provide for the administration of new cases. To support the DCS mission, the attached plan addresses five core areas:

1. Locating children in care;
2. Identification and handling of new child welfare cases;
3. Provision of on-going services;
4. Coordination of services and sharing information with other states; and
5. Preservation of vital records, Management Gateway for Indiana's Kids (MaGIK), Indiana Support Enforcement Tracking System (ISETS)/Indiana Verification and Enforcement of Support (INVEST), KidTraks.

In the event an emergency or disaster is declared by the Governor of the State of Indiana or the State Personnel Director, the DCS Agency Director or his or her designee will activate and direct appropriate emergency protocols for the agency.

The DCS Emergency Management Team includes:

1. DCS Agency Director;
2. Chief of Staff;
3. General Counsel;
4. Chief Financial Officer;
5. Human Resources (HR) Director; and
6. All DCS Deputy Directors.

Additionally, Assistant Deputy Directors, Deputy General Counsels, Regional Managers, and Local Office Directors will be on-call during a declared emergency or disaster.

The chain of command during a declared emergency or disaster shall remain the same as during regular operations. In the event communications with the DCS Emergency Management Team is not possible by Regional Managers, DCS Local Office Directors, or DCS field staff, the highest ranking person within each DCS service area will assume management of the field operations for the area until such time that communication is possible with the Emergency Management Team.

The DCS Child Support Bureau (CSB) Emergency Management Team includes:

1. Child Support Bureau Deputy Director;
2. Child Support Bureau Assistant Deputy Directors;
3. Child Support Bureau Senior Managers;
4. Child Support Bureau Supervisors;
5. ISETS/INVEST Managers; and
6. ISETS/INVEST Supervisors.

The Child Abuse and Neglect Hotline Emergency Management Team include:

1. The Hotline Director;
2. The Hotline Assistant Deputy Director;
3. A Hotline Supervisor;
4. DCS Information Security Manager;
5. DCS IT Manager; and
6. DCS Assistant Deputy Directors of Field Operations.

## I. Operations:

In a declared emergency or disaster the following locations will function as the main operations office for DCS:

### A. Central Office Operations:

DCS Central Office – Indiana Government Center South
302 West Washington Street
Room E306, MS47
Indianapolis, Indiana 46204
(317) 234-5437

In the event Central Office is not functional, the DCS Child Support Bureau/Child Abuse and Neglect Hotline offices will function as the main operations office:

DCS Child Support Bureau
132 East Washington Street, 4th Floor
Indianapolis, Indiana 46204
(317) 234-1020

DCS Child Abuse and Neglect Hotline
132 East Washington Street, 3rd Floor
Indianapolis, Indiana 46204
(800) 800-5556

In the event Central Office and the DCS Child Support Bureau/Child Abuse and Neglect Hotline offices are not functional, the Marion County DCS office will function as the main operations office:

4150 North Keystone Avenue
Indianapolis, Indiana 46205
(317) 968-4300

**[NEW]** Central office employees who may need additional support during a disaster or routine drill can fill out the voluntary self-identification form through which employees may identify their need for assistance during an emergency. The form is available on the DCS Human Resources information page.

### B. Child Support Bureau Central (CSB) Office Operations:

132 East Washington Street, 4th Floor & Partial 3rd Floor (Child Support Bureau), 2nd Floor (ISETS)
Indianapolis, Indiana 46204
(317) 234-1020

In the event the CSB Central Office is not functional, the DCS Central Offices will function as the main operations office for CSB Senior Management only:

DCS Central Office – IN Government Center South
302 West Washington Street
Room E306, MS47
Indianapolis, Indiana 46204
(317) 234-5437

See attachment F for further information on Child Support Bureau

**C. [NEW] Hotline Operations:**

All hotline Intake Specialists (IS) are expected to take their state issued laptops home at the end of their scheduled shift daily. If an emergency is declared at the hotline facility the IS may be required to work from an alternate location. All IS are required to ensure their state issued laptops are kept in a secure area when they are taken from their work station. IS are required to bring their state issued laptop with them when they return to the hotline facility at their scheduled shift or as requested by hotline management. See attachment E for further information regarding Hotline Operations.

**D. Local Office Operations:**

In a declared emergency or disaster as defined in IC 10-14-3-12, DCS local offices will continue to operate during regular business hours unless the offices are impacted by the emergency or disaster, or if the DCS Local Office Director is otherwise instructed by the DCS Agency Director, the Deputy Director of Field Operations, or a member of the Emergency Management Team to relocate to another office or structure. In the event that conditions in the DCS local office would adversely impact the safety of employees or clients, or the ability of employees to perform required duties and there is no reasonable alternative site for staff to perform the work, the DCS Local Office Director should contact the HR Director to determine whether Emergency Conditions Leave may apply as soon as is practical, but no later than one (1) hour after the commencement of normal business hours, 9:00 a.m. local time.

In the event a DCS local office is not functional and an alternate location for conducting business is designated, the DCS Local Office Director must notify the DCS Deputy Director of Field Operations, Director of Communications, and DCS Human Resources Director as soon as is practical, but no later than one (1) hour after the commencement of normal business hours, 9:00a.m. local time. The DCS Local Office Director must also ensure that notice and contact information for the alternate location are posted on the door to the DCS local office and that phones are forwarded appropriately.

## II. Communications:

The following information applies to all DCS staff including Child Support Bureau, DCS contracted providers, DCS licensed resource parents, unlicensed relatives, and Licensed Child Placing Agency (LCPA) resource parents.

### A. In an emergency:

1. Listen to National Oceanic and Atmospheric Administration (NOAA) Weather Radio, which broadcasts Watches and Warnings from the National Weather Service, or access information via local television news websites or the National Weather Service Webpage http://www.nws.noaa.gov;
2. Monitor local television news stations and/or websites for emergency information and updates regarding closings from fire, police, and emergency management agencies;
3. Check the DCS website for updated information regarding declared emergencies or disasters at www.in.gov/dcs . DCS staff should continue to regularly check DCS email accounts for communications updates regarding operations; and
4. Keep DCS issued cell phones turned on and/or be prepared to receive phone calls at the numbers listed as the emergency contact number in the People Soft system.

   **Note:** The DCS Child Abuse and Neglect Hotline will remain in operation to receive reports of Child Abuse and/or Neglect and information updates regarding children in DCS care at (1-800-800-5556). Child Abuse and Neglect Hotline staff members will utilize a script outlining the information DCS needs to ask of incoming callers in an emergency or disaster situation. This script will request information regarding children in DCS care including, but not limited to: names of children, names of caregivers, location of children, all phone numbers, and additional contact names.

### B. Chain of Communications:

In a declared emergency, it is essential that all DCS staff members assist in the accounting of all children in care, address new child welfare cases, and continue to provide on-going services. To meet this need, DCS staff must follow the communications chain by contacting the appropriate individuals to determine staff availability and identify staff members who may be displaced due to the emergency or disaster. In order to maintain continuity of services to children and families, the DCS Agency Director or designee may temporarily re-assign staff to meet a need created by an emergency or disaster.

The following communications chain should be followed during an emergency. See Attachment A for additional information. Regional Managers and/or senior management staff will be responsible for distributing the Emergency Contact Information Report, which includes contact phone numbers for all staff.

1. DCS Staff: To account for all DCS staff during an emergency or disaster, staff members will follow the chain of communication outlined below. (For example, staff will contact their immediate supervisor. After the supervisor has accounted for all staff, they will then contact the next person in the communications chain.)
   a. Supervisor or if Central Office staff, then immediate supervisor,
   b. DCS Local Office Director,
   c. Regional Manager,
   d. Assistant Deputy Directors of Field Operations, and

e. Executive Team.

2. Child Support Bureau: To account for all Child Support Bureau staff during an emergency or disaster, the following chain of communication will be followed:
   a. Child Support Bureau Supervisors and ISETS Supervisors,
   b. Child Support Bureau Senior Managers and ISETS Managers,
   c. Assistant Deputy Directors, and
   d. Deputy Director of Child Support.

3. Child Abuse and Neglect Hotline: To account for Hotline staff during an emergency or disaster, the following chain of communications will be followed:
   a. Hotline Supervisors,
   b. Hotline Director, and
   c. Deputy Director of Field Operations.

4. Probation Services: To account for probation youth in DCS placements, the following chain of communication will be followed:
   a. Chief Probation Officers in each county,
   b. Probation Service Consultants,
   c. Special Initiatives Program Director,
   d. Assistant Deputy Directors of Field Operations, and
   e. Deputy Director of Field Operations.

5. DCS Licensed Resource Parents & Unlicensed Relative Placements: Account for child(ren) in care, then utilize the following chain of command:
   a. DCS FCM,
   b. DCS Supervisor,
   c. DCS Local Office Director, and
   d. Regional Manager.

   After business hours, DCS licensed resource parents should contact the DCS Child Abuse and Neglect Hotline (1-800-800-5556).

6. Licensed Child Placing Agency (LCPA) Resource Parents: Account for child(ren) in care, then utilize the following chain of command:
   a. LCPA Case Manager,
   b. LCPA Supervisor, and
   c. LCPA Administrator.

7. LCPA staff, Group Homes (GH), Child Care Institutions (CCI), and Private Secure Facilities (PSF): Account for all children in care, then utilize the following chain of command:
   a. DCS Deputy General Counsel over Licensing; or
   b. DCS Child Abuse and Neglect Hotline (1-800-800-5556)

8. Direct Service Providers: To account for location of all contracted direct service providers during an emergency/disaster
   a. Contracted Frontline Workers,

b. Contracted Supervisors,
c. Contracted Agency's Emergency Liaison, and
d. DCS Deputy Director of Programs and Services.

Dissemination regarding availability of services and provider updates will be done via the following communications chain:

e. DCS Deputy Director of Programs and Services;
f. DCS Deputy Director of Field Operations;
g. DCS Assistant Deputies for Field Operations;
h. DCS Assistant Deputy Directors for Field Operations;
i. DCS Regional Managers;
j. DCS County Office Directors; and
k. Field staff.

9. Hotline Staff**:** To account for Hotline staff during an emergency or disaster, the following chain of communications will be followed:
   a. Hotline Supervisors,
   b. Hotline Director, and
   c. Deputy Director of Field Operations.

10. IOT to DCS: Incorporate language from the IOT Process Document once complete

**C. Media Calls:**
All media calls should be directed through the DCS Director of Communications or designee by contacting DCS at 317-234-5437.

**D. Key Partners:**
The DCS Emergency Management Team will serve as liaisons to the specified Key Partners during an emergency. (See Attachment A).

## III. CORE AREAS:

**A. Locating Children in Care**
During an emergency or disaster, the first priority of DCS will be to locate all children in out-of-home care. DCS will presume children in DCS care that reside with parents (In-Home CHINS or Informal Adjustment) and/or in relative placement will be safeguarded by those individuals.

1. **Accounting for all children in care -** DCS staff, following the communications chain, will account for all children in care by following the communication chain, using the Master List of Children in Care, and checking off children as they are accounted for.

   a. Foster Parents (DCS & LCPA):
      1. After accounting for all children in their care and securing appropriate shelter, foster parents must contact DCS following the communications chain (see pages 5 and 6);
      2. When the foster parent contacts DCS, they need to provide:
         a. Names of children in care with date of birth (DOB),
         b. Location of all children, and

c. Phone contacts for where children are located.
3. If a foster parent is relocated, they must again contact DCS within 12 hours by following the communications chain; and
4. If the foster parent changes locations again, they must contact DCS immediately.

b. LCPA staff, Group Homes (GH), Child Care Institutions (CCI), Private Secure Facilities)*:*
   1. After accounting for all children and care and securing appropriate shelter, providers must contact the DCS licensing unit following the communications chain (see page 5);
   2. When the provider contacts DCS, they need to provide:
      a. Names of children in care with DOB,
      b. Location of all children, and
      c. Phone contacts for where children are located.
   3. If a provider is relocated, they must contact DCS within 12 hours by following the communications chain; and
   4. If the provider changes locations again, they must contact DCS immediately.

c. Probation Services:
   1. The Probation Services Consultant will contact the Chief Probation Officers in all 92 Counties for a status and location of each probation youth in DCS placement on the Master List of Children in Care for that county. A query will also be made regarding children in care who may not be recorded on this list; and
   2. Results of these contacts will be given to the Assistant Deputy Director of Field Operations, Probation Services to communicate to the Deputy Director of Field Operations.

d. Birth Parents including Alleged Fathers:
   If birth parents contact DCS, staff will provide the status of the child(ren) if the information is known. If the status of the child(ren) is not known, then birth parents will be told the status of all children in care will be provided as soon as reasonably possible.

2. **Master List of Children in Care -** An electronic copy of information about all children in care will be placed on the DCS Field Operations Reports Sharepoint quarterly to be accessed by: the DCS Agency Director; Deputy Director of Field Operations; Child Abuse and Neglect Hotline Director; Assistant Deputy Directors of Field Operations; and Regional Managers. The Regional Managers will transfer the list to an electronic storage device (flash drive, CD-ROM, etc.) which can be accessed in the event of a disaster or emergency. The Master List of Children in Care shall include the following information listed by county:
   a. Name of children (including: Older Youth in Foster Care & JD/JS),
   b. Name of primary caregiver(s),
   c. Name of biological parent(s) if available,
   d. Name(s) of siblings in care,
   e. Address of children and primary caregiver;

f. Phone number(s) for children and primary caregiver (including cell phones, if applicable),
g. Identification of placement from another state or in another state (ICPC), and
h. FCM assigned.

3. **Master List of Licensed Facilities and Resource Parents -** An electronic copy of all Licensed Facilities and Resource Parents will be placed on the DCS Field Operations Reports Sharepoint quarterly to be accessed by: the DCS Agency Director; Deputy General Counsel for licensure; Deputy Director of Field Operations; Child Abuse and Neglect Hotline Director; Assistant Deputy Directors of Field Operations; and Regional Managers. These individuals will transfer the list to an electronic storage device (flash drive, CD-ROM, etc.) which can be accessed in the event of a disaster or emergency. The Master List of Licensed Facilities and Resource Parents shall include:
   a. Name of licensed facility;
   b. Address of facility;
   c. Name of facility administrator(s);
   d. Phone information for administrator(s);
   e. E-mail information for administrator(s);
   f. Name of licensed Resource Parents;
   g. Address of licensed Resource Parents; and
   h. Phone number(s) for licensed Resource Parents.

4. **Master List of Contract Service Providers -** An electronic copy of all Contracted Service Providers will be maintained through the DCS Deputy Director of Programs and Services. The list will be updated as contracts with service providers are updated. The list will be placed on the DCS Field Operations Reports Sharepoint to be accessed by: the DCS Agency Director; Deputy Director of Field Operations; Child Abuse and Neglect Hotline Director; Executive Managers; Assistant Deputy Directors of Field Operations; and Regional Managers. These individuals will transfer the list to an electronic storage device (flash drive, CD-ROM, etc.) which can be accessed in the event of a disaster or emergency. The Master List of Contract Service Providers will include:
   a. Name of Service Provider or Transitional Housing Provider,
   b. Name of two (2) emergency liaisons for each contracted agency,
   c. Emergency phone information for liaisons,
   d. Emergency e-mail information for liaisons, and
   e. Address of facility.

B. **Child Support Bureau -**Will protect all data and facilitate child support fund collections continuously and disburse with limited interruption during an emergency. See attachment F for further information.

C. **Preparation for Emergencies and/or Disasters**

In order to ensure the safety of all children under the care and supervision of DCS and to continue to provide needed services, it is essential that each DCS Local Office, Contracted Provider, and Licensed Foster Parent have plans in place for what to do in the event of a disaster or emergency situation. The Regional Manager is responsible for developing emergency response plans that are appropriate for the needs of the region. These plans include, but are not limited to: evacuation plans, alternative shelter, supplies, etc.

1. **By DCS Local Offices** – Per Indiana Department of Homeland Security requirements, each DCS local office is responsible for preparing an Emergency Response Plan including:
   a. Emergency Phone Numbers – a list of phone numbers for local law enforcement, fire departments, emergency medical services and hospitals,
   b. Employee Emergency Phone List – a list of all employees assigned to a particular local office, phone numbers and their supervisors,
   c. Accountability List – a list of employee names for accounting of each employee when they arrive at their "Safe" location during an emergency, and
   d. Evacuation Plan – instructions on how to evacuate the building and get to the safest and quickest route to a place of safety outside of the building.

   Additional information regarding how to prepare an Emergency Response Plan is available via the DCS Intranet State Links Tab (Emergency Info) or at http://www2.idoa.state.in.us/facilities/ERT%20Book/index_for_emergency_response_plan_book.htm.

2. **By Resource Parents (DCS and LCPA) and Licensed Providers (Group Home, Child Caring Institution and Private Secure Facility) -** All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster.

   Requirements include, but are not limited to, the following items:
   a. All providers are required to prepare a plan for evacuating and sheltering during an emergency or disaster,
   b. All providers, other than resource parents, must have a posted plan for evacuation in case of fire and other emergencies,
   c. Resource parents must have a plan for evacuation that is easy to implement in case of fire and other emergencies,
   d. All providers are to train staff as a part of their orientation regarding sheltering or evacuation plans for the agency,
   e. All providers must conduct emergency drills,
   f. Documentation of a plan, inspections of emergency materials, and drills are addressed in annual review by the State Fire Marshall under the Indiana Department of Homeland Security for those providers that are inspected by the State Fire Marshall,
   g. All providers must have readily accessible Child Placement Information. (See Attachment C),
   h. All providers should include the following as a part of their emergency plan:
      1. First aid/Evacuation kit. (See Attachment D)
      2. Three (3) locations where they might seek refuge – including one in the area (i.e. same city or county) and one outside the area (i.e. a different city or county).

All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster. Information about emergency and disaster preparedness planning and training can be found on the following websites:

| **Agency** | **Website** |
|---|---|
| Indiana Department of Homeland Security (IDHS) | http://www.in.gov/dhs/ |
| American Red Cross | http://www.redcross.org/ |
| Federal Emergency Management Agency (FEMA) | http://www.fema.gov/areyouready/<br>http://www.ready.gov/ |
| Federal Emergency Management Agency (FEMA)<br>Site for Children | http://www.fema.gov/kids/ |
| Centers for Disease Control and Prevention (CDC) | http://www.bt.cdc.gov/ |

D. **Identification and Handling of New Child Welfare Cases**

In an emergency, DCS must continue to respond to any new cases of abuse and neglect. Reports of abuse and neglect will still be routed through the DCS Child Abuse and Neglect Hotline (1- 800-800-5556). FCMs and all DCS staff will respond to each new allegation per DCS policies and Indiana statute.

Staff will follow the chain of communications for DCS staff to identify their location. Through the Child Abuse and Neglect Hotline, DCS will be able to respond accordingly to reports of child abuse and/or neglect. Some staff may be required to be temporarily re-assigned by the executive management team to address any staffing shortages that may have resulted from the emergency.

If MaGIK databases are not accessible, then the appropriate paper forms should be used. Each DCS local office should maintain a supply of printed 310's, contact logs, and a detention packet to use until computers and MaGIK are available. See attachment E for further information.

E. **Provision of On-going Services**

Facilitation of on-going services to children in care and families, as well as, addressing new child welfare cases is paramount during an emergency. To ensure the continuity of services, it is essential that DCS staff and providers remain in contact with each other during an emergency.

1. **DCS Child Welfare Staff***:*

DCS staff should continue to perform all regular duties during an emergency. In cases where DCS staffs are not able to perform all duties, staff should follow the communication chain to notify appropriate members of the management team for instructions on how to proceed. The DCS Emergency Management Team may temporarily reassign DCS staff to

areas in need.

2. **Child Support Bureau:**
   The Child Support Bureau will facilitate on-going services to insure child support funds continue to post and disburse with limited interruption during an emergency.

3. **Contracted Services:**
   Providers are expected to report the status of their operations and capability to deliver services per contract requirements within four (4) hours of a declared state of emergency. Should DCS staff need to contact contracted services providers, they will use the list of contracted service providers to contact them and determine their capacity to provide services during an emergency. Daily updates are to be provided to DCS during the state of emergency. Communication between emergency points of contact will continue until the declared state of emergency is dismissed. Contracted Service Providers are to report the following information to the DCS Deputy Director of Programs and Services:
   1. Status of facility or community based service delivery capacity;
   2. Status of employees, including work capacity assessment;
   3. Status of support services needed to maintain service delivery as specified per contract; and
   4. Changes in service delivery caused by the emergency and a plan to return to original services.

F. **Coordination of services and sharing information with other states**

1. **The Request:** When the Governor of the State of Indiana and the DCS Agency Director agree to accept dependent children from another state or jurisdiction for placement in Indiana during an emergency in another state, the Agency Director will request that the sending state first obtains custody of the children who are not already in the state's custody.

   After the sending state initiates custody, it will then initiate an expedited Interstate Compact for the Placement of Children (ICPC) process. The expedited process will consist of the sending state faxing the appropriate ICPC paperwork to the ICPC Coordinator in Indiana. DCS will place out-of-state children in approved and trained foster homes.

   If the sending state is unable to obtain custody of children due to the nature and magnitude of the emergency, the State of Indiana and DCS Agency Director may still approve accepting the children for placement when the request is made by a high-level official from the sending state. Any legal issues will be resolved at a later date.

2. **The Placement -** DCS plans to use existing foster parents who would be willing to accept children from other states during an emergency. In an emergency, DCS may approve temporary placement of children exceeding the allowable number of children for the home. Placements exceeding an allowable number will only occur if the safety and well-being of the children already in the placement is not jeopardized. Children may be placed by DCS using contracted foster care or group care.

G. **Preservation of Vital Records (MaGIK, KidTraks, ISETS/INVEST)**

Payments to foster parents, adoptive parents, and service providers as well as providing child support payments is paramount to on-going care of children in DCS' care. Additionally, the records for all children in care are vital to DCS' ability to continue to provide services.

1. **DCS Databases -** DCS has taken steps, through the Indiana Department of Administration and in compliance with State protocols, to protect the agency's vital records. MaGIK, KidTraks, and ISETS/INVEST are backed-up to a secure off- site location in Bloomington, Indiana.

2. **DCS Child Abuse and Neglect Hotline –** The child abuse and neglect hotline is utilizing a centralized intake process for receiving all incoming reports of child abuse and/or neglect. See attachment E for further details.

## IV. Additional Functions:

A. **Protocols for supporting children in a Temporary Disaster Shelter**

In the event of an emergency and disaster, it is likely that the Red Cross and/or other local community partners (i.e. local shelter, emergency personnel, etc.) will establish temporary disaster shelters for individuals who have become displaced. In the event that children are abandoned at the shelter or their parents are unable to be located by shelter staff, a report should be made to the Child Abuse and Neglect Hotline and DCS will respond accordingly. The DCS Local Office Director is responsible for working with the county's Emergency Management Team to develop plans specific to meeting the specific needs of their community.

B. **Temporary Shut Down of Government**

1. **DCS Field Operations**

In the event of an announced temporary shutdown of State Government or should an emergency or declared disaster require, DCS Field Operations will establish a skeleton crew of 22 workers on-call statewide to perform only the most basic Child Protection Service (CPS) functions. The CPS worker distribution is one worker per region except Lake (2), Allen (2) and Marion (3) counties for a total of 22. Additionally, one DCS attorney will be identified in each region for a total of 18 local office legal staff.

DCS Field Operations will use the following protocols:

a. Regional Managers will identify a CPS worker(s) to cover the region,

b. The CPS worker's name, cellular phone number(s), and PeopleSoft employee number are to be sent to the DCS Agency Director, Deputy Director of Field Operations, and the Assistant Deputy Directors of Field Operations prior to the shutdown,

c. Regional Managers will identify one (1) DCS attorney to cover each region for a total of 18,
d. The Regional Manager will send the DCS attorney's name, cellular phone number(s), and PeopleSoft number to the DCS General Counsel for approval,
e. After approving the on-call attorneys, the DCS General Counsel will send the names and contact information to DCS Agency Director, Deputy Director of Field Operations, and the Assistant Deputy Directors of Field Operations,
f. The Deputy Director of Field Operations will disseminate contact information for all CPS workers and DCS attorneys to employees on the skeleton crew for communication purposes. The list will also be sent to all members of the DCS Emergency Management Team, Assistant Deputy Directors of Field Operations, Assistant Deputy Directors of Field Operations, and Regional Managers,
g. CPS workers are to stock paper 310's and contact logs in the event that MaGIK are unavailable,
h. The Deputy Director of Field Operations will send CPS workers a list of foster homes and shelters with phone numbers for each region. CPS workers will also take home the IARCCA resource directory,
i. Each DCS Local Office Director or designee is to call local LEA and advise them of a possible government shutdown. The DCS Local Office Director will provide LEA with DCS staff on call and contact information,
j. In the event of a temporary government shut down or disaster, the Child Abuse and Neglect Hotline will continue to respond to CPS reports if conditions allow as determined by the Emergency Management Team. In the event the Child Abuse and Neglect Hotline is not operational due to the emergency situation, all CPS calls will be forwarded to the backup site in Bloomington, Indiana. If the Child Abuse and Neglect Hotline cannot operate at the back up site, the Hotline Director will ensure that all Hotline calls are transferred to an alternative number (another DCS local office, on-call worker cell phones, LEA),
k. Most on-going functions will be suspended. Placement disruptions in out-of-home care will be routed to the on-call worker by LEA, and
l. If DCS is unable to respond timely because of the small number of CPS workers available the on-call worker must either seek help from an FCM Supervisor or Local Office Director in the impacted county or ask LEA to detain the child(ren) until placement into foster care or shelter care can be facilitated.

2. **DCS Child Support Bureau**

In the event of an announced temporary shutdown of State Government, DCS Child Support Bureau will establish a skeleton crew of 10 to 12 workers including both state employees and vendors to perform only the most basic Child Support/ISETS/INVEST functions.

DCS Child Support Bureau will use the following protocols:

a. Child Support Bureau Deputy Director, Assistant Deputy Directors, and ISETS/INVEST Managers will identify Child Support Bureau and ISETS staff to cover during the shutdown, and
b. The Child Support Bureau or ISETS/INVEST worker's name, cellular phone number(s), and PeopleSoft number are to be sent to the Emergency Management Team prior to the shutdown.

# V. Attachments

## A. Key Partner Contacts: -

| *Agency* | *Phone* |
|---|---|
| Governor's Office | 317-232-3515 |
| Recognized Indian Tribes | 616-782-8998 |
| IARCCA | 317-849-8497 |
| Association of Indiana Counties (AIC) | 317-684-3710 |
| Indiana Prosecuting Attorney's Council (IPAC) | 317-233-3925 |

## B. Child Placement Information for LCPA's & Resource Parents

The Child Placement Information should remain in a secure location that is easily accessible. The placement information must be taken when evacuating and should include:

1. Names and phone numbers of the three emergency locations provided to DCS,
2. Emergency contact information for DCS,
3. Names of all children in care,
4. Birth certificate or copies,
5. Insurance or Medicaid Card,
6. Supply of medications and medical information, and
7. List of current medications.

## C. First Aid or Evacuation Kit

The following are recommended items for a first aid / evacuation kit:

1. Sterile adhesive bandages in assorted sizes,
2. Sterile gauze pads (4-6),
3. Hypoallergenic adhesive tape,
4. Sterile roller bandages (3 rolls),
5. Scissors,
6. Tweezers,
7. Needle,
8. Moistened towelettes,
9. Antiseptic,
10. Thermometer,
11. Tube of petroleum jelly or other lubricant,
12. Assorted sizes of safety pins,
13. Cleansing agent or soap,
14. Latex gloves (2 pair),
15. Sunscreen,
16. Non-prescription drugs, such as:
    a. Aspirin or non-aspirin pain reliever,
    b. Anti-diarrhea medication,
    c. Antacid (for stomach upset),
    d. Syrup of Ipecac (use to induce vomiting, only if advised by the Poison Control Center), and
    e. Laxative.

17. Current maps of the area surrounding the provider home or facility,
18. Non-electric can opener,
19. Extra batteries,
20. 72-hour supply of drinking water and non-perishable canned food, and
21. Duct tape.

**D. Essential Evacuation Items**

Additional recommended items to take when evacuating include:

1. A portable, battery-powered radio and extra batteries,
2. Flashlight and extra batteries,
3. First aid kit and placement information for each child in care,
4. Supply of prescription medication for each child,
5. Credit card(s) and cash,
6. Personal ID,
7. An extra set of car keys,
8. Map of the area and phone numbers of your DCS and emergency contact persons, and
9. Special needs items (i.e. baby items, spare eyeglasses).

**E. [NEW] Hotline Disaster Plan Communication and Operations for Hotline Staff & Local Offices**

**In the event of an emergency or disaster where the Hotline location is unavailable:**

Hotline Chain of Communication

1. Hotline Director will contact:
   a. Deputy Director of Field Operations
   b. DCS Security Manager
   c. DCS Chief Information Officer
   d. Director of Communications
   e. Director of Human Resources

2. Director of Communications will:

   a. Contact IDOA for a 24 hour back-up site, security badges and parking for hotline operations, and
   b. Contact Capital Police & Indiana State Police Data Center to alert them of the situation and if staff are relocated to the Indiana Government Center, to notify them of staff presence during overnight hours, and
   c. Collaborate with Deputy Director of Field Operations on communicating one message to the field, and
   d. Ensure that notice and contact information for how to make reports of abuse and neglect during the emergency situation is posted on the DCS website and pre- drafted communications prompts are in place.

3. The Chief Information Officer will contact:

    a. IOT helpdesk
    b. All remaining members of the DCS Emergency Management Team (Agency Director, Chief of Staff, Deputy Chief of Staff, General Counsel, Chief Financial Officer, and all Deputy Directors) to advise of the emergency situation and report back once a final plan is put into place.

4. IOT Helpdesk will:

    a. Open a trouble ticket and assign it to IOT Telecom. IOT Telecom level 1 will do initial troubleshooting to determine if the problem is a Call Center or IP Phone related issue and route the trouble ticket to the appropriate IOT Telecom level 2 support group.
    b. IOT Telecom level 2 will evaluate the Call Center and/or IP Phone issue to determine if the problem can be resolved internally by an IOT Telecom engineer.
    c. IOT Telecom level 2 will escalate trouble ticket and open a trouble ticket with Netech for level 3 Call Center or IP Phone support for any major Call Center or IP Phone outage. IOT Telecom will then notify Heidi Jordan.
    d. For network related outages IOT Telecom level 2 will work with the IOT Network Management group.
    e. IOT Telecom will update DCS Child Abuse and Neglect Hotline supervisor and/or contacts of trouble ticket status every 30 minutes until the issue is resolved. Contacts: DCS Security Manager, Heidi Jordan or DCS MaGIK Project Executive, Bobby Johnson.
    f. IOT will work with the DCS Child Abuse and Neglect Hotline staff to test and verify Call Center and IP Phone functionality has been fully restored.
    g. If problem persists an IOT Telecom or Network engineer will dispatch to site to work through the issue.

    **Note:** If the Hotline Director or Deputy Director is unavailable, their designee will initiate this chain of communication.

**In the event that there is an emergency or disaster declared by the Governor or SPD Director regarding DCS operations:**

The Emergency Management & Hotline Team will be responsible for evaluating the severity of the emergency situation and making decisions with regard to the appropriate course of action including:

a. Whether Hotline operations should be managed remotely and/or re-assigned to DCS local offices,
b. Receive, document, and track reports of Abuse and Neglect including paper 310's and screen outs,
c. Appropriate staffing levels,
d. Resuming normal operations and implementing a communication plan to notify impacted individuals,
e. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate,

f. Managing Operations from an Alternative Location,
g. Reassignment of Staff to Surrounding Local Offices,
h. Activating Remote Access Sites,
i. Making determinations whether to initiate an assessment or screen out a report as well as determining the appropriate timeframe for initiation and completion of the assessment, and
j. Transmitting all reports to the Hotline (via email attachment or fax) for data entry into MaGIK.

**In the event that MaGIK is unavailable:**

The Intake Specialist (IS) will:

a. Take all reports on the report template that is loaded on their desktop & H Drive,
b. Obtain any involvement with DCS from the Report Source as any information obtained will be useful in determining response times and making report determinations, and
c. Print the report and turn it in to the supervisor on shift to be reviewed. On reports with 24 hour/1 hour responses, once the IS has entered the report they should also email a copy of that report with the subject line including 24 hour report/1 hour report and the report name to the supervisor so the report can be sent to the 24 hour distribution list for that county once the report is approved. IS will need to contact the county on-call worker just as DCS does when using MaGIK.

**In the Event that the Hotline is unable to function in any manner:**

DCS Local Offices will be expected to take intake calls and act upon them should the report call for immediate action. DCS Local Offices should email the report to the dcshotlinereports@dcs.in.gov.

## F. [NEW]Child Support Bureau (CSB) and ISETS/INVEST Disaster Plan Communication and Operations

**In the event of an emergency or disaster that the CSB/ISETS/INVEST location is unavailable he Deputy Director of CSB will contact:**

a. Director of Communication,
b. DCS Security Manager,
c. DCS Chief Information Officer, and
d. Director of Human Resources.

**The Deputy Director of Communication will:**

a. Ensure that notice and contact information for how to make child support payments and inquires during the emergency situation is posted on the DCS website and pre-drafted communications prompts are in place,
b. Contact IDOA for a 24 hr back-up site, security badges and parking for CSB Senior Management operations, and
c. Collaborate with Deputy Director of Field Operations on communicating one message to the field.

**The Chief Information Officer will contact:**

a. IOT helpdesk, and
b. All remaining members of the DCS Emergency Management Team (Agency Director, Chief of Staff, Deputy Chief of Staff, General Counsel, Chief Financial Officer, and all Deputy Directors) to advise of the emergency situation and report back once a final plan is put into place.

**Note:** If the Deputy Director of CSB is unavailable, their designee will initiate communication.

**In the event that there is an emergency or disaster declared by the Governor or SPD Director regarding DCS operations:**

The Emergency Management & CSB Team will:

a. Evaluate the severity of the emergency situation and making decisions with regard to the appropriate course of action including:
    1. Deciding whether CSB operations should be managed remotely,
    2. Appropriate staffing levels (skeleton crew),
    3. Resuming normal operations and implementing a communication plan to notify impacted individuals, and
    4. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.

The ISETS/INVEST Disaster Plan Skeleton Crew & Duties contained in this Disaster Plan are only effective if the disaster is for a period of five (5) days or less. In the event that it will take longer than five (5) days, other directions will be provided by the Executive Management Team:

The I5 Administrator will:

a. Ensure ISETS/INVEST system is up and running in the counties & stays running,
b. Mini Check Sum Completions,
c. Banking files transmit, and
d. Tape Backup.

The Batch Lead will:

a. Ensure batch and next day completion starts, and
b. Amend by-passes.

The Help Desk Supervisor:

a. CSR/Webmail situation updates, and
b. Limited county help (password resets).

Production Support-On Call:
Ensure all major systems are up including Support Net, License Suspension, and SharePoint application links and support any system issues that need immediate attention.

ISETS/INVEST Manager:
Rotational support to ISETS/INVEST disaster skeleton crew.

The ISETS/INVEST Disaster Plan Skeleton Crew & Duties contained in this Disaster Plan are only effective if the disaster is for a period of five (5) days or less. In the event that it will take longer than five (5) days, other directions will be provided by the Executive Management Team:

CSB Executive Management will:

a. Work with building staff at 132 E. Washington St. Indianapolis, IN,
b. Work with DCS/IT regarding computer and telecommunication issues, and
c. Work with ISETS/INVEST.

Notify DCS Director of Communications Financial Manager will:

a. Notify Indiana State Central Collection Unit (INSCCU),
b. Notify the State of Indiana Auditors Office,
c. Notify DCS Financial Management,
d. Notify DCS Cash Management, and
e. Oversee financial team work.

CSB Executive & Operations Management Financial Team will:

a. Post incoming checks,
b. Complete adjustments,
c. Handle SupportNet/Electronic funds transfer (EFT) Scrubber,
d. Notify Affiliated Computer Services (ACS)/Debit card vendor,
e. Notify Indiana Treasurers Office,
f. Notify PNC Bank,
g. Approve adjustments, and
h. Request appropriate check pulls.

Operations/Security Manager will:

a. Oversee mail operations,
b. Oversee ID resets,
c. Assist financial team where needed,
d. Coordinate computer access for key staff, and
e. Work with CSB Executive & financial manager.

Operations/Security team will:

a. Coordinate mail operations with Pitney Bowes,
b. Open mail,
c. Copy incoming checks,
d. Coordinate INSCCU, Post Office, and Interdepartmental mail,
e. Pull check pulls, and
f. Contact Governor liaison for correspondence.

Program Support:

a. Handle scheduled hearings

# Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Indiana

| | Total ETVs Awarded | Number of New ETVs |
|---|---|---|
| **2013-2014 School Year** (July 1, 2013 to June 30, 2014) | 371 | 140 |
| **2012-2013 School Year*** (July 1, 2012 to June 30, 2013) | 432 | 164 |
| **2011-2012 School Year** (July 1, 2011 to June 30, 2012) | 421 | 160 |
| **2010-2011 School Year** (July 1, 2010 to June 30, 2011) | 331 | 186 |
| **2009-2010 School Year** (July 1, 2009 to June 30, 2010) | 305 | 190 |

Comments: None

# Health Care Oversight and Coordination Plan

# INDIANA'S HEALTH OVERSIGHT AND COORDINATION PLAN

Fostering Connections to Success and Increasing Adoption Act of 2008 (P.L. 110-351/H.R. 6893) contains a provision requiring each state, under Title IV-B, to create a plan to ensure ongoing oversight and coordination of health care for foster children. State child welfare agencies and state agencies that administer Medicaid are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

DCS joined forces with the Indiana Family and Social Services Administration (FSSA), which is the agency that administers Medicaid in Indiana, and collaborated with pediatricians and other health care experts in Indiana to develop the Health Care Oversight and Coordination Plan.

Reflecting all recent amendments, the Health Care Oversight and Coordination Plan, developed in coordination with the State Medicaid agency, must now include an outline of the items listed below:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and
7. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.

P.L. 110-351 stipulates that the Health Oversight and Coordination provision does not reduce or limit the responsibility of Medicaid agencies in administering and providing care to children served by the state child welfare system.

## BACKGROUND:

*The following outlines Indiana's coordinated strategy to identify and respond to the health care needs, including mental and dental, of foster children.*

The Indiana Department of Child Services (DCS) joined forces with the Indiana Family and Social Services Administration (FSSA), the state agency responsible for administering Medicaid, to ensure that the physical, dental, and mental health needs of DCS foster children and youth are being met. They also work to ensure that all DCS foster children and youth are enrolled in Medicaid and therefore eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and managed care services.

There are several program options available under Indiana Medicaid, with programs designed to meet the medical needs of certain groups of people. Indiana Medicaid programs include:

- Traditional Medicaid
- Care Select
- Hoosier Healthwise
- M.E.D. Works
- Healthy Indiana Plan
- Waivers
- Medicaid Pharmacy Benefits
- Presumptive Eligibility
- Family Planning Eligibility Program[1]

All DCS foster children and youth were previously enrolled in Care Select. This was revised last year. DCS foster children and youth are now enrolled in Traditional Medicaid unless they have a qualifying medical condition. Those with qualifying medical conditions are enrolled in *Care Select*. Both Medicaid plans provide reminders and educational materials, as well as assistance with scheduling and transportation for EPSDT appointments.

### TRADITIONAL MEDICAID

Traditional Medicaid provides assistance for medical expenses such as doctor visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations. It does not require that the member choose a specific doctor or provider of services.

[1] http://member.indianamedicaid.com/programs--benefits/medicaid-programs/care-select.aspx

## CARE SELECT:

*Care Select* is a health care program designed to serve Medicaid recipients with special health care needs and includes healthcare coordination.[2] In order to be eligible for *Care Select*, a DCS foster child or youth must have one of the following medical conditions:

- Asthma
- Diabetes
- Heart Failure
- Congestive Heart Failure
- Hypertensive Heart Disease
- Hypertensive Kidney Disease
- Rheumatic Heart Illness
- Severe Mental Illness
- Serious Emotional Disturbance (SED) for Wards and Fosters
- Depression

In *Care Select*, a primary doctor and a health plan is determined by choosing one of the Care Management Organizations (CMOs) contracted with the State to coordinate health care needs. The CMO assists in coordinating health care benefits and tailors them to the individual needs, circumstances, and preferences of the child or older youth.

*Care Select* services are managed or facilitated by two Care Management Organizations with whom FSSA has contracted - Advantage Health Solutions and MDwise, Inc. They manage the care of eligible members and ultimately improve the quality of care and health outcomes for members.

Advantage Health Solutions is a locally-owned provider-sponsored health plan that places an emphasis on Wellness and Care Coordination. Advantage Health Solutions subscribes to:

- A member-centered care management focus;
- Strong partnerships with community providers to coordinate behavioral, developmental and medical services;
- Utilizing assessments and risk stratification tools to determine needs at the member/provider level; and,
- Excelling in communication with members, their families and their caregivers.

MDwise, Inc. is a locally-owned health plan created in 1994. MDwise, Inc. is a Network model Health Maintenance Organization (HMO) that subscribes to:

- Member-focused promoting self-management and self-determination,
- Personal, trusting relationship with member/caregiver,
- Technology driven communication with providers, caregivers and members,
- Goals aligned across team (medical, behavioral health, waiver and member/caregiver), and
- Local partnerships with members, caregivers, advocates, and providers to provide relevant, effective care coordination.

*Care Select* facilitates care coordination and continuity of health services through care coordinators. Care Coordinators are housed in the particular CMO working under *Care Select*. Care Coordinators facilitate individualized services and assist in gaining access to needed medical, social, educational, and other services. Care Coordinators assist members in arranging for initial and on-going key services. Examples include: (EPSDT); population-based disease management as well as targeting specific diseases; a Chronic Disease Management Program including diabetes, asthma, congestive heart failure, and hypertension; and utilization management allowing for the facilitation of appropriate use of facilities, services and pharmacy. Additionally, they may assist with arranging appointments, scheduling transportation, and assisting in educating members about managing their health conditions.

An integral part of the system of care for DCS children and youth enrolled in *Care Select* is the Primary Medical Provider (PMP). If members do not have a Primary Medical Provider and are enrolled in *Care Select*, DCS will receive a letter outlining the process for selecting a PMP and a CMO. If they do not select a PMP or CMO, one will be auto-assigned through *Care Select*.

The PMP becomes the member's "Medical Home" or the member's health care home base. In functioning as the Medical Home, the PMP functions as the point of entry to the health care system and serves as the member's main health care provider. A PMP can be either a primary care physician or a specialist, and can provide referrals to other specialist as the need warrants. The PMP works with the child, the child's custodial caregiver and the Care Manager (either MDwise, Inc. or Advantage Health Solutions) to improve the health of the child. DCS FCM's work with the PMP and/or the CMO to assist in the coordination of services for DCS foster children or youth.

Coordinated care for DCS foster children or youth works though a Care Management Model. There are four steps to the Care Management Model beginning with a thorough assessment of the youths' needs, including input from numerous stakeholders. A care plan is designed for the youth based upon conclusions reached through the assessment. The Care Management Organization then coordinates care for the youth as outlined by the care plan. Finally, the results based on care plan for the youth are measured. The DCS ward or youth in foster care is then reassessed, and care plans are updated to reflect needed changes.

The four-step Care Management Model includes:

Step 1: Assess the needs of the youth

- Identify high risk members through medical claims history/risk stratification,
- Identify and reach out to youth's family or Family Case Manager,
- Share existing assessments/care plans to avoid duplicative assessment questions or interventions,
- Conduct initial interview with youth or caregiver,
- Assign care management Level 1-4,
- Identify the need for more comprehensive medical, behavioral, psychosocial, and/or functional assessments, and
- Identify immediate needs and implement immediate interventions if needed.

Step 2: Design a Care Plan

- Involve member, caregivers and providers in developing the youth's Care Select Plan.
    - Establishing care plan goals that are evidence-based and outcome-oriented, and
    - Taking responsibility for achieving care plan goals.
- Integrate goals/interventions across a member's other care plans.
    - Primary Care
    - Family Teaming
    - Medicaid waiver program
    - Individualized Education Plan (IEP)
    - CMHC/behavioral health treatment plan
- Prioritize goals/interventions recognizing the member's priorities.

Step 3: Coordination of Care

- Share individualized care plan with youth and caregiver, the primary medical provider, waiver/CMHC case managers.
- Involve members, caregivers, Care Managers, Care Partners, Care Advocates, Family Case Managers, and providers in an active dialogue about barriers, goals, and progress through:
    - Web-based care plans,
    - Care conferences, and
    - Ongoing dialogue.
- Facilitate communication with health care providers (i.e. physicians, community organizations, waivers programs, school-based services, and DCS).
- Connect member/caregiver with needed services.
- Advocate for member by removing barriers to care as well as providing education about conditions, access to care, and member rights and responsibilities.
- Facilitate member/caregiver independence through teaching and reinforcing self-management skills.
- Utilize the member's comprehensive assessment and care plan to provide contact and support for PA requests.

Step 4: Measure the Results

- Member level outcomes
    - Achievement of care plan goals
    - Annual health needs assessment

- Program level outcomes
    - Member and provider satisfaction
    - Evidence-based practice
    - Improvement in quality of life metrics
    - Reduction in inpatient/ER admissions
    - Complaints, grievances/appeals

Enrollment of all eligible wards of DCS and youth in foster care in Medicaid provides the basis for this coordinated interagency strategy to identify and respond to the health, mental, and dental care needs of wards of DCS and youth in foster care.

DCS and FSSA further enhanced this base by creating an administrative, legal, and technical framework for more efficiently facilitating wards of DCS and youth in foster care onto Medicaid and improving health outcomes. The framework between the two state agencies is supported through: bi-weekly and monthly project and program specific meetings between the DCS and FSSA; Memorandums of Understanding (MOU); the creation of a specialized Medicaid Eligibility Unit (MEU) within DCS to enroll wards of DCS and youth in foster care in Medicaid; as well as, an on-going and regularly scheduled exchange of relevant medical data between the two agencies.

## ADMINISTRATIVE FRAMEWORK:

### MEDICAID ELIGIBILITY UNIT (MEU)

DCS works collaboratively with Indiana FSSA, Division of Family Resources (DFR,) to facilitate enrollment of DCS wards and youth in foster care in Medicaid.

DCS created a specialized, internal, Medicaid Enrollment Unit (MEU) which was piloted in select counties and then implemented statewide effective August 1, 2010. MEU workers partner with Indiana's DFR and OMPP to ensure coverage and appropriate category choice for each DCS child or youth in placement.

MEU enrolls IV-E eligible children in Medicaid and facilitates the Medicaid application process for non eligible children in care as the authorized representative for the child. The following addresses how these functions are carried out.

DCS is engaged in an on-going dialogue with FSSA, the Office of Medicaid Policy and Planning (OMPP), the Division of Mental Health and Addictions (DMHA), and the Division of Family Resources (DFR) to coordinate strategies for responding to the physical and behavioral health needs of wards of DCS and youth in foster care.

### LEGAL FRAMEWORK:

A legal framework for interagency collaboration to meet the health needs of wards of DCS and youth in foster care is supported and guided by Memorandums of Understanding (MOU).

The purpose of this MOU between DCS and OMPP is to define the programmatic and administrative responsibilities of DCS, DFR, and OMPP, in order to administer state aid to wards and foster children, and to work collaboratively in formulating a plan and sharing information to ensure that the health needs of children in foster care are being adequately met.

DCS is also engaged with FSSA Division of Mental Health and Addictions through an MOU.

The purpose of this MOU is to define DMHA and DCS' programmatic and administrative responsibilities for the provision and management of behavioral health services for wards of DCS and youth in foster care. The MOU provides for the implementation of uniform assessments through the use of the CANS assessment tool discussed earlier. It provides for the exchange of data to support the programs, staff training and certification, and ongoing interagency communication. Additionally, it provides for outcome quality management processes using data to support decisions at the child and family intervention, program and policy levels.

## TECHNICAL FRAMEWORK:

DCS and OMPP are working together to develop a technical framework that allows for the sharing of relevant medical data and other information related to health. The intent is to allow for a mutual and regularly scheduled electronic exchange of medical information for wards of DCS and youth in foster care. This information will be used to enhance detail already contained in the electronic health record or Medical Passport for each youth and will assist in ensuring that all wards of DCS and youth in foster care receive the most appropriate medical care possible.

Additionally, the technical framework will assist in facilitating statewide enrollment in Medicaid, as well as enhanced case management in regard to health outcomes by allowing for limited real time access to medical data, including prescription medications. This interagency collaboration was finalized with the completion of an MOU between DCS and OMPP in January, 2013. In late 2013 and throughout 2014, the agencies are working together to establish the technical infrastructure to support exchange of this information.

## THE PLAN

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice.

Efforts to improve health outcomes for DCS children and youth in foster care are supported through improved consistency and the frequency of initial and follow-up health screens. Improvement is being addressed by implementing statewide use of a standardized assessment tool by all DCS Family Case Managers, as well as increasing the frequency of youth receiving an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen.

### THE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) ASSESSMENT

To improve consistency and provide for better mental health outcomes for children and youth in the care of DCS, DCS partnered with the FSSA Division of Mental Health and Addictions to implement the Child and Adolescent Needs and Strengths Assessment (CANS) Comprehensive tool. The CANS refers to a group of outcome management tools that have been developed by John Lyons, PhD, University of Ottawa, in collaboration with stakeholders across multiple states.

In January 2008, DCS contractually required that DCS licensed residential providers administer the age appropriate CANS assessment unless an assessment had been completed on the child within 30 days of admission by another qualified resource (most often a mental health provider). In August of 2009, DCS began the implementation of the CANS Pilot Protocol by DCS Family Case Managers (FCMs), with the statewide rollout completed in April 2010.

Statewide use of the CANS allows DCS to document the intensity of behavioral health services needed by the child and family and is the basis for planning individualized services for children. The implementation of this tool provides a more uniform initial assessment of the behavioral and mental health needs of wards of DCS and youth in foster care. The CANS assessment also plays a critical role in informing decision-making regarding the type and level of placement a child needs once the decision to place has been made. The CANS assessment is completed by FCMs who are trained and certified in its use.

Two versions of the CANS were previously used by DCS staff – the short CANS and the comprehensive CANS. In 2014, DCS eliminated use of the short CANS, requiring staff to complete the comprehensive CANS in all circumstances. DCS learned that when it was utilizing the short CANS that it did not provide the comprehensive information needed about the child/family. Below please find a summary of the DCS policy requirements for CANS completion.

*Comprehensive CANS*

- Will be completed within 5 days of removal;
- Will be completed for every child under the supervision of DCS, regardless of age, who is in an out of home placement prior to the initial Case Plan being due;
- Will be completed for every substantiated assessment which does not result in an open case.

*Reassessments*

- After the initial comprehensive CANS, reassessments are due every 180 days (prior to the updated Case Plan being due) and anytime there is an apparent change in the child's needs that might need a different intensity of services.

Assessment information regarding an individual child is used by residential providers, children and families, DCS FCMs, and other members of the Child and Family Team to plan appropriate interventions, monitor progress, and adjust intervention plans based on the child and family's needs and strengths. The CANS guides the FCM and the Child and Family Team in deciding what type of behavioral health services the child needs and what level of placement best suits his/her needs. Additionally, this

information can be incorporated in the Care Plan developed as a part of the four-step Care Management Model.

### Early and Periodic Screening Diagnosis and Treatment

DCS strives to make certain that every DCS child or youth in foster care has an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) evaluation completed by an approved physician. This practice is supported by DCS Policy 8.29 -Routine Health Care – which addresses continuity of healthcare services to vulnerable children, as well as requires DCS to facilitate the provision of a general health exam, consistent with the HealthWatch/EPSDT screening protocols, to all children in out-of-home care within 10 business days of placement.

To maximize the developmental capacities of all children, regardless of circumstance and in compliance with Federal guidelines, Indiana provides EPSDT services for children and young adults enrolled in a Medicaid health insurance program. In Indiana, these services are provided through the HealthWatch/EPSDT Program.

The HealthWatch/EPSDT program screening includes:

- Comprehensive health and developmental history, including assessment of both physical and mental health development;
- Comprehensive unclothed physical exam;
- Appropriate immunizations according to age and health history;
- Laboratory tests including a lead toxicity screening;
- Nutritional Assessment;
- Health Education, including anticipatory guidance;
- Vision screens;
- Hearing screens; and
- Dental screens.

The HealthWatch/EPSDT program facilitates the provision of timely and responsive health care to Medicaid recipients' ages birth through 21 years old, capturing much of the child population with whom DCS is involved. Implemented through initial and subsequent periodic health screenings consistent with the recommendations of the American Academy of Pediatrics (AAP), the HealthWatch/EPSDT Program is designed to mitigate the risks of long-term impairment through the earliest possible detection and treatment of medical, developmental, and psychological conditions.

DCS FCMs often work with a Care Coordinator through *Care Select* to assist in finding an approved physician for conducting the EPSDT screens. The information from the EPSDT screen is then incorporated into the youth's Care Plan developed as a part of the four-step Care Management Model.

## 2. HOW HEALTH NEEDS IDENTIFIED THROUGH SCREENINGS WILL BE MONITORED AND TREATED, INCLUDINGEMOTIONAL TRAUMA ASSOCIATED WITH A CHILD'S MALTREATMENT AND REMOVAL FROM HOME.

## SCREENING

The information gathered through the CANS and EPSDT screens will be incorporated into each youth's Case Plan. Driven by the Case Plan, the FCM, Child and Family Team, and Care Coordinator (for those in *Care Select*) take the necessary steps to meet the child's physical, mental, dental, visual, auditory, and development needs. In addition to, and in conjunction with, the child's Care Management Plan, DCS will ensure:

- A general health exam within 10 days of placement.
- An initial dental exam and cleaning is scheduled no later than six months after the date of the child's last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.
- A hearing exam is conducted every 12 months for children with corrected hearing or as recommended by the child's physician.
- FCMs complete at least annual health care surveys to ensure the youth's physical, hearing, and vision exams occur and provide updates from these screenings.
- The Child and Family Team is empowered to assist in the on-going monitoring and treatment of the youth.

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DSC will screen all youth entering the system using the CANS-Adjustment to Trauma measure. To better serve youth and families with complex trauma histories, DCS has developed and implemented a Clinical Resource Team. This team consists of twelve licensed mental health clinicians, based regionally throughout the state and supervised by a licensed psychologist. The Clinical Resource Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Resource Team is to work with contractual providers to deliver evidence based, trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Clinical Resource Team may be utilized any time that DCS has a question about the mental health needs of a child or family.

DSC screens all youth entering foster care using the CANS-Trauma Module to identify trauma-related needs associated with a child's maltreatment and removal from the home. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred to a DCS mental health contractor for a trauma assessment, or the child's FCM may be referred for a clinical assessment with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from the clinical assessment are incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services.

## TRAUMA-INFORMED SERVICES

DCS has also developed a "Trauma-Informed System of Care" training curriculum in collaboration with the Indiana University School of Social Work (and based on NCTSN materials). In the past year,

workshops on this topic have been provided to Local Office Directors and Supervisors, as well as Juvenile Judges, Guardian ad Litems and Court Appointed Special Advocates (CASAs) across the state. The new training curriculum was piloted in two Regions during the first quarter of 2013, and a regional training schedule has been developed to ensure that all staff receives this training in 2013.

At the programmatic level, DCS requires contractual providers to include trauma-informed care as a "core competency" in their programs and services. For additional information on the evidence-based, trauma-informed service array and associated provider trainings, please see Section V, B. Preservation and Reunification Services in the 2015-2019 Child and Family Services Plan.

In recent years, DCS has developed a strong collaboration with the Indiana Community Mental Health Centers (CMHC). Meetings with the CMHC Workgroup occur bi-weekly with a focus on improving access and effectiveness of services for DCS clients. The Indiana Council of Community Mental Health Centers partners with DCS to provide an annual conference which includes CMHC leadership and DCS local and central office leadership. The main initiatives of the collaborative include improving access and effectiveness of:

- Medicaid Rehabilitation Option services,
- Children's Mental Health Initiative, and
- Substance Use Disorder treatment.

This conference will occur in July 2014 and will bring the DCS local office management together with the management of the local Community Mental Health Centers a day-long meeting.

### 3. HOW MEDICAL INFORMATION FOR FOSTER CHILDREN WILL BE UPDATED AND APPROPRIATELY SHARED, WHICH MAY INCLUDE THE DEVELOPMENT OF AN ELECTRONIC HEALTH RECORD:

DCS maintains written and electronic (detailed in Technical Framework section) documentation of healthcare services received by wards of DCS and youth in foster care.

A written summary of the child's medical history is included in each child's Case Plan. All children who are placed in out-of-home care are issued a Medical Passport, as well as additional forms for authorization for medical services; consent to release mental health and addiction records, record of medical treatments, and a log of medical treatment. These forms are included with the Medical Passport. The Medical Passport is the place of record for a broad range of health care services, including medical, dental, mental health, developmental, vision, hearing and speech care. The Medical Passport remains with the child and in the possession of the resource family throughout all out-of-home placements.

DCS requires the child's resource family to keep the child's Medical Passport up-to-date with the child's most recent healthcare information. Additionally, DCS keeps a separate record of the child's healthcare information in Indiana Child Welfare Information System (ICWIS) Medical Passport. When the child

achieves permanency (e.g., reunification, adoption), DCS requires that the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, receives the Medical Passport.

DCS recently completed an MOU with the Indiana Office of Medicaid Planning and Policy (OMPP) which, allows for the electronic transfer of medical claim history from the Medicaid system to DCS' MaGIK system. This will allow FCMs to view wards' medical events such as doctor visits, ER visits, prescriptions, and immunizations by selecting the appropriate medical screen in MaGIK. It will also allow for the management or psychotropic medications as outlined in section 5d. The DCS technical team is currently working with the technical team from OMPP to establish the framework to allow this information sharing to occur.

## 4. STEPS TO ENSURE CONTINUITY OF HEALTH CARE SERVICES, WHICH MAY INCLUDE ESTABLISHMENT OF A MEDICAL HOME FOR EVERY FOSTER CHILD.

To ensure the continuity of health care services for DCS foster children and youth with significant mental or medical needs, DCS has worked in collaboration with FSSA to implement the use of a Care Management Model (detailed earlier) through *Care Select.* CMO Care Coordinators work in a collaboration with the youth, the Primary Medical Provider, the Family Case Manager, the Resource Family or care giver, the Child and Family Team, and other stakeholders to implement the individualized health care plan the youth. Additionally, Indiana's system of care provides that each child is linked to a Primary Medical Provider (PMP) who becomes the child's Medical Home enhancing continuity of care.

## 5. THE OVERSIGHT OF PRESCRIPTION MEDICINES, INCLUDING PROTOCOLS FOR THE APPROPRIATE USE AND MONITORING OF PSYCHOTROPIC MEDICATIONS.

### INFORMED AND SHARED DECISION MAKING

DCS Policy 8.30 – Psychotropic Medication – addresses current procedures for handling of psychotropic medication for DCS foster children and youth who are in out-of-home placement. By policy, DCS requires that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out-of home care is placed on psychotropic medication. DCS provides an exception to the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent, a Child and Family Team Meeting (CFTM) is convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no

other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication on the weekends or holidays.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication.

Information about all medications is maintained in child's Medical Passport. In addition to the information maintained in the paper Medical Passport, oversight of prescription medications will be enhanced through DCS' collaboration with OMPP in developing the technical framework for sharing relevant medical data electronically. The monthly electronic exchange will include information regarding prescription medications. This will allow for oversight as well as the opportunity for enhanced case management to improve health outcomes for wards, foster and adoptive children.

## PSYCHOTROPIC MEDICATION ADVISORY COMMITTEE (PMAC)

The Indiana Psychotropic Medication Advisory Committee (PMAC) was initiated in January, 2013, to provide oversight and guidance for psychotropic medication utilization among DCS-involved youth. This committee includes representatives from Indiana University Department of Psychiatry, DCS, OMPP, DMHA, pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The advisory committee monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS. Specific responsibilities of the committee include the following:

- Review the literature on psychotropic medication best practice (e.g., AACAP) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
- Provide assistance to DCS in establishing a consultation program for youth in state care who are prescribed psychotropic medications;
- Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- Publish a DCS Approved List of Psychotropic Medications that contains a comprehensive listing of medications (generic and brand) approved for use with DCS-involved youth;
- Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS Permanency and Practice Support Division; and
- Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

In 2014, the PMAC will publish DCS Psychotropic Medication Utilization Guidelines, with revisions made on a semi-annual basis. The guidelines will contain suggested baseline and follow up labs and other monitoring interventions that are based on the latest in evidence-based practice and research literature. Prescribing providers will be requested to utilize the guidelines and may be asked to provide clinical justification for youth who are prescribed psychotropic medications outside of these parameters.

The PMAC will also work with OMPP to publish the DCS Approved List of Medications that will contain a comprehensive listing of medications (generic and brand) approved for use with DCS children and adolescents. Requests for medications that are not listed on the formulary will require review and approval by the PMAC. Note: DCS will utilize the current OMPP formularies until such time as the PMAC can review and revise, as necessary.

## MENTAL HEALTH/TRAUMA SCREENING

All DCS youth are screened using the CANS upon entry into the system and at critical case junctures thereafter. The CANS identifies mental health needs, and a placement algorithm is used to generate a level of care recommendation. In addition, all youth entering the foster care system receive a comprehensive mental health evaluation within the first 30 days of placement.

To identify trauma-related needs associated with a child's maltreatment and removal from the home, DSC will screen all youth entering the system using the CANS-Trauma Module. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred for a trauma assessment with one of our contractual providers, or the case may be staffed with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from these clinical assessments will be incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services. Training materials have been developed regarding the reliable rating of trauma needs using the CANS, and all DCS Family Case Managers have been trained on these measures.

## ASSESSMENT

All children receive a comprehensive health evaluation and identification of acute medical problems prior to the administration of psychotropic medications. The physical evaluation is performed by a physician or other healthcare professional qualified to provide this service. Except in the case of an emergency, consent for psychotropic medication will not be provided until the child has received a thorough health history, psychosocial assessment, mental status exam and physical exam. In some cases, medical problems mimic and/or occur co-morbidly with psychiatric disorders. In those instances, the identification of target symptoms will be critical. When pharmacologic intervention is identified as part of the treatment plan, considerations such as diagnostic medical evaluations, drug-drug interactions, polypharmacy, treatment compliance, informed consent, and the safe storage and administration of medications will need to be documented.

The assessment of a medication trial is facilitated by the initial identification of target symptoms and the regular evaluation of those target symptoms. Secondly, the consideration of ongoing life events, particularly in children and adolescents, is essential in assessing benefits of medication. Removal from the home, a change in living situation, physical illness, parental functioning, traumatic events, etc. can all impact functioning and can confound the evaluation of a medication trial. Thirdly, compliance may need to be investigated through pharmacy records or medication administration records in order to clearly assess efficacy of a medication trial. Once an informed decision is made about a particular medication,

changes in the treatment plan may be necessary, including changes in medication regime, adjustment in non-pharmacologic treatment strategies, and re-evaluation of the diagnosis.

In children and adolescents, re-evaluation of the working diagnosis is critical not only when there is a lack of treatment response, but in other situations as well. By nature, children and adolescents are developing and changing during treatment. Longitudinal information may become available revealing temporal patterns of functioning that may alter the initial diagnosis. In addition, the successful treatment of one disorder may then expose an underlying co-morbid disorder that requires treatment. Ultimately, the resolution of a disorder or the ineffectiveness of a medication requires the medically supervised discontinuation of medications. Because withdrawal or discontinuation effects may arise and confound the clinical picture, ongoing assessment is vital to sort out the illness from the medication effects.

## PSYCHOTROPIC MEDICATION CONSULTATION

The Indiana University School of Medicine (IUSM), Department of Psychiatry has agreed to serve as the consultation entity for DCS. The PMAC considered consultation models from several other states and determined that the model currently being used in Illinois would be the best fit for Indiana. In this model, youth who fall outside of best-practice parameters (see Section h. below) will be referred to the IU Consultation Team – all Board Certified child and adolescent psychiatrists. Once a referral has been generated, the IU psychiatrist will review the information, and if necessary, will staff the case with the prescribing provider "physician to physician."

The DCS Family Case Manager may be asked to provide background case information, including health records, treatment summaries, family histories, etc. In those instances where the IU Consultation Team member and the prescribing physician cannot agree on a course of treatment, the case may be referred to another provider, or the IU Consultation Team member may agree to staff the case on a monthly basis with the prescribing physician. It should be noted that IU is the sole training program for psychiatrists in the state of Indiana, and as such, the IUSM faculty have longstanding relationships with most psychiatrists and behavioral health programs in the state.

## GUIDELINES FOR SAFE UTILIZATION OF PSYCHOTROPIC MEDICATIONS WITH CHILDREN AND ADOLESCENTS

In order to safeguard the health and welfare of DCS youth who are prescribed psychotropic medications, the following guidelines have been adopted from the Texas Psychotropic Medication Utilization Parameters for Youth in State Care and the AACAP Practice Parameters for Psychotropic Medication Use in Children and Adolescents:

- A DSM-IV-TR diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medication record at the time of or before

beginning treatment with a psychotropic mediation. These target symptoms should be assessed each clinic visit with the child and caretaker(s).

- Except in the case of emergency, informed consent should be obtained from the appropriate party(s) prior to beginning psychotropic medication.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure or other laboratory findings should be documented.
- Monotherapy regimens for a given disorder or target symptoms should be tried before polypharmacy.
- Doses should usually be started low and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record.
- The frequency of clinician follow up with the patient should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including symptoms, behavior, function and potential medication side effects.
- In depressed children and adolescents, the potential for emergent suicidality should be carefully evaluated and monitored.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a psychiatrist should occur if the child's clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child's clinical status and medication regimen being used.
- When medication changes are warranted within the same class of medications, a 60 day crossover period of titration of the new agent and taper of the agent to be discontinued is appropriate unless the agent to be discontinued is causing adverse effects.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-IV-TR non-psychiatric diagnosis (e.g., conduct disorder, oppositional defiant disorder, intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated at a minimum of every six months.
- The prescribing provider should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (where relevant), impressions, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan and intended use of the prescribed medications.

## DATA MANAGEMENT

DCS has completed an MOU with OMPP to share Medicaid claims data. As part of the MOU, OMPP will produce monthly utilization reports for DCS wards on psychotropic medication(s). The Medicaid claims data base captures psychotropic medication prescriptions on a "real time" basis, allowing for identification of cases that fall outside of best practice parameters. The OMPP reports will identify outliers (see Table 1 below), including prescribing physicians. In addition, the OMPP reports will include utilization statistics that can be used to benchmark against other states. Report formats will include the following:

1. Percentage of children prescribed psychotropic medication by age: 0-5 years old, 6-12 years old, 13-17 years old, 0-17 years old. DCS Wards vs. Non-DCS Medicaid Youth. (GAO).
2. Children age 0-17 prescribed four five or more psychotropic medications concomitantly. DCS Wards vs. Non-DCS Medicaid Youth. (GAO). Within DCS Wards – In-home vs. out-of-home placements.
3. Children 0-17 with a dosage exceeding maximum guidelines based on Indiana Psychotropic Medication Utilization Guidelines FDA-approved labels. DCS Wards vs. Non-DCS Medicaid Youth. (GAO). Within DCS Wards – In-home vs. out-of-home placements.
4. Children under age one year prescribed a psychotropic drug. DCS Wards vs. Non-DCS Medicaid Youth. (GAO).
5. Children 0-17 prescribed a psychotropic medication without a DSM IV diagnosis. DCS Wards vs. Non-DCS Medicaid Youth.
6. Children age 0-17 prescribed two or more antidepressant medications concomitantly. DCS Wards vs. Non-DCS Medicaid Youth.
7. Children age 0-17 prescribed three or more mood stabilizers concomitantly. DCS Wards vs. Non-DCS Medicaid Youth.
8. Children age 0-17 prescribed two or more antipsychotic medications concomitantly. DCS Wards vs. Non-DCS Medicaid Youth.
9. Children age 0-17 prescribed two or more stimulant medications concomitantly. DCS Wards vs. Non-DCS Medicaid Youth.
10. Children age 0-3 prescribed an antidepressant medication. DCS Wards vs. Non-DCS Medicaid Youth.
11. Children age 0-3 prescribed an antipsychotic medication. DCS Wards vs. Non-DCS Medicaid Youth.
12. Children age 0-2 prescribed a stimulant medication. DCS Wards vs. Non-DCS Medicaid Youth. Within DCS.

## "RED FLAG" INDICATORS

The Indiana PMAC has established "red flag" indicators based on the American Academy of Child and Adolescent Psychiatry practice parameters (AACAP, 2009) and the Texas Psychotropic Medication Utilization Parameters for Foster Children (2010). DCS "red flag" indicators are listed in Table 1. Any youth who meets one or more of these criteria will be automatically referred to the IUSM Department of Psychiatry Consultation Team for case review and follow up.

**Table 1. DCS "Red Flag" Indicators**

| |
|---|
| Absence of a DSM-IV diagnosis in the child's medical record |
| Prescription for four (4) or more psychotropic medications |
| Prescription for two (2) or more antidepressant medications |
| Prescription for three (2) or more mood stabilizers |
| Prescription for two (2) or more antipsychotic medications |
| Prescription for two (2) or more stimulant medications |
| Prescription of an antidepressant to a child less than four (4) years old |
| Prescription of an antipsychotic medication to a child less than four (4) years old |
| Prescription of a stimulant medication to a child less than three (3) years old |
| Psychotropic polypharmacy for a given mental disorder is prescribed before utilizing psychotropic monotherapy. |
| Prescription of a psychotropic medication above the Indiana Psychotropic Medication Utilization Parameter Guidelines |

## ONGOING MONITORING FOR INDIVIDUAL YOUTH IN FOSTER CARE

DCS facilitates ongoing communication, through the Child and Family Team Meetings, case staffing, Permanency Roundtables and other venues, between the youth, parent/guardians and others who understand the youth's behavioral/emotional needs best. This communication is intended to ensure a) that psychotropic medication effectiveness is monitored, b) that treatment is appropriate to the youth's needs, c) that treatment includes the family and/or other essential connections, d) that treatment builds upon the youth's strengths, and e) that permanency planning is incorporated into treatment.

As youth are referred to a Permanency Roundtable, this year DCS began to consider the youth's specific needs and if warranted, placed a DCS Nurse Consultant on the Roundtable team.

In addition, the DCS Nurse Consultants are available for consultation and guidance to the FCMs. This past year the Nursing team has made themselves known to DCS staff.

## EDUCATION AND TRAINING

DCS will develop a psychotropic medication training curriculum, in collaboration with Indiana University Department of Psychiatry, for DCS staff and for key stakeholder groups at the local and state level. Target audiences will include residential, foster care and community-based providers, as well as parents and child advocates (e.g., CASA, Guardian ad Litem). The training curriculum will include information

about best practice guidelines, current psychotropic utilization trends and issues unique to you in the foster care system. DCS will establish mechanisms for sharing training with staff and other stakeholders, including computer-based, "train the trainer" and in-service formats.

### INFORMATION PORTAL

DCS will develop a "psychotropic medication" information portal through the www.dcs.in.gov website. The information portal will include an overview of the DCS psychotropic medication initiative, contact information, summary performance data (e.g., quarterly utilization reports), and links to relevant research, resources and Federal legislation. The information portal will also include a list of answers to frequently asked questions for consumers.

## 6. HOW THE STATE ACTIVELY CONSULTS WITH AND INVOLVES PHYSICIANS AND OTHER APPROPRIATE MEDICAL AND NON-MEDICAL PROFESSIONALS IN ASSESSING THE HEALTH AND WELL-BEING OF FOSTER CHILDREN AND IN DETERMINING THE APPROPRIATE MEDICAL TREATMENT FOR THEM.

### DCS NURSING SERVICES UNIT

DCS has developed a Nursing Services Program. This team covers the entire state at this time. Some children who come into DCS' care have health concerns and may not have had appropriate or significant primary medical care, or may not have received adequate medical treatment or care during their lives. A large percent of the cases DCS oversees involve neglect. This may result in chronic health problems, developmental delays, and can have psychological impacts on a child or youth.

To further strengthen efforts to ensure that all children receive the medical and dental care they need and deserve, the Nursing Services Manager (Director) along with a team of 14 nurses with pediatric nursing experience are located throughout the regions statewide to assist and support family case managers. Typically, family case managers do not have formal medical training. Having nurses to assist with coordination of care for cases with complex / multiple medical needs; providing consultation, resources and education; performing medical record reviews and interpretation; collaborating with and being a liaison to service providers, resource families, and other DCS team members (including PEDS), is beneficial for all parties. Nurses will also be available to assist with the health / medical components of the CANS, facilitate the EPSDT process, and provide written documentation of recommendations.

DCS Nurses attend and participate in the Indiana Oral Health Coalition (IOHC). The mission of the IOHC is a collective voice of individuals, groups, organizations and businesses working together to promote, protect and provide for the oral health of the residents of Indiana. In the past year, having the nurses attend this coalition has been helpful in collaborating efforts to provide dental care for the more severe cases in which DCS has been involved.

### PEDS CONTRACT

DCS will continue to expand and update the Pediatric Evaluation and Diagnosis (PEDS) program contract. This program is administered by the IU Child Protection Program Staff within Riley Hospital for

Children and has been a service to DCS since 2008. The physicians within this program are child abuse pediatricians who are able to provide consultation regarding medical issues and/or questionable injuries to children when the current information available renders it difficult for us to determine if abuse or neglect was the cause of injury. Since the inception of the PEDS program, we have witnessed an increased volume of cases which has resulted in the overall success of the program.

The PEDS program was extended for a new four year contract. Its success is noted by actual lives saved as determined by the PEDS physicians. The actual data of this program is gathered and reported to DCS quarterly.

A new component of the PEDS contract allows the Indiana University Child Protection Program (IUCPP) to provide certain education and training for Indiana physicians on child abuse and neglect identification and reporting, as well as providing training and education to certain secondary level community physicians so that they are available to DCS for medical evaluations and related services

The PEDS program entails mandatory referrals of any allegation of a suspected injury to the head or neck of a child less than 10 years old; and any allegation of a bone fracture or burn to child under the age of 3. This age group is susceptible to inflicted injury, and having additional injuries that aren't easily recognizable without specific medical evaluation. In addition, many physicians report young children with fractures but are unable to provide an opinion about the likelihood of abuse. The child abuse pediatricians and IUCPP staff are ready to take on the evaluation of all fractures and burns in these young children.

The PEDS program also handles Comprehensive Cases to include those that may be in need of a telephone review and consultation with a member of the team from the IUCPP. Family Case Managers, Supervisors, and the DCS Nurses can contact the Riley/IU Child Abuse Pediatricians to staff potential cases to determine the appropriateness of the referral.

The DCS Nurse Consultants have been incorporated into the PEDS contract to assist with increased documentation efforts as requested by the FCMs. In these instances, the Nurses are also consulted in order to ensure the requests are needed and appropriate.

The Pediatric Center of Hope is part of the IUCPP that handles sexual abuse. A PEDS referral is not the same as a referral for a sexual abuse exam/consultation to the Pediatric Center of Hope. Many Indiana Regions have plans in place with local Child Abuse Centers (CAC) for sexual abuse evaluations.

DCS Nurses receive consultation, education and training from the PEDS program. Weekly PEDS Meetings are held in which case reviews are staffed.

Previously, the PEDS program included a statewide Safe Sleep program. This past year DCS started collaborating with the Indiana State Department of Health (ISDH) in order to develop a more comprehensive and uniform program in order to reach all regions and counties. After the evaluation of the current program, it was determine that DCS's lesson learned was this Safe Sleep program needed to include all areas of the state and provide an oversight and education component in order to ensure that

all families have access to these services. The future plan for this program is to continue to develop our collaboration/partnership with ISDH by DCS funding technical support and assistance with program implementation while ISDH will provide the staffing, program development, and the evaluation component.

The DCS Nursing program, this past year, identified a need for education on the "purple crying period" which is an educational training effort to teach parents how to recognize the different crying patterns of young children which research has shown to be one of the leading causes of physical abuse of children.

The Children and Hoosier Immunization Registry Program (CHIRP) is a registry which provides documentation regarding immunizations and lead blood levels. The DCS Nursing program has gained access to this registry in order to provide updated information regarding immunizations and lead test results. Access to the registry has benefited DCS children and families by providing essential information regarding health maintenance.

## 7. STEPS TO ENSURE THE AVAILABILITY OF MEDICAL COVERAGE FOR WARDS/FORMER WARDS 18 YEARS AND OLDER.

DCS released Collaborative Care in 2012, which provides services and Medicaid for eligible youth from age 18 to age 20 and is available for former DCS foster children. DCS foster children may also remain a foster child through age 20 and in some qualifying situations, to age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continues to meet the eligibility requirements.

To ensure the Medicaid enrollment of all eligible wards, when a child is not IV-E eligible or loses IV-E eligibility for any reason, the MEU submits a transmittal, a Referral to Medicaid Foster Care Independence Program, proof of income (if applicable), an application for Medicaid (if applicable) and eligibility conditions (if applicable) to DFR. The MEU monitors the application processing timeframes and serves as a single point of contact for DFR regarding questions or issues related to the child's Medicaid eligibility. The MEU intervenes if a child's eligibility has not been determined timely, there are questions, or there is negative result.

In order to ensure that Medicaid benefits continue whenever possible following a substantial change in the youth's income, resources, age, household composition, or foster care status, the MEU explores all other categories of Medicaid coverage for potential Medicaid eligibility. Based upon court decision in the matter of Clevidence v. Sullivan, Indiana does not discontinue Medicaid until all potential eligibility options have been explored. Coverage for individuals age 18-21 is available through a number of categories including a provision for Foster Care Independence, which extends Medicaid eligibility to individuals who were in foster care at the age of 18 years. Additionally, if a DCS case is scheduled to close at the age of 18, the FCM is required to send a notice to the Medicaid Enrollment Unit (MEU) informing them that the youth will need to be transitioned to the Medicaid Foster Care Independence Program.

## 8. PROVISIONS FOR THE APPOINTMENT OF A HEALTH CARE REPRESENTATIVE/ADVANCED DIRECTIVES FOR WARDS 18 YEARS AND OLDER.

In order to ensure that children aging out of the foster care system have the opportunity to discuss their future health care options, 90 days before the youth reaches age 18, the Family Case Manager (FCM) will convene a Child and Family Team Meeting to complete the Transitional Services Plan portion of the Independent Living/Transition Plan.

*DCS Policy 11.6 - Independent Living/Transitional Living Plan*

The Independent Living/Transition Plan is a comprehensive, written, plan, personalized for each youth and is used at each meeting with the youth and at each Child and Family Team meeting to guide the transition planning process with the youth. The Independent Living/Transition Plan is developed with the youth's participation. The Independent Living/Transition Plan must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. Housing, which may include a Transitional Living Placement when appropriate;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. procedures available under Indiana law for, and the importance of, stating in advance an individual's desires concerning:
    a. health care treatment decisions if the individual is unable to participate in those decisions when required, and
    b. designation of another person to make health care treatment decisions for an individual who is unable to make those decisions when required; and
9. Availability of local, state, and federal resources, including financial assistance, relating to any parts of the plan described above.
10. Independent living services may include any of the following kinds of services that are intended to prepare the youth for self support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:
    a. Arrangements for and management of a transitional living placement for a youth who is seventeen (17) and six (6) months of age or older, if appropriate:
    b. Activities of daily living and social skills training
    c. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate to the youth's cultural heritage and needs and any other special needs.

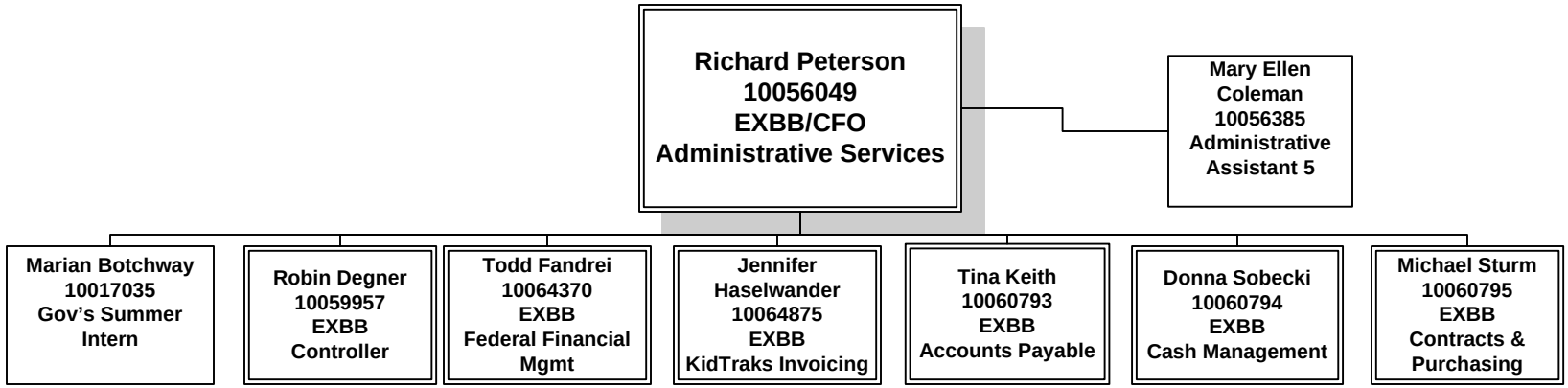
d. Matching of a youth on a voluntary basis with caring adults trained to act as mentors and assist the youth to establish lifelong connections with caring adults.

Pursuant to sections 4, 5, and 8, listed above, DCS will ensure the youth is provided information and education regarding the importance of designating a health representative to make health decisions and the importance of executing a health care power of attorney, health care proxy, or other similar document recognized under State law. The FCM will distribute an Advance Directives packet along with the information letter at the Transition Planning meeting. The FCM will also ensure that the youth has the opportunity to view the Advance Directives information video.

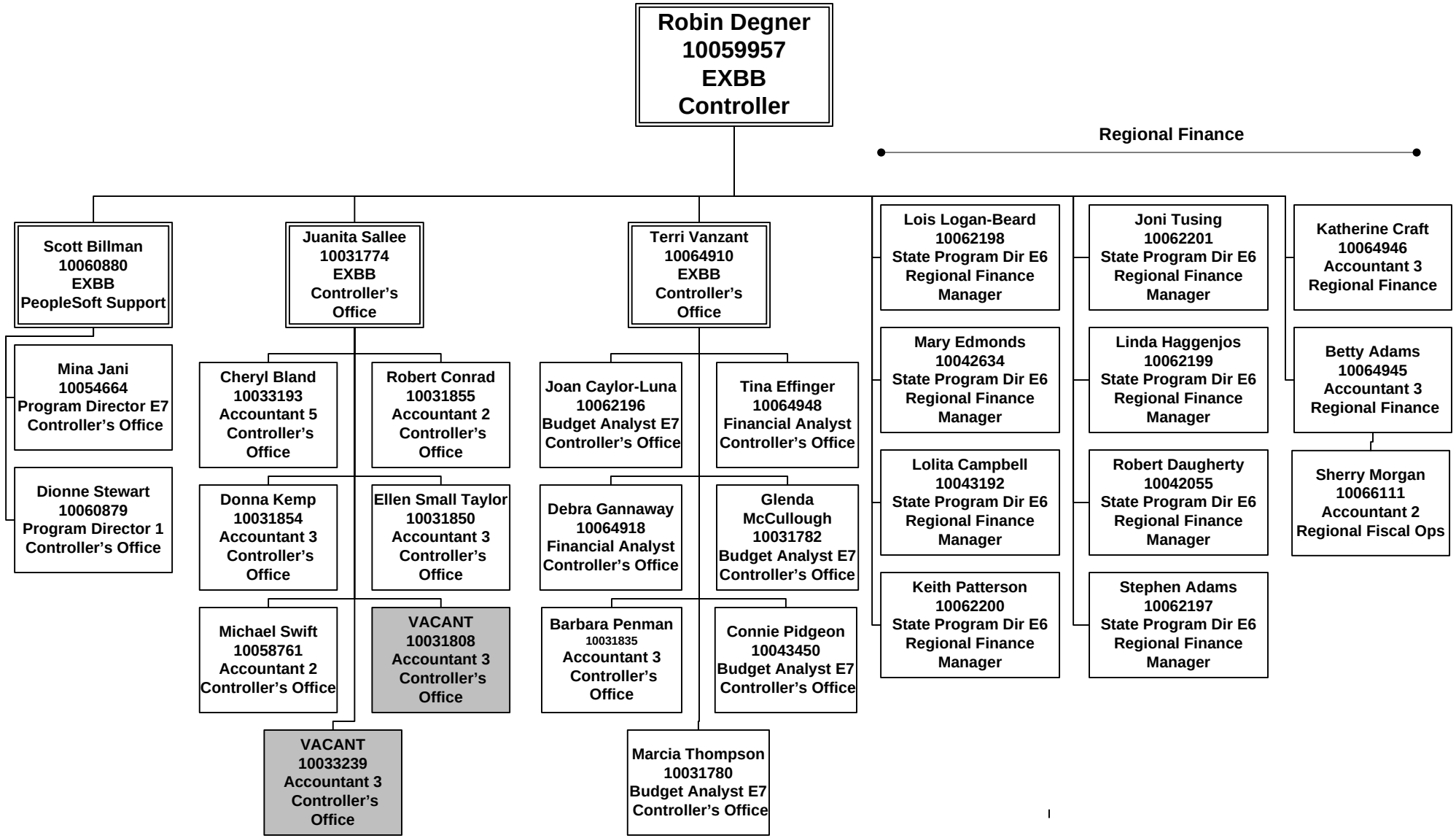
The Advance Directives packet advises youth that DCS is providing health care decision forms for the youth to use, but that DCS cannot provide legal advice. It advises them to seek legal advice if they have any questions and that many local communities have bar associations that provide legal services for free or at a reduced cost and that they can access these services at the following link: http://www.indianalegalservices.org/providers. Youth are also advised of services offered through Indiana Legal Services (ILS), which provides legal services to low income individuals, and they are given their toll free number, (800) 869-0212. They are also advised that they may ask their Family Case Manager to request that the Judge appoint a public defender to discuss these forms and answer any questions at the next court hearing.

# Organization Chart
# Administrative Services

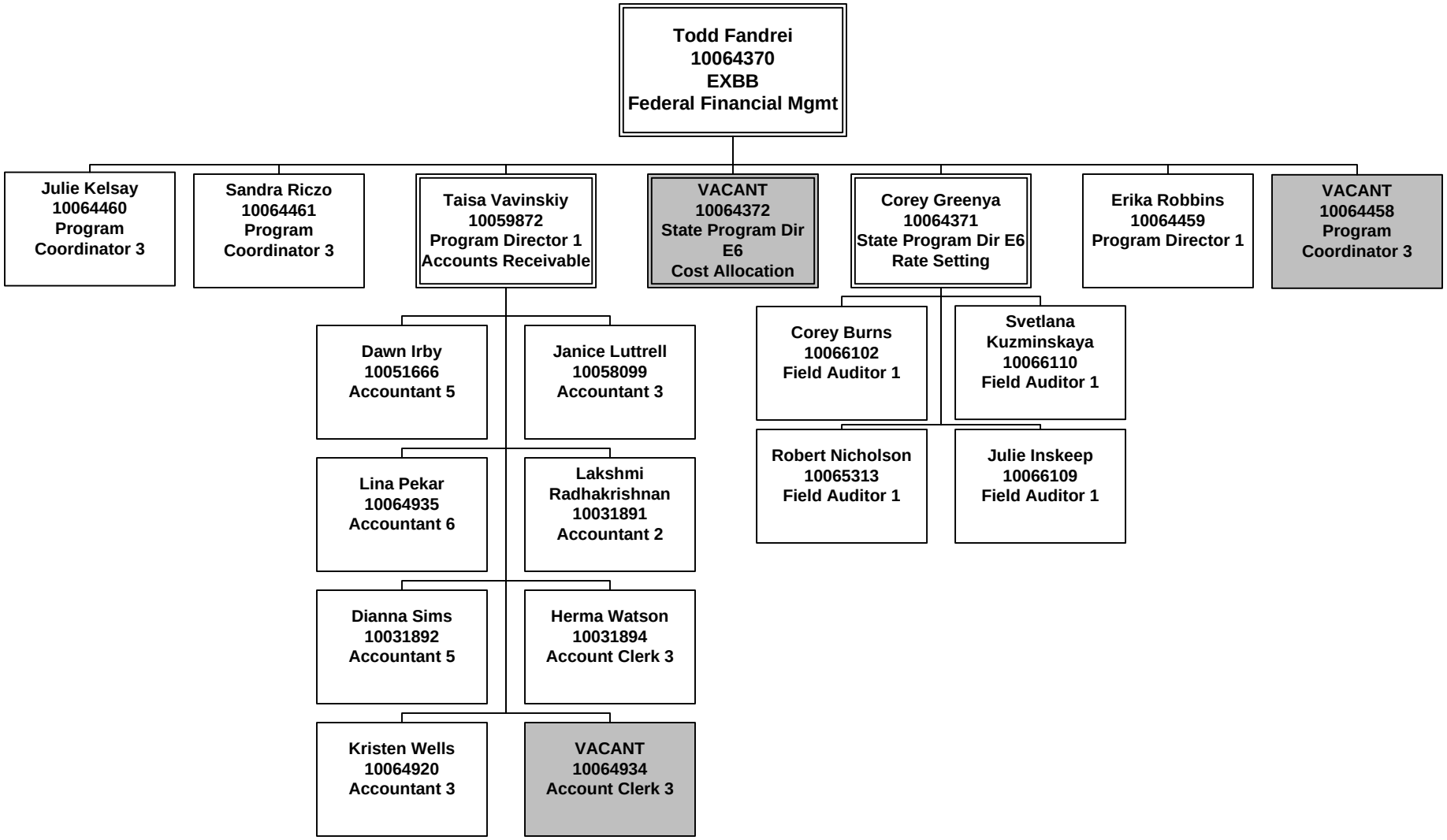
# Indiana Department of Child Services
## Administrative Services
## 06/03/2014



Indiana Department of Child Services
Administrative Services
06/03/2014



# Indiana Department of Child Services
## Administrative Services
## 06/03/2014



Indiana Department of Child Services
Administrative Services
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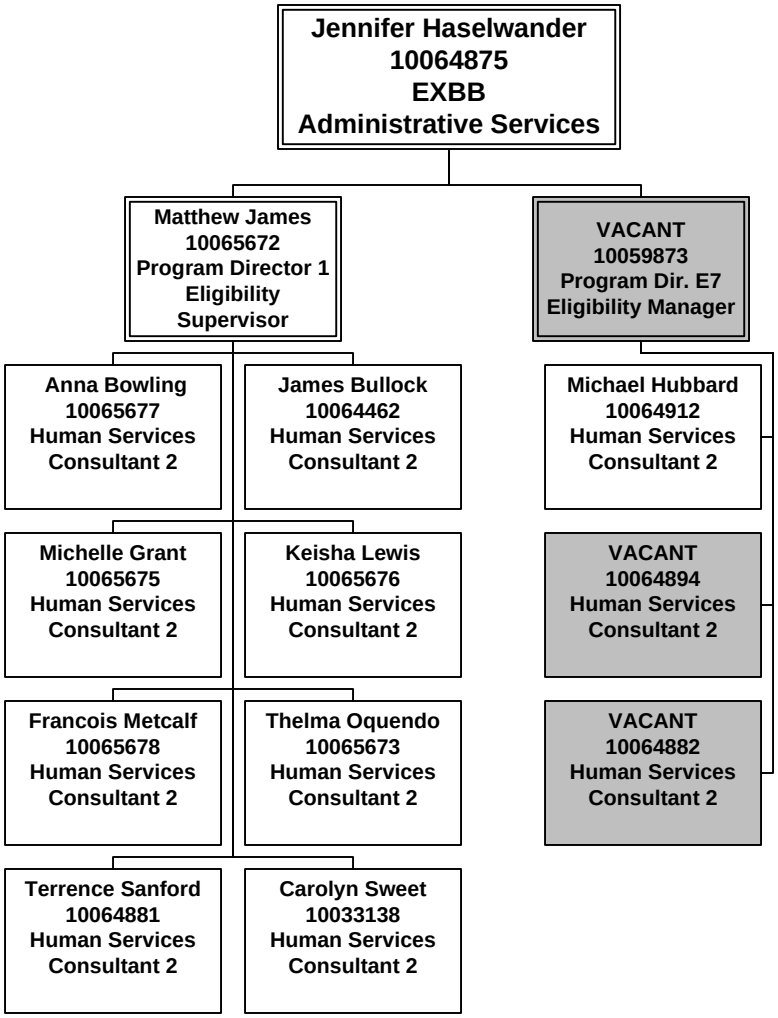
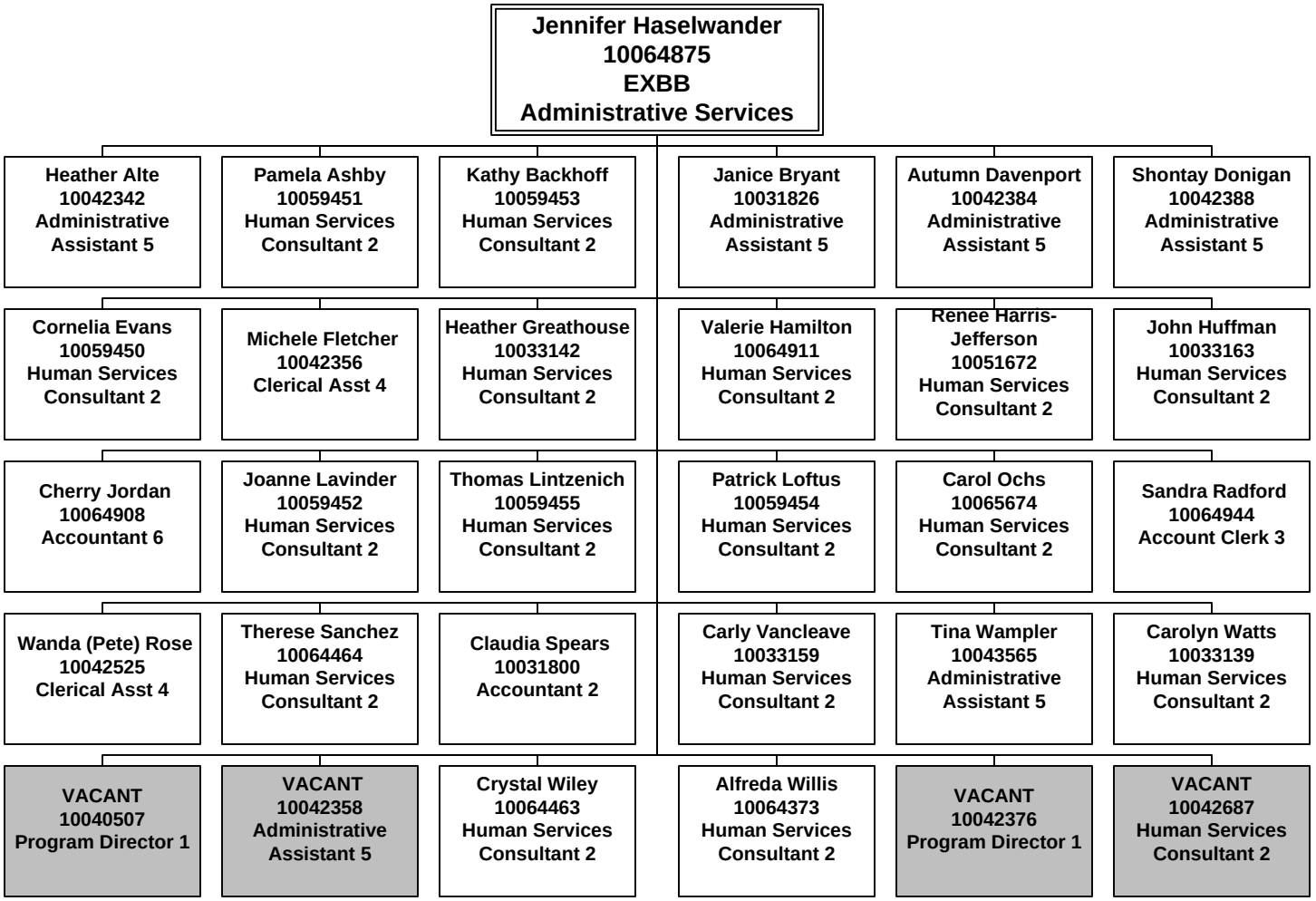


# Indiana Department of Child Services
## Administrative Services
## 06/03/2014



Indiana Department of Child Services
Administrative Services
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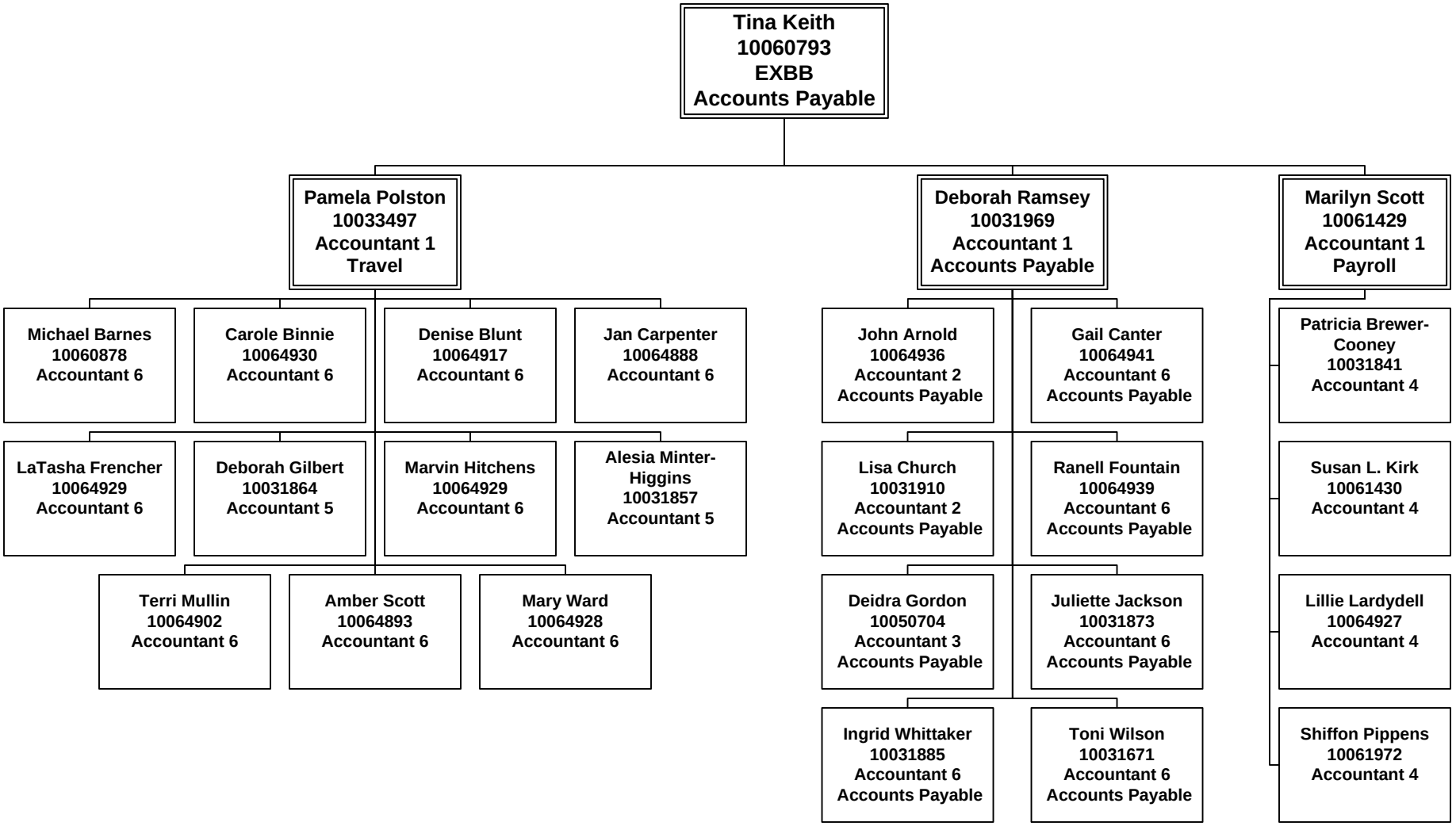

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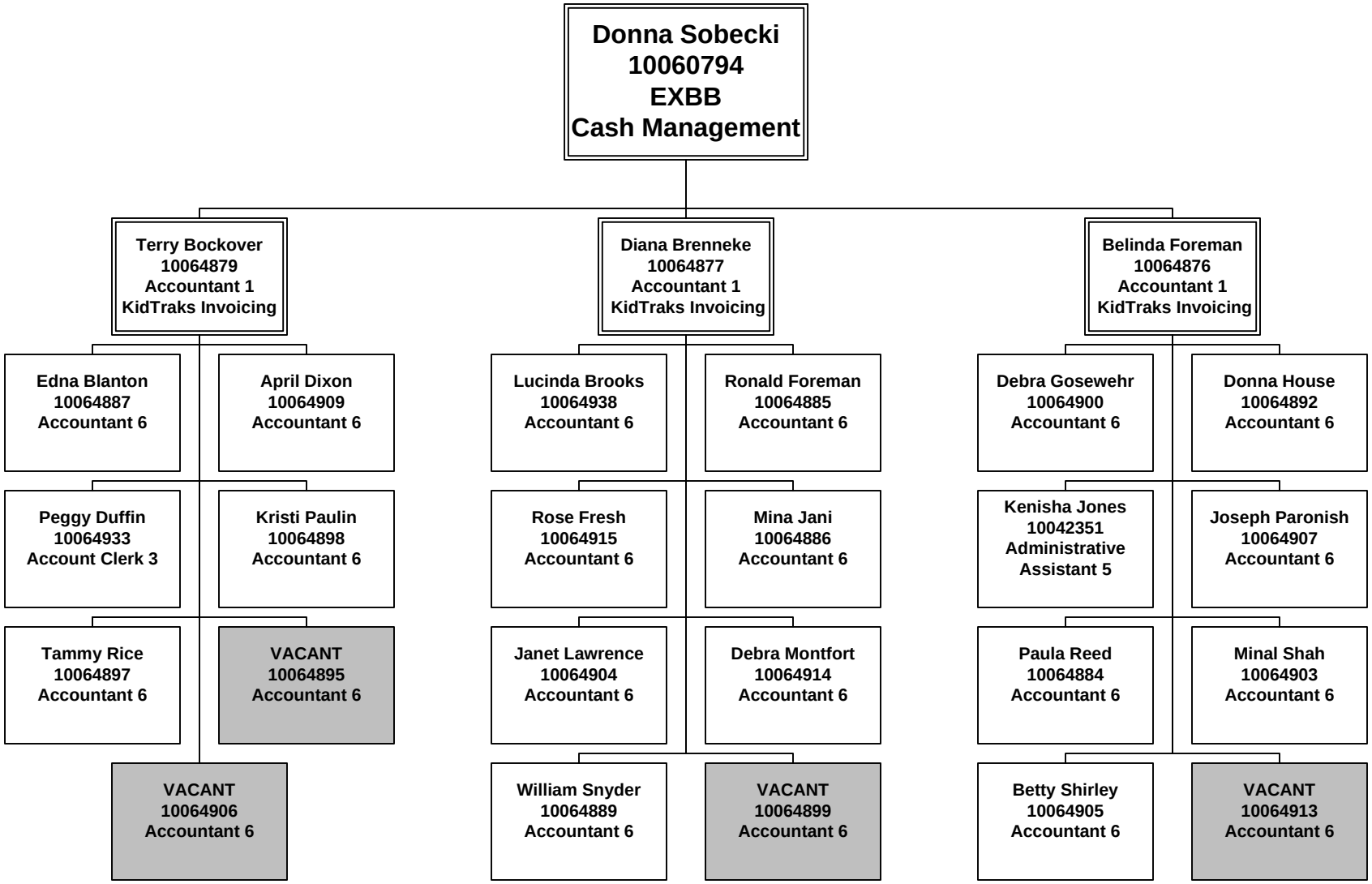

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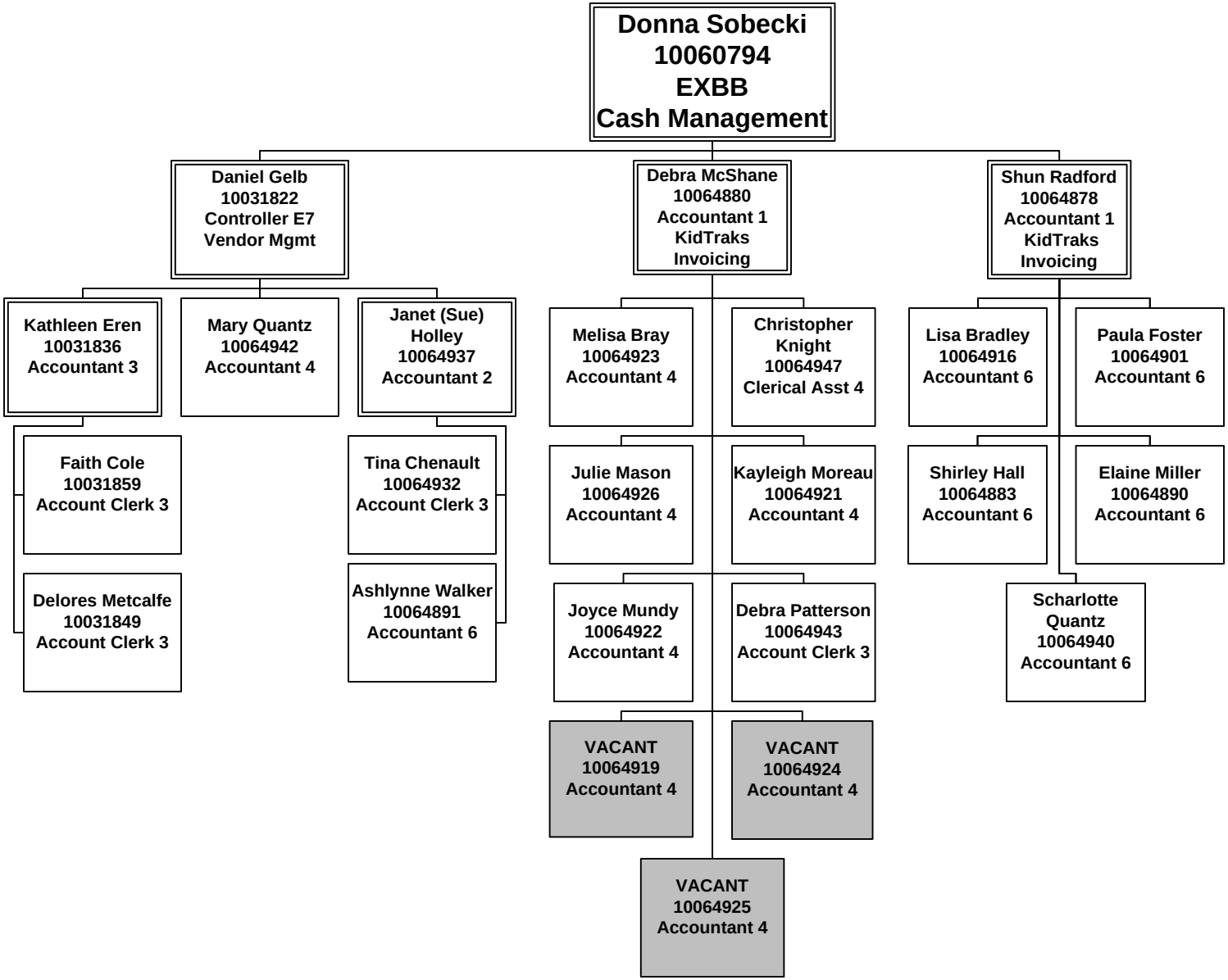

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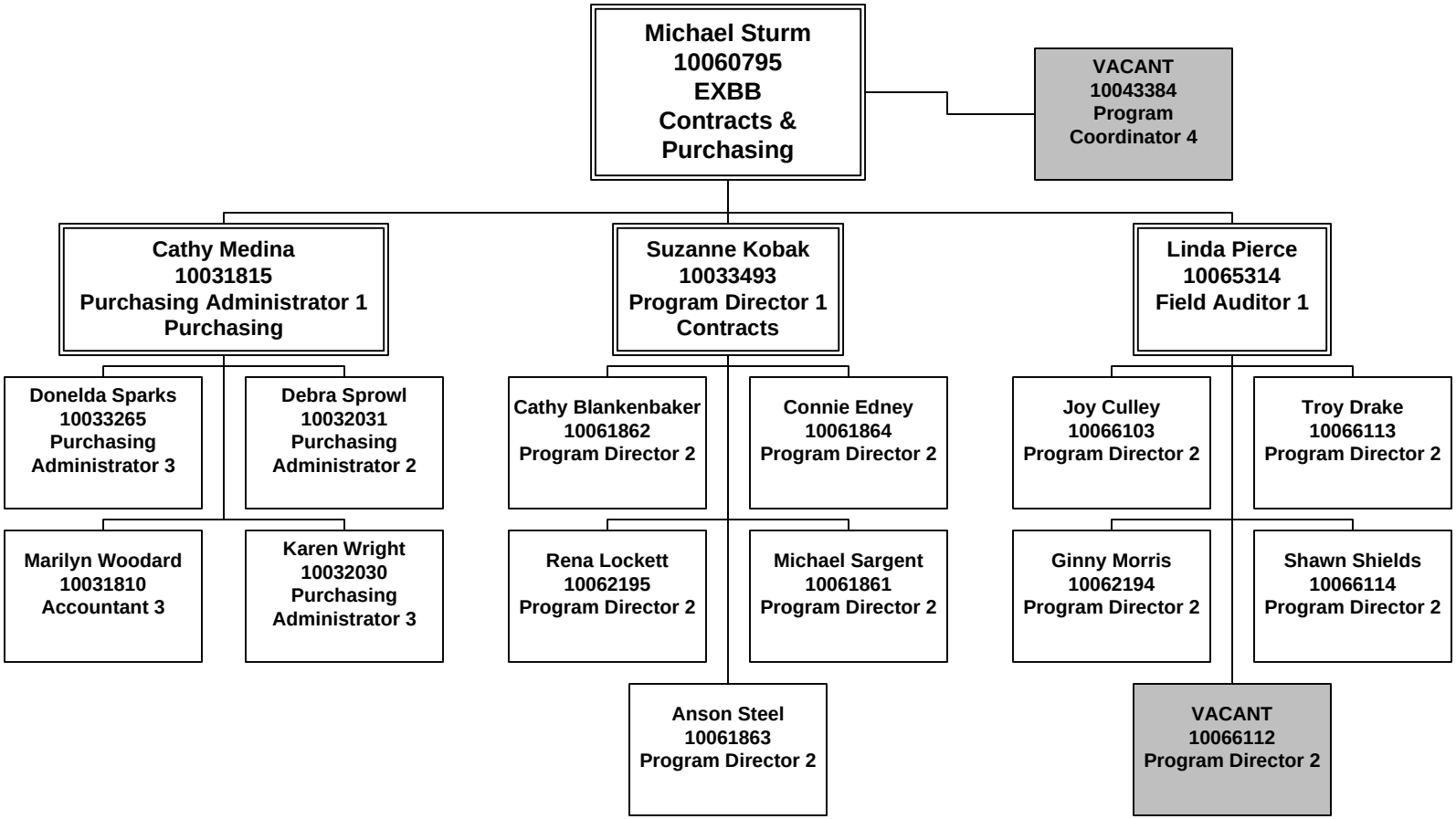
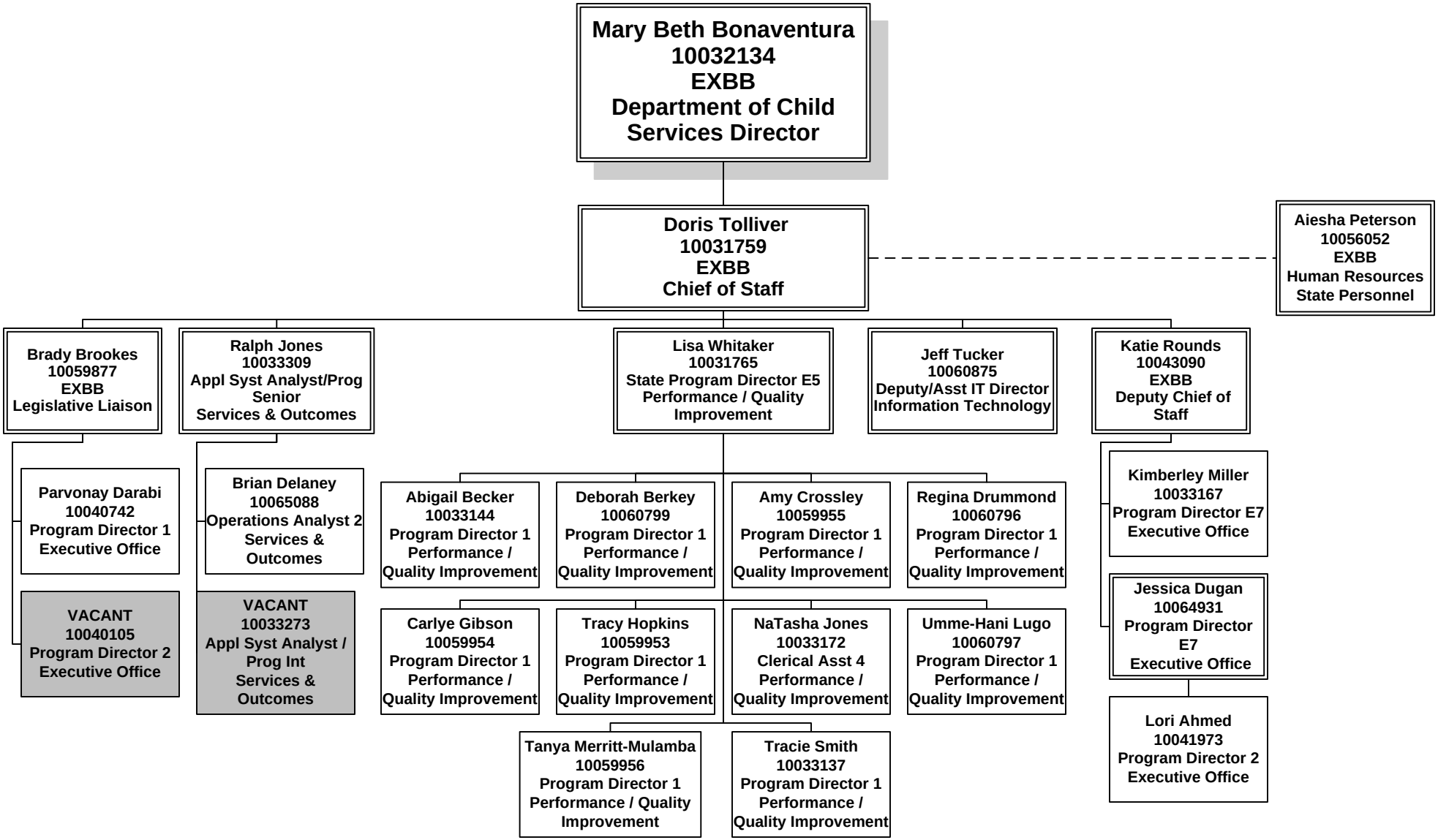


# Organization Chart
# Chief of Staff

Indiana Department of Child Services
Executive Office
06/03/2014



Indiana Department of Child Services
Executive Office
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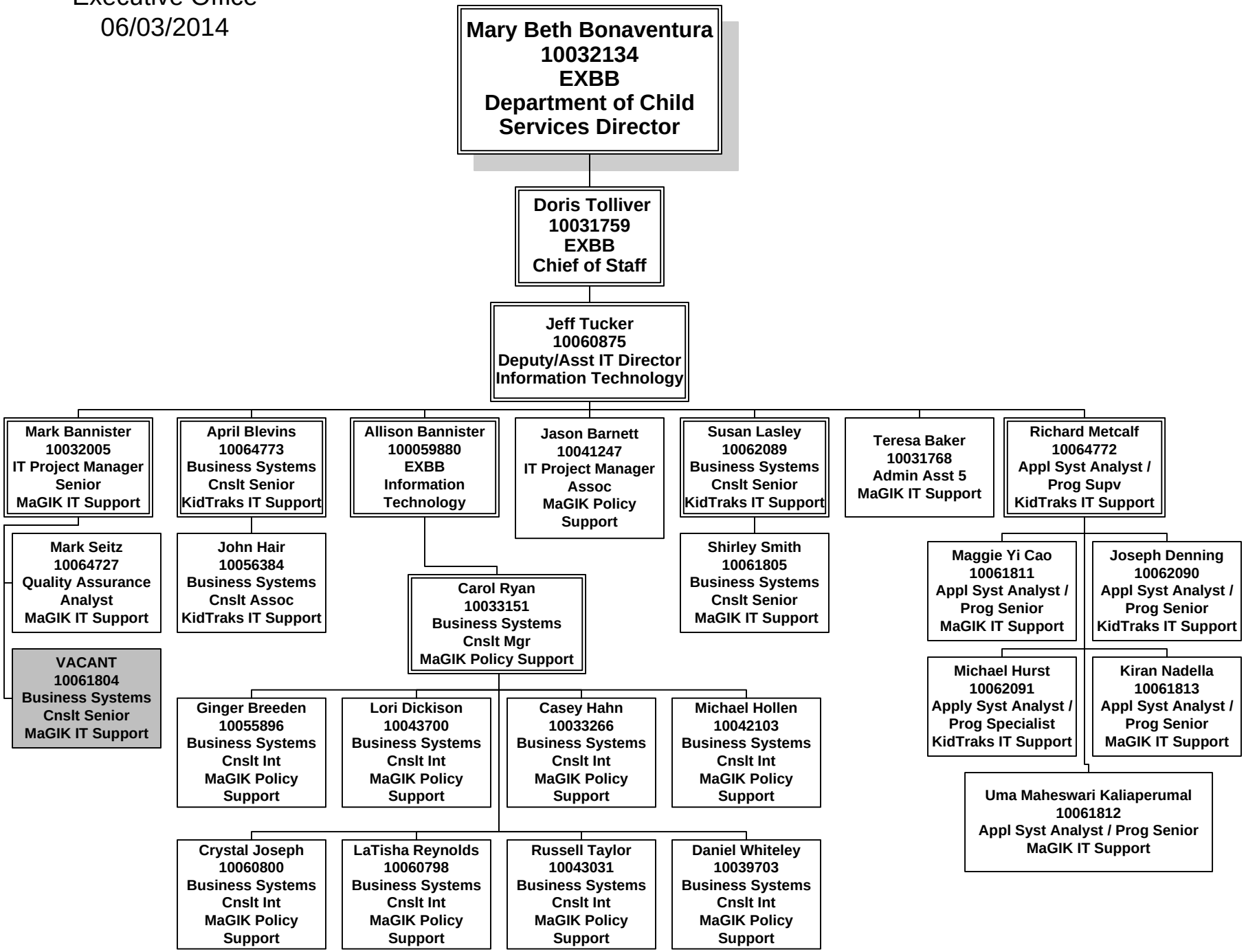
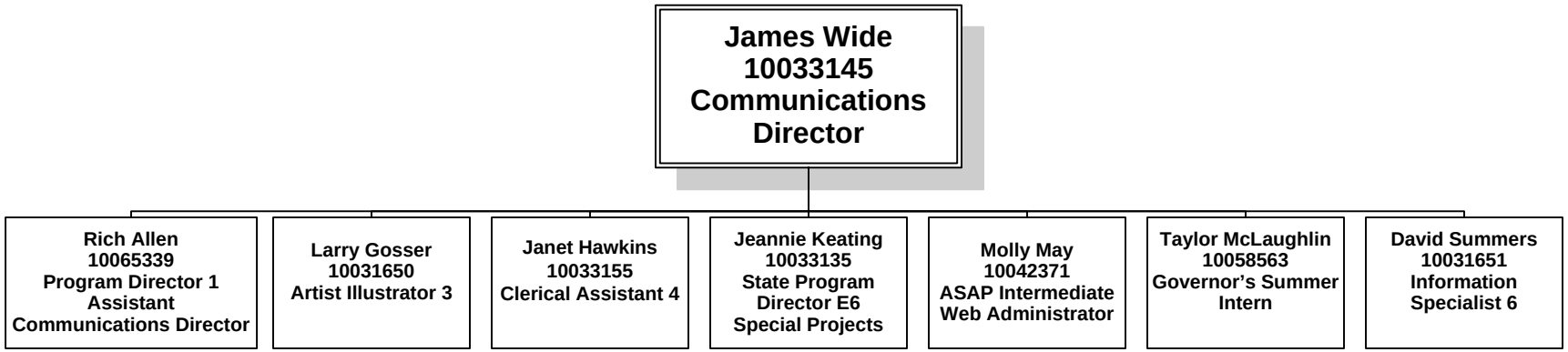


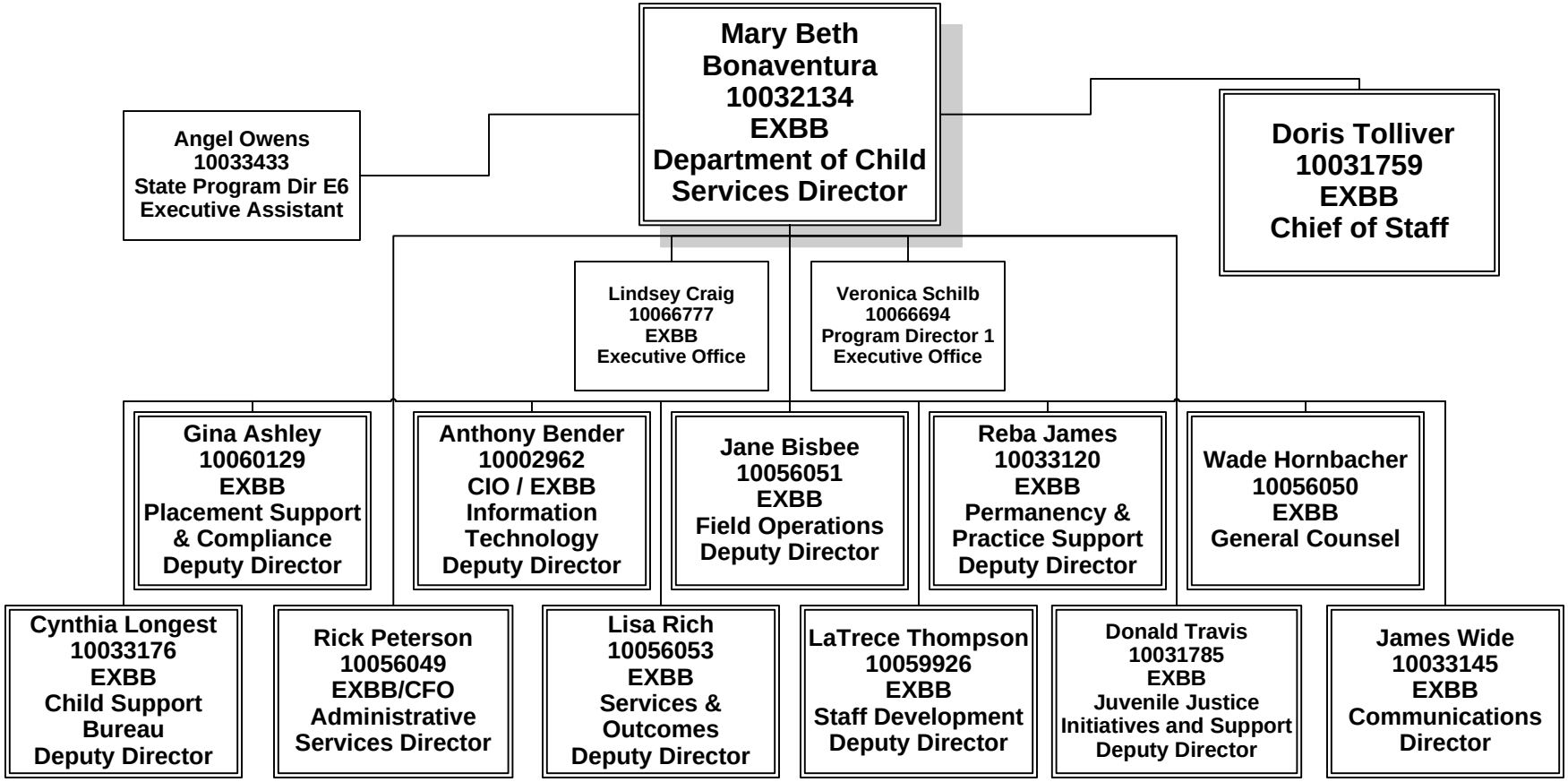
# Organization Chart Communications

Indiana Department of Child Services
Communications Division
06/03/2014



# Organization Chart
# Executive Office

Indiana Department of Child Services
Executive Office
06/03/2014



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Executive Office
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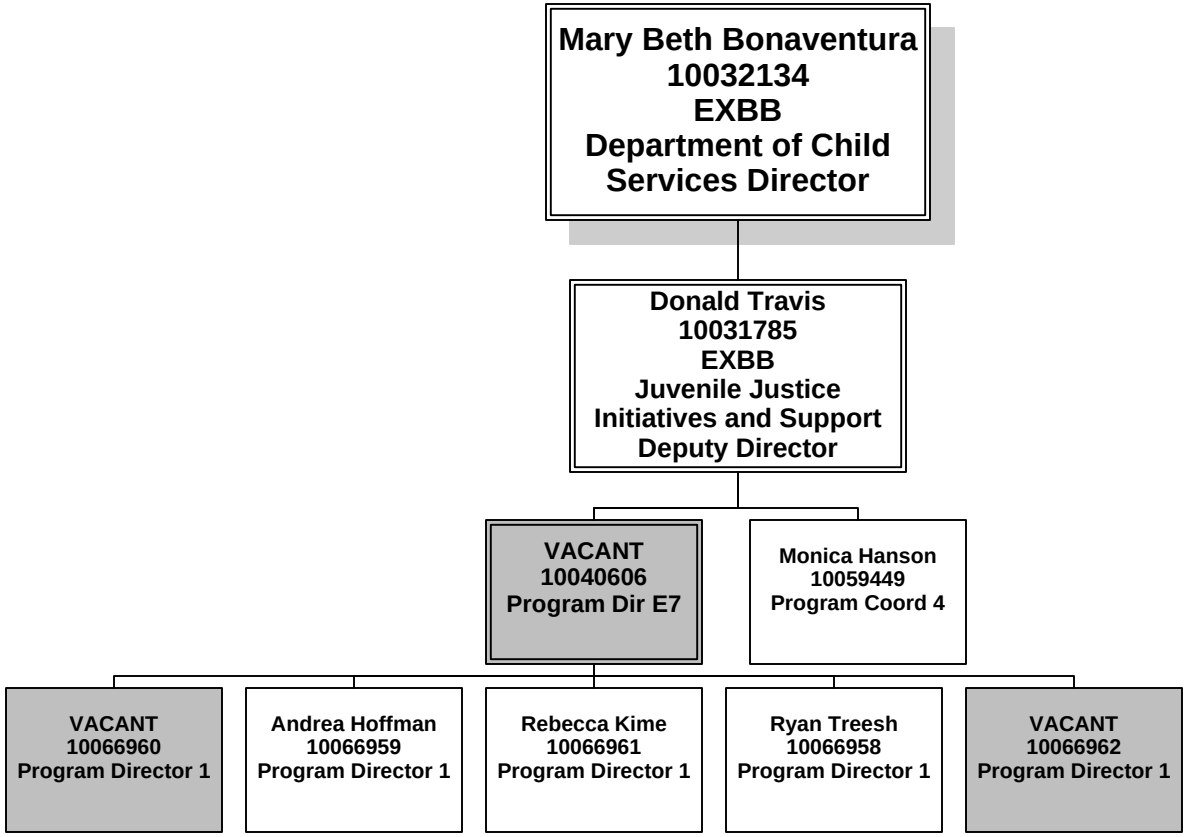
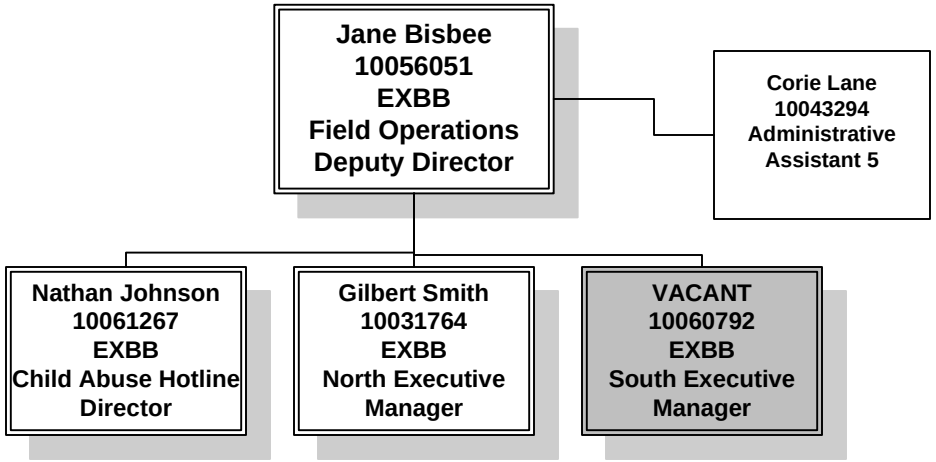


# Organization Chart Field Operations and Hotline

Indiana Department of Child Services
Field Operations Division
06/03/2014



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Field Operations Division
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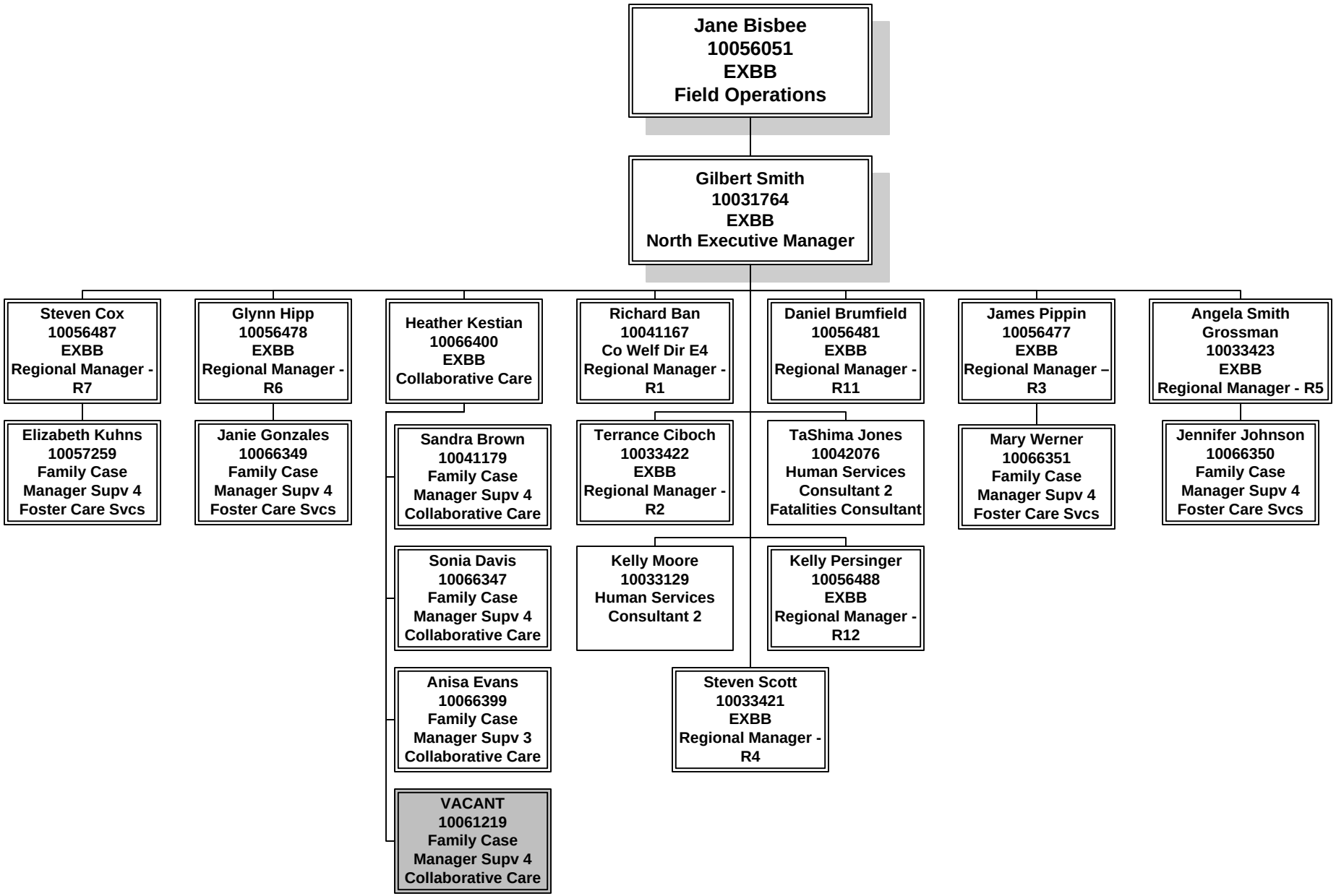

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Field Operations Division
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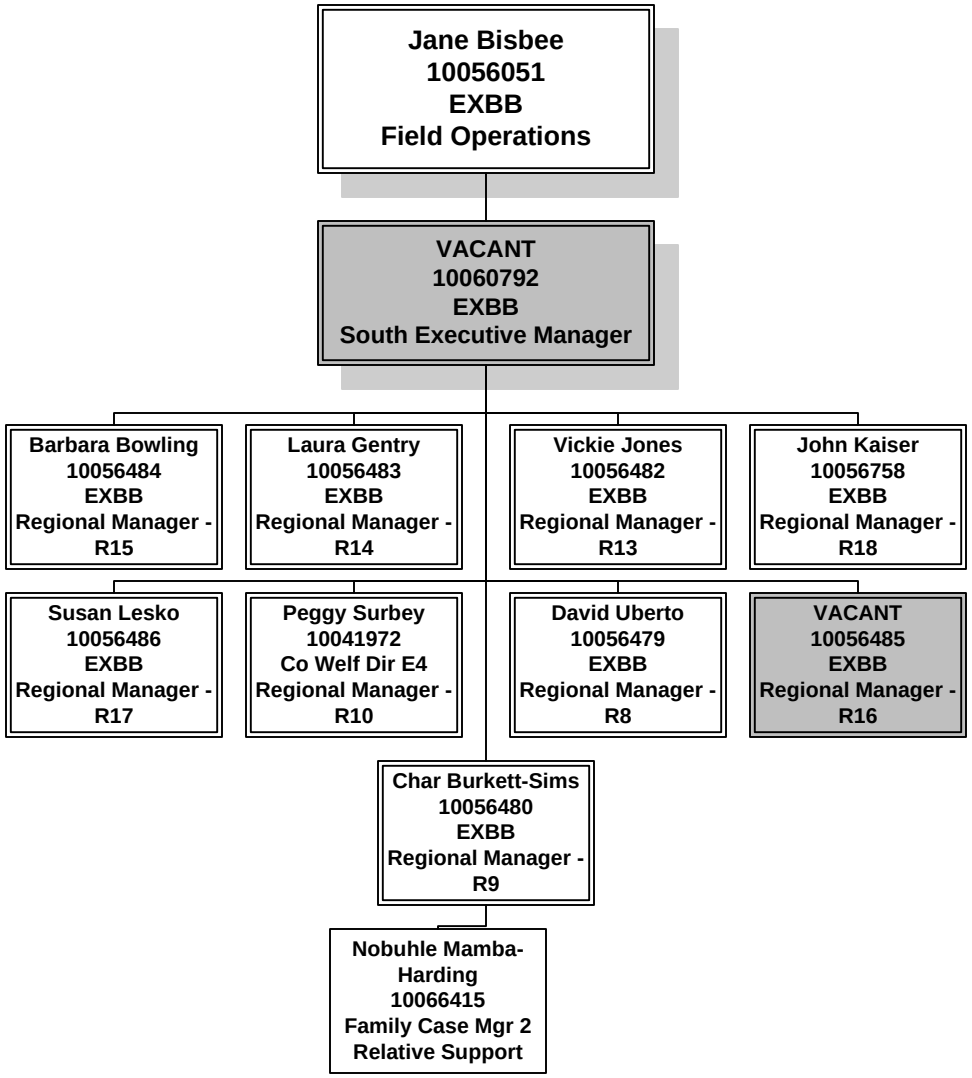
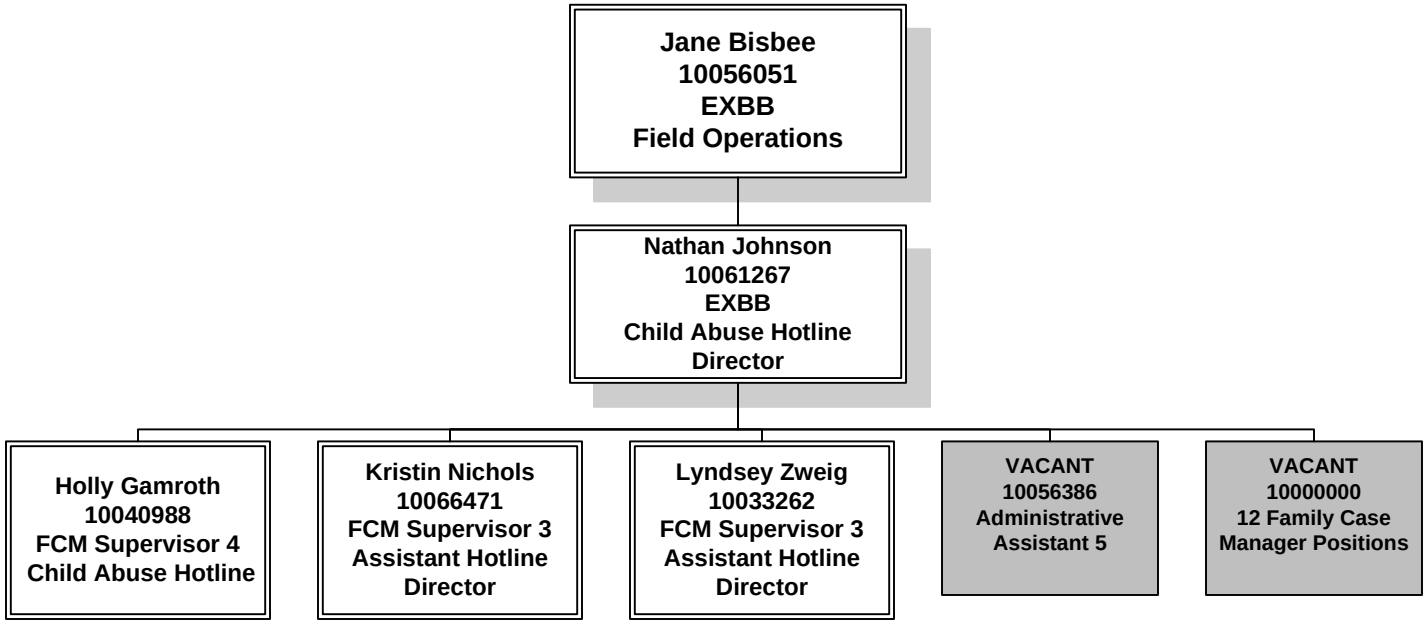
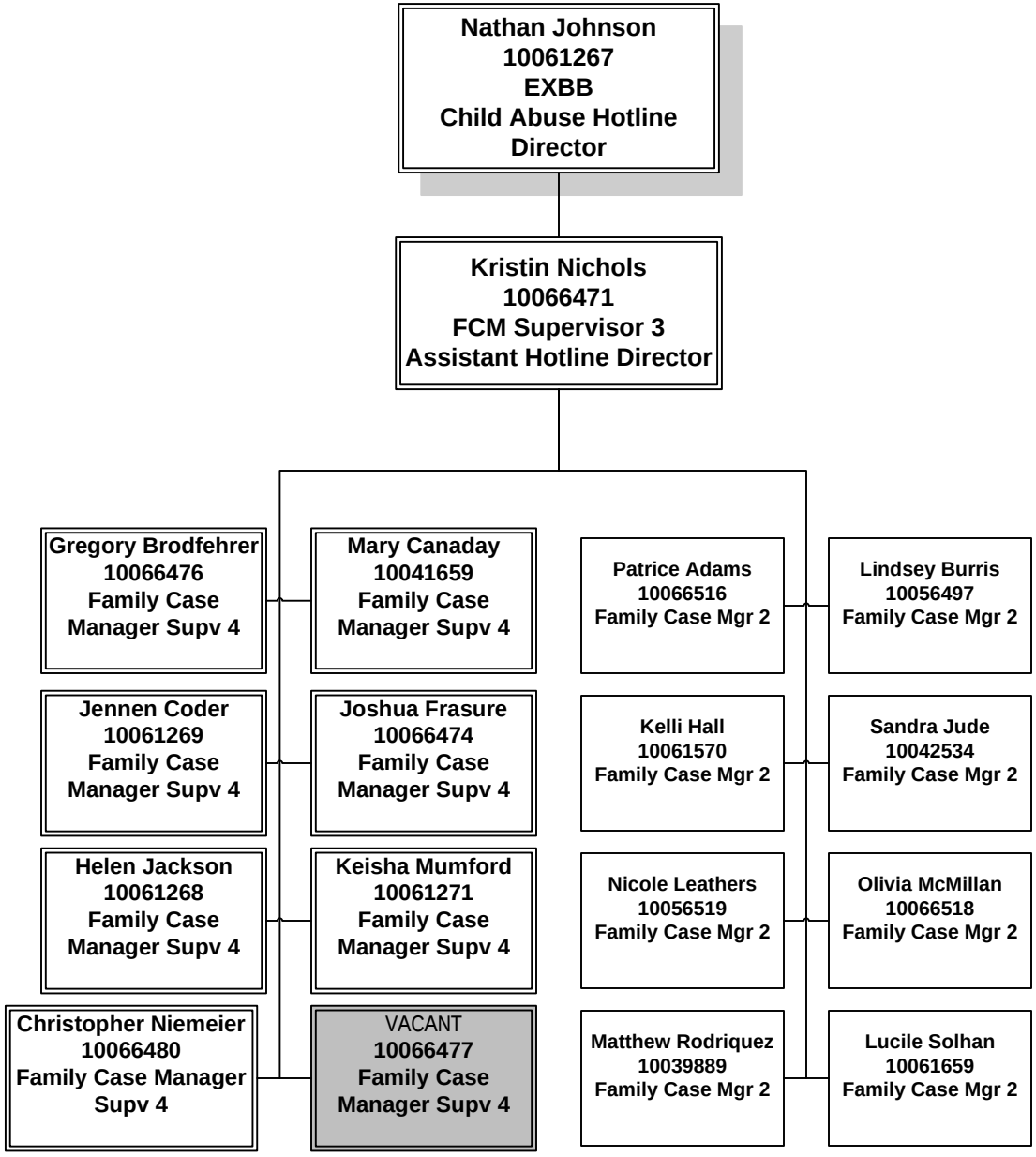


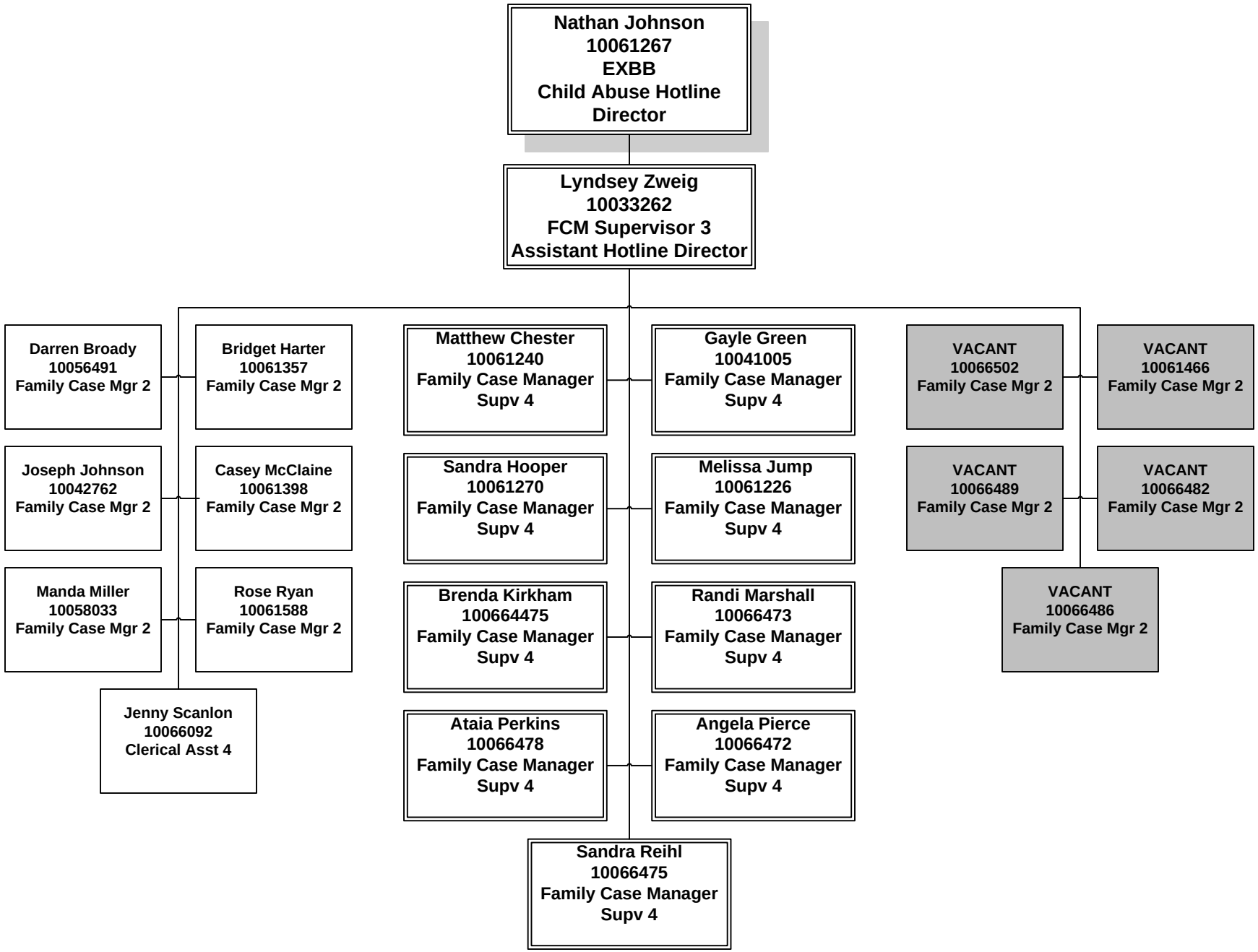
Indiana Department of Child Services
Field Operations Division
06/03/2014



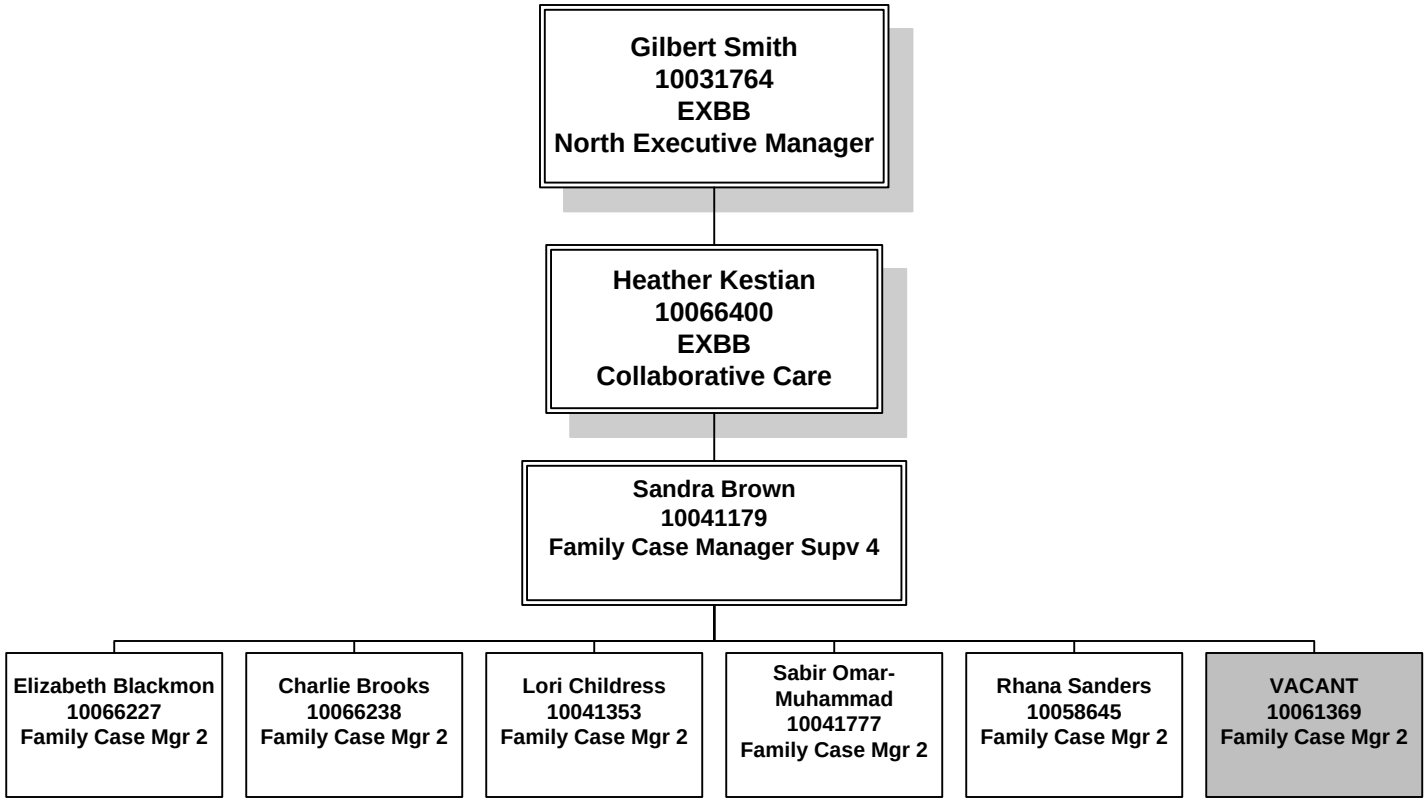
Indiana Department of Child Services
Field Operations Division
06/03/2014



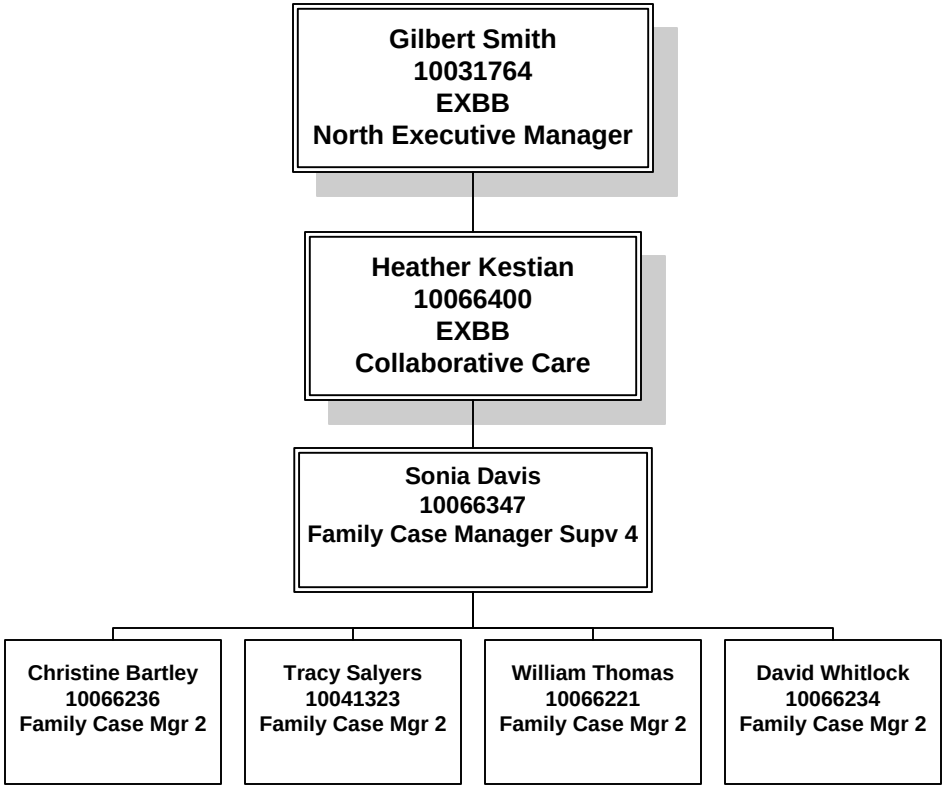
Indiana Department of Child Services
Field Operations Division
06/03/2014



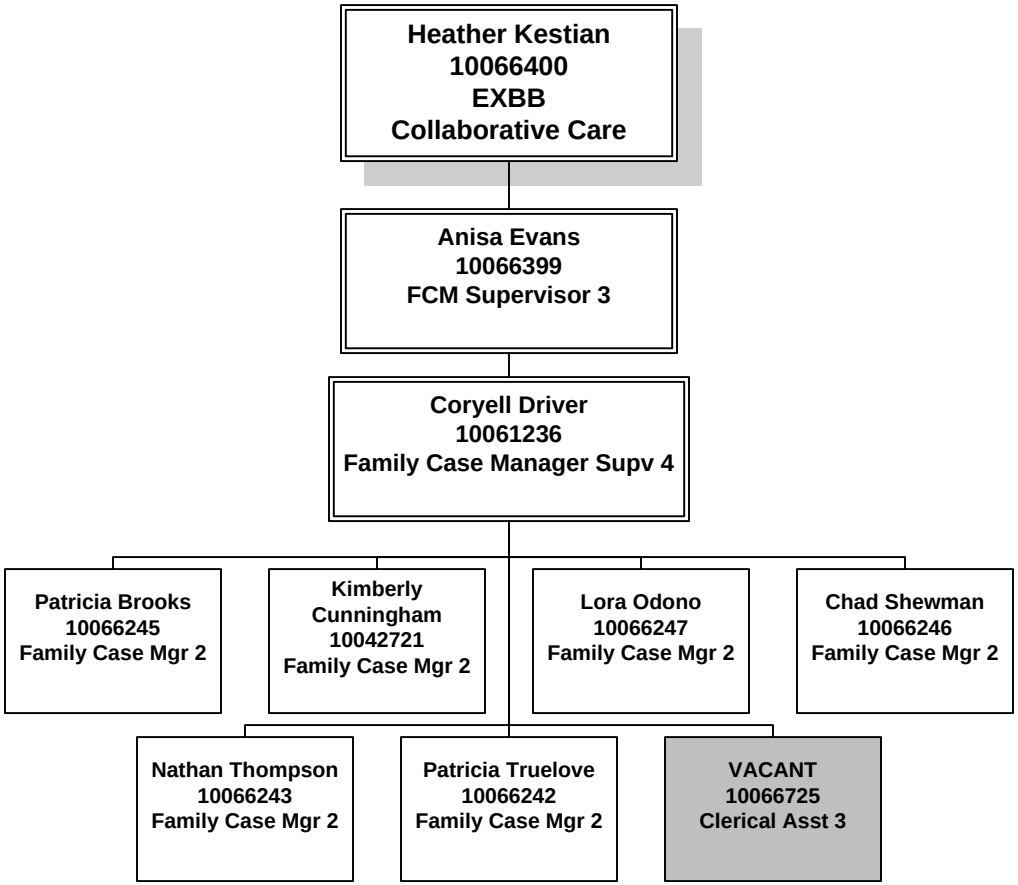
Indiana Department of Child Services
Field Operations Division
06/03/2014



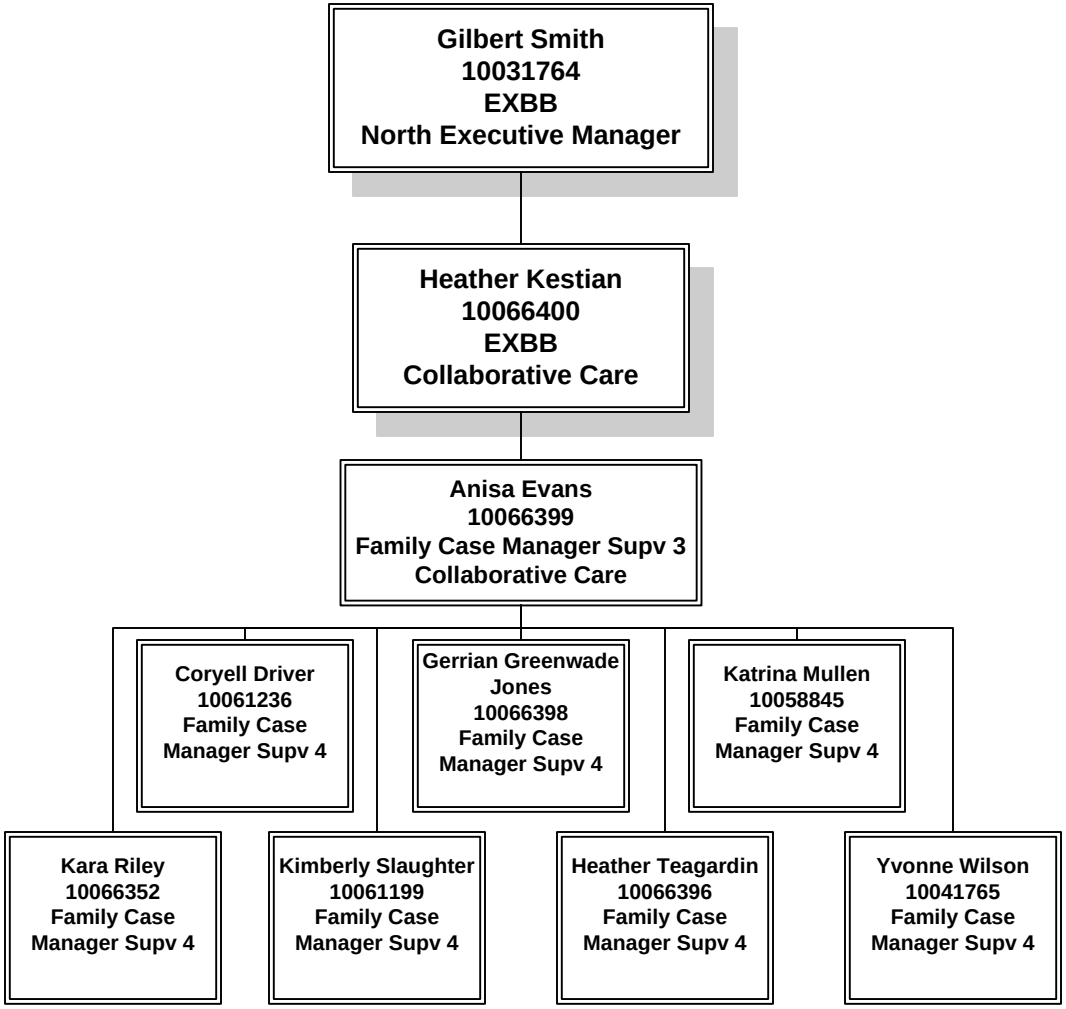
Indiana Department of Child Services
Field Operations Division
06/03/2014



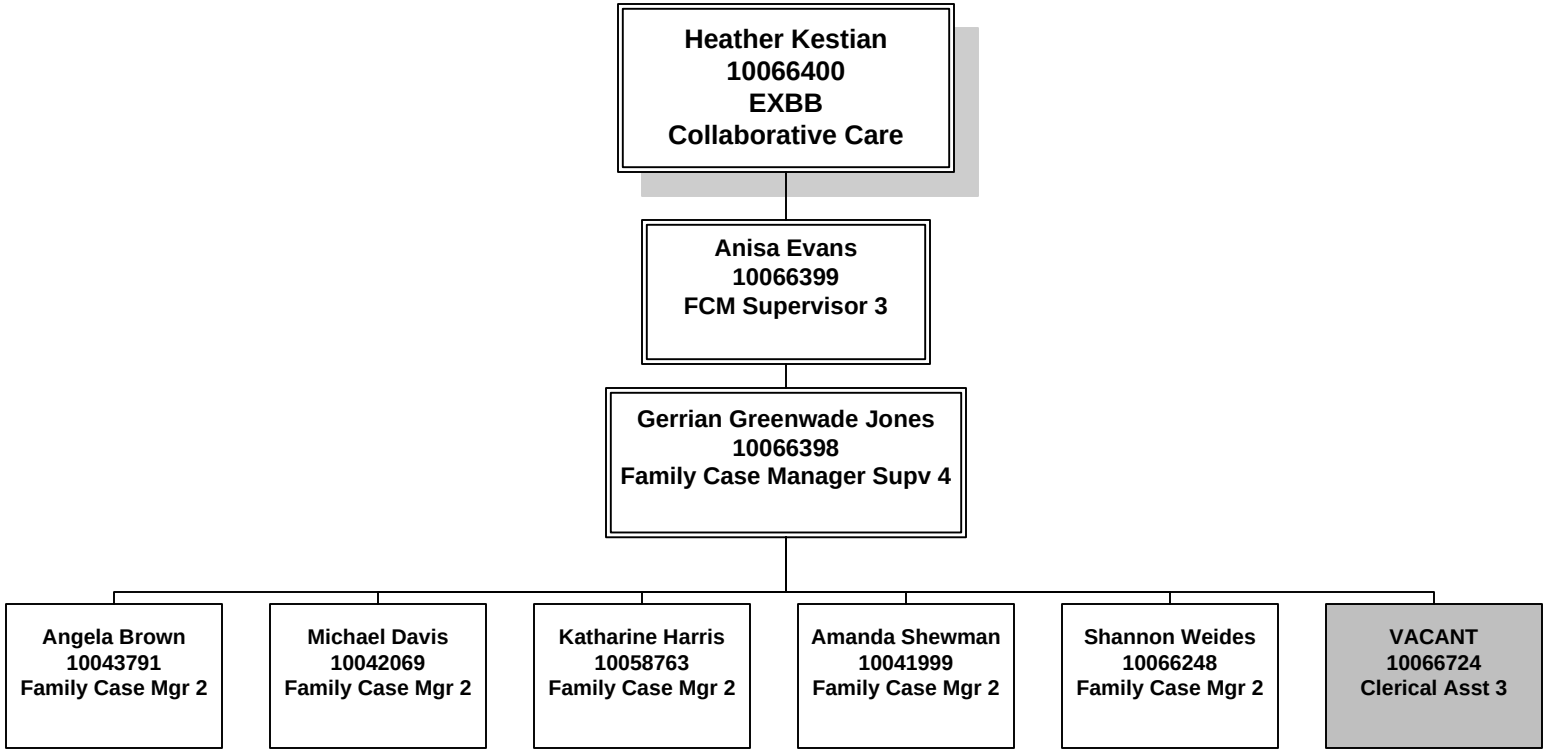
Indiana Department of Child Services
Field Operations Division
06/03/2014



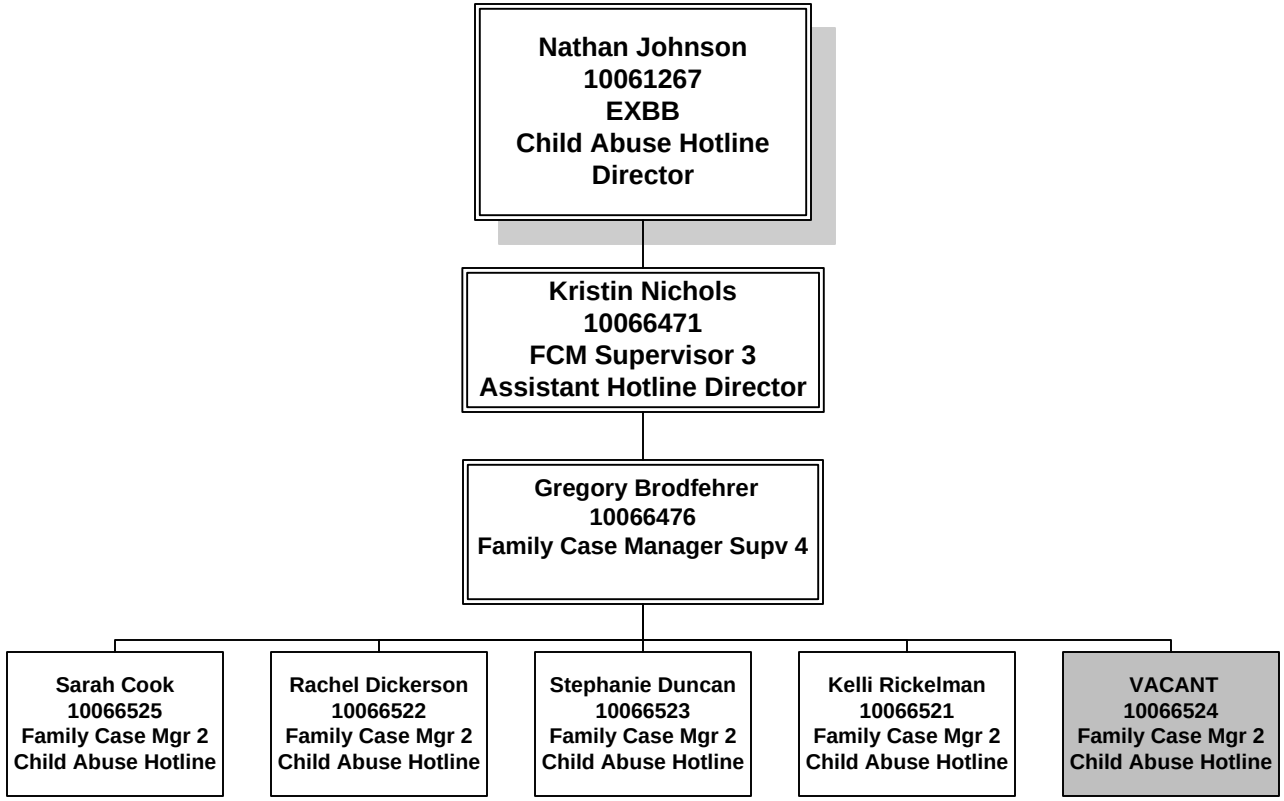
Indiana Department of Child Services
Field Operations Division
06/03/2014



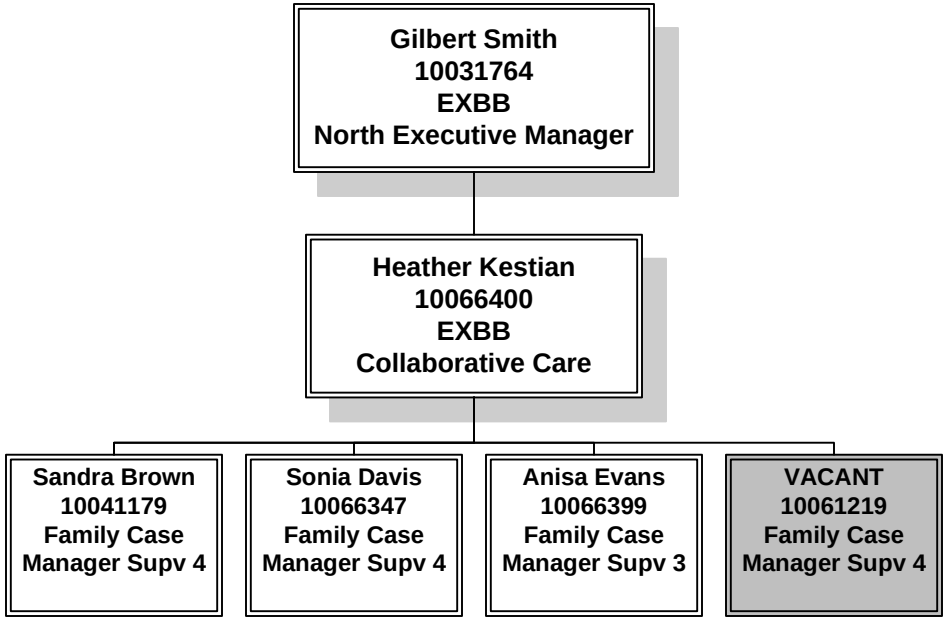
Indiana Department of Child Services
Field Operations Division
06/03/2014



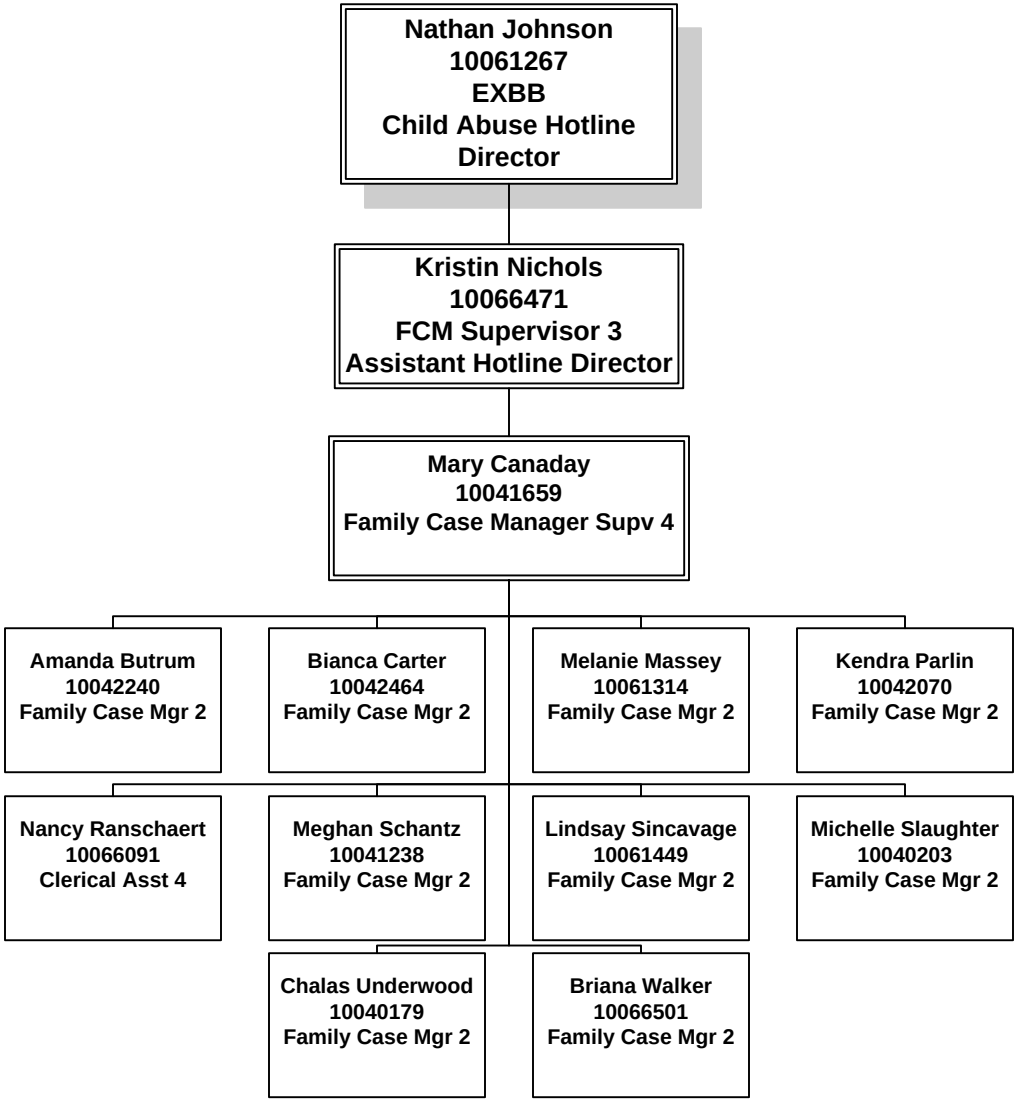
Indiana Department of Child Services
Field Operations Division
05/01/2014



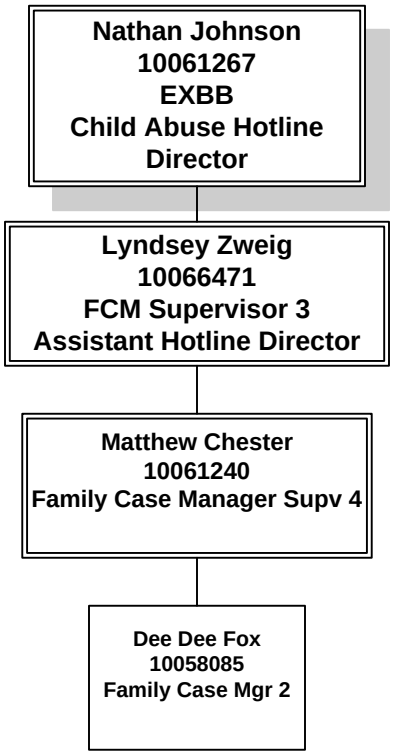
Indiana Department of Child Services
Field Operations Division
06/03/2014



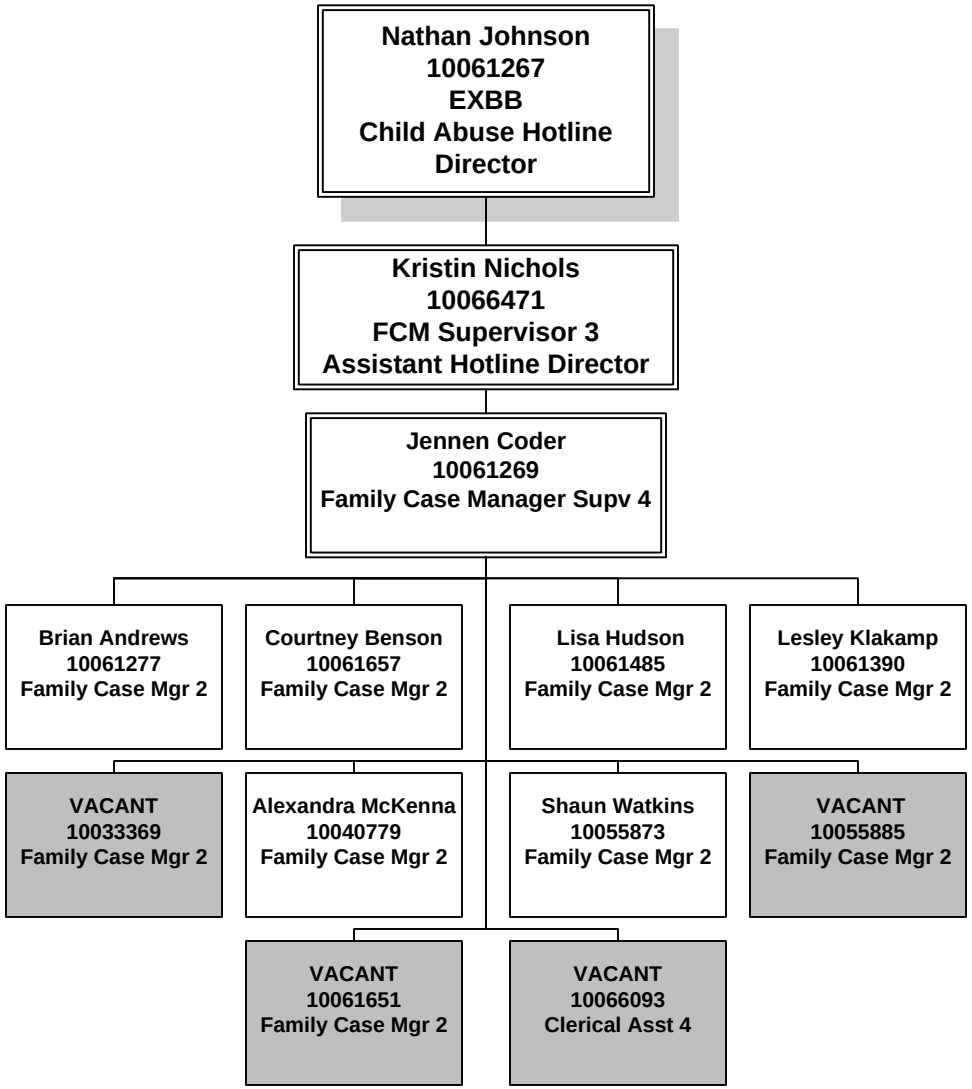
Indiana Department of Child Services
Field Operations Division
06/03/2014



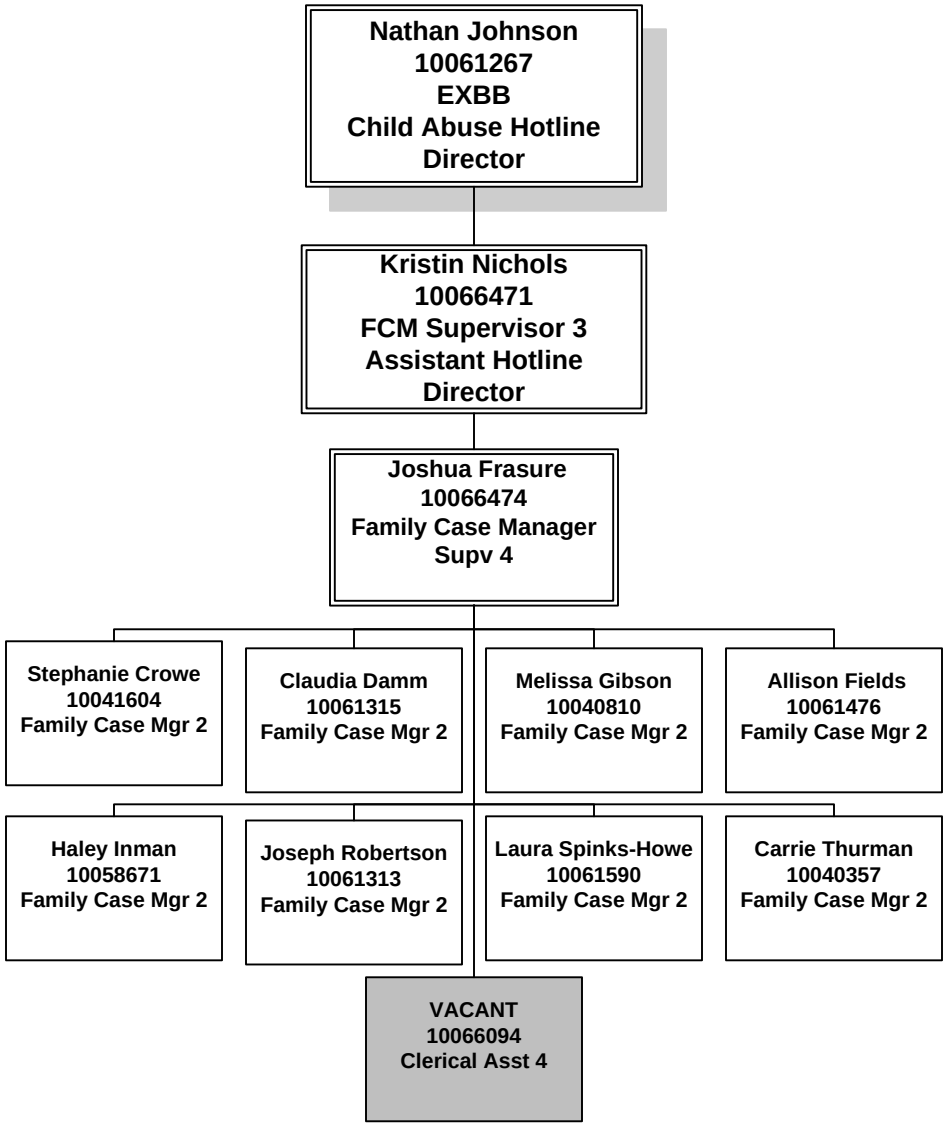
Indiana Department of Child Services
Field Operations Division
06/03/2014



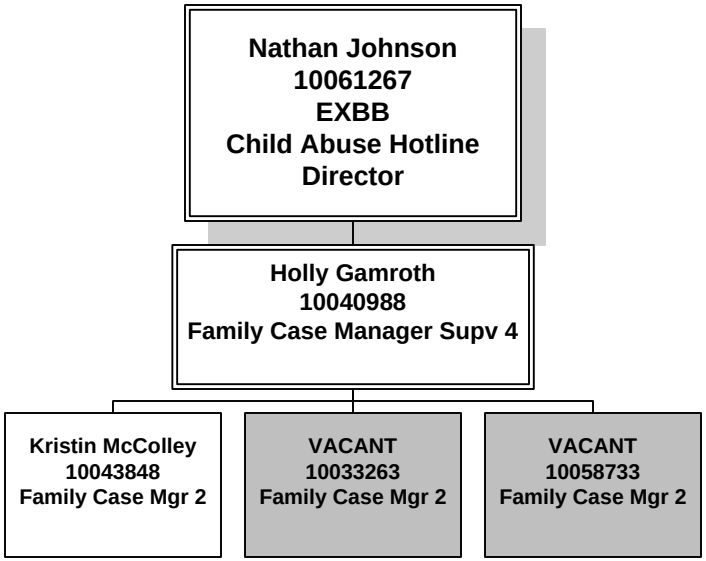
Indiana Department of Child Services
Field Operations Division
06/03/2014



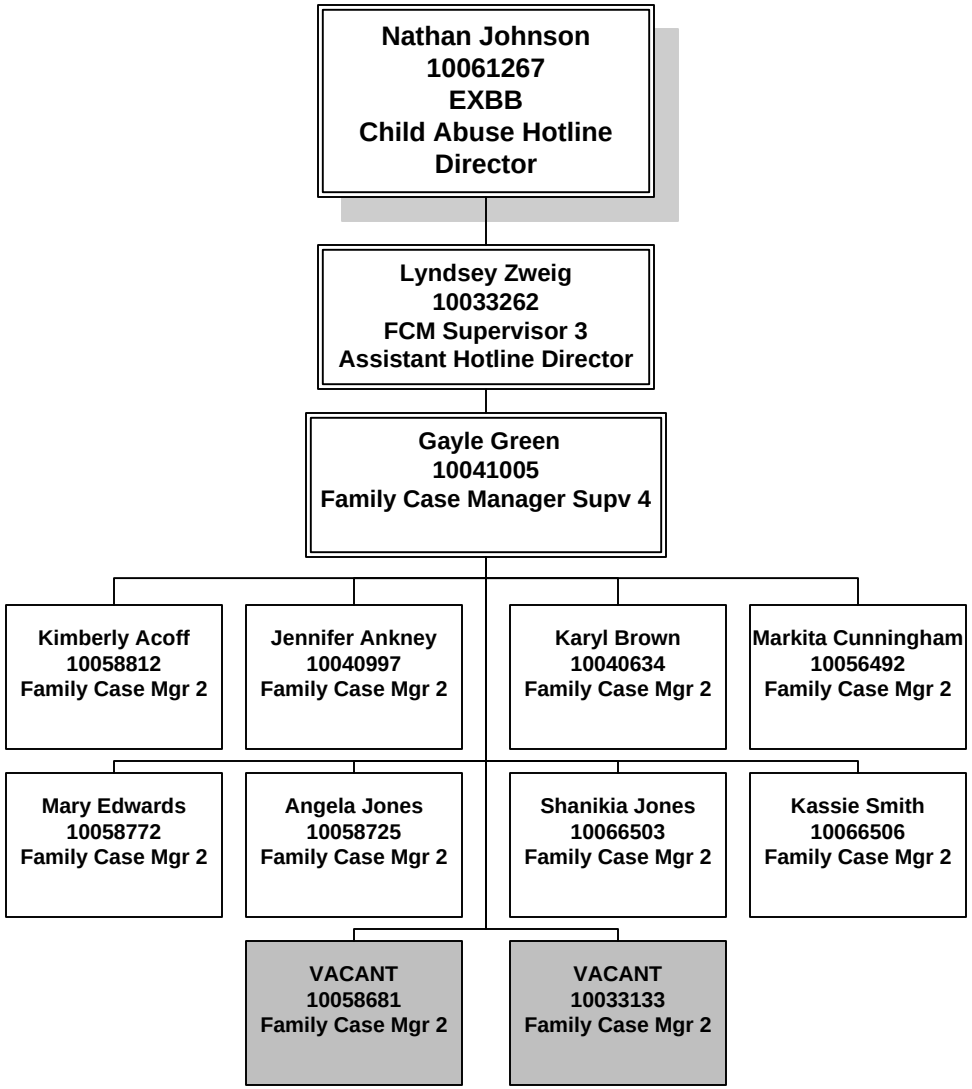
Indiana Department of Child Services
Field Operations Division
06/03/2014



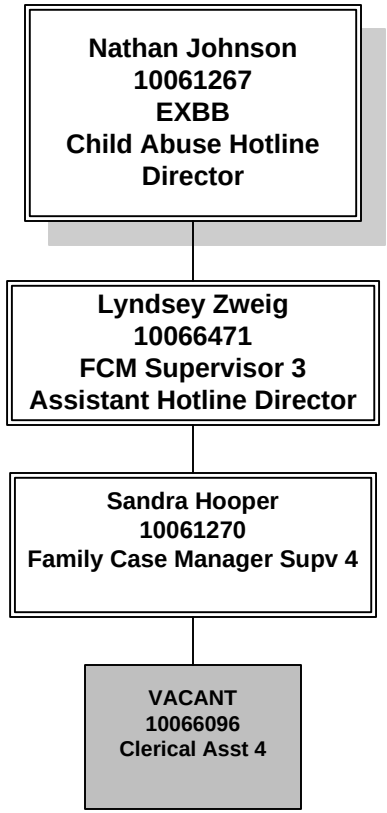
Indiana Department of Child Services
Field Operations Division
06/03/2014



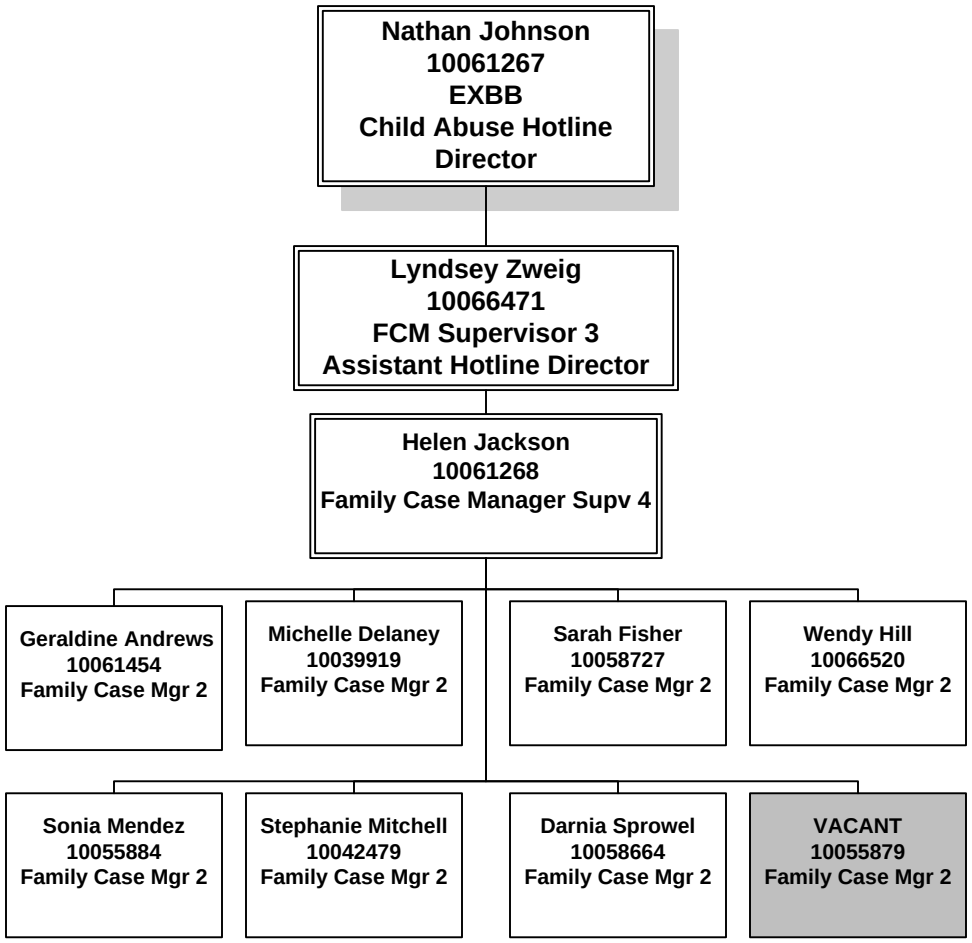
Indiana Department of Child Services
Field Operations Division
06/03/2014



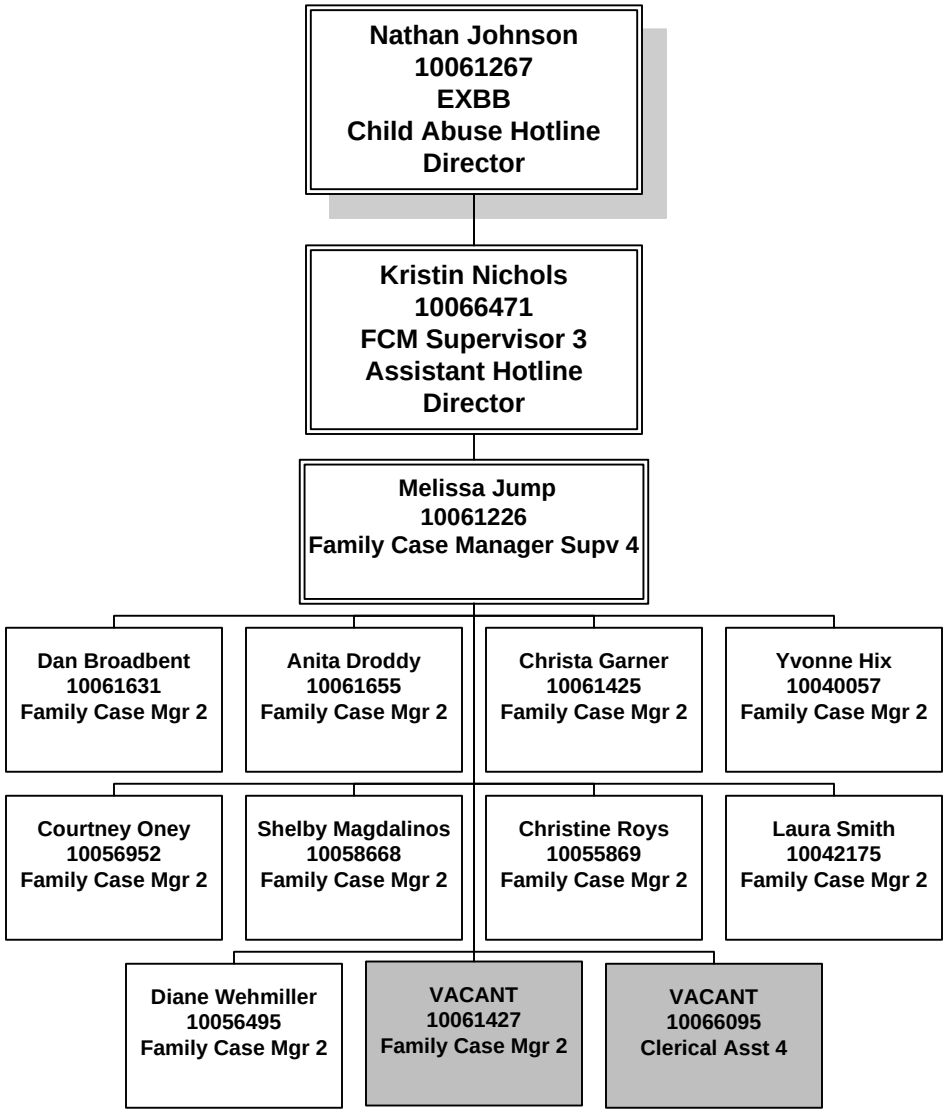
Indiana Department of Child Services
Field Operations Division
06/03/2014



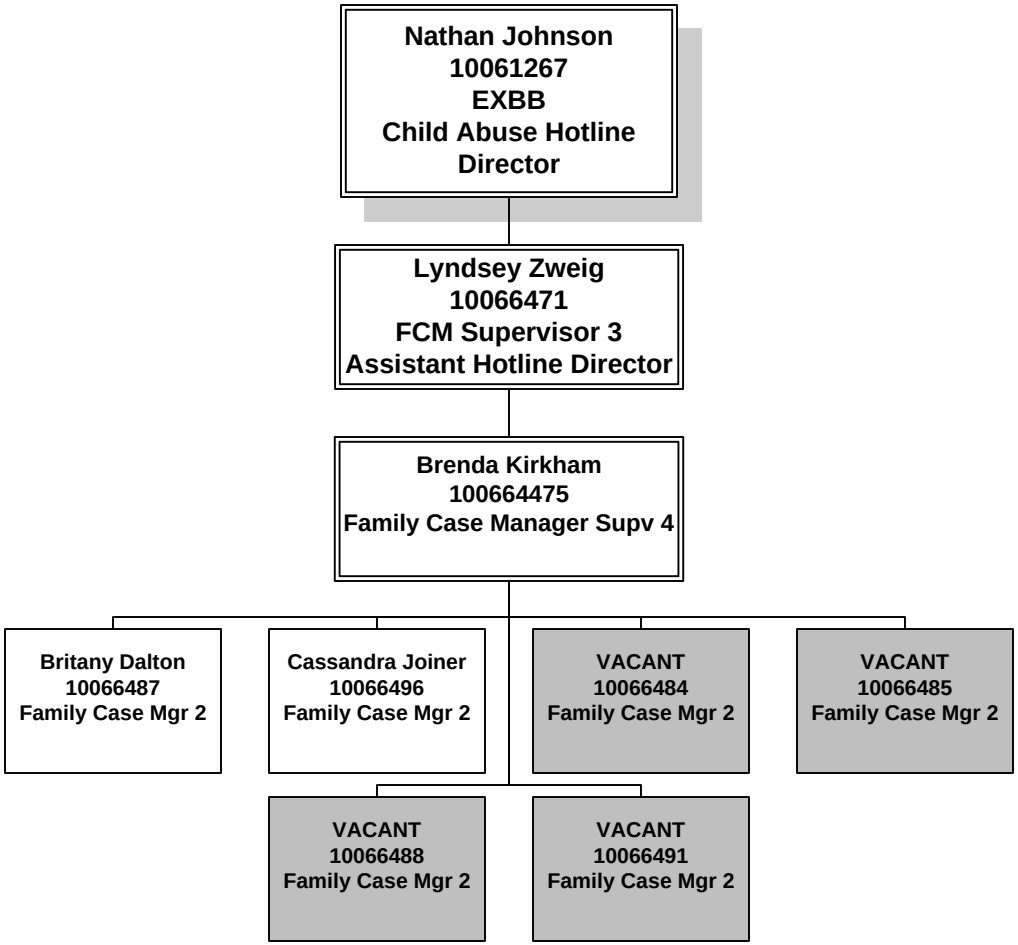
Indiana Department of Child Services
Field Operations Division
06/03/2014



Indiana Department of Child Services
Field Operations Division
06/03/2014

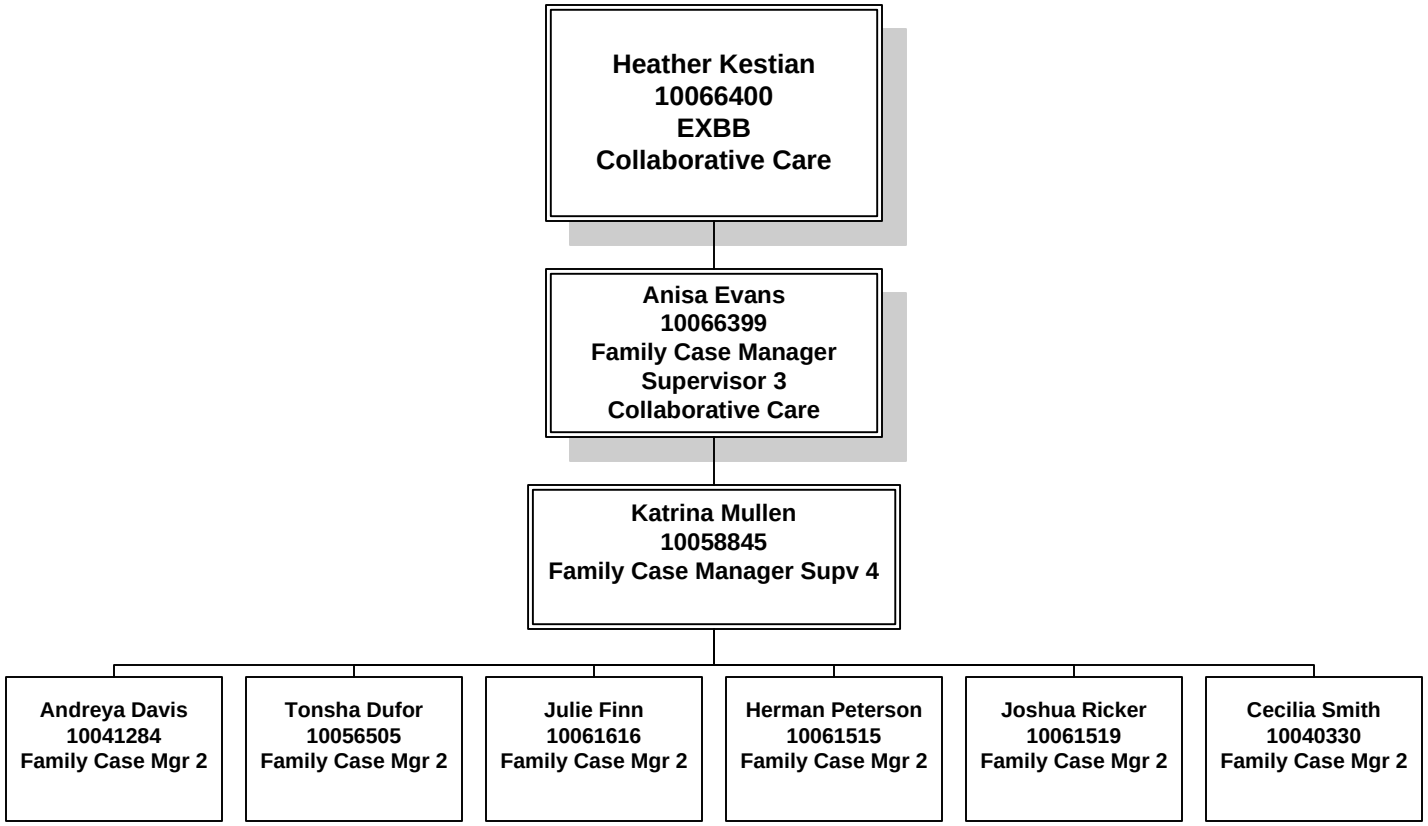


Indiana Department of Child Services
Field Operations Division
06/03/2014



Indiana Department of Child Services
Field Operations Division
06/03/2014

Indiana Department of Child Services
Field Operations Division
06/03/2014



Indiana Department of Child Services
Field Operations Division
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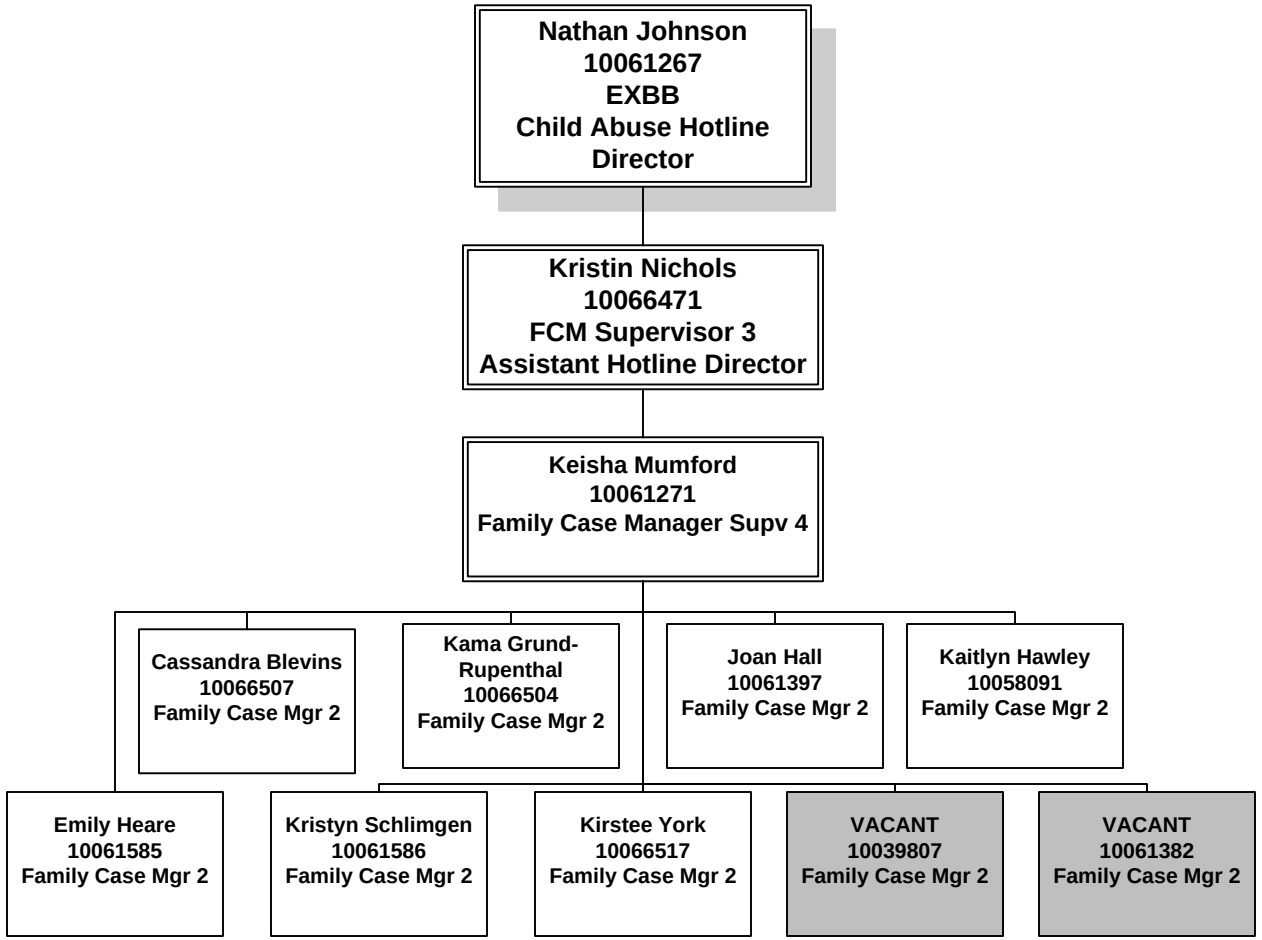

Indiana Department of Child Services
Field Operations Division
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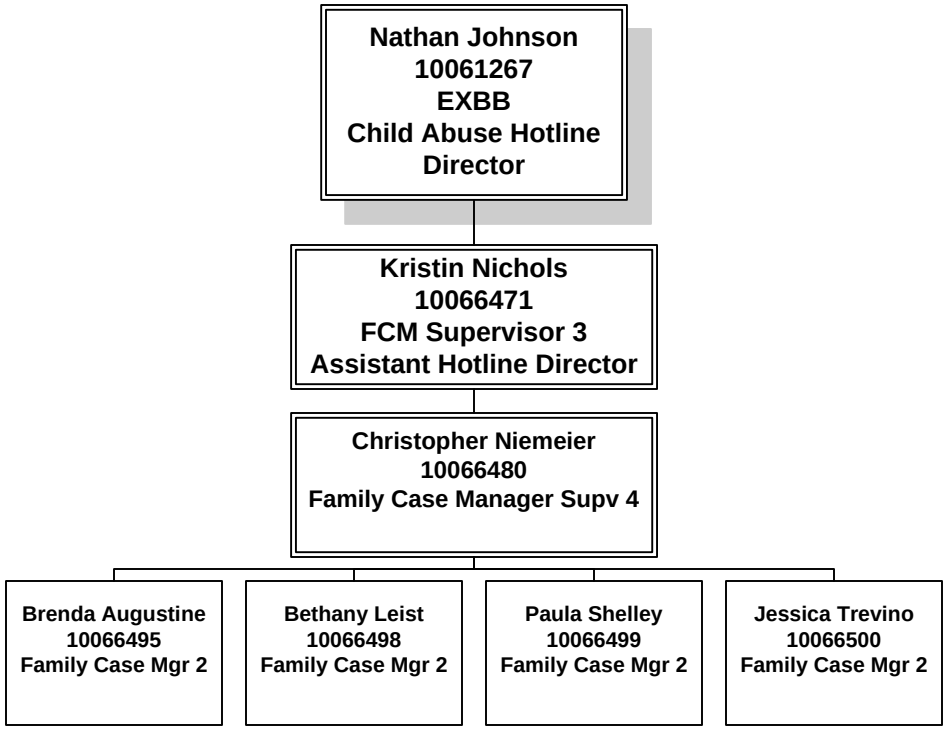

Indiana Department of Child Services
Field Operations Division
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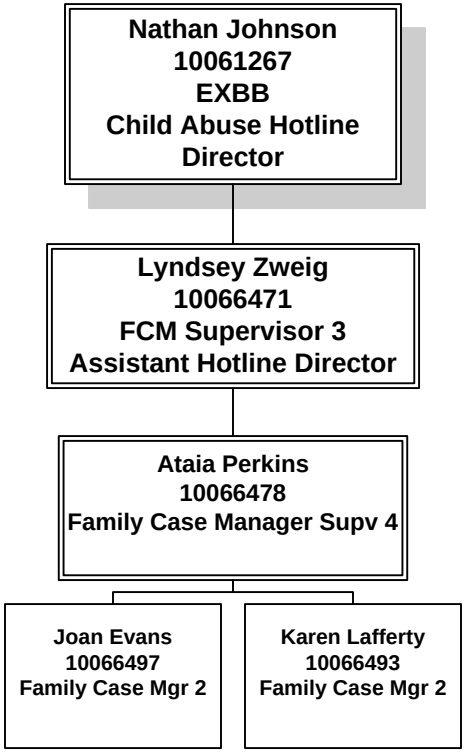

Indiana Department of Child Services
Field Operations Division
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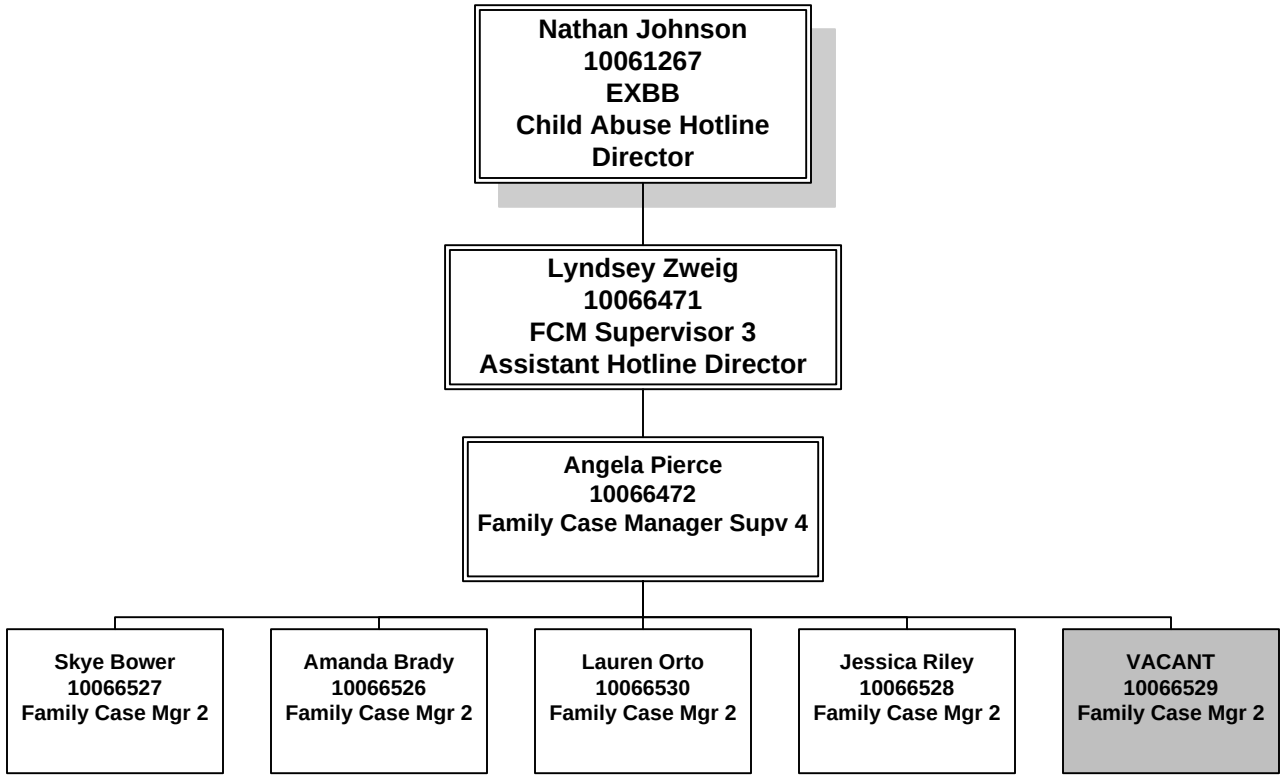

Indiana Department of Child Services
Field Operations Division
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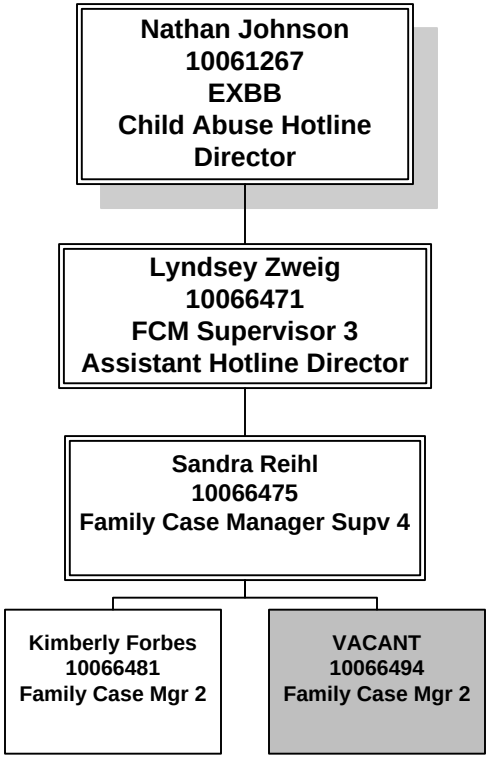

Indiana Department of Child Services
Field Operations Division
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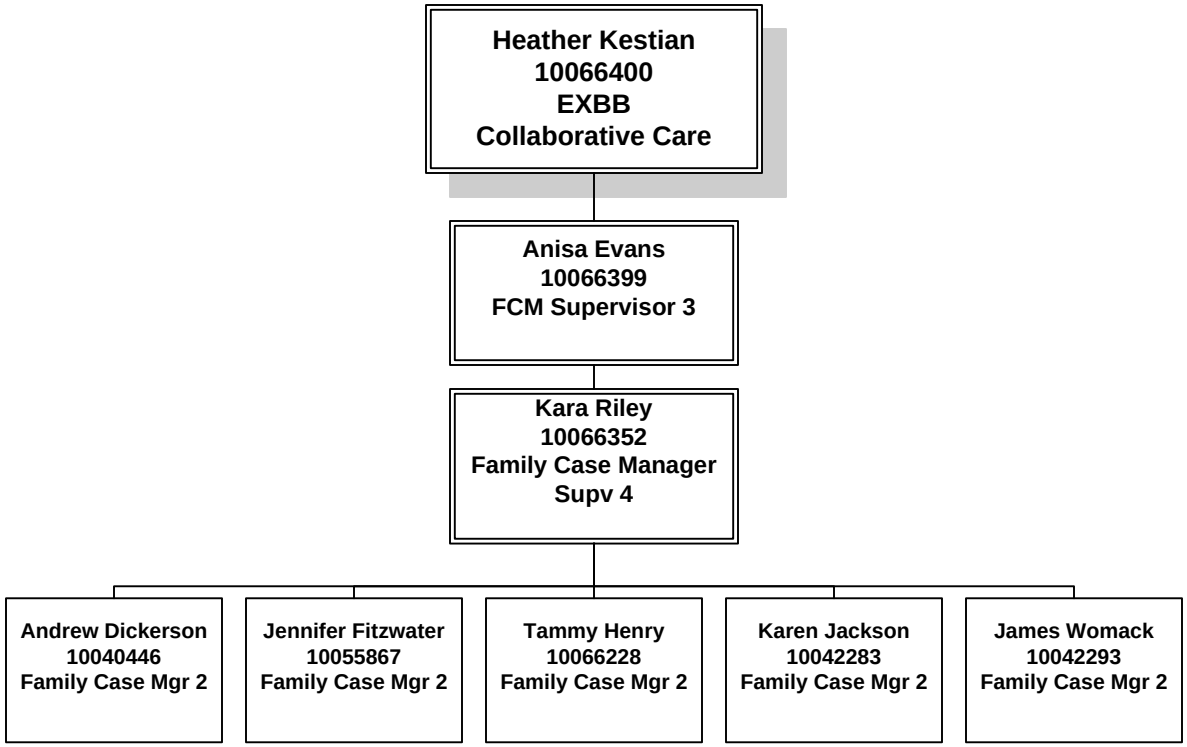

Indiana Department of Child Services
Field Operations Division
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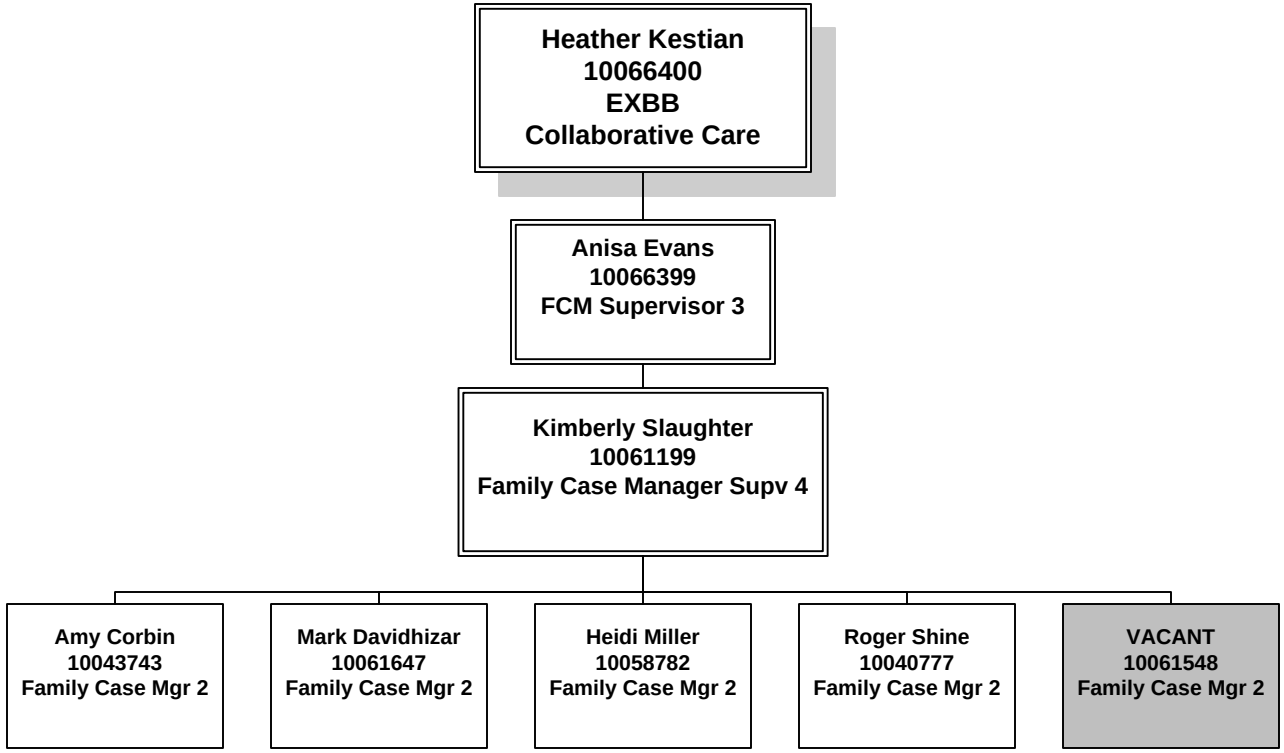
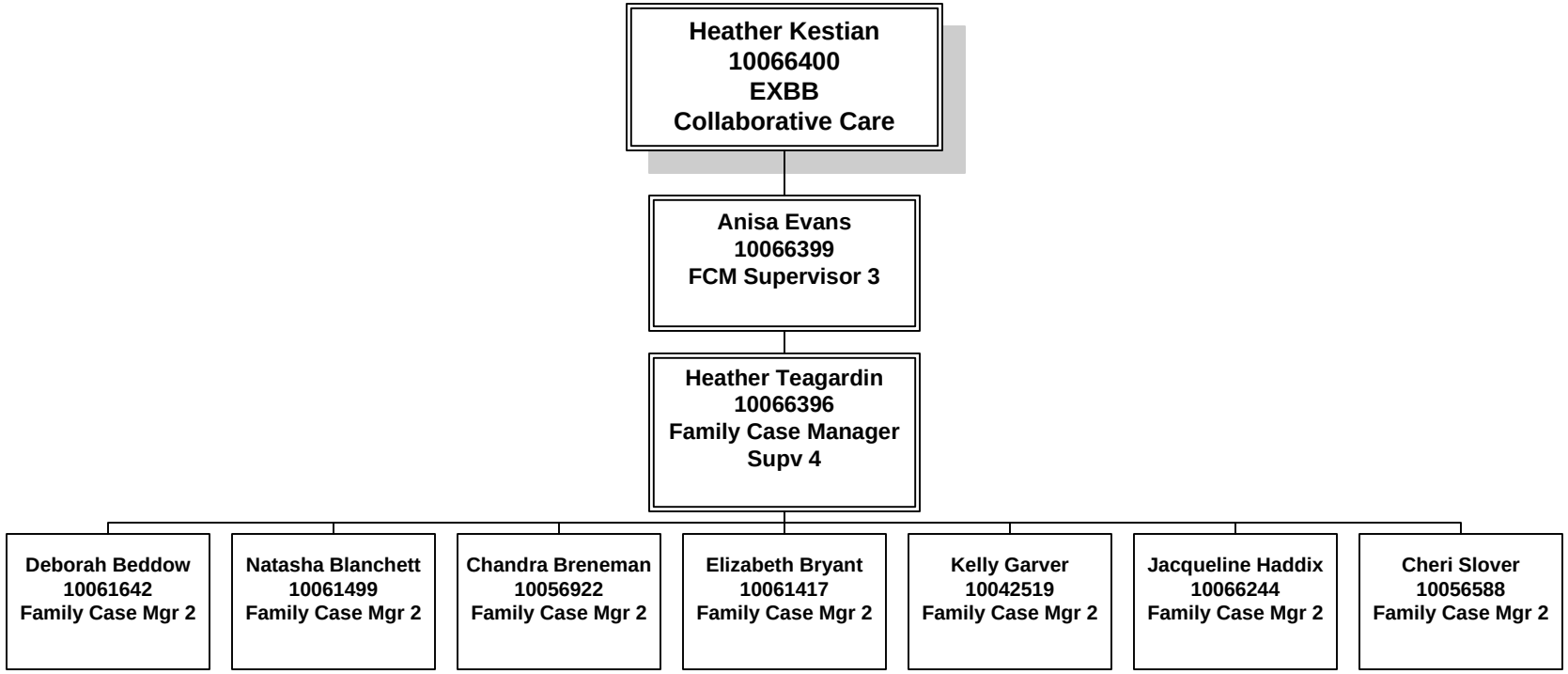
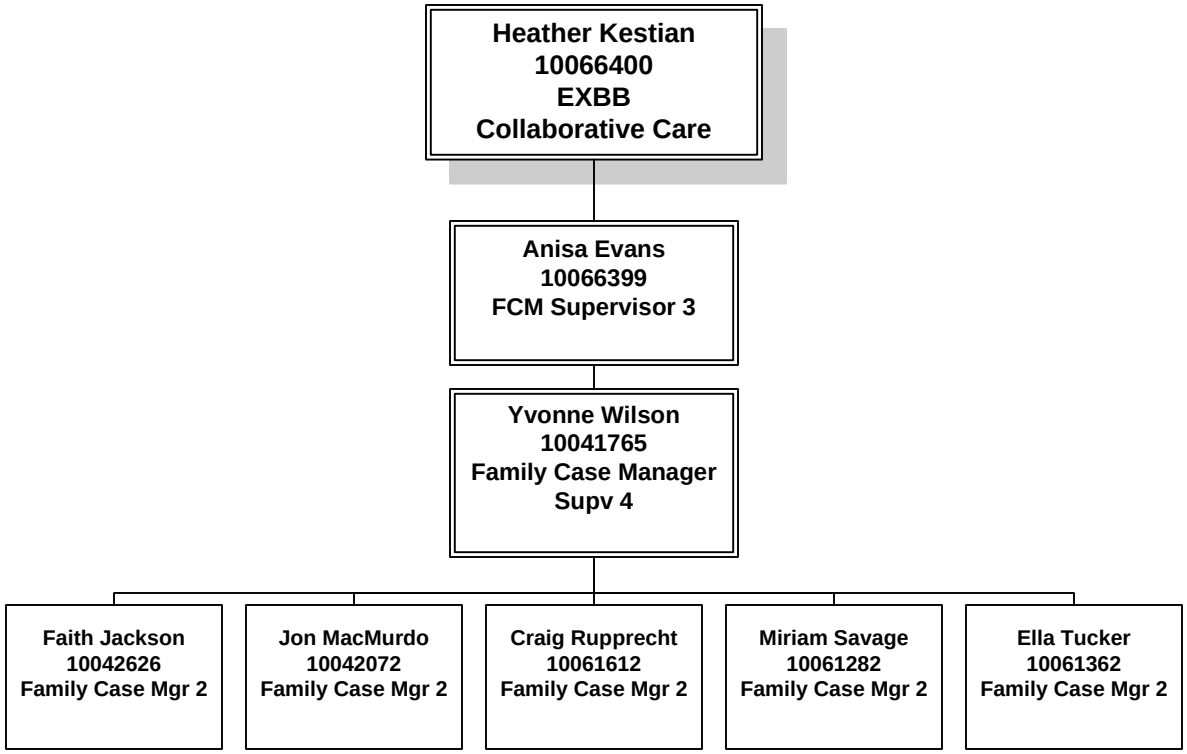


Indiana Department of Child Services
Field Operations Division
06/03/2014

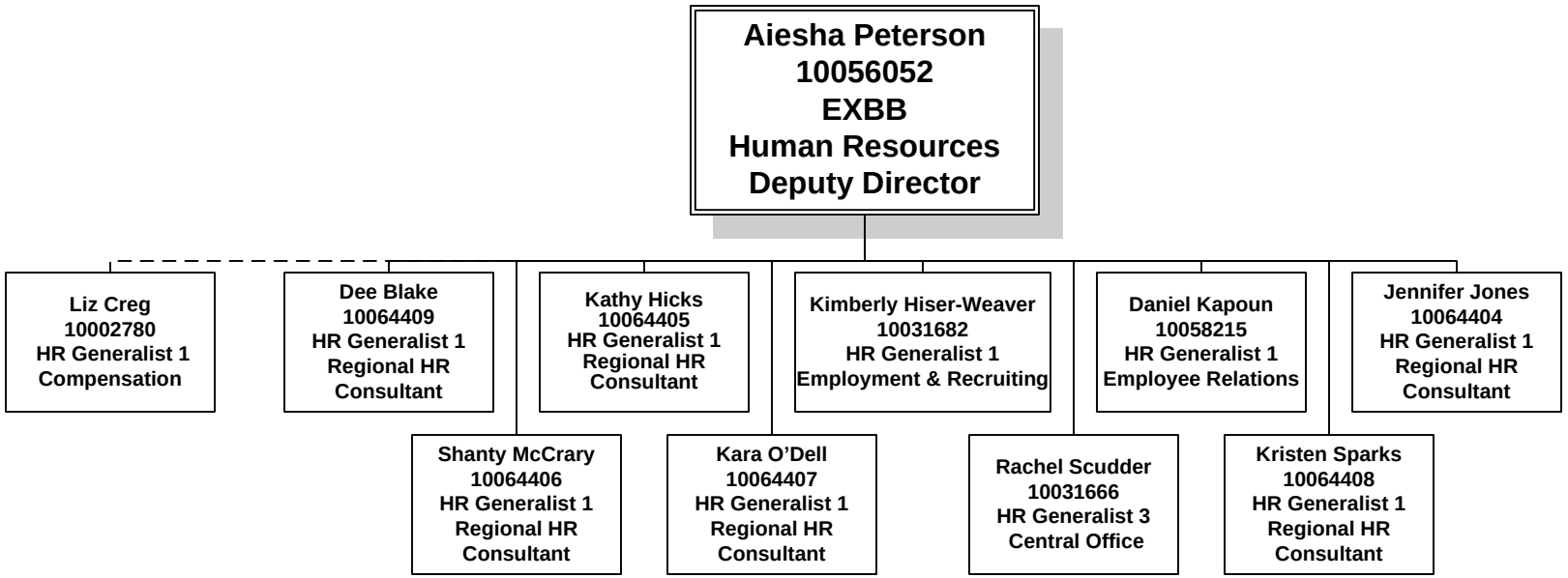


Indiana Department of Child Services
Field Operations Division
06/03/2014



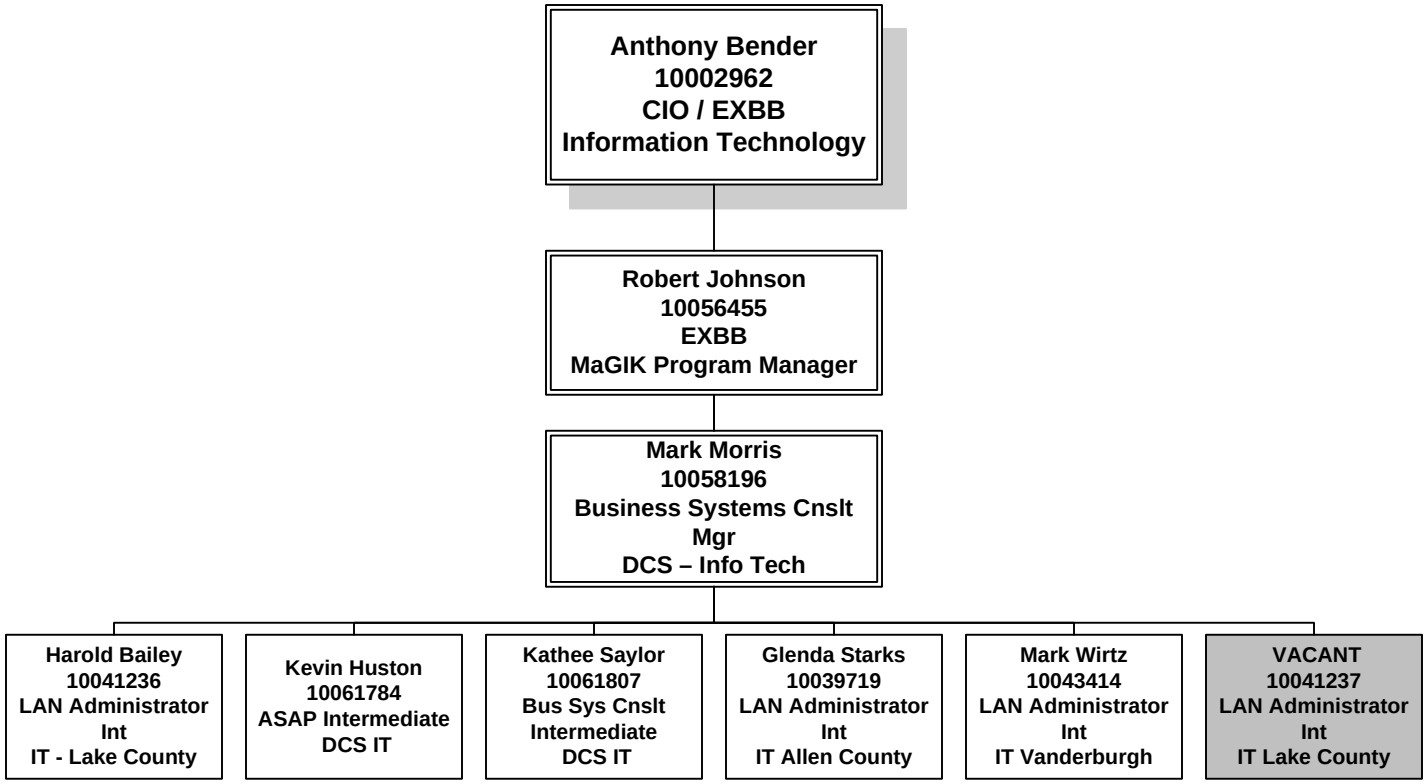
# Organization Chart
# Human Resources

Indiana Department of Child Services
Human Resources Division
06/03/2014



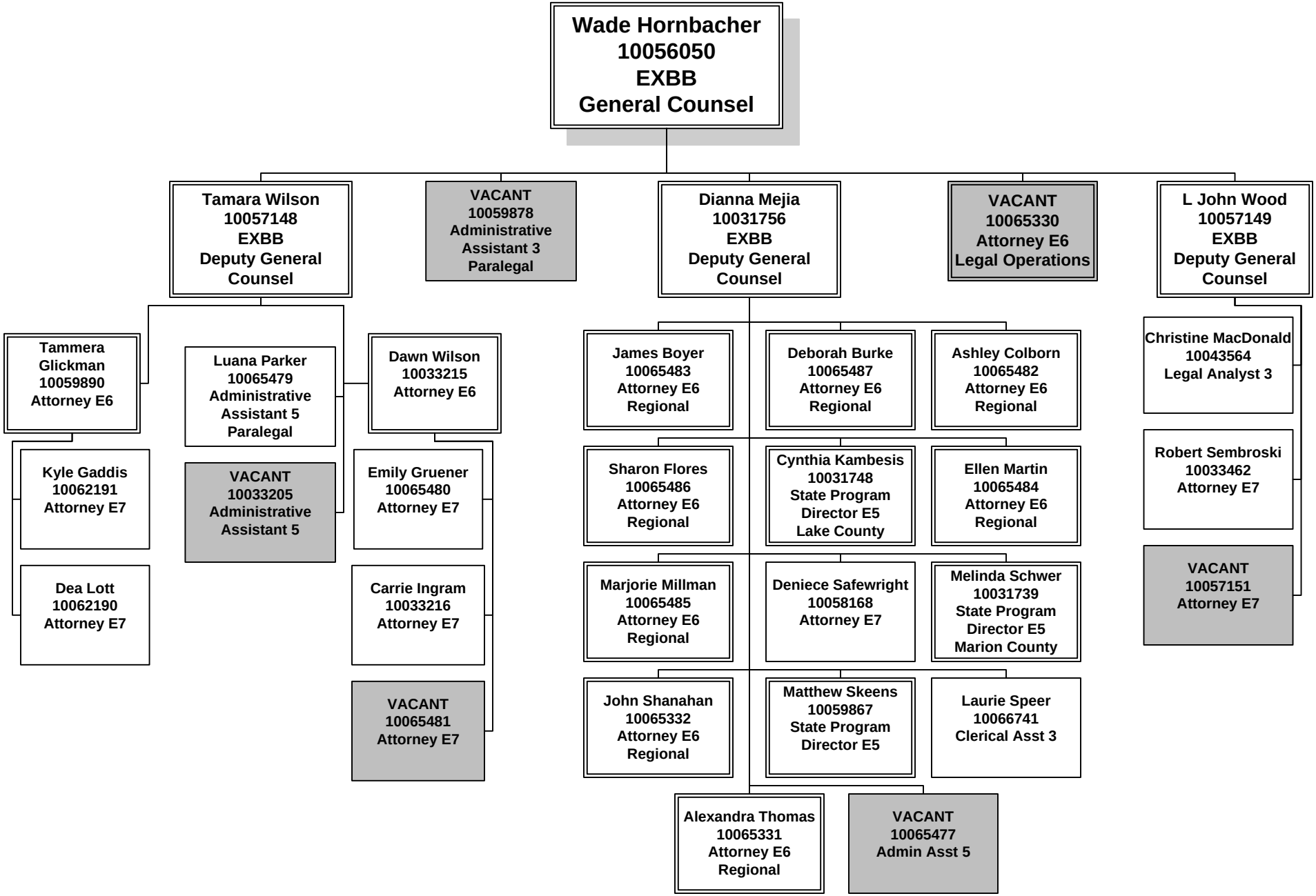
# Organization Chart Information Technology

Indiana Department of Child Services
Information Technology Division
06/03/2014

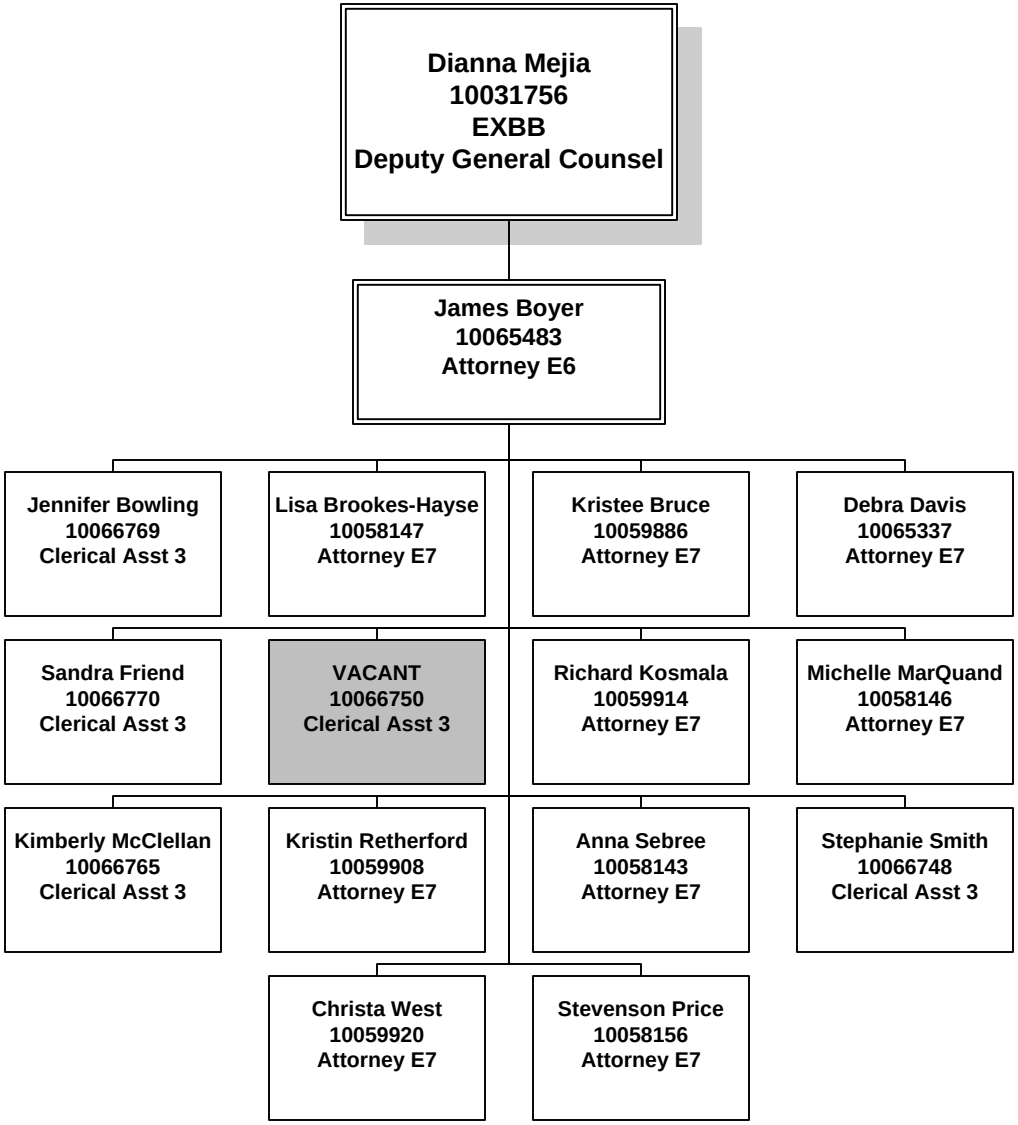


# Organization Chart
# Legal Operations

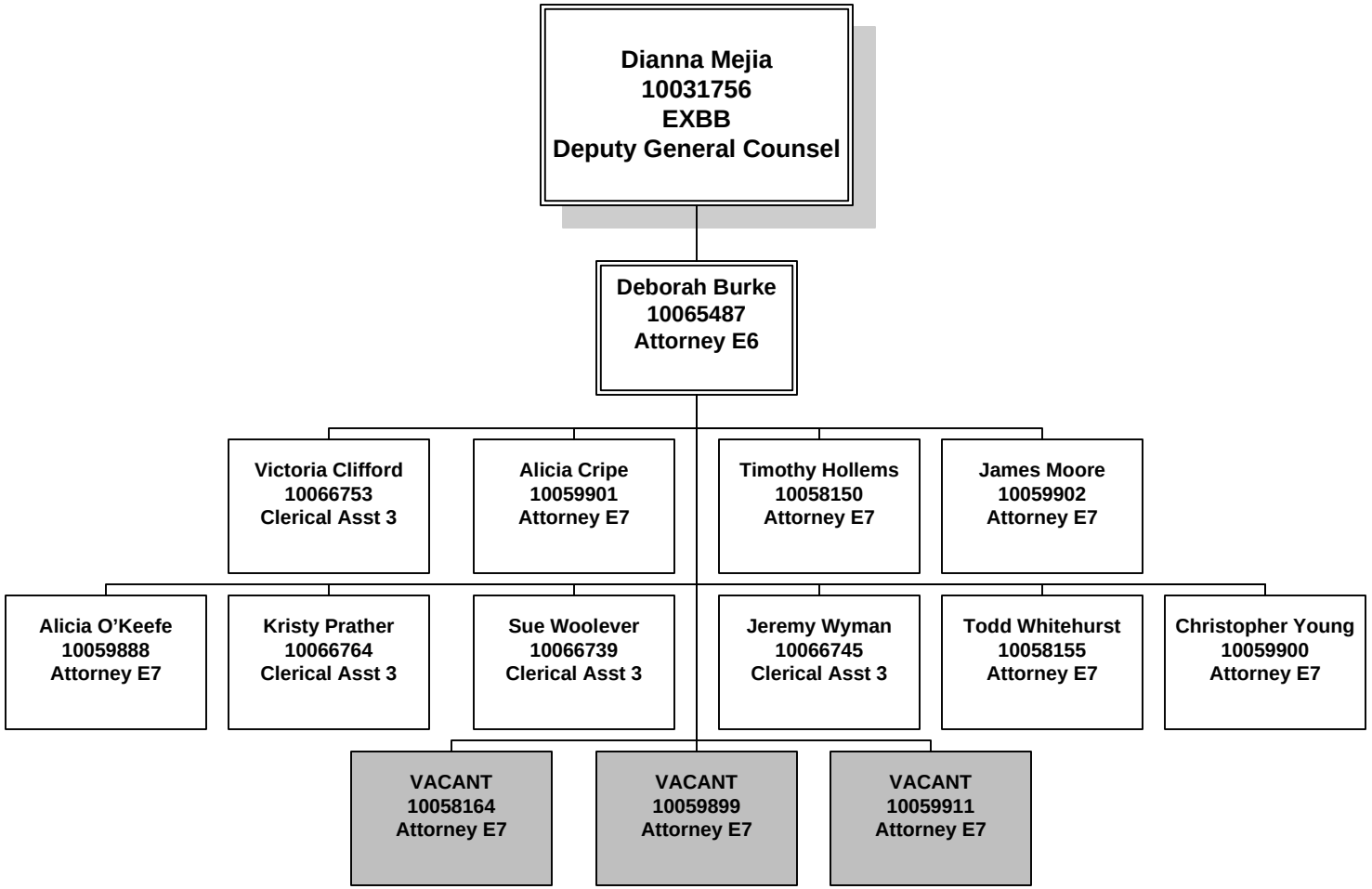
Indiana Department of Child Services
Legal Operations
06/03/2014



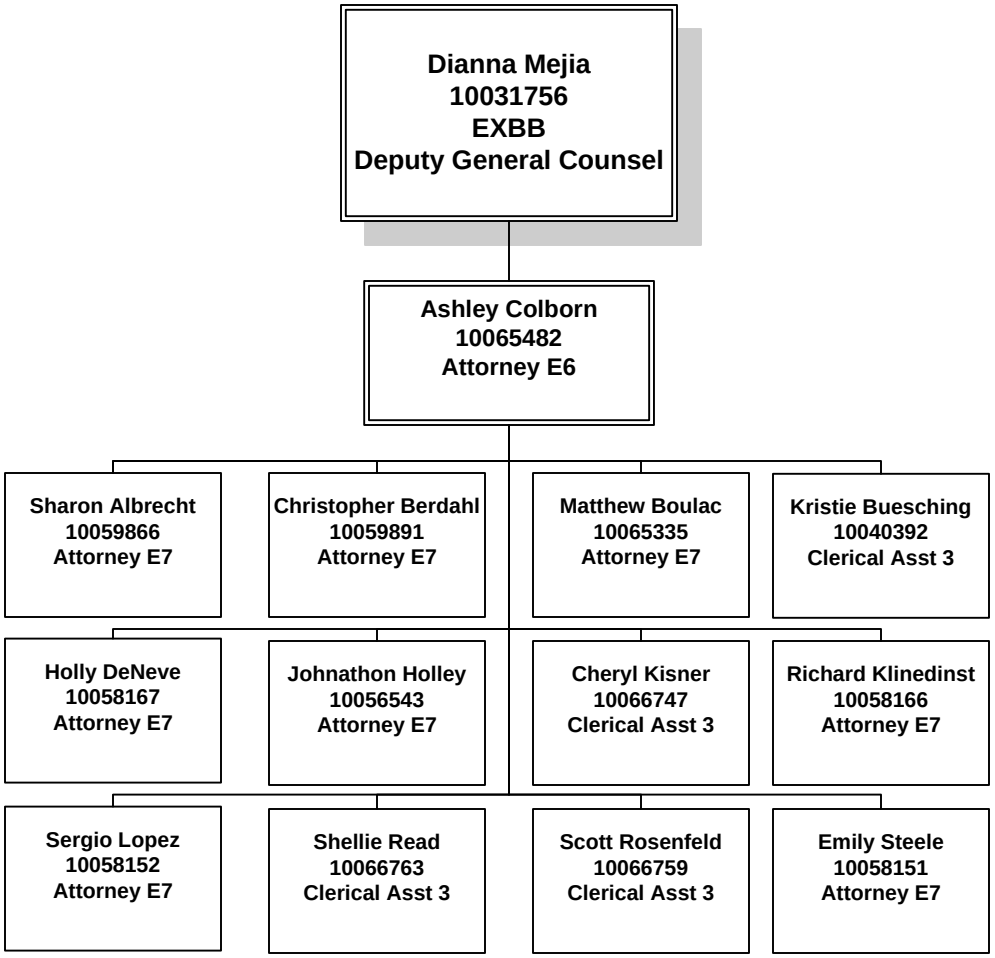
# Indiana Department of Child Services
## Legal Operations
## 06/03/2014



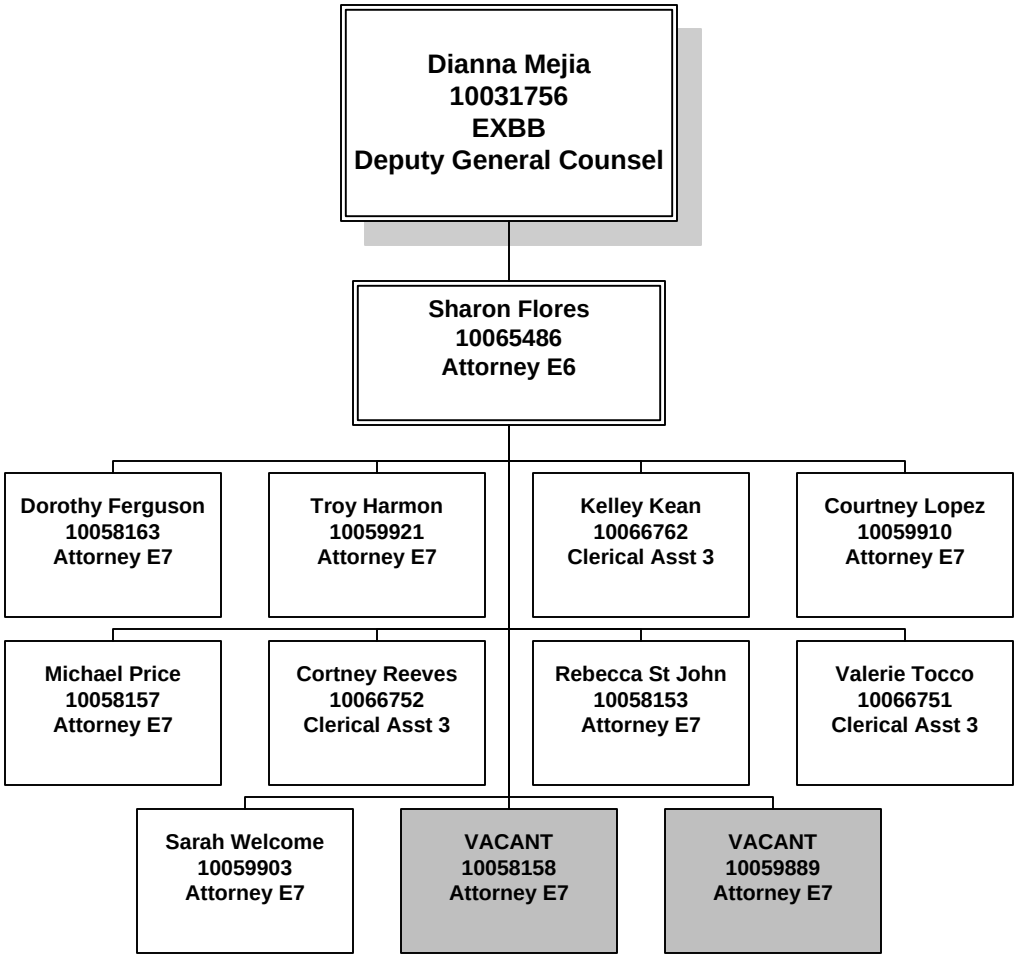
Indiana Department of Child Services
Legal Operations
06/03/2014



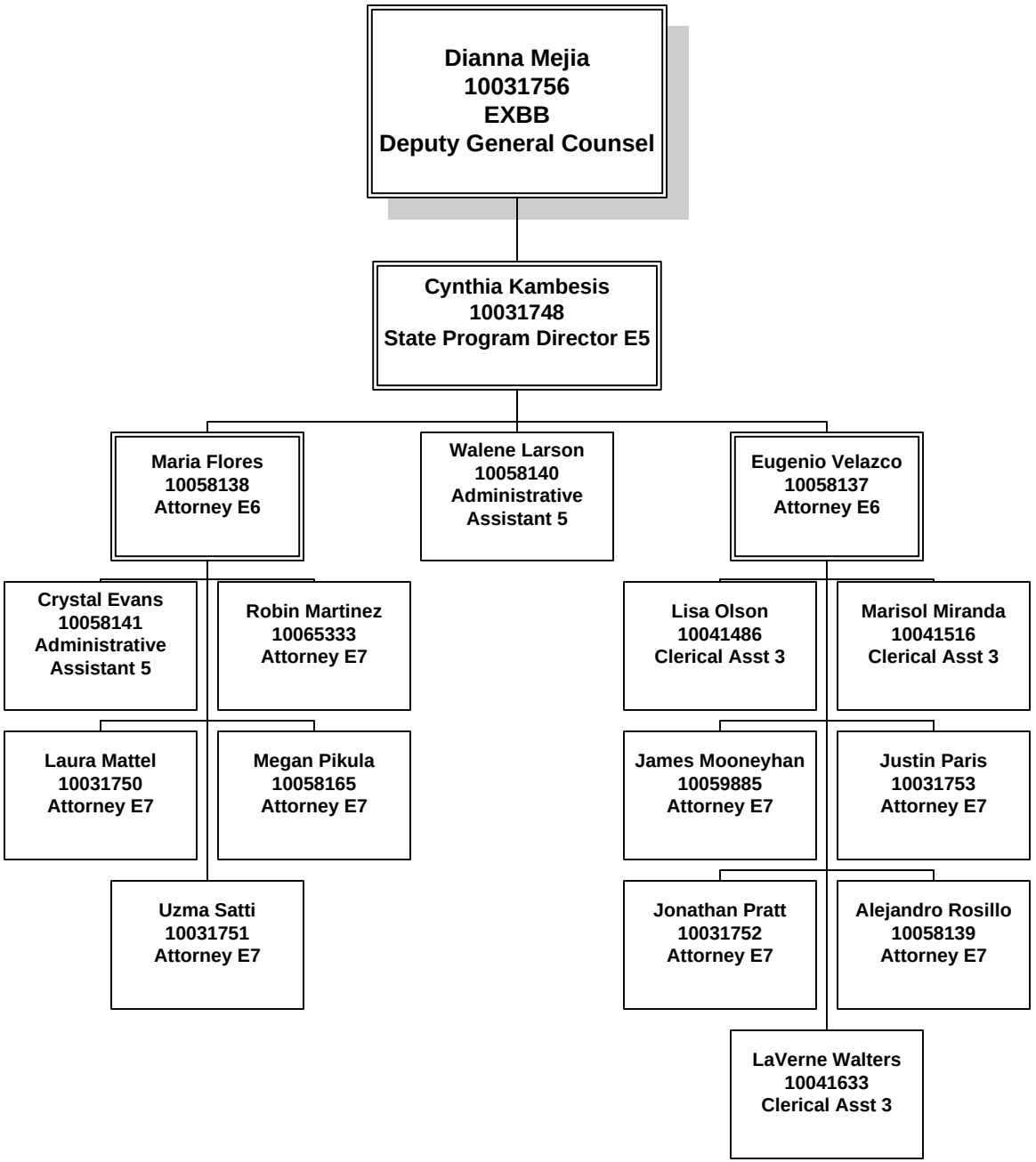
Indiana Department of Child Services
Legal Operations
06/03/2014



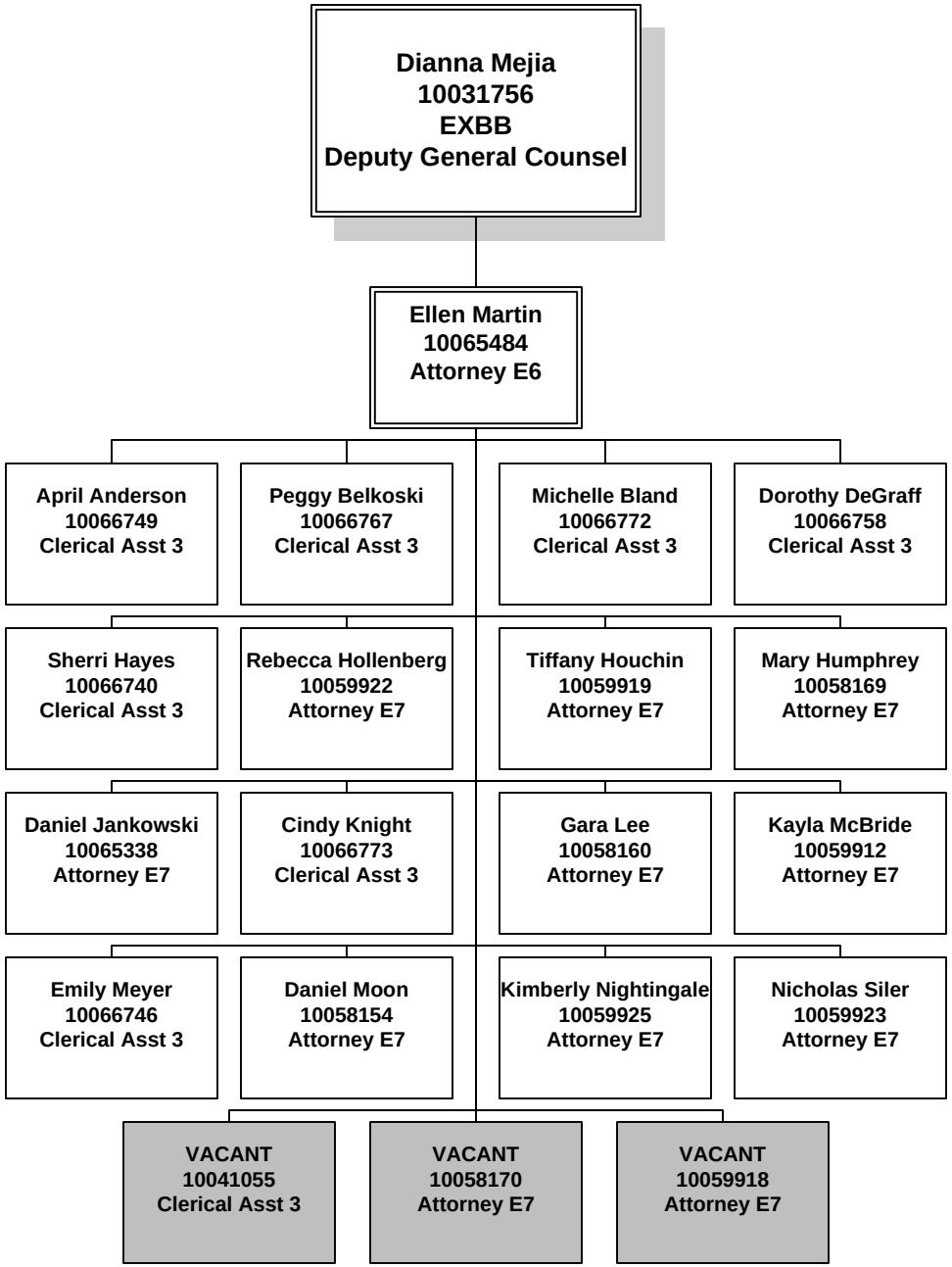
Indiana Department of Child Services
Legal Operations
06/03/2014



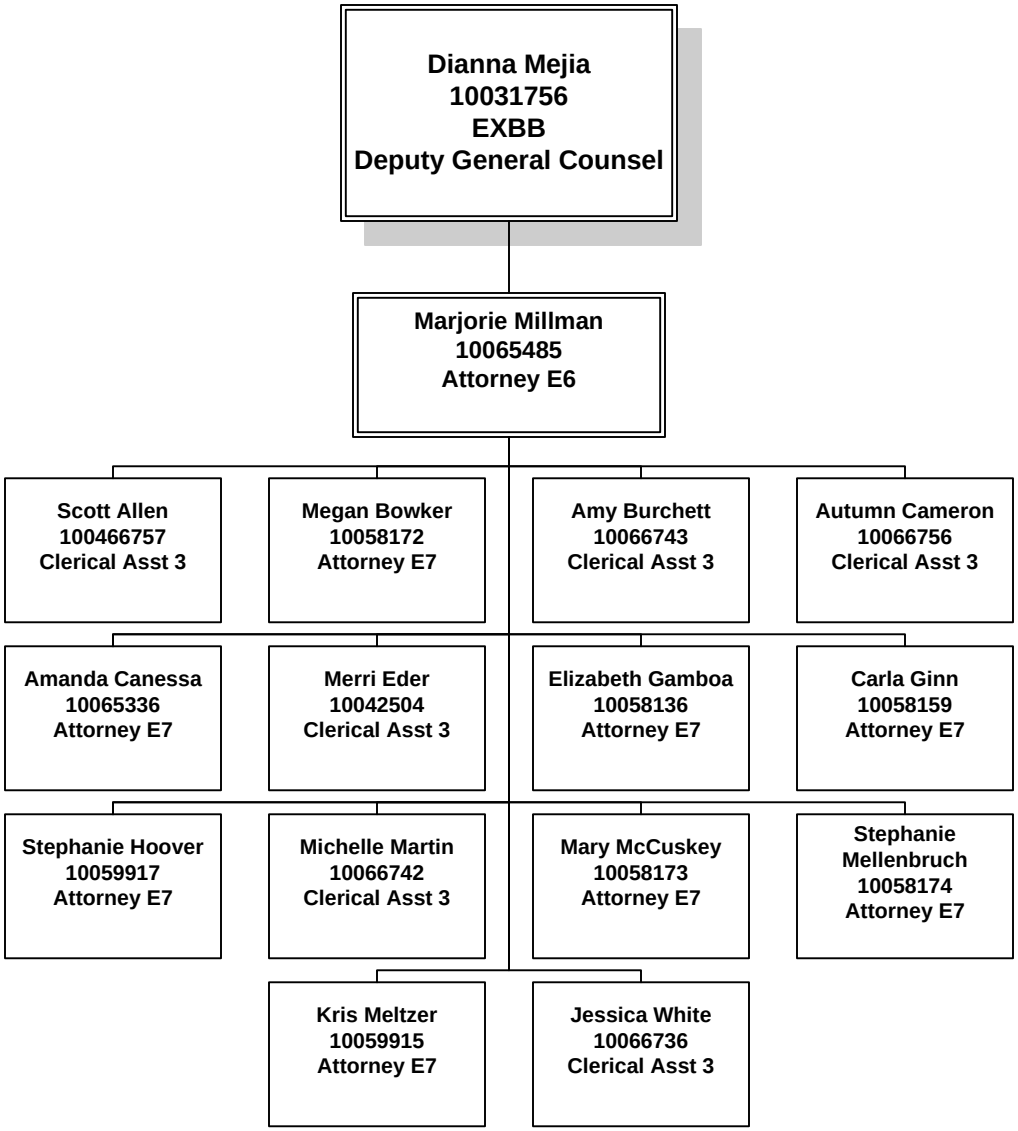
Indiana Department of Child Services
Legal Operations
06/03/2014



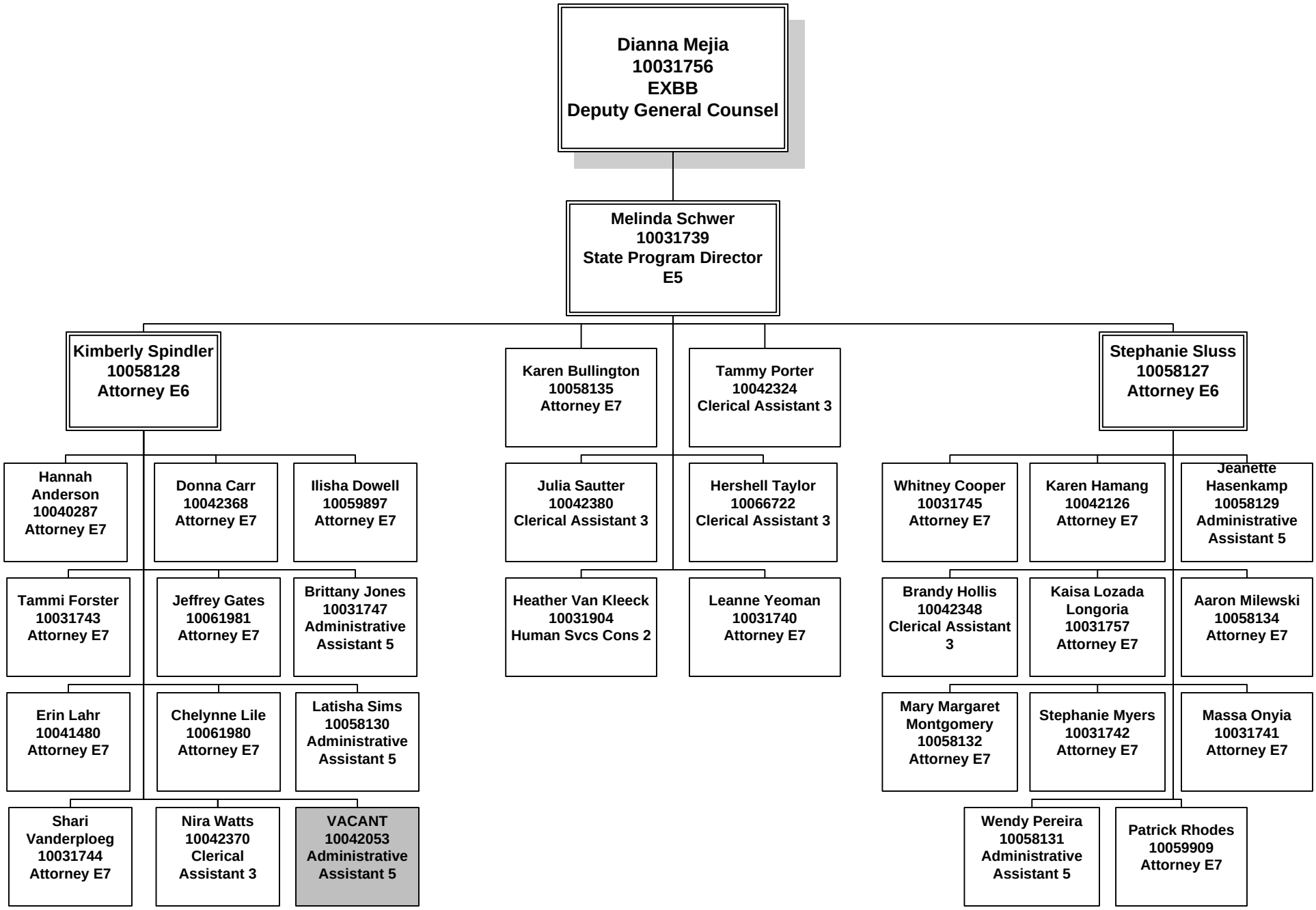
Indiana Department of Child Services
Legal Operations
06/03/2014



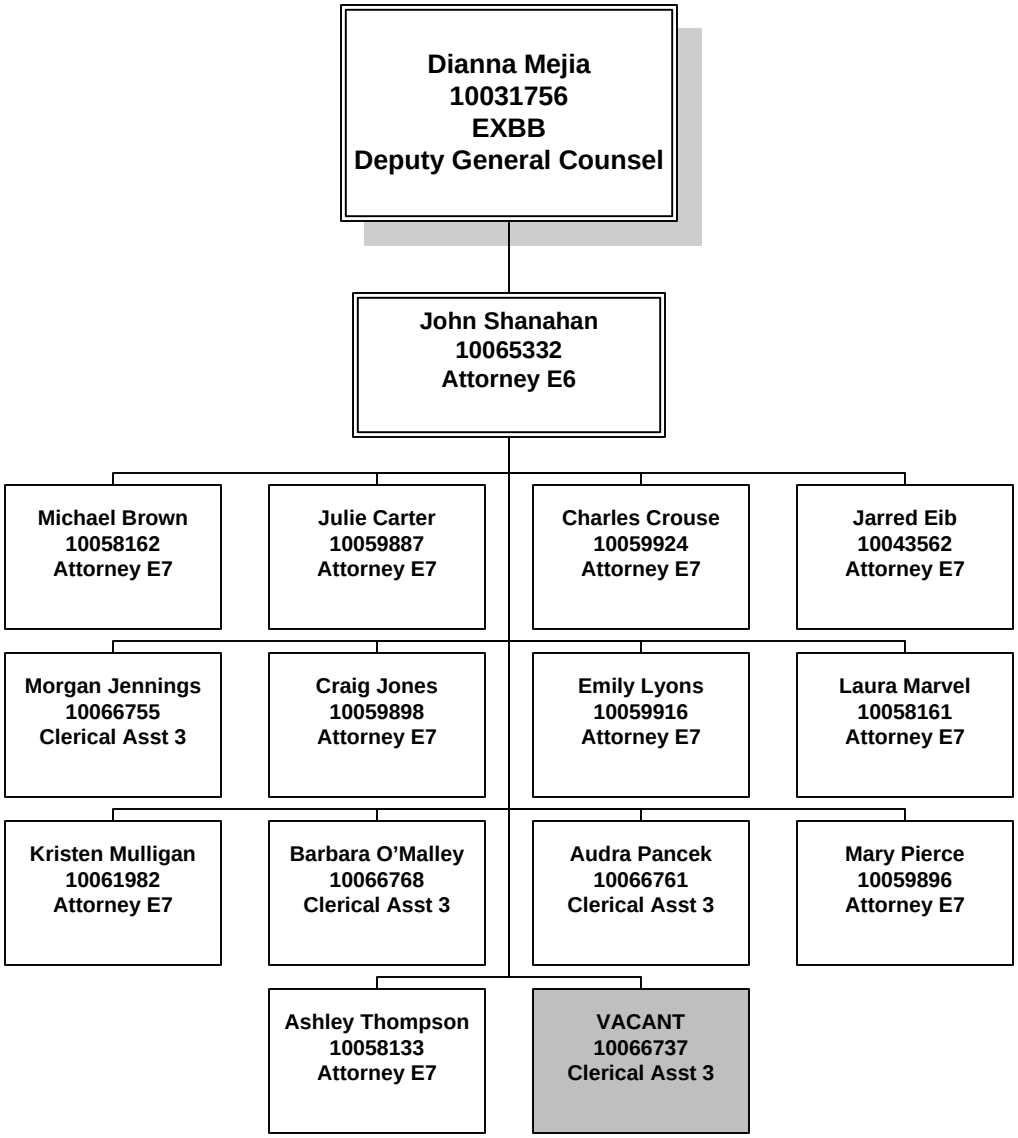
Indiana Department of Child Services
Legal Operations
06/03/2014



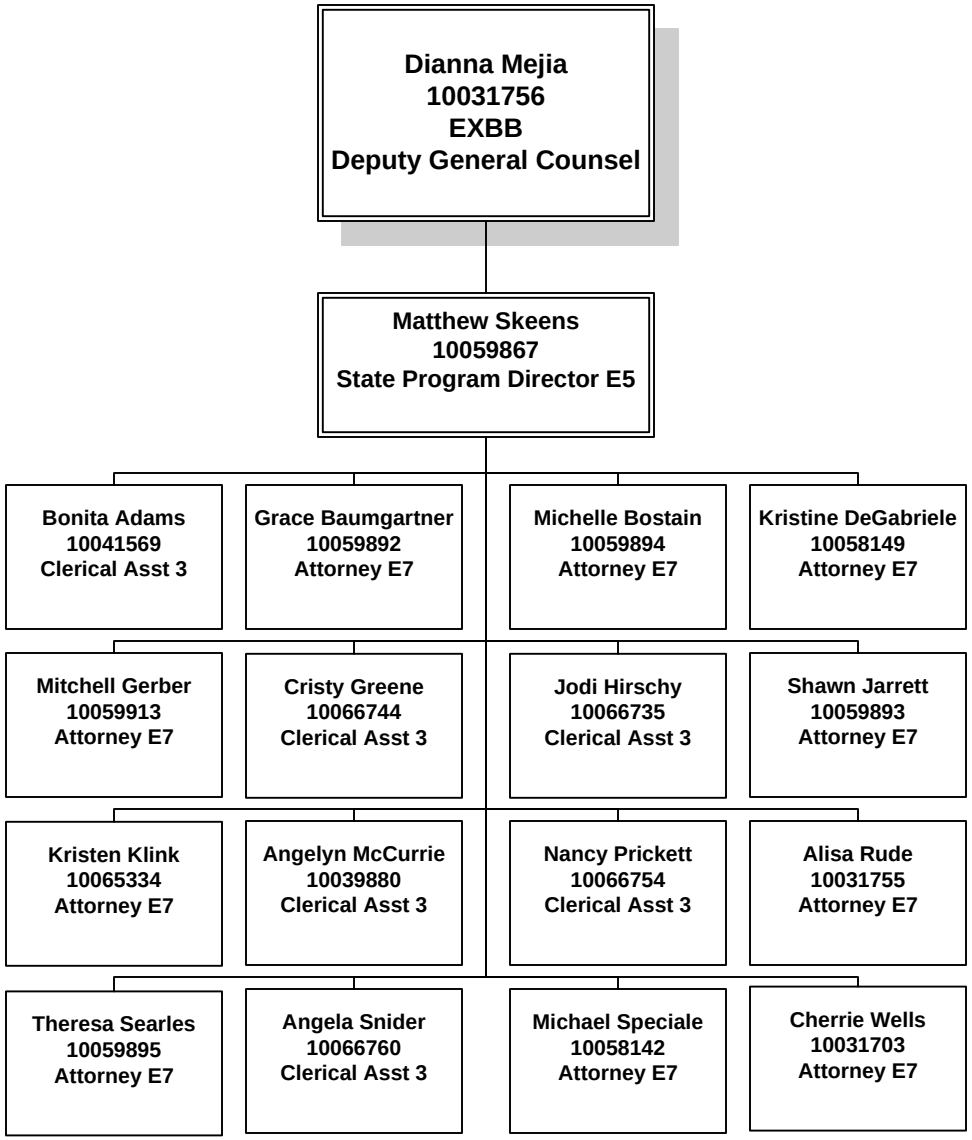
# Indiana Department of Child Services
## Legal Operations
## 06/03/2014



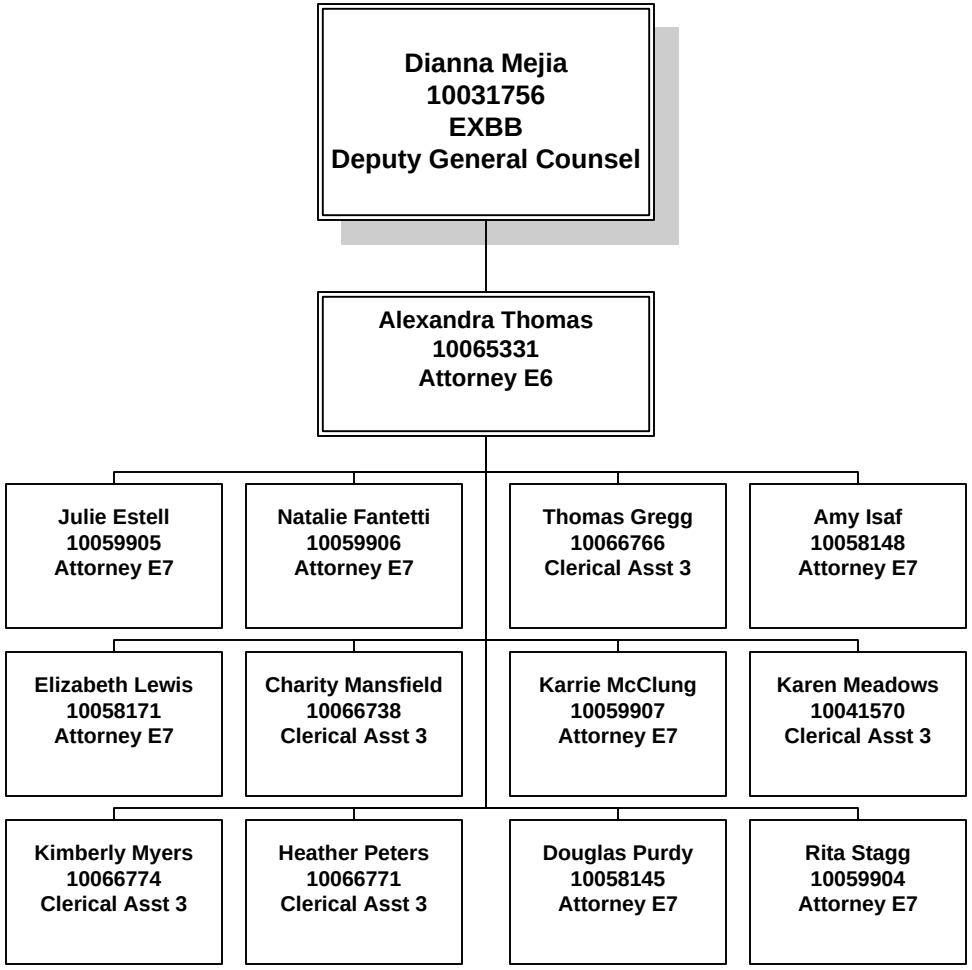
Indiana Department of Child Services
Legal Operations
06/3/2014



Indiana Department of Child Services
Legal Operations
06/03/2014

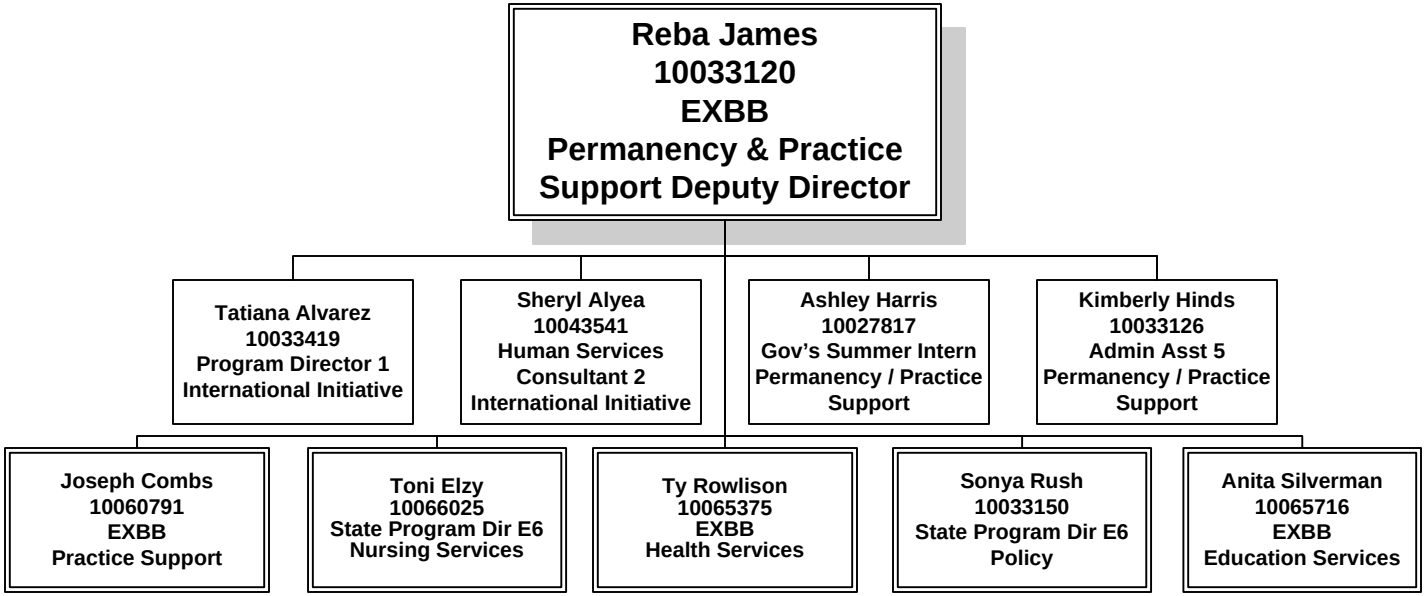


Indiana Department of Child Services
Legal Operations
06/03/2014

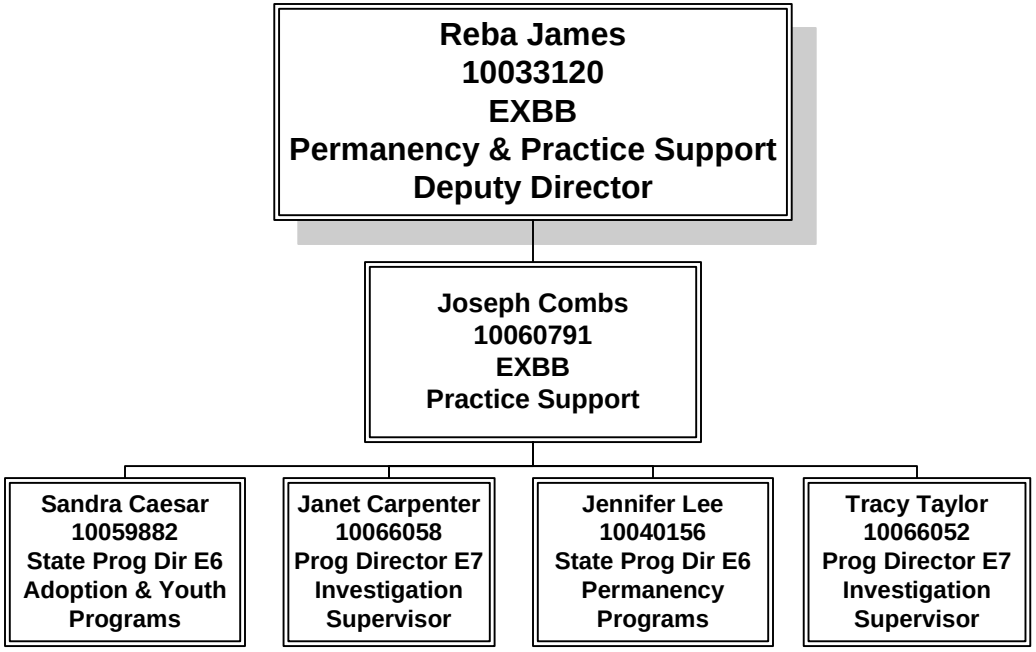


# Permanency and Practice Support

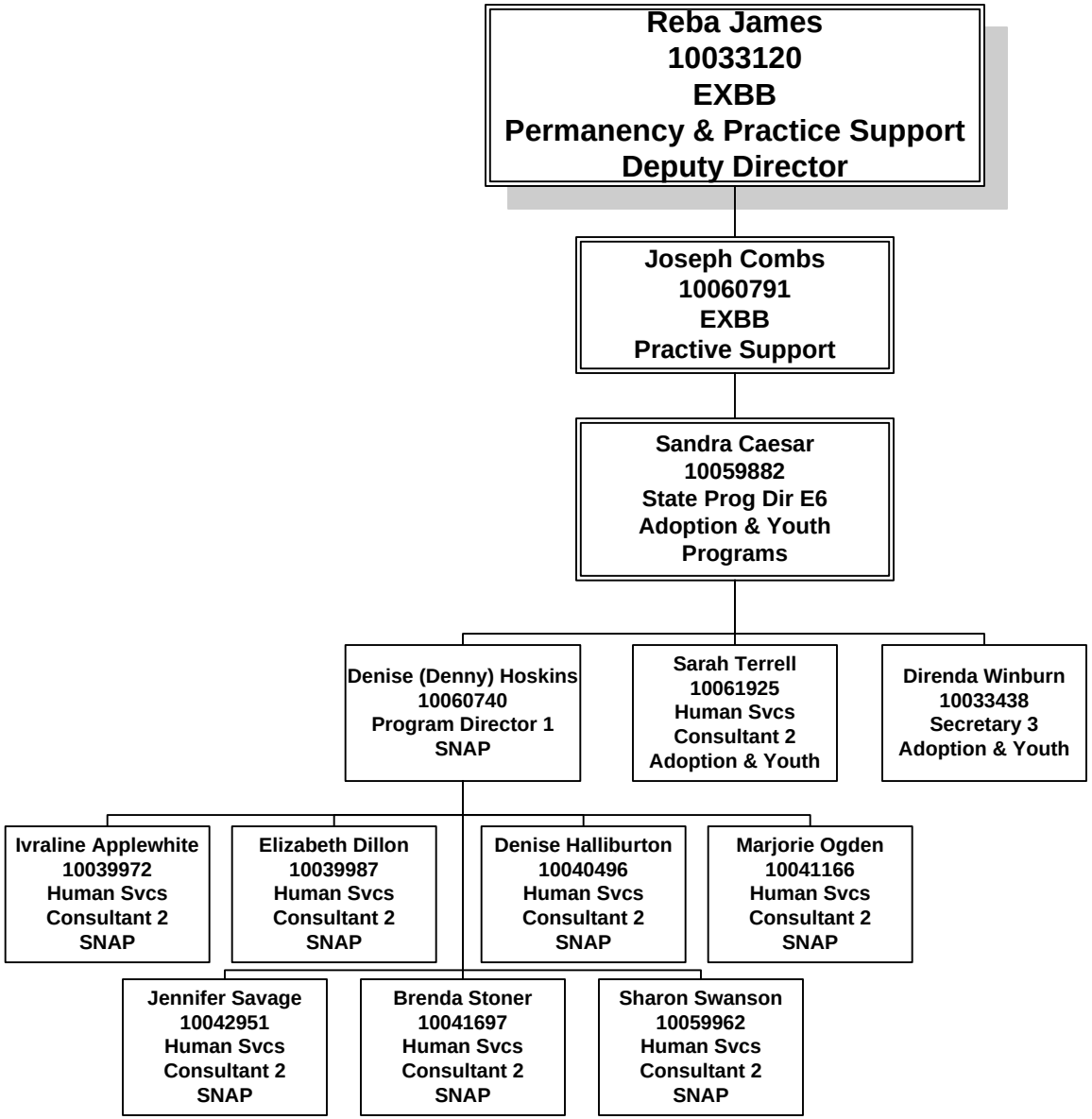
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



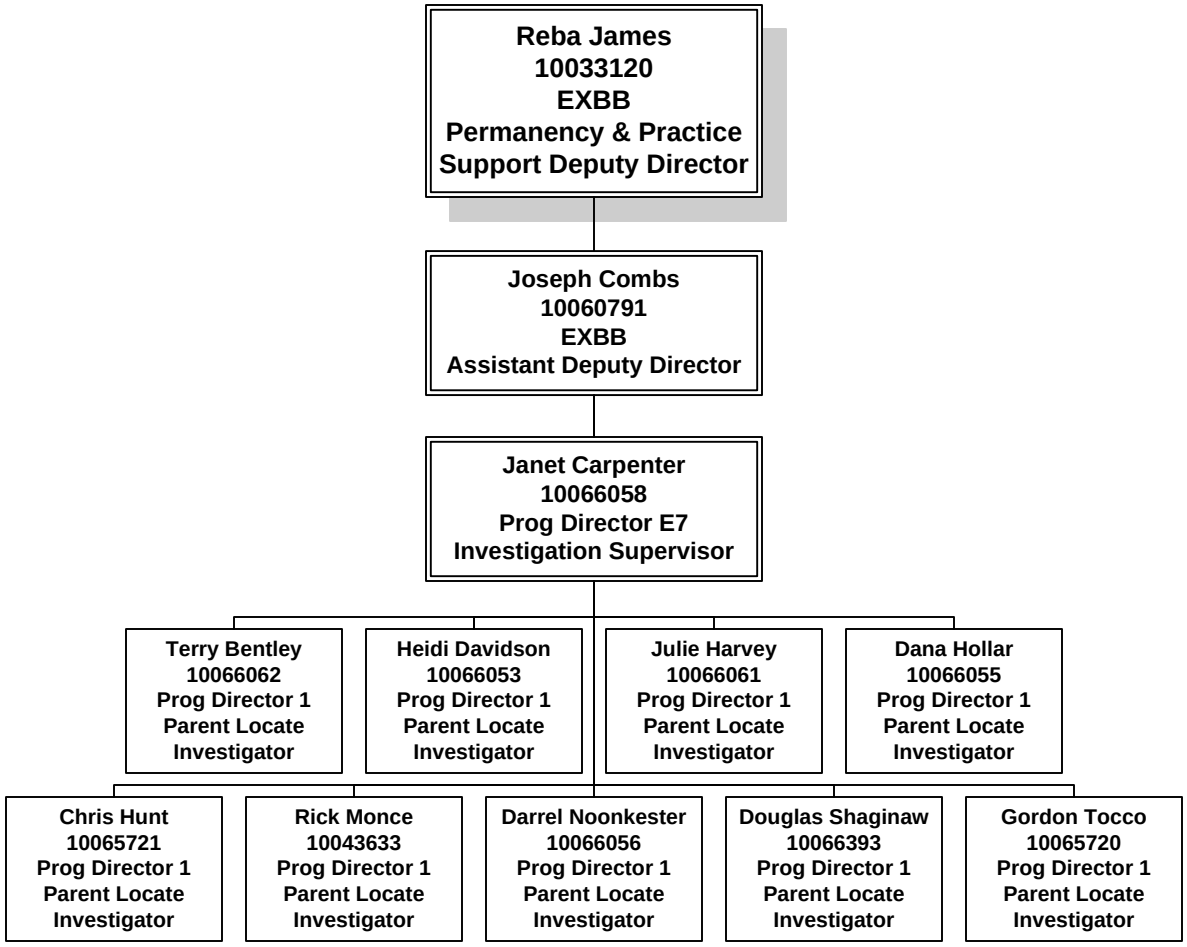
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



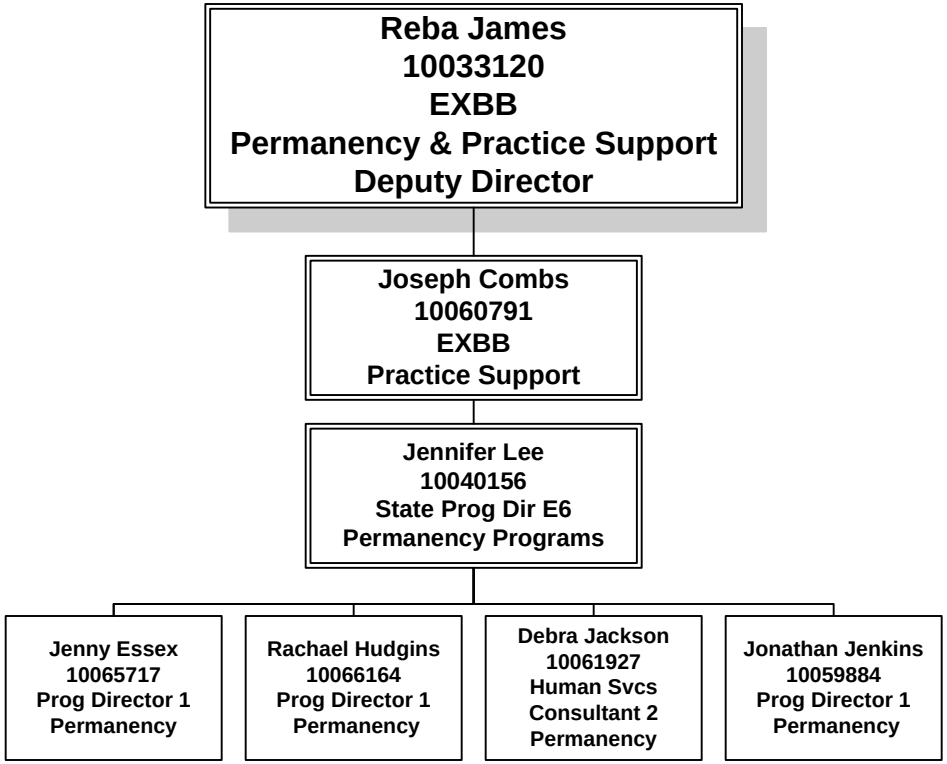
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



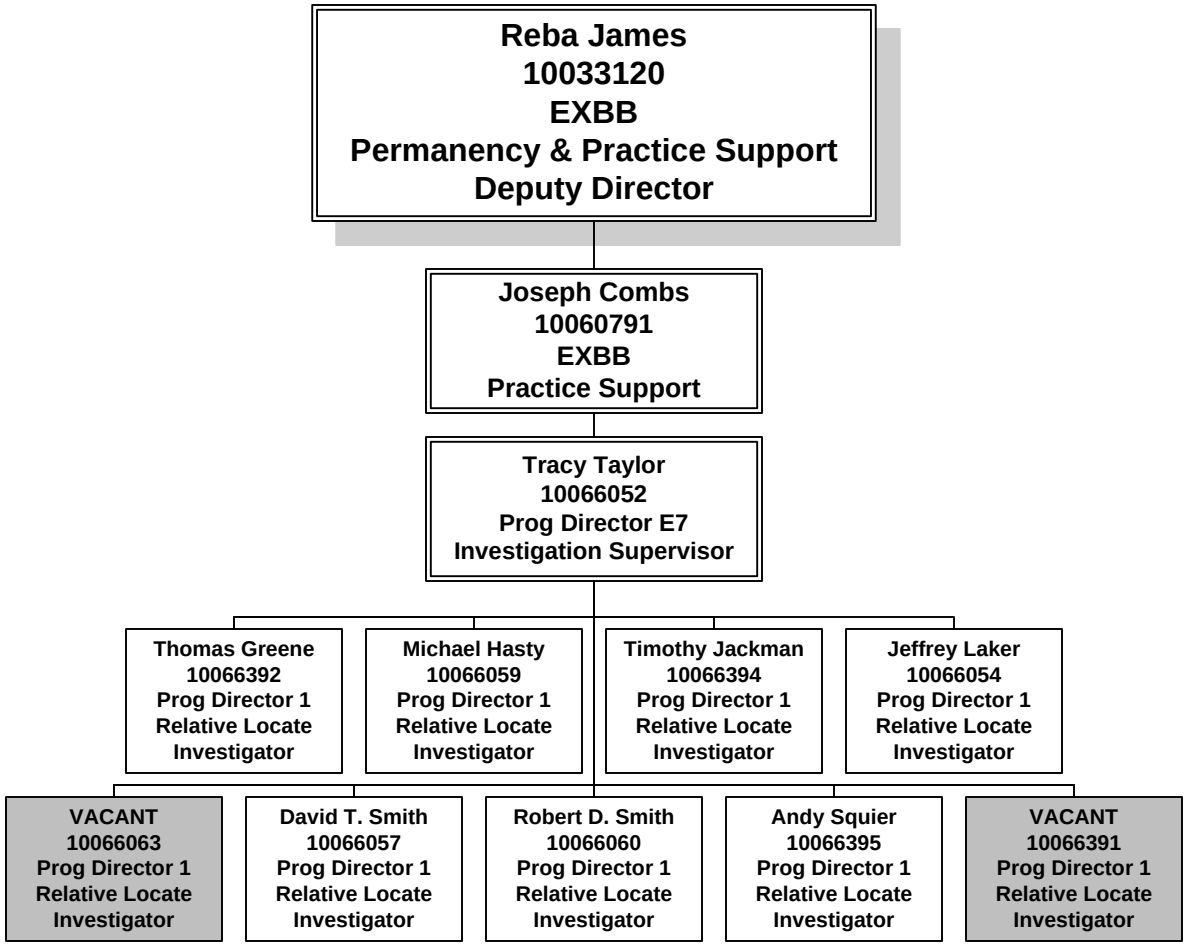
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



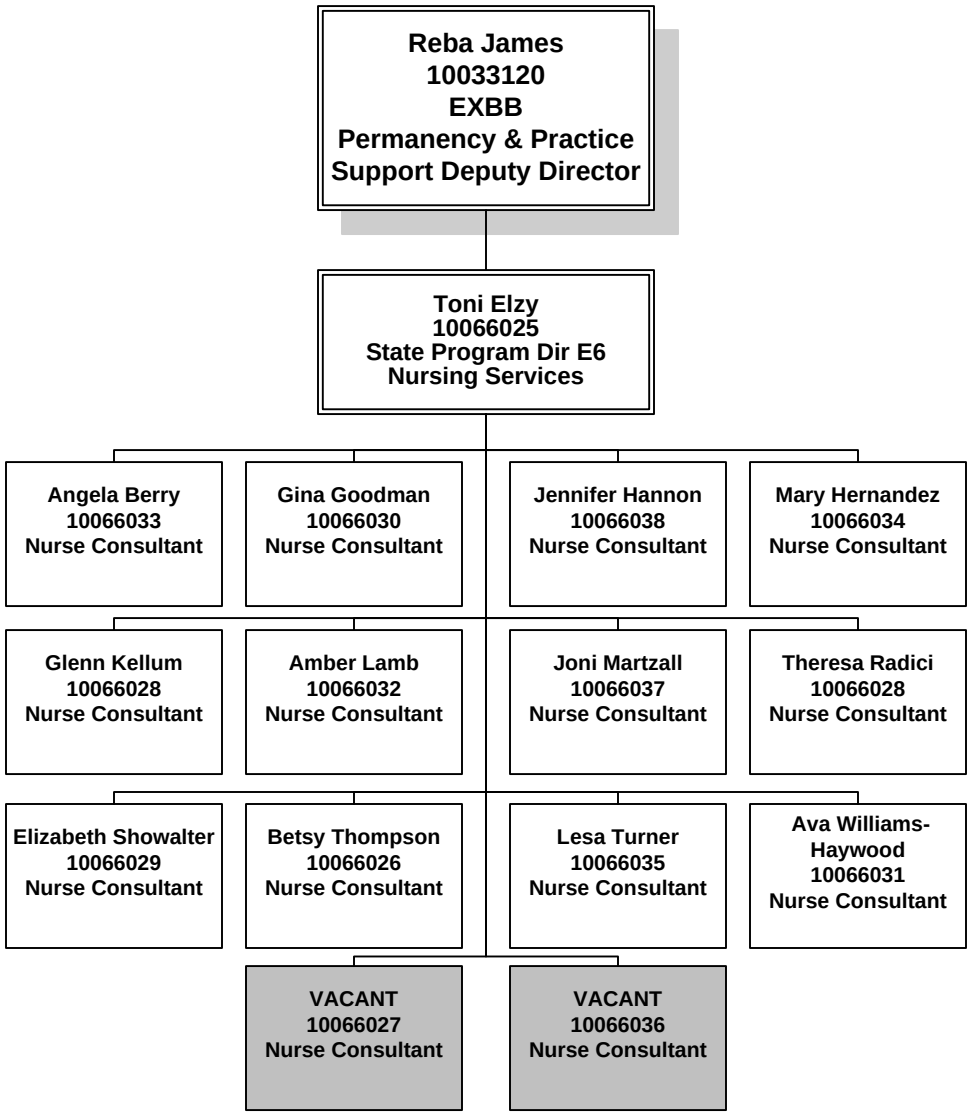
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



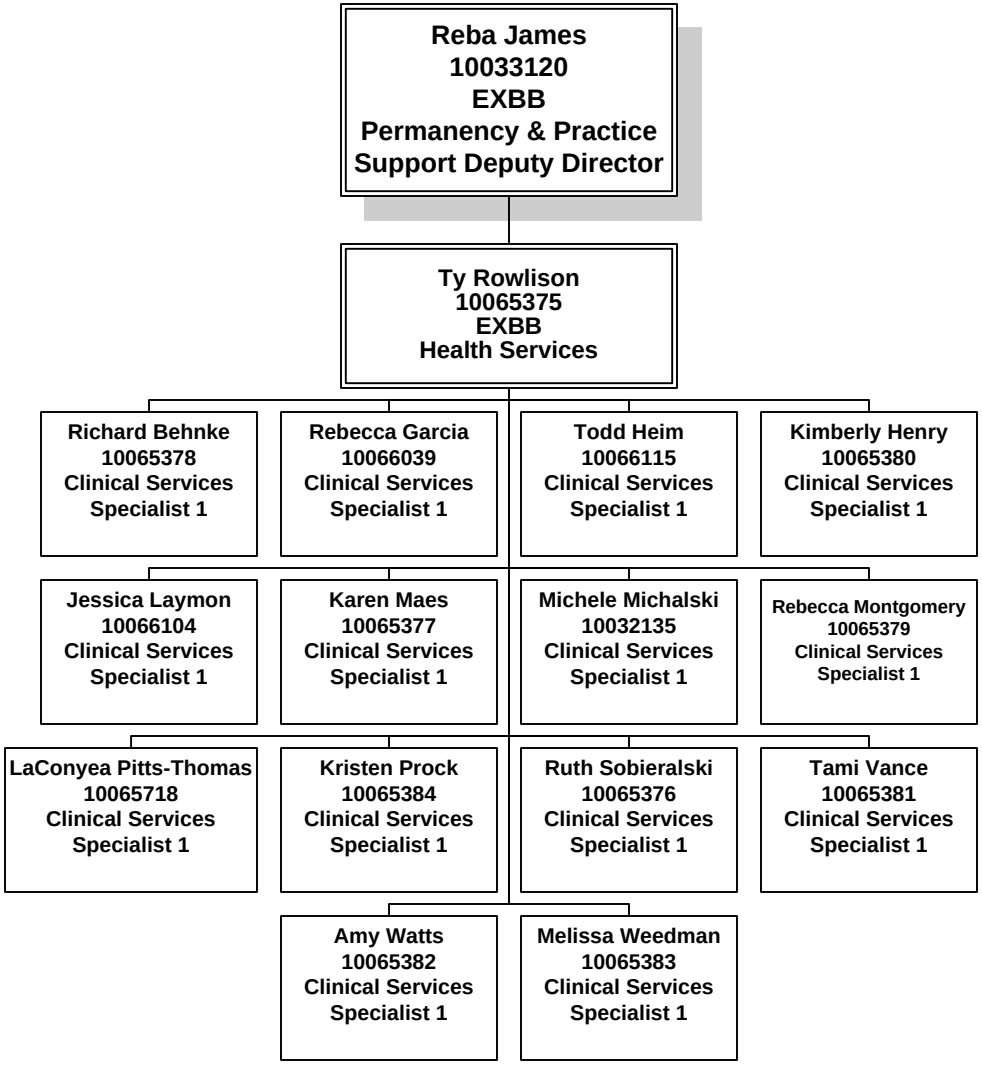
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



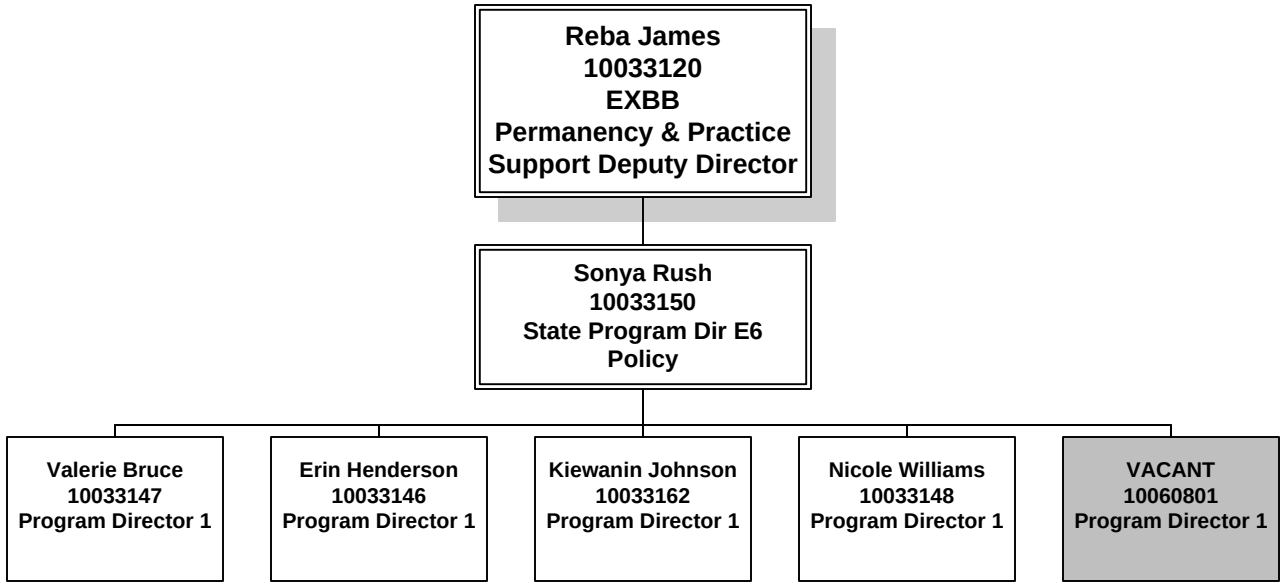
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



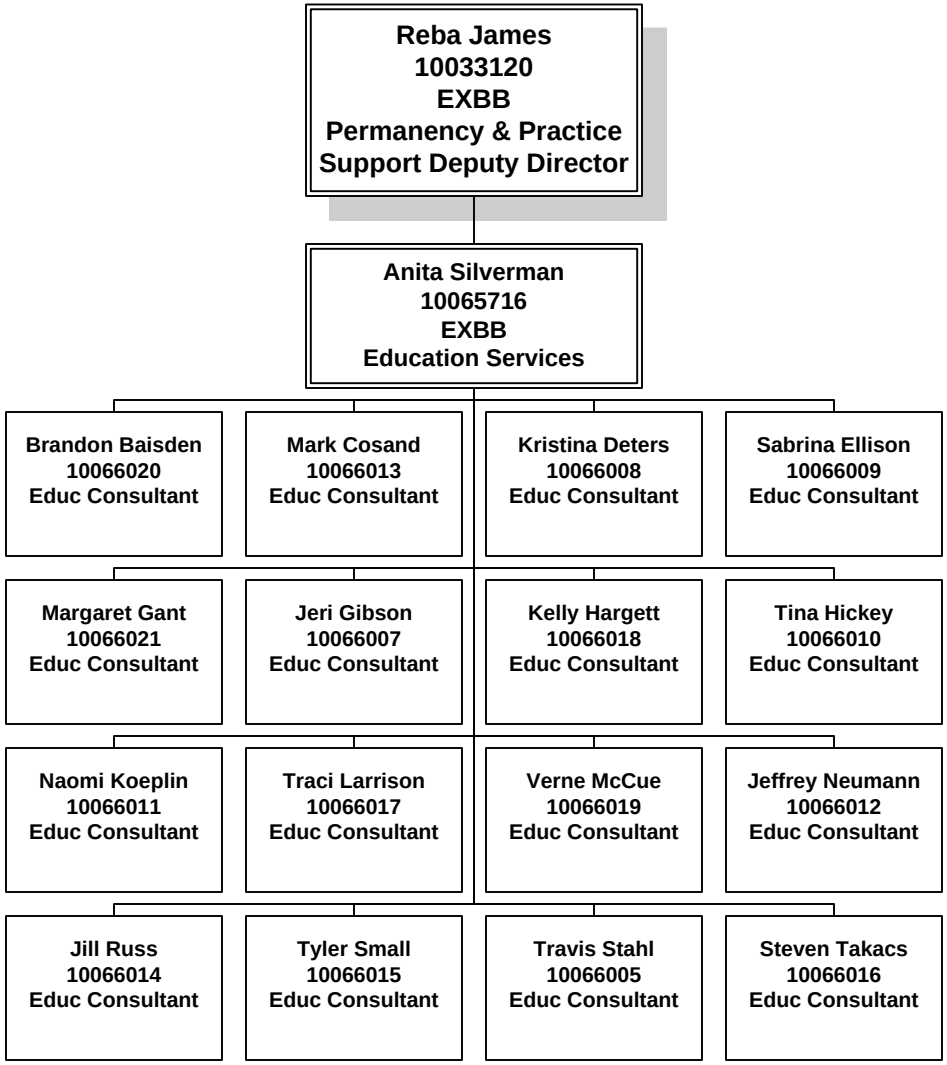
Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



Indiana Department of Child Services
Permanency & Practice Support
06/03/2014

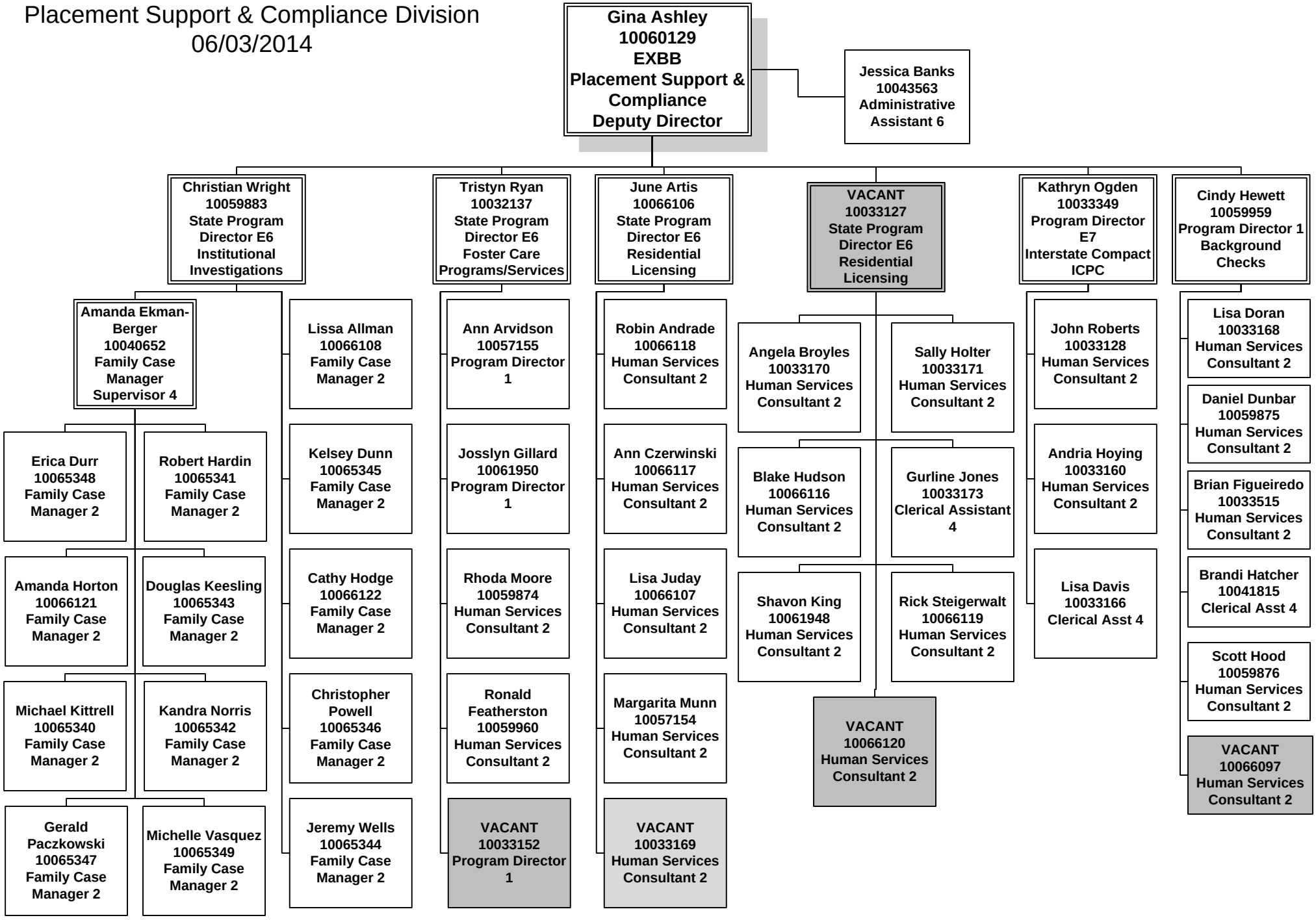


Indiana Department of Child Services
Permanency & Practice Support
06/03/2014



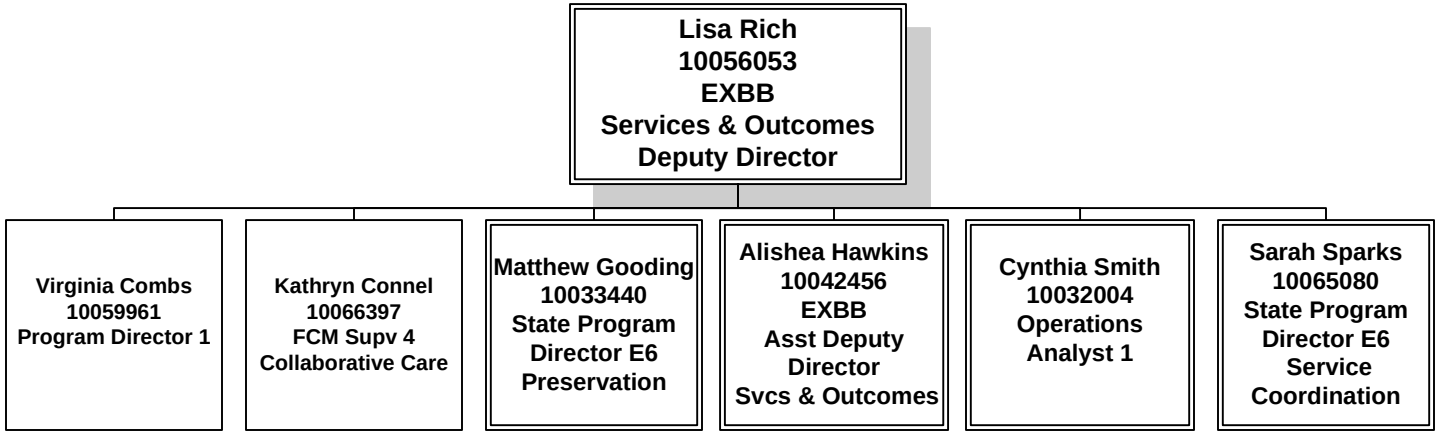
# Organization Chart Placement and Support and Compliance

# Indiana Department of Child Services
## Placement Support & Compliance Division
## 06/03/2014

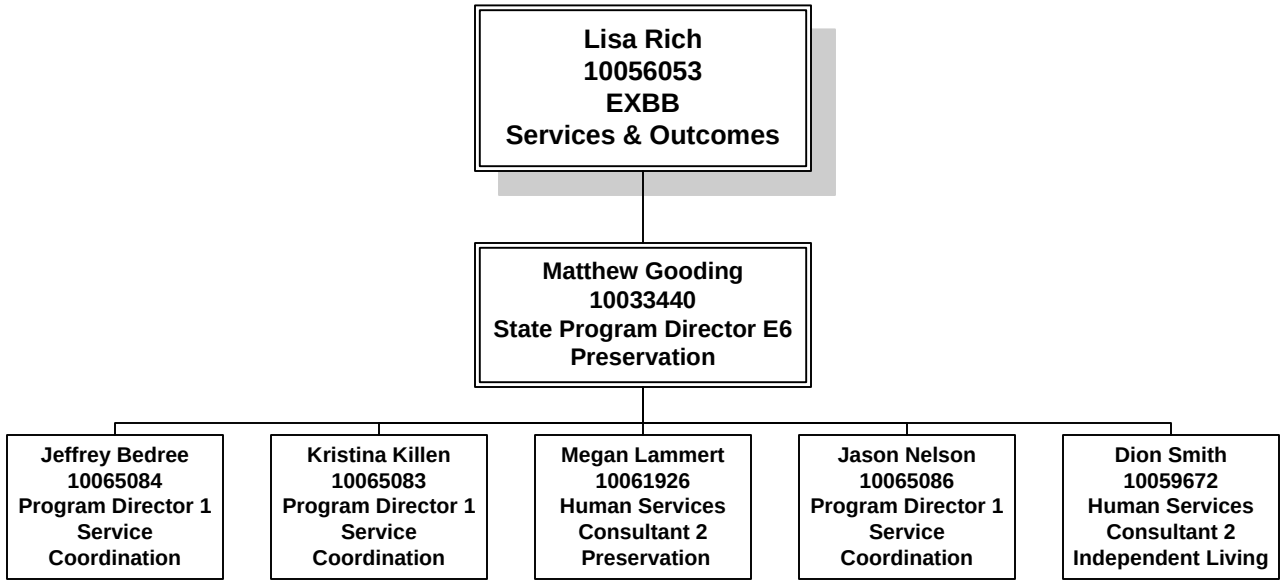


# Organization Chart
# Services and Outcomes

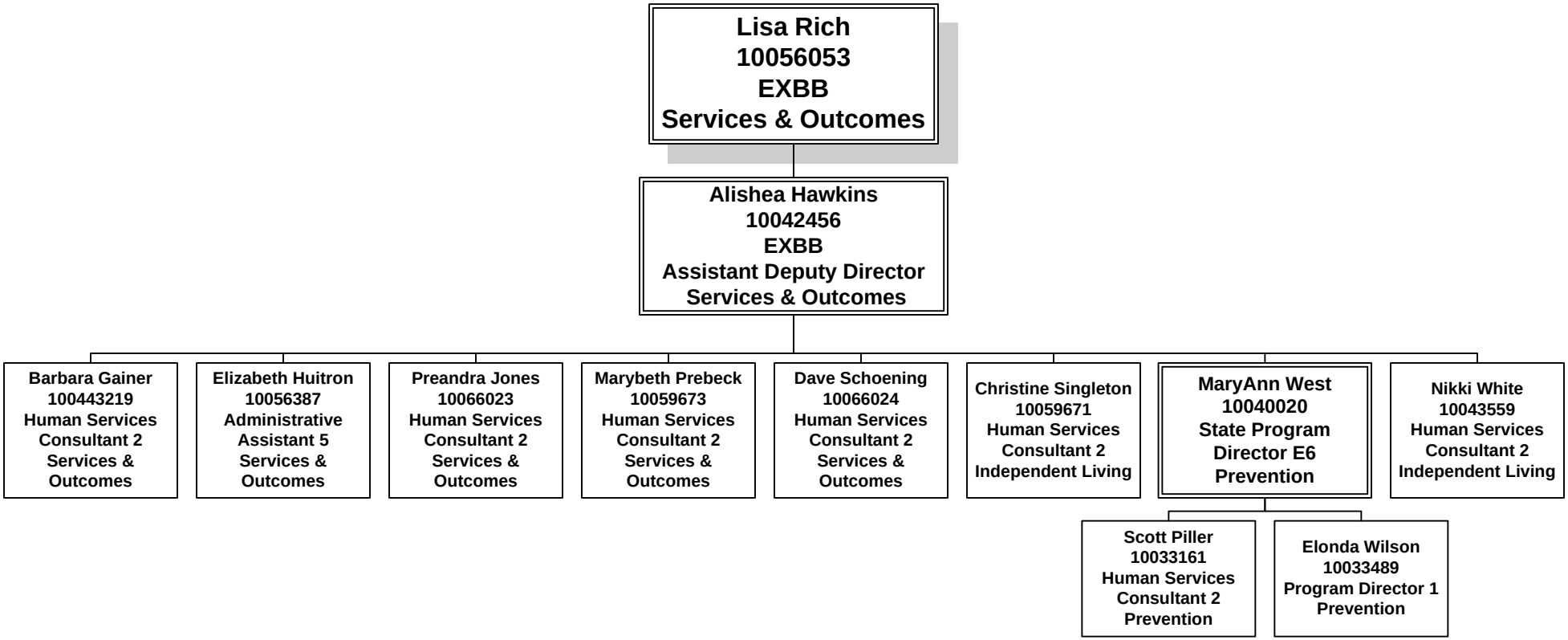
Indiana Department of Child Services
Services & Outcomes
06/03/2014



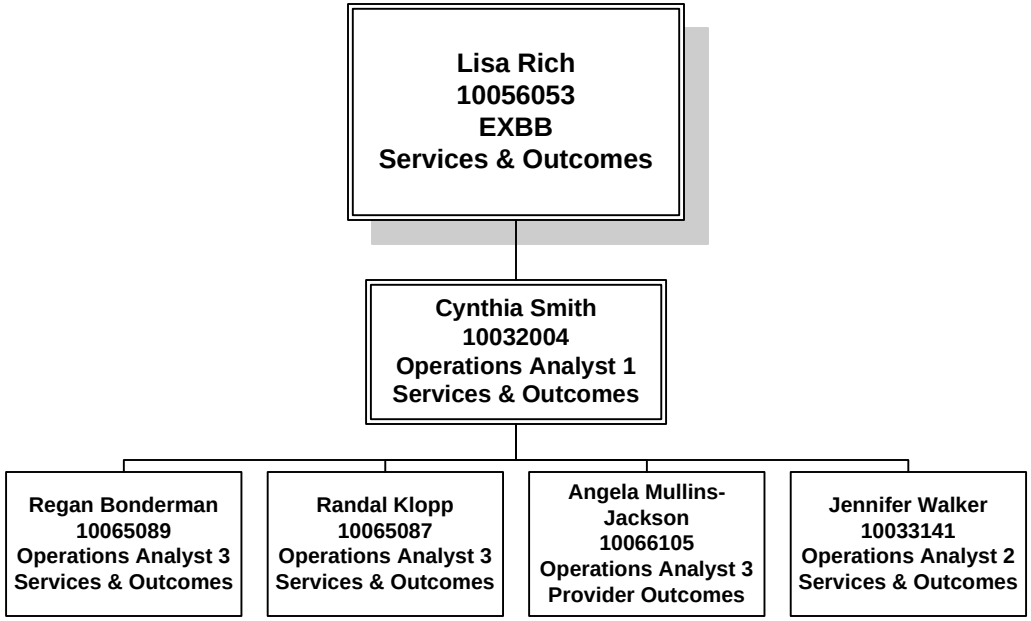
Indiana Department of Child Services
Services & Outcomes
06/03/2014



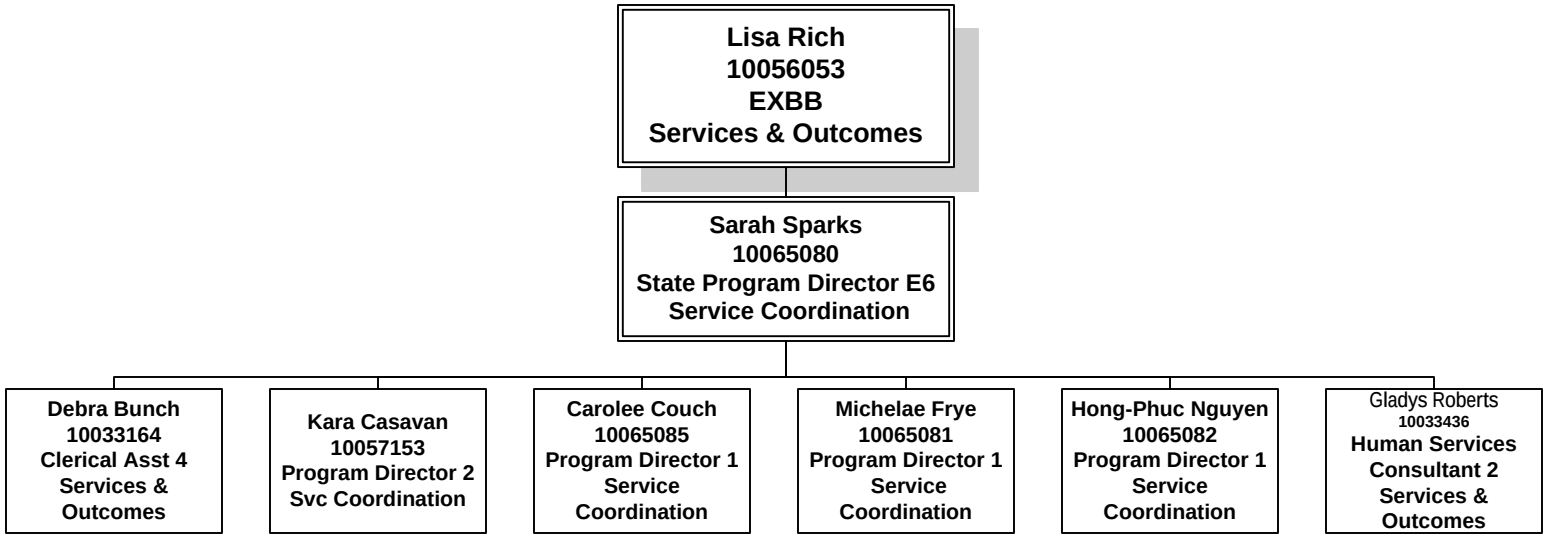
Indiana Department of Child Services
Services & Outcomes
06/03/2014



Indiana Department of Child Services
Services & Outcomes
06/03/2014

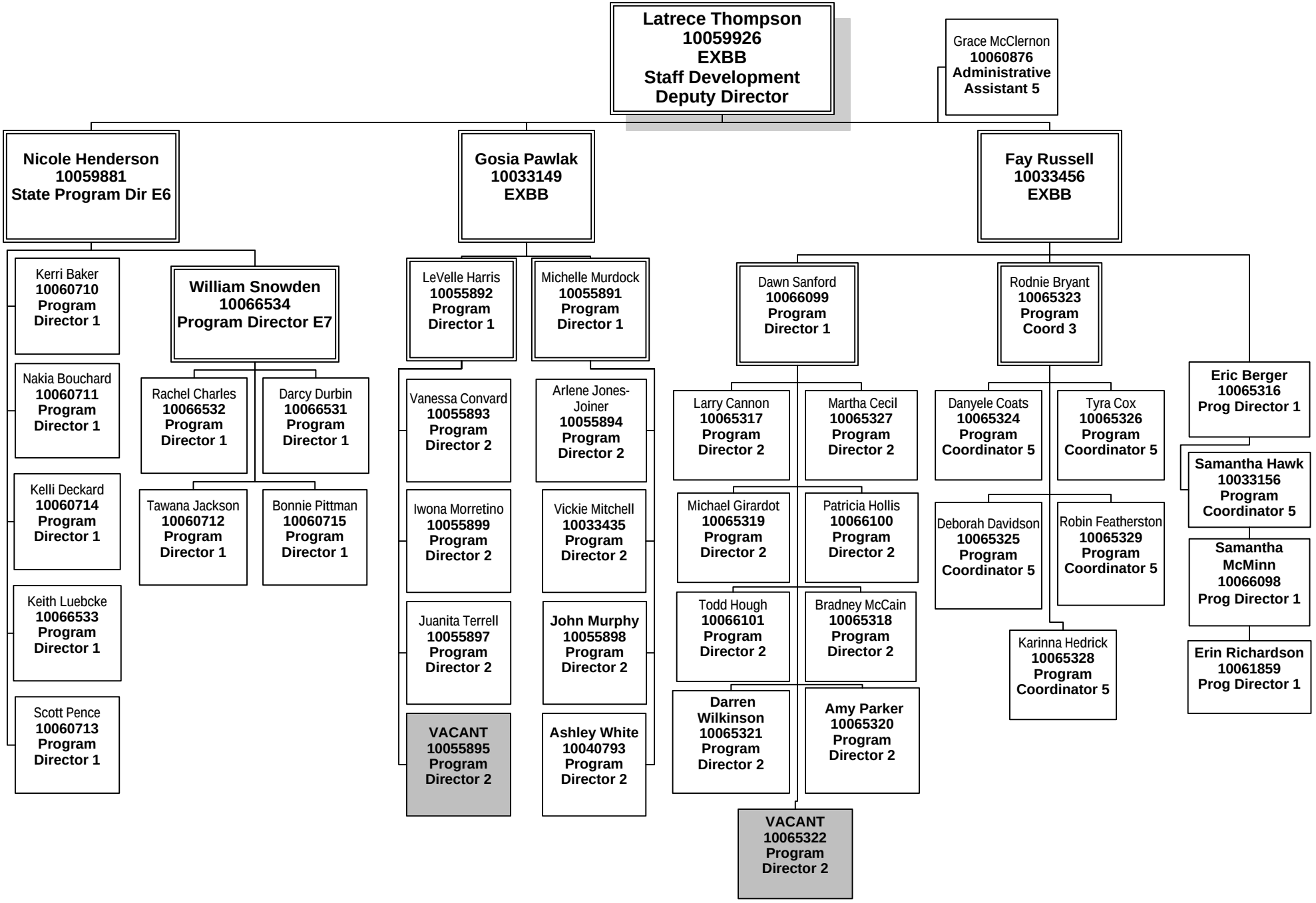


Indiana Department of Child Services
Services & Outcomes
06/03/2014



# Organization Chart
# Staff Development

# Indiana Department of Child Services
## Staff Development Division
## 06/03/2014



# Region 8 Service Needs Assessment Data Packet

Surveys were administered to FCMs in March and community members in October 2013 to measure their perceptions about 20 services in their communities in terms of need, availability, utilization and effectiveness. The surveys were administered by Indiana University as part of the Title IV-E Waiver evaluation study and the results are reported using mean (average) ratings.

These data provide an opportunity to identify possible service gaps and areas for program improvement. For example, statewide, FCMs and community stakeholders reported substance use/abuse and mental health services are usually needed in their communities and are less than moderately effective when utilized, but differed in their perceptions of availability and utilization. For employment/training services, both FCMs and community stakeholders felt these services are usually needed, but are only sometimes available and less than moderately effective when utilized. Both groups reported that while there is a need for child care and housing services, those services are only sometimes available and are only moderately effective when utilized. Regions can use these data in a similar way, specific to their regional results, to initiate discussions about service gaps and program improvement opportunities.

Needs Report (*Please rate the following types of services based on their need.)*
1 Not needed- 2 Rarely needed- 3 Sometimes needed- 4 Usually needed- 5 Always needed
Availability Report (*Please rate the following types of services based on their availability when needed.)*
1 Not available- 2 Rarely available- 3 Sometimes available- 4 Usually available 5 Always available
Utilization Report (*Please rate the following types of services based on their utilization when available.)*
1 Not utilized- 2 Rarely utilized- 3 Sometimes utilized- 4 Usually utilized- 5 Always utilized
Effectiveness Report (*Please rate the following type of services based on their effectiveness when utilized.*)
1 Not effective- 2 Slightly effective 3 Moderately effective- 4 Very effective- 5 Extremely effective

| | | FCMs | | | | Community | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Needed | Available | Utilized | Effective | Needed | Available | Utilized | Effective |
| **HB Case Management** | **State** | 4.16 | 4.32 | 4.19 | 3.43 | 3.97 | 3.77 | 3.75 | 3.31 |
| | **Region 8** | 4.24 | 4.60 | 4.16 | 3.60 | 4.26 | 3.73 | 3.73 | 3.05 |
| **Substance Use/Abuse** | **State** | 3.99 | 3.97 | 3.99 | 2.90 | 3.93 | 3.33 | 3.38 | 2.70 |
| | **Region 8** | 4.15 | 4.52 | 4.08 | 3.12 | 4.20 | 3.64 | 3.92 | 2.80 |
| **DV/Intimate Partner Violence** | **State** | 3.39 | 3.53 | 3.41 | 2.89 | 3.44 | 3.38 | 3.00 | 2.96 |
| | **Region 8** | 3.60 | 3.28 | 3.38 | 2.96 | 3.29 | 3.38 | 3.11 | 2.88 |
| **Father Engagement** | **State** | 3.34 | 3.74 | 3.21 | 2.98 | 3.46 | 2.88 | 2.72 | 2.83 |
| | **Region 8** | 3.44 | 4.08 | 3.72 | 3.33 | 3.30 | 3.00 | 3.00 | 2.79 |
| **Mental Health** | **State** | 4.01 | 3.92 | 4.00 | 3.10 | 4.13 | 3.44 | 3.59 | 2.97 |
| | **Region 8** | 4.00 | 4.52 | 4.04 | 3.31 | 4.29 | 3.84 | 3.96 | 2.96 |
| **Employment/Training** | **State** | 3.87 | 2.92 | 3.07 | 2.87 | 3.96 | 3.00 | 3.07 | 2.98 |
| | **Region 8** | 3.73 | 3.38 | 3.08 | 3.09 | 3.96 | 3.04 | 3.10 | 2.95 |
| **Developmental/Disability** | **State** | 3.12 | 3.26 | 3.26 | 3.17 | 3.42 | 3.22 | 3.41 | 3.32 |
| | **Region 8** | 3.12 | 3.54 | 3.24 | 3.45 | 3.38 | 3.11 | 3.58 | 3.00 |
| **Legal Assistance** | **State** | 3.52 | 2.98 | 3.20 | 2.98 | 3.55 | 3.00 | 3.22 | 3.15 |
| | **Region 8** | 3.08 | 3.04 | 3.13 | 2.95 | 3.61 | 3.30 | 3.23 | 2.56 |
| **Public Assistance** | **State** | 4.03 | 3.70 | 4.02 | 3.42 | 3.91 | 3.59 | 3.91 | 3.27 |
| | **Region 8** | 4.08 | 3.96 | 4.00 | 3.42 | 3.91 | 3.41 | 4.00 | 3.00 |
| **Child Care** | **State** | 3.75 | 2.76 | 3.57 | 3.42 | 3.82 | 2.91 | 3.56 | 3.56 |
| | **Region 8** | 3.62 | 3.00 | 3.76 | 3.64 | 3.77 | 2.65 | 3.50 | 3.25 |
| **Housing** | **State** | 3.71 | 2.67 | 3.51 | 3.08 | 3.82 | 2.70 | 3.47 | 3.11 |
| | **Region 8** | 3.65 | 2.96 | 3.46 | 3.16 | 3.83 | 2.91 | 3.50 | 2.95 |
| **Education** | **State** | 3.73 | 3.55 | 3.46 | 3.24 | 4.17 | 3.75 | 3.52 | 3.45 |
| | **Region 8** | 3.54 | 3.58 | 3.27 | 3.16 | 4.24 | 3.95 | 3.71 | 3.43 |
| **Health Care** | **State** | 4.09 | 4.00 | 4.05 | 3.65 | 4.15 | 3.78 | 3.83 | 3.61 |
| | **Region 8** | 4.04 | 4.28 | 3.69 | 3.46 | 4.32 | 3.87 | 4.09 | 3.39 |
| **Dental Care** | **State** | 3.33 | 3.58 | 3.35 | 3.54 | 3.62 | 3.36 | 3.34 | 3.73 |
| | **Region 8** | 3.04 | 3.88 | 3.35 | 3.54 | 3.71 | 3.10 | 3.64 | 3.40 |
| **Basic Needs** | **State** | 3.79 | 3.63 | 3.79 | 3.48 | 3.93 | 3.53 | 3.81 | 3.47 |
| | **Region 8** | 3.81 | 3.50 | 3.69 | 3.58 | 4.22 | 3.57 | 4.00 | 3.45 |
| **Placement-Related Assistance** | **State** | 3.59 | 3.56 | 3.56 | 3.32 | 3.55 | 3.27 | 3.42 | 3.13 |
| | **Region 8** | 3.38 | 4.00 | 3.85 | 3.84 | 3.38 | 3.30 | 3.50 | 2.90 |
| **Global Funds** | **State** | 3.47 | 3.33 | 3.51 | 3.47 | 3.72 | 2.68 | 3.39 | 3.30 |
| | **Region 8** | 3.46 | 3.40 | 3.42 | 3.46 | 3.73 | 2.95 | 3.62 | 3.25 |
| **Living Skills** | **State** | 3.63 | 3.66 | 3.56 | 3.20 | 3.89 | 3.38 | 3.30 | 3.22 |
| | **Region 8** | 3.77 | 3.68 | 3.27 | 3.23 | 4.26 | 3.62 | 3.50 | 3.30 |
| **Psycho-Education** | **State** | 3.07 | 3.32 | 3.10 | 2.93 | 3.60 | 3.05 | 2.97 | 2.94 |
| | **Region 8** | 2.92 | 3.77 | 3.17 | 3.00 | 3.74 | 3.14 | 3.45 | 2.84 |
| **Other** | **State** | 3.26 | 3.01 | 3.11 | 3.10 | 3.68 | 2.95 | 3.06 | 3.29 |
| | **Region 8** | 3.10 | 2.83 | 3.28 | 3.06 | 3.63 | 2.79 | 3.07 | 2.85 |

# FCM and Community Stakeholder Survey Service Descriptions

| | |
|---|---|
| **Home Based Case Management**<br>Linking clients to resources<br>Monitoring case progress<br>Referrals<br>Service provision coordination | **Substance Use/Abuse**<br>Drug/Alcohol treatment<br>Drug testing<br>Substance/Alcohol abuse assessment |
| **Domestic Violence/Intimate Partner Violence**<br>Batterer intervention program<br>Victim/Child referral | **Father Engagement**<br>Group educational and information sessions<br>Individual case management<br>Supportive fathers in Family Team Meetings<br>Connecting dads to mentors and/or program graduates<br>Advocating, educating and empowering dads |
| **Mental Health**<br>Couples counseling<br>Family therapy<br>Group therapy<br>Home based therapy<br>Individual counseling<br>Medication management<br>Mental health assessment<br>Psychological evaluation<br>Support groups | **Employment/Training**<br>Employment assistance<br>Job training |
| **Developmental/Disability**<br>Developmental evaluation<br>First Steps referral<br>Vocational rehabilitation | **Legal Assistance**<br>Court hearings/cases<br>Child support-related assistance<br>Legal fee assistance<br>Probation cases |
| **Public Assistance**<br>Food stamps<br>TANF | **Child Care**<br>Child care assistance<br>Referral to Child Care Development Fund (CCDF) |
| **Housing**<br>Appliance/Home repair<br>Community based transitional living services (excludes placement with foster family)<br>Help with obtaining housing<br>Utility bill assistance<br>Home furnishing assistance<br>Referral for subsidized housing<br>Rent assistance | **Education**<br>Early childhood through adult education |
| **Health Care**<br>Family planning services<br>Linking families to Medicaid, Medicare, HIP and Wishard Advantage<br>Medicaid cab services<br>Medical services | **Dental Care**<br>Any dental-related services |
| **Basic Needs**<br>Clothing assistance<br>Food pantries<br>Referrals to homeless shelters | **Placement-Related Assistance**<br>Foster care<br>Kinship support services<br>Pre- and post-adoption services<br>Respite care<br>Supervised visitations |
| **Global Funds**<br>Home/Appliance repairs<br>Car repair services<br>Clothing Vouchers<br>Utility bill assistance<br>Rent assistance/Housing deposits<br>Transportation assistance/Bus passes | **Living Skills**<br>Budgeting assistance<br>Education regarding subsidized housing/Section 8-related services<br>Homemaker services<br>Life skills training<br>Nutrition education |
| **Psycho-education**<br>Diagnosis education<br>Medication education<br>Symptomology education<br>Process education (e.g.: adoption, legal proceedings, etc.) for clients | **Other**<br>Social activities (e.g.: fees for camps, YMCA, after-school programming, etc.)<br>All other unlisted services |

Region 8 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| ASSOCIATED PSYCHOLOGISTS INC | COUNSELING | | | | | X | No |
| BRANCHES OF LIFE TREATMENT | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRUANCY TERMINATION | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | COUNSELING | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | Yes |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOMEMAKER/PARENT AID | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | PARENT EDUCATION | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| Family Interventions Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| GIBAULT INC. | DAY TREATMENT | X | X | X | X | X | Yes |
| GIBAULT INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| GIBAULT INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| GIBAULT INC. | PARENT EDUCATION | X | X | X | X | X | No |
| GIBAULT INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| HAMILTON CENTER INC. | CARE NETWORK | X | | X | X | X | No |
| HAMILTON CENTER INC. | COUNSELING | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | | | X | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | CHINS PARENT SUPPORT SERVICES | | | | | X | No |
| RAINTREE CONSULTING LLC | COUNSELING | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOMEMAKER/PARENT AID | | | X | | X | No |
| RAINTREE CONSULTING LLC | PARENT EDUCATION | | | X | | X | No |
| RAINTREE CONSULTING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | No |
| RAINTREE CONSULTING LLC | RANDOM DRUG TESTING | | | | | X | No |
| RAINTREE CONSULTING LLC | RESOURCE FAMILIES SUPPORT SERVICES | | | | | X | No |
| RAINTREE CONSULTING LLC | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | Yes |
| RAINTREE CONSULTING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | Yes |
| RAINTREE CONSULTING LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | X | | X | No |
| RAINTREE CONSULTING LLC | TRUANCY TERMINATION | | | | | X | No |
| RAINTREE CONSULTING LLC | TUTORING/LITERACY CLASSES | | | | | X | No |
| RAINTREE CONSULTING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| RES-CARE INC | DAY TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | Yes |
| RES-CARE INC | TRUANCY TERMINATION | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENT EDUCATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | No |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | No |

# Region 8 Indicators at a Glance

# Indicator Results at a Glance
## Region 8

| INDICATORS | Baseline 2007 - 2009 | Round 2 2009 - 2011 | Round 3 2011 - 2013 | Score Change * Increase/Decrease | Percentage (%)** Improvement/Decline |
|---|---|---|---|---|---|
| **CHILD STATUS** | | | | | |
| **Safety** | 100 | 96 | 100 | 4 | 4.17% |
| **Behavioral Risk** | 76 | 71 | 89 | 18 | 25.35% |
| **Stability** | 71 | 71 | 75 | 4 | 5.63% |
| **Permanency** | 50 | 50 | 71 | 21 | 42.00% |
| **Appropriate Living Arrangement** | 100 | 92 | 100 | 8 | 8.70% |
| **Physical Health** | 96 | 92 | 100 | 8 | 8.70% |
| **Emotional Status** | 76 | 71 | 89 | 18 | 25.35% |
| **Learning and Development** | 88 | 83 | 100 | 17 | 20.48% |
| **Pathway to Independence** | 100 | NA | NA | NA if < 3 cases | NA if < 3 cases |
| **PARENT / CAREGIVER STATUS** | | | | | |
| **Parenting Capacities** Bio-parent | 41 | 41 | 73 | 32 | 78.05% |
| **Informal Support** Bio-parent | 35 | 36 | 73 | 37 | 102.78% |
| **Caregiver Capacities** Congregate | NA | NA | NA | NA if < 3 cases | NA if < 3 cases |
| Current Caregiver | 100 | 93 | 100 | 7 | 7.53% |
| **Informal Support** Current Caregiver | 75 | 87 | 80 | -7 | -8.05% |
| **SYSTEM PERFORMANCE** | | | | | |
| **Role/Voice** Mother | 35 | 59 | 64 | 5 | 8.47% |
| Father | 11 | 35 | 37 | 2 | 5.71% |
| Child/Youth | 67 | 64 | 71 | 7 | 10.94% |
| **Team Formation** | 42 | 33 | 25 | -8 | -24.24% |
| **Team Function** | 25 | 40 | 25 | -15 | -37.50% |
| **Cultural Recognition** | 92 | 88 | 96 | 8 | 9.09% |
| **Assessing and Understanding** Child | 58 | 71 | 92 | 21 | 29.58% |
| Family | 37 | 36 | 55 | 19 | 52.78% |
| **Long-Term View** | 38 | 38 | 54 | 16 | 42.11% |
| **Child and Family Planning Process** | 33 | 38 | 54 | 16 | 42.11% |
| **Planning Transitions and Life Adjustments** | 31 | 45 | 50 | 5 | 11.11% |
| **Intervention Adequacy** | 46 | 46 | 83 | 37 | 80.43% |
| **Resource Availability** | 71 | 79 | 96 | 17 | 21.52% |
| **Maintaining Relationships** Mother | 45 | 83 | 75 | -8 | -9.64% |
| Father | 29 | 17 | 33 | 16 | 94.12% |
| Siblings | 58 | 86 | 50 | NA if < 3 cases | NA if < 3 cases |
| Extended Family | 50 | 62 | 71 | 9 | 14.52% |
| **Tracking and Adjusting** | 46 | 54 | 63 | 9 | 16.67% |

** **Score change** is the absolute difference (increase or decrease) in percentage points from the Round 2 refine/maintain score to the Round 3 refine/maintain score.*

*** **Percentage (%)** is the relative difference in terms of percentage change (improvement or decline) from Round 2 to Round 3. The formula used is ((Round 3 score – Round 2 score) / Round 2 score)*100 = percentage change*

# Region 8 Most Prominent Stress Factors Experienced by Parents

# Most Prominent Stress Factors Experienced by Parents

| **Statewide Baseline** 2007-2009 | | **Statewide Round 2** 2009-2011 | | **Statewide Round 3** 2011-2013 | |
|---|---|---|---|---|---|
| Lack Parental Skills | 40% | Lack Parental Skills | 54% | Drug Dependency | 56% |
| Insufficient Income | 36% | Drug Dependency | 53% | Lack Parental Skills | 45% |
| Drug Dependency | 32% | Insufficient Income | 43% | Mental Health Problems | 42% |
| Abused/Neglected as a Child | 30% | Mental Health Problems | 40% | Insufficient Income | 41% |
| Heavy Child Care Responsibility | 29% | Family Discord/ Marital Problems | 33% | Domestic Violence | 39% |
| | | Domestic Violence | | | |

| **Region 8 Baseline** 2008 | | **Region 8 Round 2** 2010 | | **Region 8 Round 3** 2012 | |
|---|---|---|---|---|---|
| Drug Dependency | 58% | Drug Dependency | 79% | Drug Dependency | 63% |
| Lack Parental Skills | | Insufficient Income | 46% | Insufficient Income | 50% |
| Mental Health Problem | 50% | Mental Health Problems | | Incarceration | 42% |
| Insufficient Income | | Lack Parental Skills | 42% | Mental Health Problems | |
| Heavy Child Care Responsibility | 46% | Legal Problems | | Family Discord/Marital Problems | 38% |
| | | | | Legal Problems | |

# Region 8 Prevention Data

# Region 8 Prevention Data

State Fiscal Year 2013

## Healthy Families

Number of families served – 258

Top 5 Referrals Made

1. Other Support Needs (157)
2. Food/Nutrition (90)
3. Mental Health (77)
4. Developmental Delay (58)
5. Housing (53)

Top Service Gaps

1. Other Support Needs (8)
2. Emergency Assistance (4)
3. Housing (2)
4. Child Care (1)
   Family Issues (1)
   Food/Nutrition (1)

Top Referral Reasons Listed under Other:

- Information on Community Resources
- Information on Stores and Agencies that provide free or low cost supplies, clothes, and/or furniture for children
- Assistance with gifts, food, and activities associated with Christmas, Thanksgiving, Halloween, etc.

## Community Partners

Number of families served face-to-face – 517
Number of families served through Information & Referral - 208

Top 5 Referrals Made

1. Emergency Assistance (1487)
2. Housing (483)
3. Employment (317)
4. Public Aid Resourcing (88)
5. Other Support Services (53)

Top 5 Needs Identified

1. Rent or Utility Assistance (86%)
2. Employment (56%)
3. Subsidized Housing (30%)
4. Homelessness (26%)
5. Child Care Assistance (19%)

# SFY 2013 Region 8 Paid Services

Region 8 Data Presentation
Top DCS Paid Services for DCS Cases during SFY2013
Query date: 10/1/2013

This report examines the approved payments made during State Fiscal Year (SFY) 2013 (7/1/2012 - 6/30/2013) for Region 8. The figures are based on a KidTraks Accounts Payable (AP) Query dated 10/1/2013. The payments have been aggregated to a case ID (family or household) level. These payments are for DCS paid services only and do not include services paid by Medicaid. The unit of measure is in hours unless specified.

Total number of Cases (families) with a payment in SFY2013

| | |
|---|---|
| DCS | 541 |
| Probation | 80 |
| total | 621 |

The table below presents DCS paid services for DCS Case types for Region 8 during SFY2013. For the purposes of this study, a DCS case type is defined as a case ID listed in KidTraks as being either "Assessment" or "DCS Case". These payments are for DCS paid services only and do not include services paid by Medicaid. The Total Units column presents the total number of paid units of service. Unless specified, this represents the total number of service hours. The % of DCS cases with a payment colum presents the total number of cases that had at least one payment during the period for that service. The total number of cases is the number of unique case IDs that had at least one payment for any service during the period.

Descriptions of Community Based and Community Mental Health Center Service Standards can be found at http://www.in.gov/dcs/2332.htm

| Service | Total Units | Total Cases | % of DCS cases with a payment |
|---|---|---|---|
| Home Based (HB) Casework | 10,207 | 313 | 57.86% |
| HB Therapy | 3,575 | 148 | 27.36% |
| Father Engagement | 1,805 | 140 | 25.88% |
| Counseling | 1,014 | 129 | 23.84% |
| Drug Testing and Supplies | 596 | 122 | 22.55% |
| Substance Use Disorder Treatment | 2,495 | 112 | 20.70% |
| Substance Use Disorder Assessment | 122 | 82 | 15.16% |
| Diagnostic and Evaluation Services | 156 | 68 | 12.57% |
| HB Casework - Visitation | 3,285 | 66 | 12.20% |
| Homemaker | 891 | 44 | 8.13% |
| Older Youth / Independent Living Services | 1,545 | 24 | 4.44% |
| Parenting/Family Function Assessment | 24 | 10 | 1.85% |
| Visitation Supervision | 84 | 5 | 0.92% |
| Homemaker - Visitation | 61 | 5 | 0.92% |
| Day Treatment | 146 | 2 | 0.37% |
| HB Therapy - Visitation | 14 | 1 | 0.18% |
| Residential Substance Use Treatment | 12 | 1 | 0.18% |
| Parent Education | 1 | 1 | 0.18% |

Region 8 Data Presentation
Top DCS Paid Services for Probation Cases during SFY2013
Query date: 10/1/2013

This report examines the approved payments made during State Fiscal Year (SFY) 2013 (7/1/2012 - 6/30/2013) for Region 8. The figures are based on a KidTraks Accounts Payable (AP) Query dated 10/1/2013. The payments have been aggregated to a case ID (family or household) level. These payments are for DCS paid services only and do not include services paid by Medicaid. The unit of measure is in hours unless specified.

Total number of Cases (families) with a payment in SFY2013

| | |
|---|---|
| DCS | 541 |
| Probation | 80 |
| total | 621 |

The table below presents DCS paid services for Probation Case types for Region 8 during SFY2013. For the purposes of this study, a Probation case type is defined as a case ID listed in KidTraks as "JD/JS". These payments are for DCS paid services only and do not include services paid by Medicaid. The Total Units column presents the total number of paid units of service. Unless specified, this represents the total number of service hours. The % of Probation cases with a payment colum presents the total number of cases that had at least one payment during the period for that service. The total number of cases is the number of unique case IDs that had at least one payment for any service during the period.

Descriptions of Community Based and Community Mental Health Center Service Standards can be found at http://www.in.gov/dcs/2332.htm

| Service | Total Units | Total Cases | % of Probation cases with a payment |
|---|---|---|---|
| Home Based (HB) Casework | 650 | 52 | 65.00% |
| HB Therapy | 310 | 28 | 35.00% |
| Counseling | 49 | 10 | 12.50% |
| Diagnostic and Evaluation Services | 37 | 9 | 11.25% |
| Substance Use Disorder Treatment | 16 | 3 | 3.75% |
| Older Youth / Independent Living Services | 185 | 3 | 3.75% |
| Sex Offender Treatment - Victim (Youth) | 55 | 2 | 2.50% |
| Substance Use Disorder Assessment | 1 | 1 | 1.25% |
| Day Treatment | 14 | 1 | 1.25% |
| Transition from Restrictive Placement | 2 | 1 | 1.25% |

**Region 8 Data Presentation**
**Count of Cases and Units by Provider and Service**
**Based on approved payments for services in SFY2013**
**Query date: 10/1/2013**

| | | Count of Cases | | | Count of Units | | |
|---|---|---|---|---|---|---|---|
| **Service** | **Provider Name** | **Total** | **DCS** | **Probation** | **Total** | **DCS** | **Probation** |
| **Counseling** | HAMILTON CENTER INC | 112 | 104 | 8 | 872.75 | 855.25 | 17.5 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 24 | 23 | 1 | 176 | 152 | 24 |
| | RAINTREE CONSULTING LLC | 3 | 2 | 1 | 12 | 5 | 7 |
| | SOUTHWESTERN BEHAVIORAL HEALTHCARE | 1 | 1 | 0 | 2 | 2 | 0 |
| **Day Treatment (per diem)** | GIBAULT INC. | 3 | 2 | 1 | 160 | 146 | 14 |
| **Diagnostic and Evaluation Services** | HAMILTON CENTER INC | 60 | 53 | 7 | 159.75 | 135 | 24.75 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 15 | 15 | 0 | 20.5 | 20.5 | 0 |
| | GIBAULT INC. | 2 | 0 | 2 | 12 | 0 | 12 |
| **Drug Testing and Supplies (per test)** | FORENSIC FLUIDS LABORATORIES | 122 | 122 | 0 | 596 | 596 | 0 |
| **Father Engagement** | CHILDREN'S BUREAU | 139 | 139 | 0 | 1799.5 | 1799.5 | 0 |
| | IRELAND HOME BASED SERVICES | 3 | 3 | 0 | 5.75 | 5.75 | 0 |
| **Home Based (HB) Casework** | LIFELINE YOUTH & FAMILY SERVICES INC | 171 | 150 | 21 | 6848.25 | 6459.75 | 388.5 |
| | HAMILTON CENTER INC | 144 | 119 | 25 | 1408.75 | 1310.5 | 98.25 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 47 | 46 | 1 | 1278.25 | 1214.75 | 63.5 |
| | FAMILY INTERVENTIONS INC | 37 | 33 | 4 | 938.5 | 866 | 72.5 |
| | RAINTREE CONSULTING LLC | 6 | 6 | 0 | 137.5 | 137.5 | 0 |
| | CHILDREN AND FAMILY SERVICE CO | 6 | 5 | 1 | 168.75 | 142 | 26.75 |
| | IRELAND HOME BASED SERVICES | 4 | 4 | 0 | 64 | 64 | 0 |
| | VILLAGES OF INDIANA INC | 3 | 3 | 0 | 10.25 | 10.25 | 0 |
| | CENTERSTONE OF INDIANA INC | 1 | 1 | 0 | 0.75 | 0.75 | 0 |
| | KNOX CO HOSPITAL | 1 | 1 | 0 | 1 | 1 | 0 |
| **HB Casework - Visitation** | LIFELINE YOUTH & FAMILY SERVICES INC | 36 | 36 | 0 | 1230 | 1230 | 0 |
| | HAMILTON CENTER INC | 18 | 18 | 0 | 585.25 | 585.25 | 0 |
| | FAMILY INTERVENTIONS INC | 12 | 12 | 0 | 1005.75 | 1005.75 | 0 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 3 | 3 | 0 | 364 | 364 | 0 |
| | IRELAND HOME BASED SERVICES | 1 | 1 | 0 | 6.75 | 6.75 | 0 |
| | CHILDREN AND FAMILY SERVICE CO | 1 | 1 | 0 | 93 | 93 | 0 |

| | | Count of Cases | | | Count of Units | | |
|---|---|---|---|---|---|---|---|
| **Service** | **Provider Name** | **Total** | **DCS** | **Probation** | **Total** | **DCS** | **Probation** |
| **HB Therapy** | LIFELINE YOUTH & FAMILY SERVICES INC | 85 | 73 | 12 | 2455.5 | 2196.75 | 258.75 |
| | FAMILY INTERVENTIONS INC | 36 | 36 | 0 | 953 | 953 | 0 |
| | HAMILTON CENTER INC | 19 | 6 | 13 | 52.75 | 17.5 | 35.25 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 18 | 18 | 0 | 179.75 | 179.75 | 0 |
| | RAINTREE CONSULTING LLC | 10 | 9 | 1 | 143.5 | 131.5 | 12 |
| | IRELAND HOME BASED SERVICES | 5 | 5 | 0 | 26 | 26 | 0 |
| | VILLAGES OF INDIANA INC | 3 | 3 | 0 | 47.75 | 47.75 | 0 |
| | RES CARE | 2 | 0 | 2 | 4 | 0 | 4 |
| | CHILDREN AND FAMILY SERVICE CO | 1 | 1 | 0 | 22.25 | 22.25 | 0 |
| **HB Therapy - Visitation** | LIFELINE YOUTH & FAMILY SERVICES INC | 1 | 1 | 0 | 13.75 | 13.75 | 0 |
| **Homemaker** | HAMILTON CENTER INC | 40 | 40 | 0 | 844.5 | 844.5 | 0 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 5 | 5 | 0 | 46.5 | 46.5 | 0 |
| **Homemaker - Visitation** | HAMILTON CENTER INC | 4 | 4 | 0 | 41 | 41 | 0 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 1 | 1 | 0 | 19.75 | 19.75 | 0 |
| **Older Youth / Independent Living Services** | VILLAGES OF INDIANA INC | 25 | 22 | 3 | 1675.5 | 1490.25 | 185.25 |
| | HAMILTON CENTER INC | 3 | 3 | 0 | 16.5 | 16.5 | 0 |
| | LIFELINE YOUTH & FAMILY SERVICES INC | 2 | 2 | 0 | 22.5 | 22.5 | 0 |
| | LINCOLN HILLS DEVELOPMENT CORP | 1 | 1 | 0 | 16 | 16 | 0 |
| **Parent Education** | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 1 | 1 | 0 | 1 | 1 | 0 |
| **Parenting/Family Function Assessment** | HAMILTON CENTER INC | 9 | 9 | 0 | 20 | 20 | 0 |
| | VILLAGES OF INDIANA INC | 1 | 1 | 0 | 4 | 4 | 0 |
| **Residential Substance Use Treatment (per diem)** | SALVATION ARMY | 1 | 1 | 0 | 12 | 12 | 0 |
| **Sex Offender Treatment - Victim (Youth)** | LIFELINE YOUTH & FAMILY SERVICES INC | 2 | 0 | 2 | 54.5 | 0 | 54.5 |

| | | Count of Cases | | | Count of Units | | |
|---|---|---|---|---|---|---|---|
| **Service** | **Provider Name** | **Total** | **DCS** | **Probation** | **Total** | **DCS** | **Probation** |
| **Substance Use Disorder Assessment** | HAMILTON CENTER INC | 68 | 67 | 1 | 101.75 | 100.75 | 1 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 16 | 16 | 0 | 18.5 | 18.5 | 0 |
| | RAINTREE CONSULTING LLC | 1 | 1 | 0 | 2.5 | 2.5 | 0 |
| | | | | | | | |
| **Substance Use Disorder Treatment** | HAMILTON CENTER INC | 99 | 96 | 3 | 2035 | 2020.5 | 14.5 |
| | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 17 | 17 | 0 | 329.5 | 329.5 | 0 |
| | RAINTREE CONSULTING LLC | 2 | 1 | 1 | 6 | 5 | 1 |
| | COMMUNITY HEALTH NETWORK INC | 1 | 1 | 0 | 125 | 125 | 0 |
| | ADULT AND CHILD MENTAL HEALTH CENTER INC | 1 | 1 | 0 | 14.5 | 14.5 | 0 |
| **Transition from Restrictive Placement** | RES CARE | 1 | 0 | 1 | 1.75 | 0 | 1.75 |
| **Visitation Supervision** | CUMMINS BEHAVIORAL HEALTH SYSTEMS INC | 2 | 2 | 0 | 10 | 10 | 0 |
| | FAMILY INTERVENTIONS INC | 1 | 1 | 0 | 66.25 | 66.25 | 0 |
| | HAMILTON CENTER INC | 1 | 1 | 0 | 1.25 | 1.25 | 0 |
| | CHILDREN AND FAMILY SERVICE CO | 1 | 1 | 0 | 6 | 6 | 0 |

# Statewide Data PowerPoint Presentation

INDIANA DEPARTMENT OF CHILD SERVICES


# Statewide Data Meeting 2013

## Lisa Rich

## Services and Outcomes

# Agenda

- Overview of 2015-2016 Biennial Regional Services Strategic Plan
- Statewide information to use in the Biennial Regional Services Strategic Plan
- Highlight Region 8—developing a service action plan utilizing the data
- Administrative Data to help you manage your local office

# How can Regions use the data presented?

- Using Region 8 as an example

- All RMs will receive packets of data today to use with the Regional Service Council and biennial planning sub-committees

- Data have been approved to share with public

# Biennial Regional Services Strategic Plan

- Public Meeting: October or November to get comments regarding local service needs and system changes.
- Biennial Plan meetings (a subcommittee of the RSC) scheduled for November and December. The November meeting should occur after your Public Meeting. Be sure to include: regional management staff, probation representatives, Regional Finance Manager, Regional Child Welfare Services Coordinator, Performance and Quality Improvement staff. Your Regional Child Welfare Services Coordinator will help you guide these meetings and support you through this process.

# Biennial Regional Services Strategic Plan

- Data Meeting—Today!!!
- Child Protection Plan--give to your Regional Services Coordinator (no later than 11/29) for inclusion in the BRSSP. Protocols will not need updated.
- Biennial Plan meeting in November to discuss the data you receive today and develop your Service Action Plan.

# Biennial Regional Services Strategic Plan

- Hold a RSC to approve your BRSSP in December or early January.
- Submit the approved BRSSP to the Executive Manager by 1/15.
- Executive Managers submit BRSSPs to Judge Bonaventura by 2/2.


# PREVENTION DATA

# Prevention: Families Served SFY 2013

Healthy Families

- 10,552 families served
- 67,780 Referrals to those families

Community Partners for Child Safety

- 12,345 families served
- 1,736 families received Information & Referral

# Healthy Families

## Top 5 Referrals Made

1. Mental Health
2. Education
3. Food/Nutrition
4. Primary Healthcare
5. Developmental Delay

## Top 5 Service Gaps

1. Housing
2. Emergency Assistance
3. Financial
4. Education
5. Mental Health

# Community Partners

## Top 5 Needs Identified

1. Help with rent or utilities (50%)
2. Employment, a new career or job training (46%)
3. Concerns about my child's behavior and would like to talk to someone (35%)
4. Applying for subsidized housing (33%)
5. Applying for child care assistance (25%)

# Prevention Data

## Conclusions

- Overall needs identified are related to Concrete Services, Employment & Mental Health
- While some services exist to meet these needs, current resources may not be sufficient to meet all current needs


# Needs Assessment

# IU Needs Assessment Survey

Surveys were administered to:

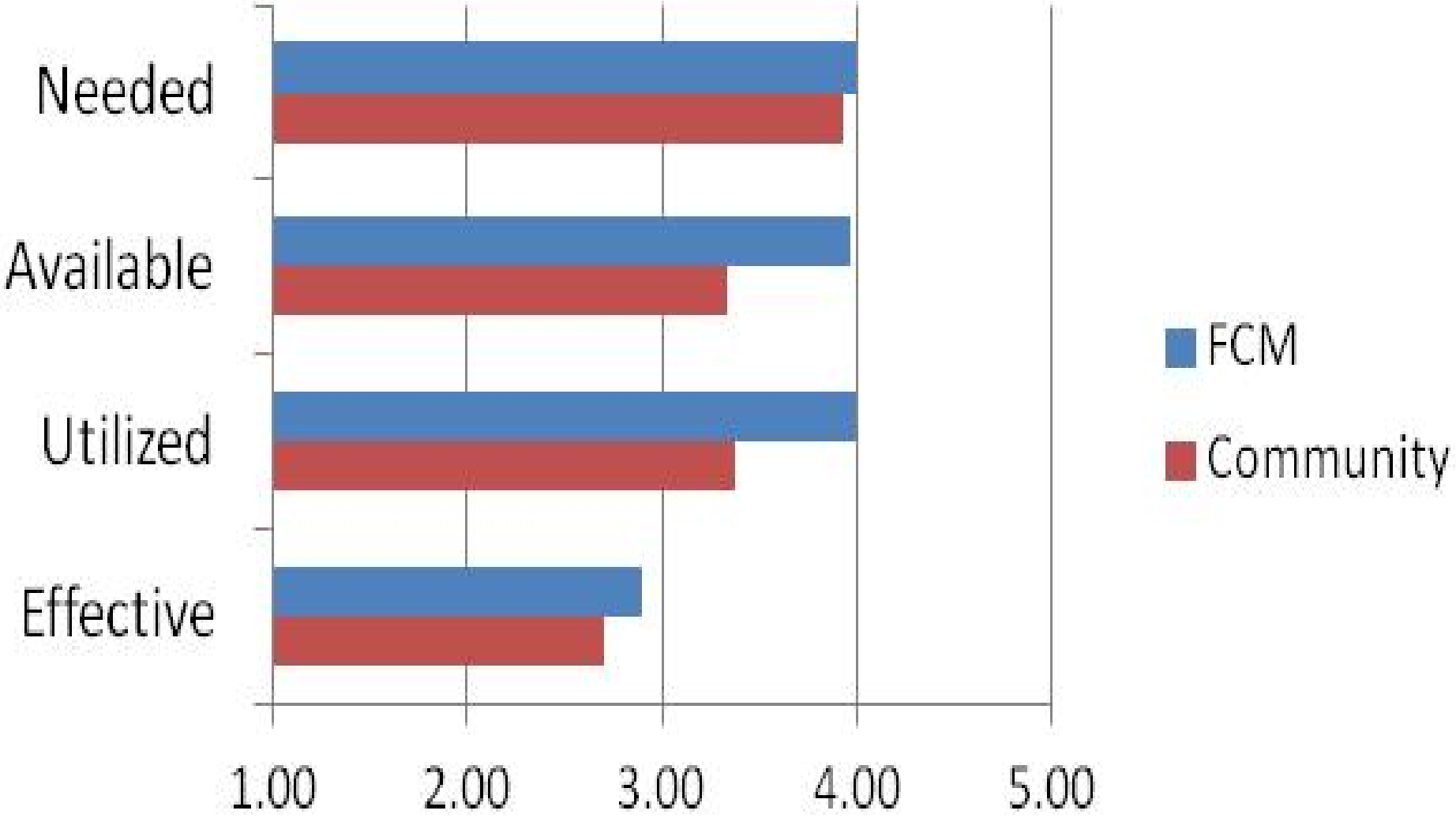
- FCMs (March)
- Community Stakeholders (October)

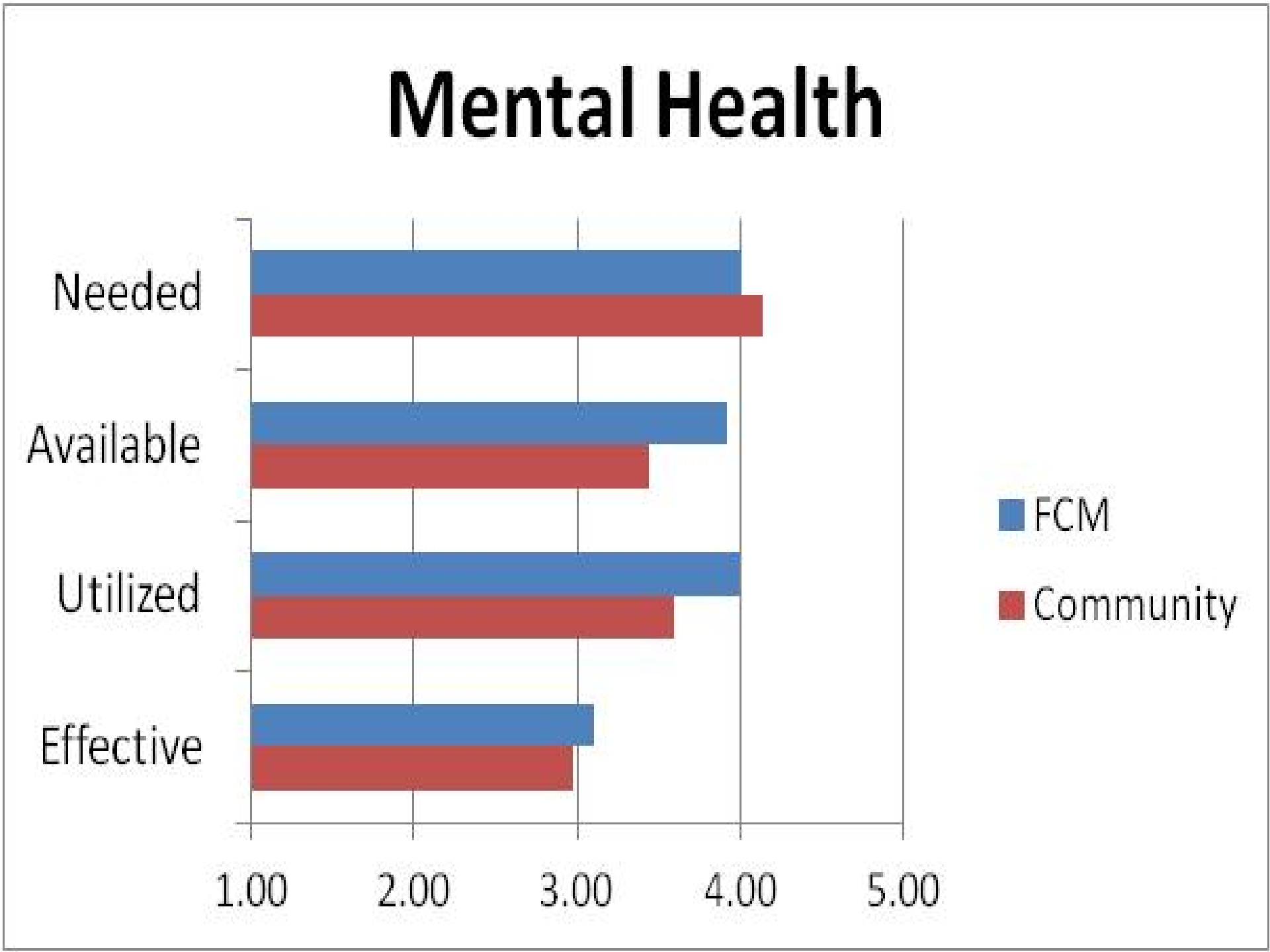
Administered by Indiana University as part of the Title IV-E Waiver evaluation study.

# Service Array

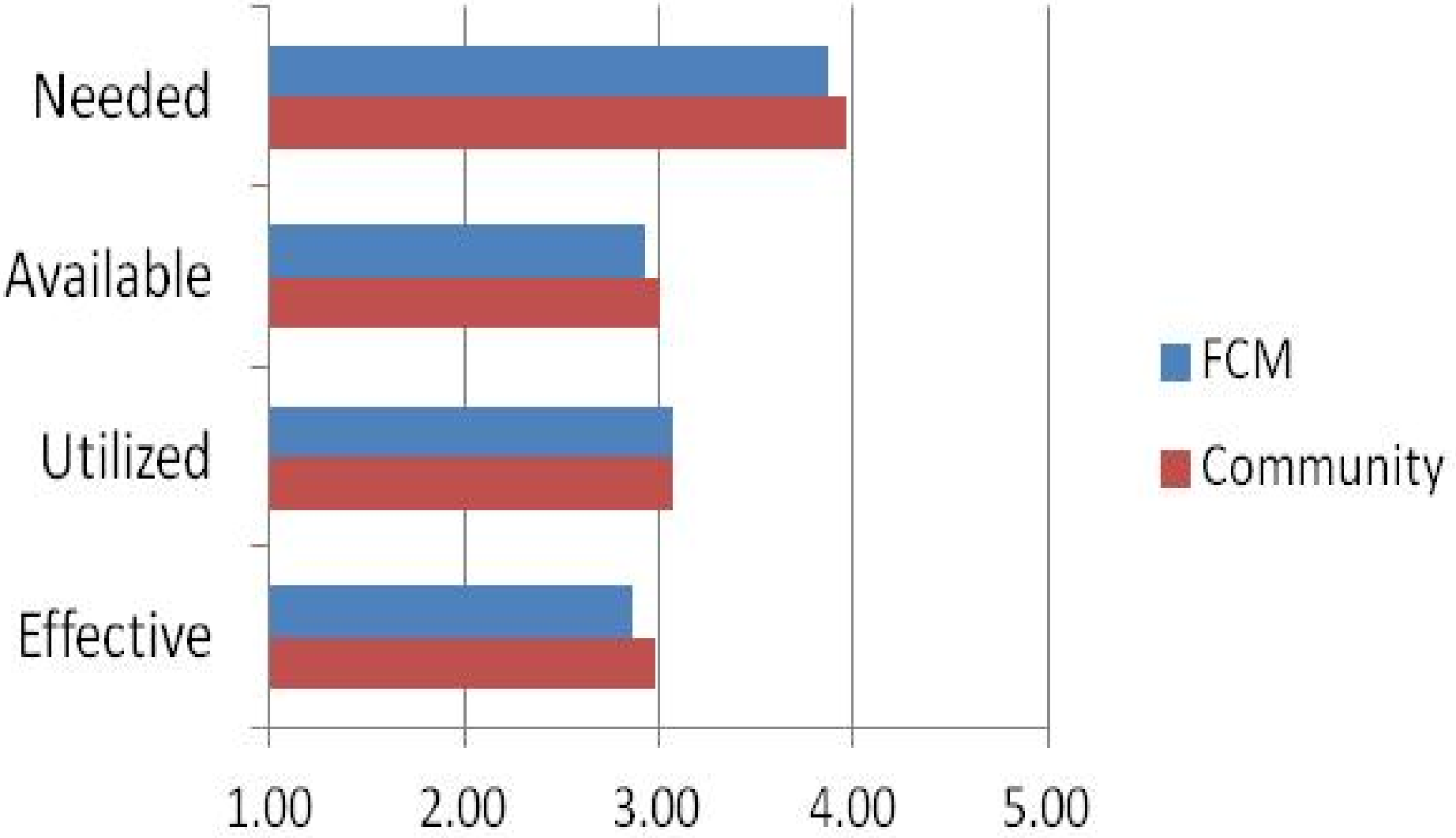
- What are your clients' needs?
- Are services available for these needs?
- Are available services utilized when needed?
- How effective are services that are utilized?

# Substance Use/Abuse

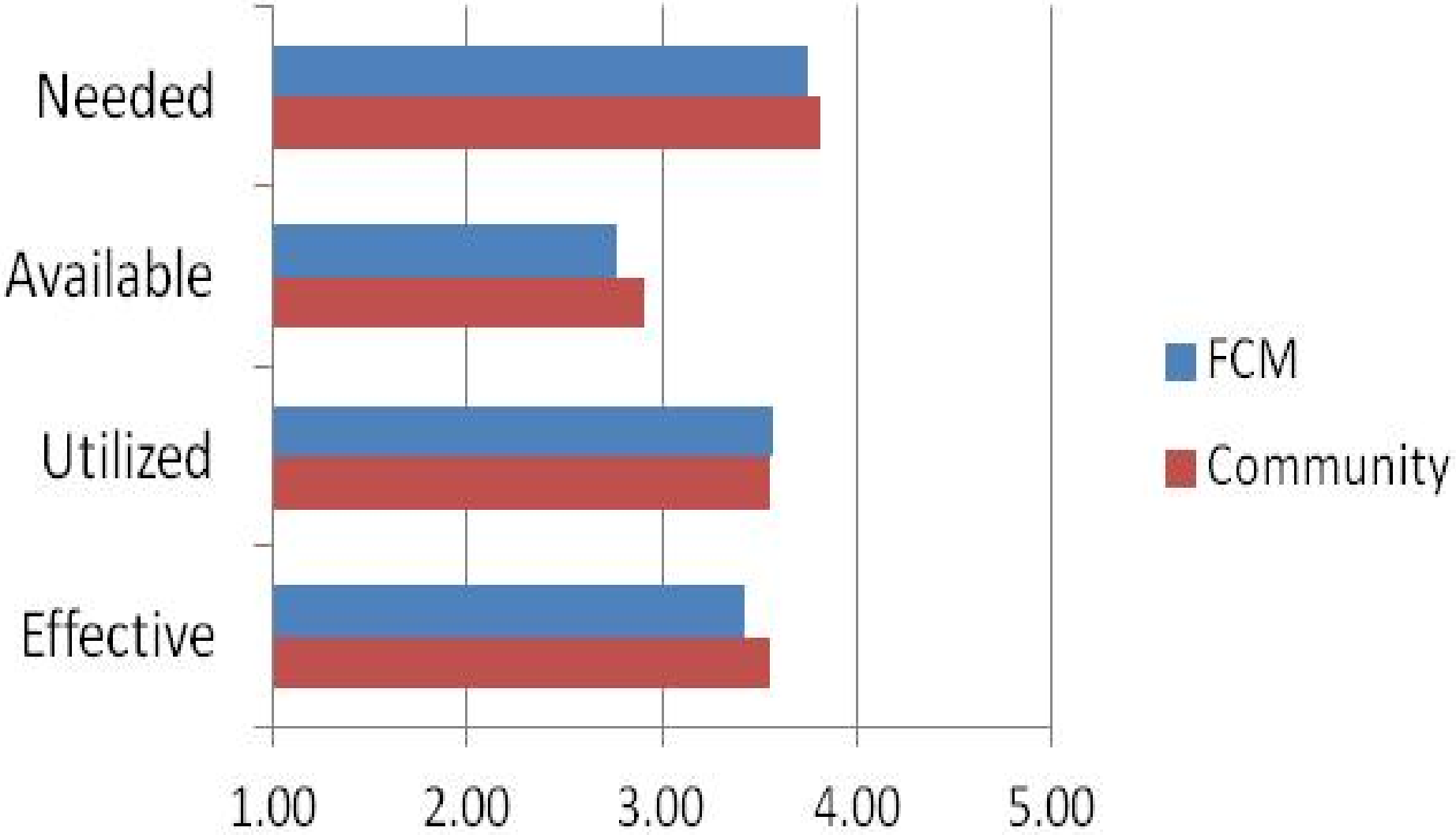



Mental Health
Needed
Available
Utilized
Effective
1.00
2.00
3.00
4.00
5.00
FCM
Community

# Employment/Training



# Child Care


Needed
Available
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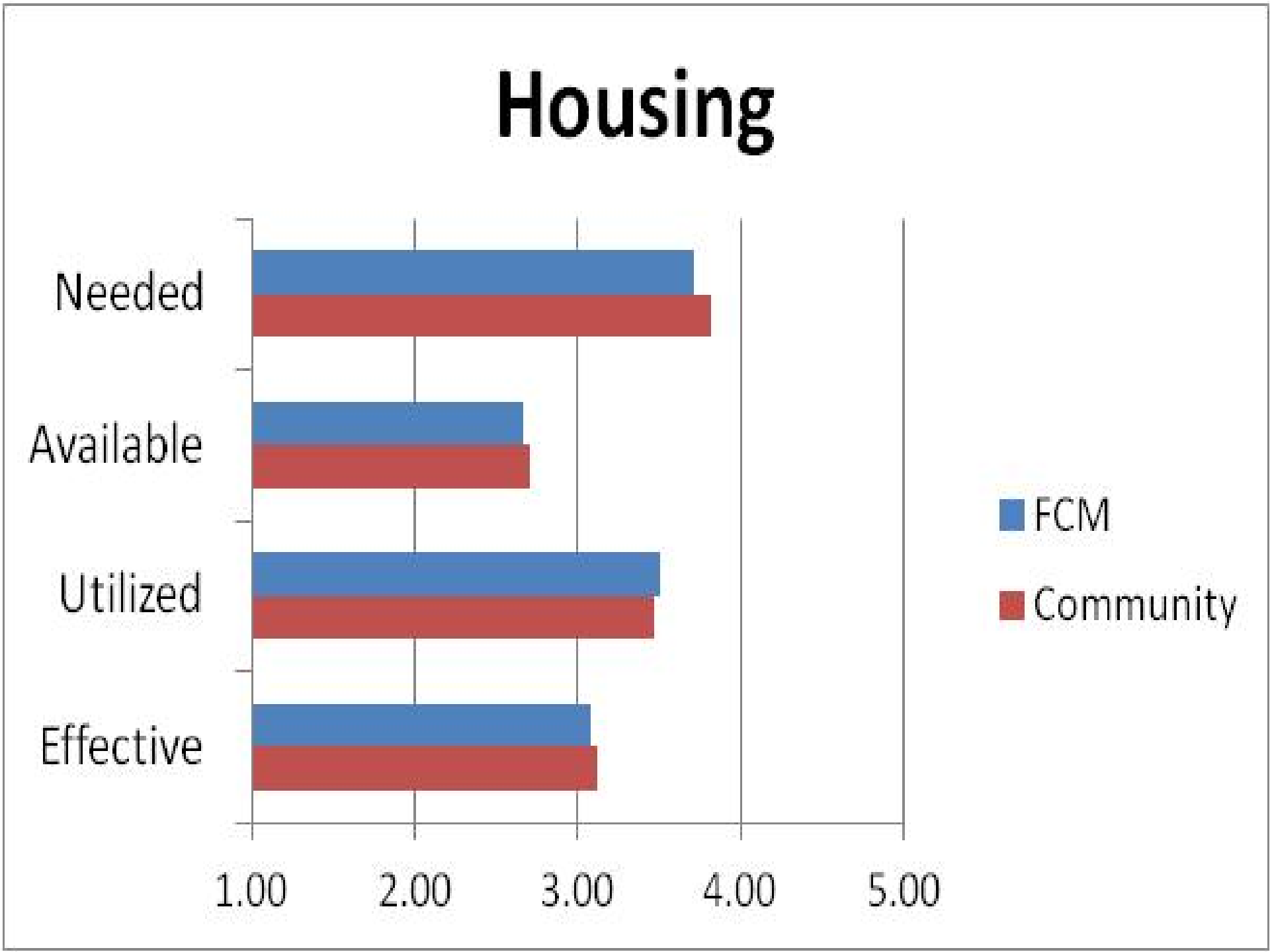
FCM
Community


Housing
Needed
Available
Utilized
Effective
1.00
2.00
3.00
4.00
5.00
FCM
Community


# Service Data

# Top 10 DCS Services

| Service | Total Units | Total Cases | % of DCS cases with a payment |
|---|---|---|---|
| Home Based (HB) Casework | 283,855 | 7337 | 46.25% |
| HB Therapy | 224,665 | 5899 | 37.18% |
| Visitation Supervision | 312,361 | 3882 | 24.47% |
| Random Drug Testing | 53,571 | 3816 | 24.05% |
| Counseling | 31,651 | 2897 | 18.26% |
| Diagnostic and Evaluation Services | 18,230 | 2704 | 17.04% |
| Substance Use Disorder Treatment | 54,589 | 2486 | 15.67% |
| Substance Use Disorder Assessment | 5,684 | 1985 | 12.51% |
| Homemaker | 80,368 | 1928 | 12.15% |
| Drug Testing and Supplies (per test) | 5,535 | 1921 | 12.11% |

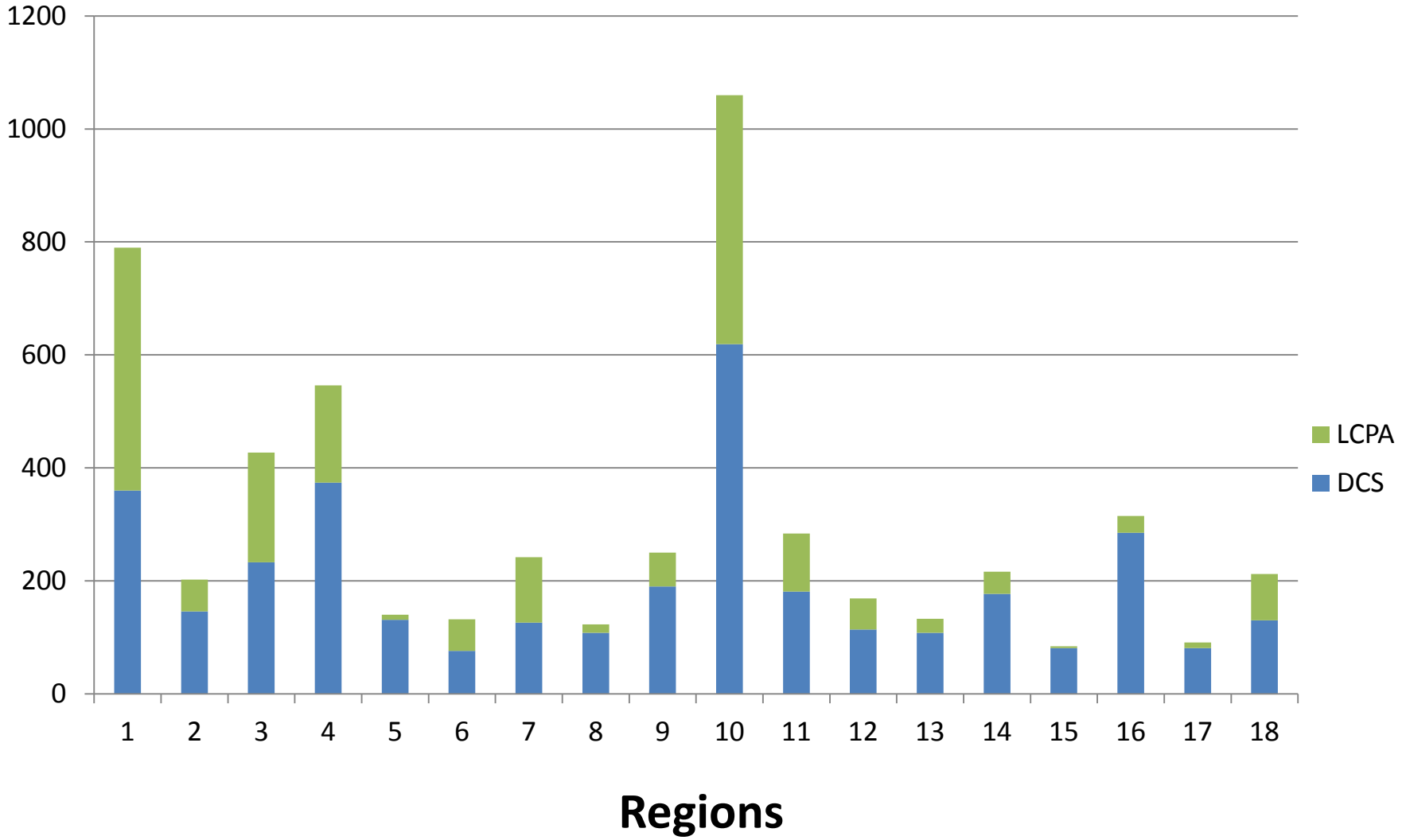
DCS Case and Assessments with at least one DCS payment in SFY2013 (not including Medicaid)

# Top 10 Probation Services

| Service | Total Units | Total Cases | % of Probation cases with a payment |
|---|---|---|---|
| Home Based (HB) Casework | 72,121 | 2058 | 33.19% |
| HB Therapy | 53,978 | 1958 | 31.58% |
| Diagnostic and Evaluation Services | 9,037 | 1090 | 17.58% |
| Cross-System Care Coordination (per diem) | 101,091 | 611 | 9.85% |
| Day Treatment (per diem) | 25,046 | 541 | 8.73% |
| Substance Use Disorder Treatment | 10,253 | 487 | 7.85% |
| Counseling | 5,070 | 481 | 7.76% |
| Truancy Termination | 13,825 | 455 | 7.34% |
| Random Drug Testing | 4,061 | 385 | 6.21% |
| Substance Use Disorder Assessment | 665 | 340 | 5.48% |

Probation cases with at least one DCS payment in SFY2013 (not including Medicaid)

# DCS and LCPA Foster Homes




# Quality Service Review

## Lisa Whitaker, PQI

# Quality Services Review (QSR)

- Developed with Child Welfare Policy and Practice Group and Annie E. Casey Foundation

- Proven method of evaluating quality nationwide

- Indiana is recognized as having one of the best QSR processes.  Front runner in the nation

# Quality Services Review (QSR)

- Involves in-depth review process with interviews of the child, parent, system partners, informal supports involved with the case

- Child/family voice, other data reports, and field input, and are part of the puzzle

# Quality Services Review (QSR)

- QSR measure fidelity of our practice to the chosen Practice Model (TEAPI)

- Measures entire system's performance in improving outcomes for children and families

# Indicator Rating—Scoring

6= OPTIMAL STATUS

5= GOOD STATUS

4= FAIR STATUS

3= MARGINAL STATUS

2= POOR STATUS

1= ADVERSE STATUS

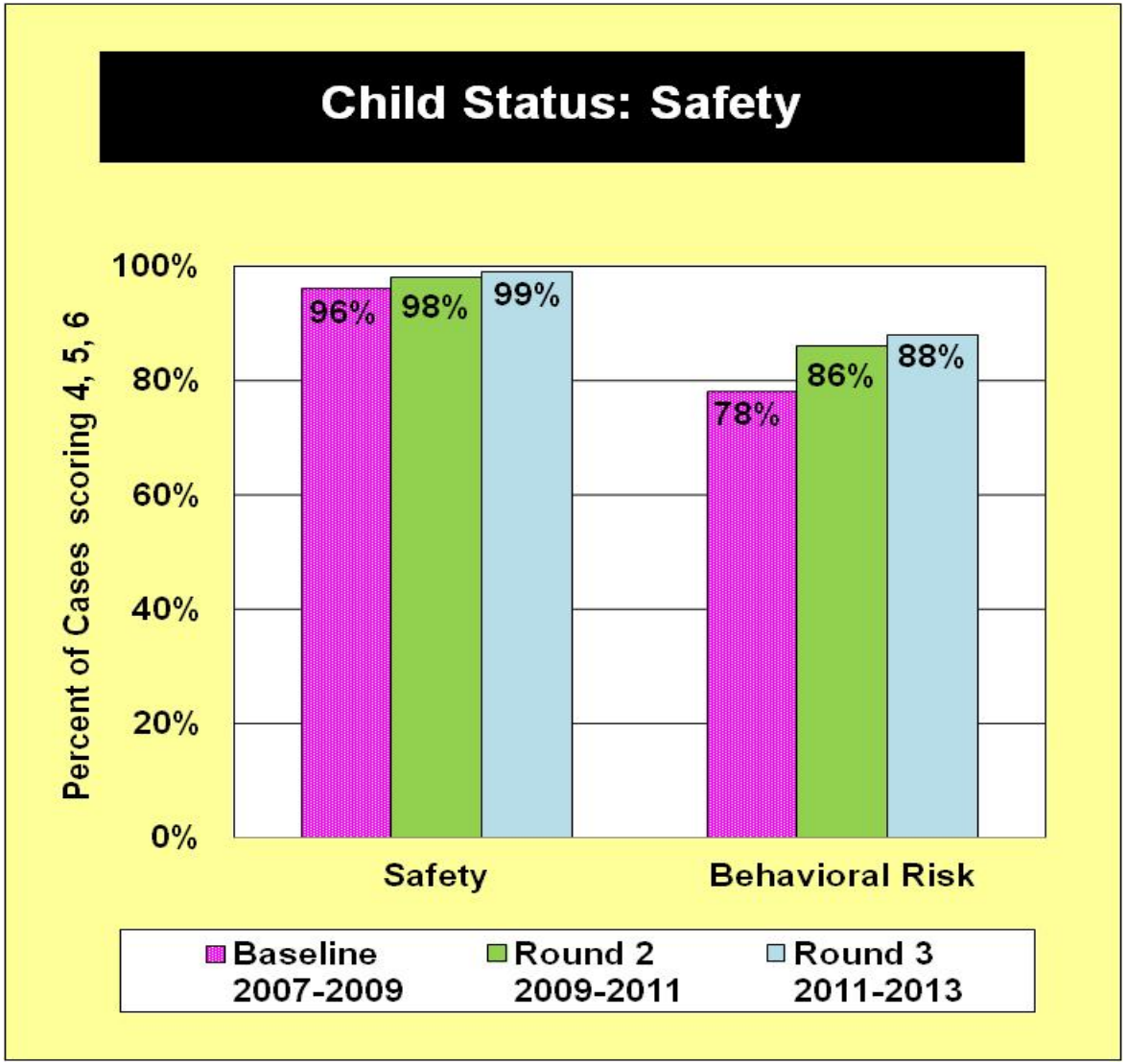
**Maintain/ Refine**

**Range: 4-6**

**Concerted Action Needed**

**Range: 1-3**

INDIANA DEPARTMENT OF CHILD SERVICES



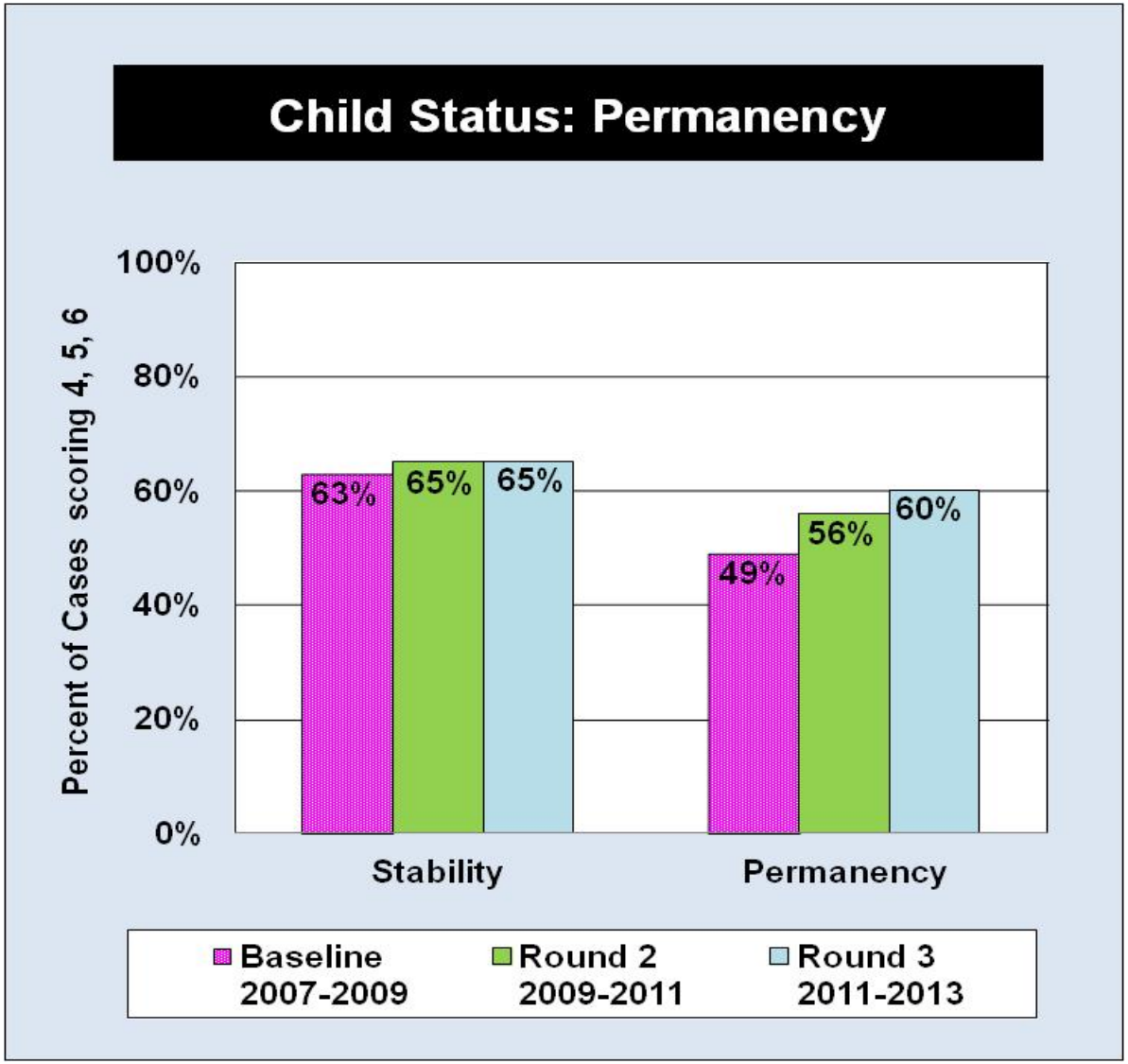

**Safety** - Is the child safe from harm or abuse in their home, school, and community?

**Behavioral Risk to Self/Others** – Is the child exhibiting behaviors that could be harmful to self and others?

•Round 1
•Total Cases = 512
Behavioral Risk:
only 411 cases are applicable

•Round 2
•Total Cases = 585
Behavioral Risk:
only 403 cases are applicable

•Round 3
•Total Cases = 515
Behavioral Risk:
only 382 cases are applicable



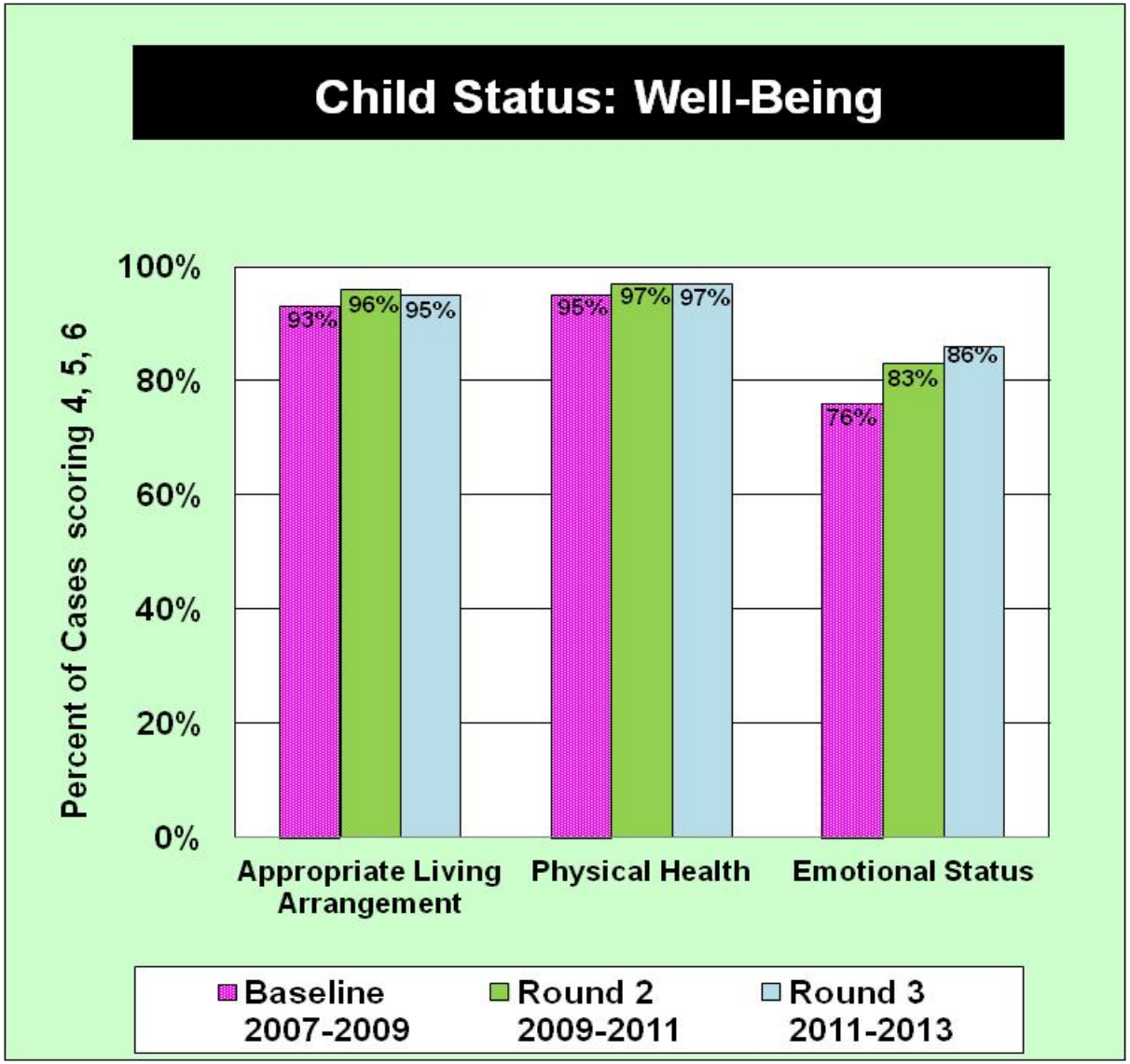

**Stability**: Over the past 12 months and during the next six-months, is the child's daily living, learning, and work arrangements stable and free from risk of disruption.

**Permanency**: Is the child living in a home that everyone believes will endure until adulthood?

- Round 1
- Total Cases = 512

- Round 2
- Total Cases = 585

- Round 3
- Total Cases = 515




**Appropriate Living Arrangement** - Is the child in the most appropriate/least restrictive living environment?

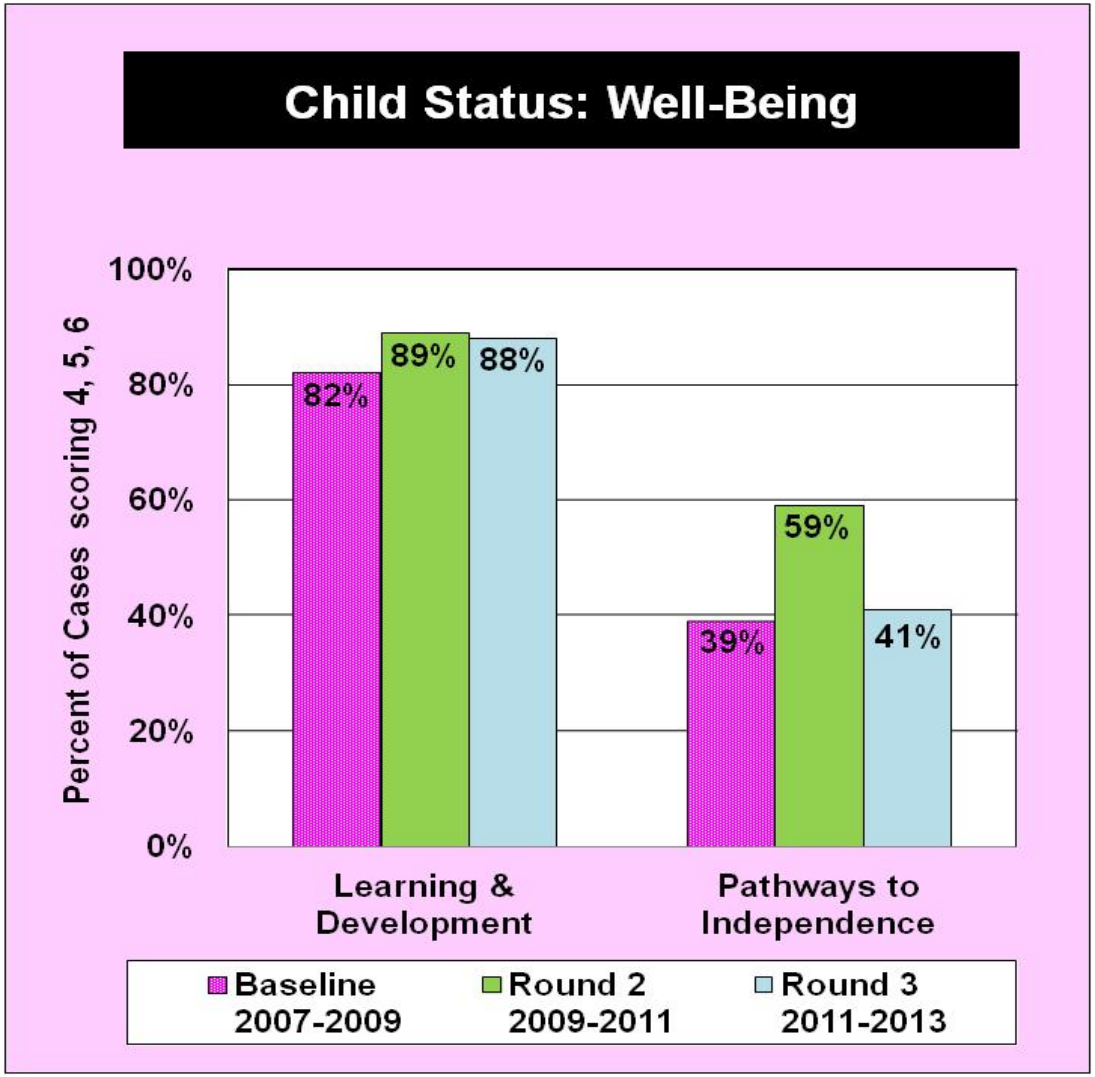
**Physical Health** - Is the child achieving and maintaining his/her optimum health status?

**Emotional Status** - Is the child presenting age-appropriate emotional development?

•Round 1
•Total Cases = 512
Emotion Status:
only 410 cases are applicable

•Round 2
•Total Cases = 585
Emotional Status:
only 403 cases are applicable

•Round 3
•Total Cases = 515
Emotional Status:
only 382 cases are applicable




**Learning & Development –** Is the child on target developmentally and educationally?

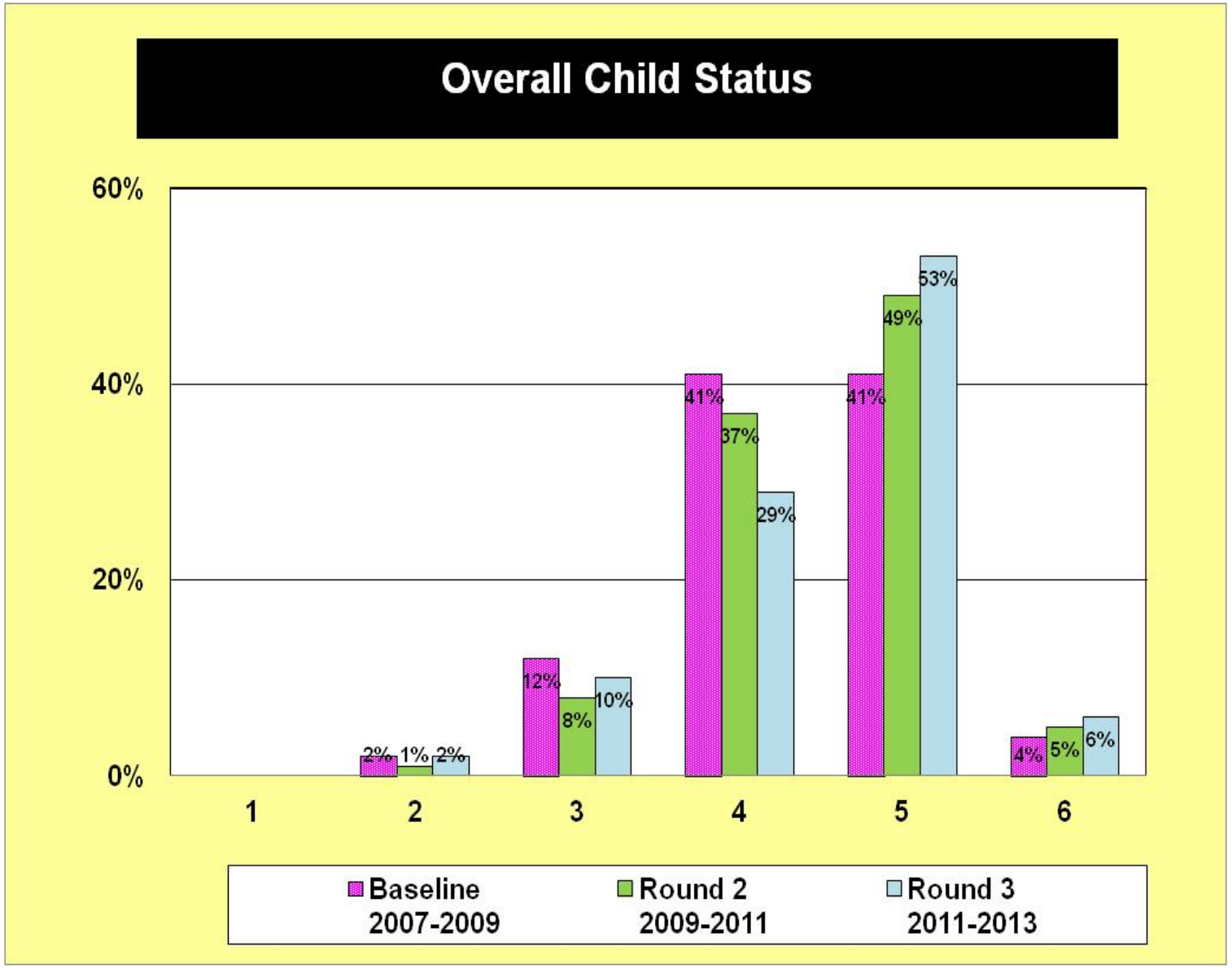
**Pathway to Independence** – Is the youth learning skills needed to live independently?

•Round 1
•Total Cases = 512
Pathway to Independence:
only 69 cases are applicable

•Round 2
•Total Cases = 585
Pathway to Independence
only 61 cases are applicable

•Round 3
•Total Cases = 515
Pathway to Independence
only 37 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES




•Round 1
•Total Cases = 512

•Round 2
•Total Cases = 585

•Round 3
•Total Cases = 515

# Parent Stress Factors & Former Ward Status

## Parent Stress Factors

56% Drug Dependency (continues to rise)

45% Lack of Parenting Skills

42% Mental Health (continues to rise)

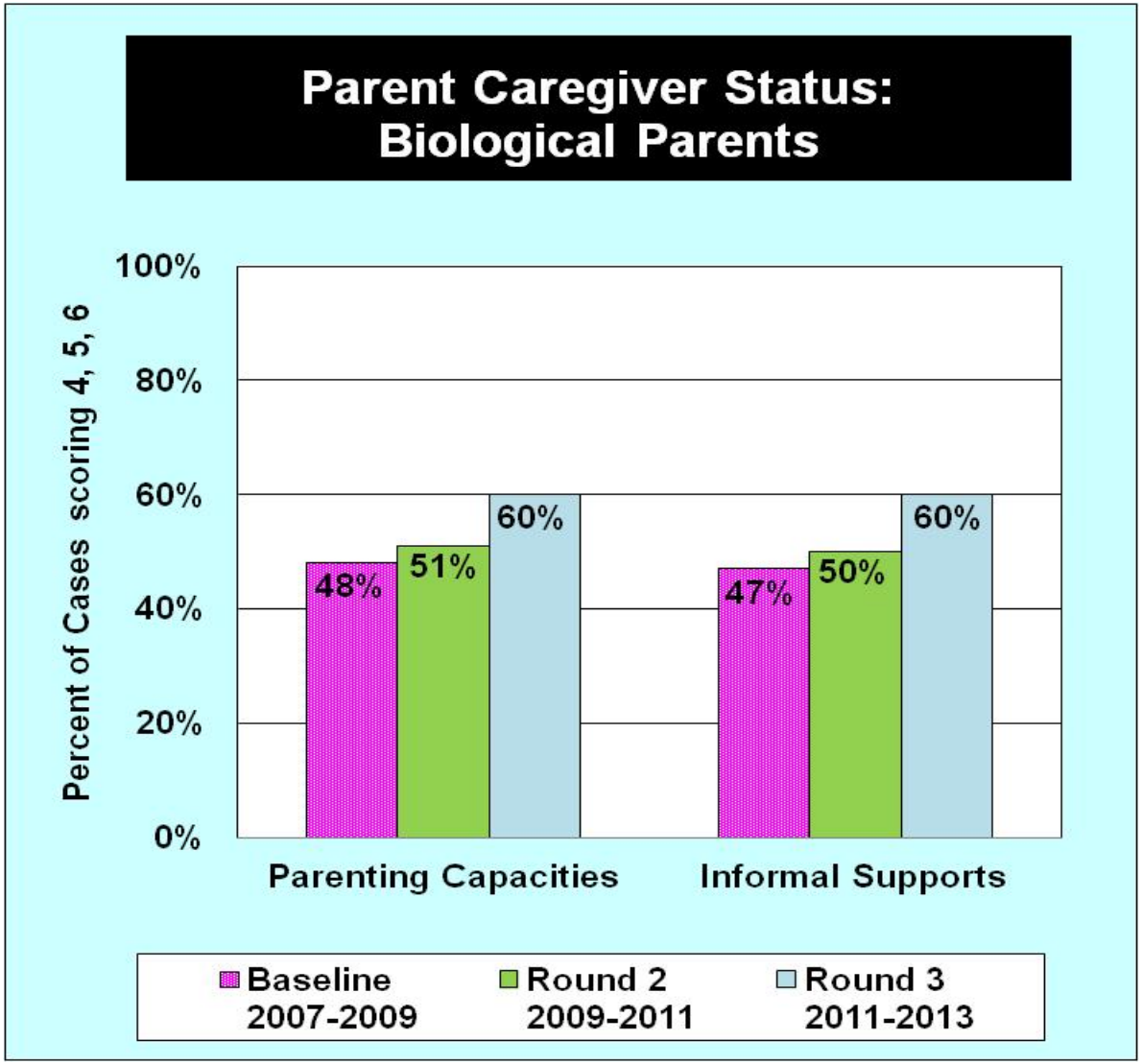
41% Insufficient Income

39% Domestic Violence (continues to rise)

## Former Wards

*Mothers:* 16%

*Fathers:* 10%




**Parenting/Caregiver Capacities** – Do parents/caregivers have the skills needed to care for their child(ren)?

**Informal Supports** – Does the family have a network to assist them on a daily basis?

- Round 1
- Total Cases = 512

Bio-Parent Capacities and Informal Supports only 372 cases are applicable

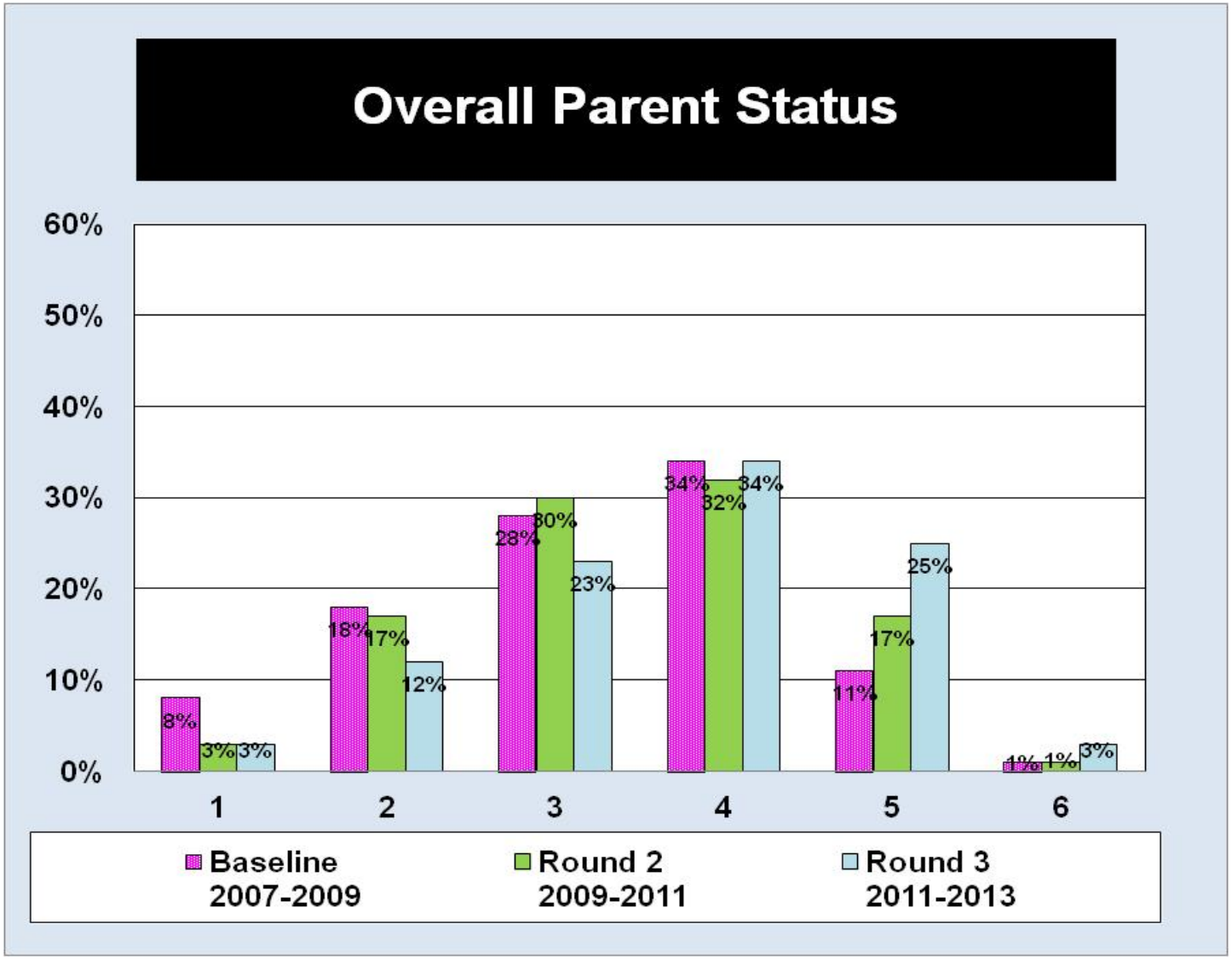
- Round 2
- Total Cases = 585

Bio-Parent Capacities and Informal Supports only 485 cases are applicable

- Round 3
- Total Cases = 515

Bio-Parent Capacities and Informal Supports only 438 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES




•Round 1

•Total Cases = 512

Bio-Parent Capacities and Informal Supports only 372 cases are applicable

•Round 2

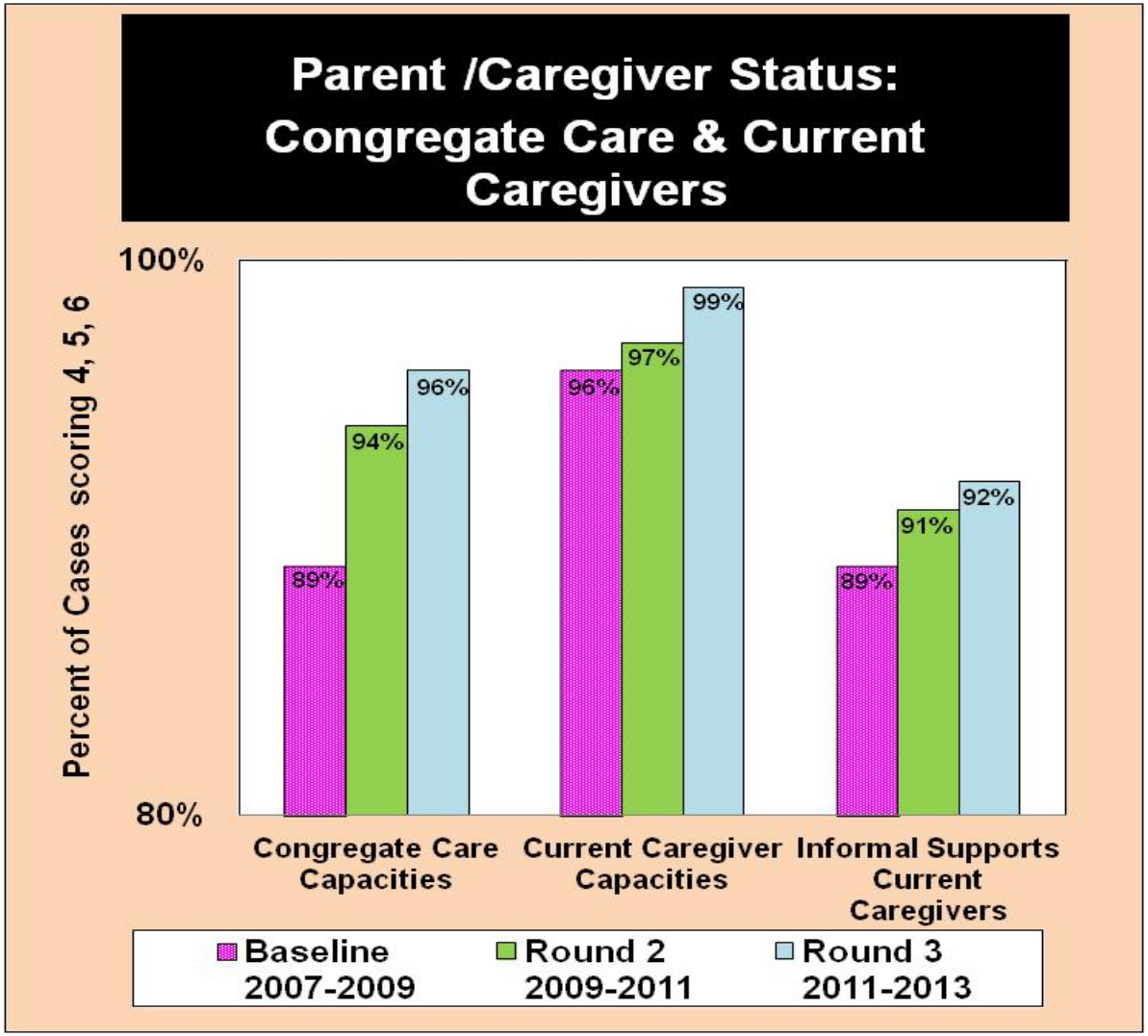
•Total Cases = 585

Bio-Parent Capacities and Informal Supports only 485 cases are applicable

•Round 3

•Total Cases = 515

Bio-Parent Capacities and Informal Supports only 438 cases are applicable




**Parenting/Caregiver Capacities** – Do parents/caregivers have the skills needed to care for their child(ren)?

**Informal Supports** – Does the family have a network to assist them on a daily basis?

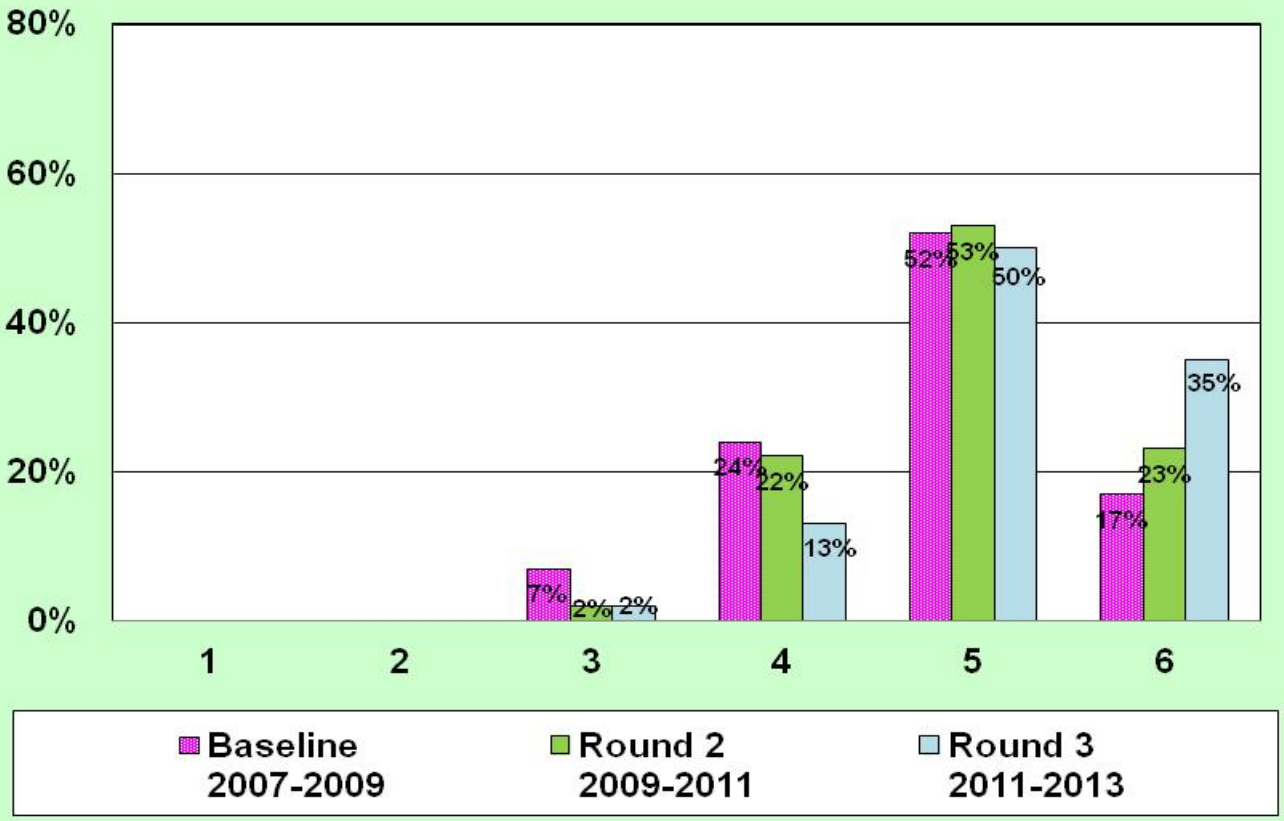
•Round 1
•Total Cases = 512
Congregate Care Capacities only 47 cases applicable
Current Caregivers Capacities and Informal Supports only 271 cases are applicable

•Round 2
•Total Cases = 585
Congregate Care Capacities only 36 cases applicable
Current Caregivers Capacities and Informal Supports Only 318 cases are applicable

•Round 3
•Total Cases = 515
Congregate Care Capacities only 23 cases applicable
Current Caregivers Capacities and Informal Supports Only 241 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES

# Overall Current Caregiver Status

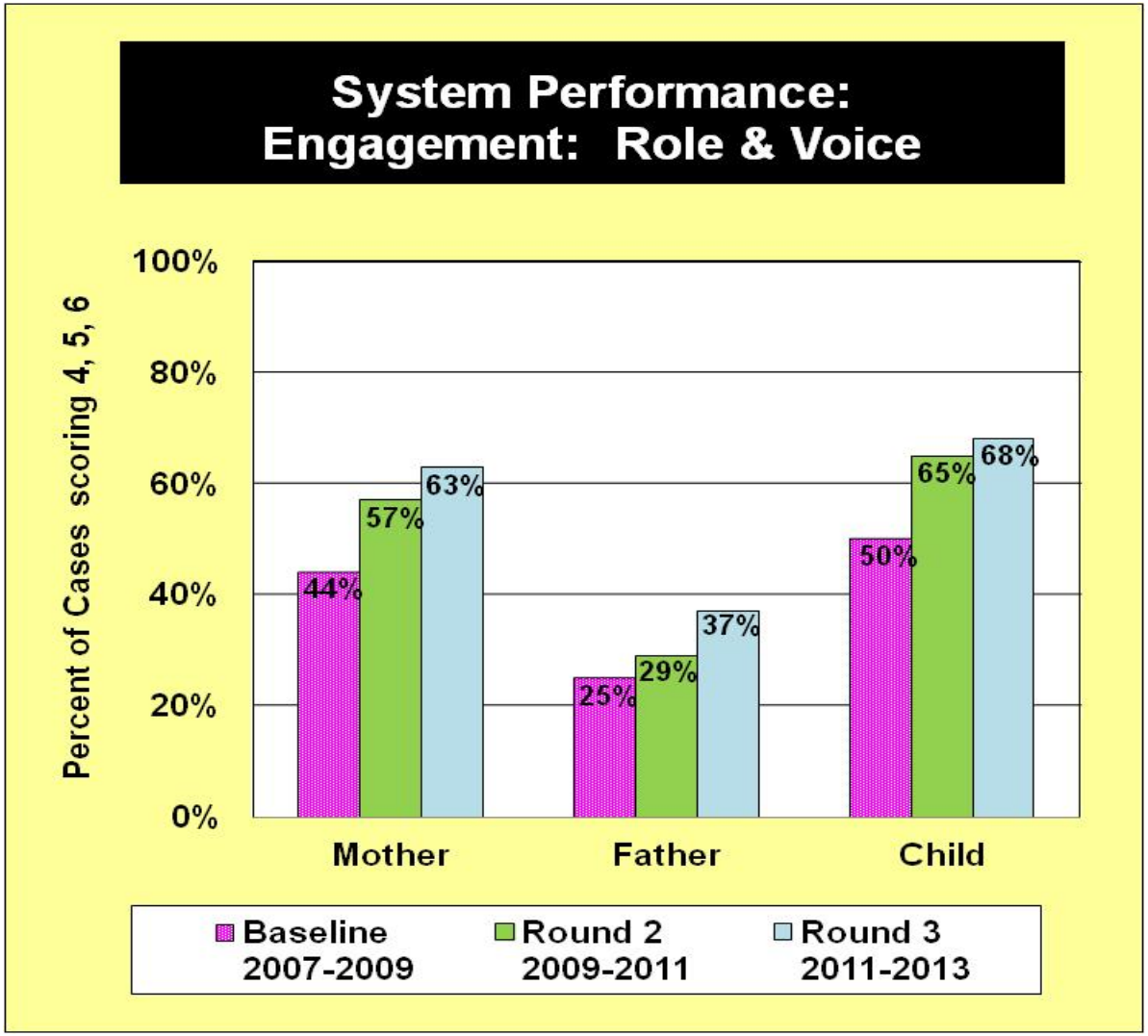



•Round 1
•Total Cases = 512
Current Caregivers only 271 cases are applicable

•Round 2
•Total Cases = 585
Current Caregivers only 318 cases are applicable

•Round 3
•Total Cases = 515
Current Caregivers only 241 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES

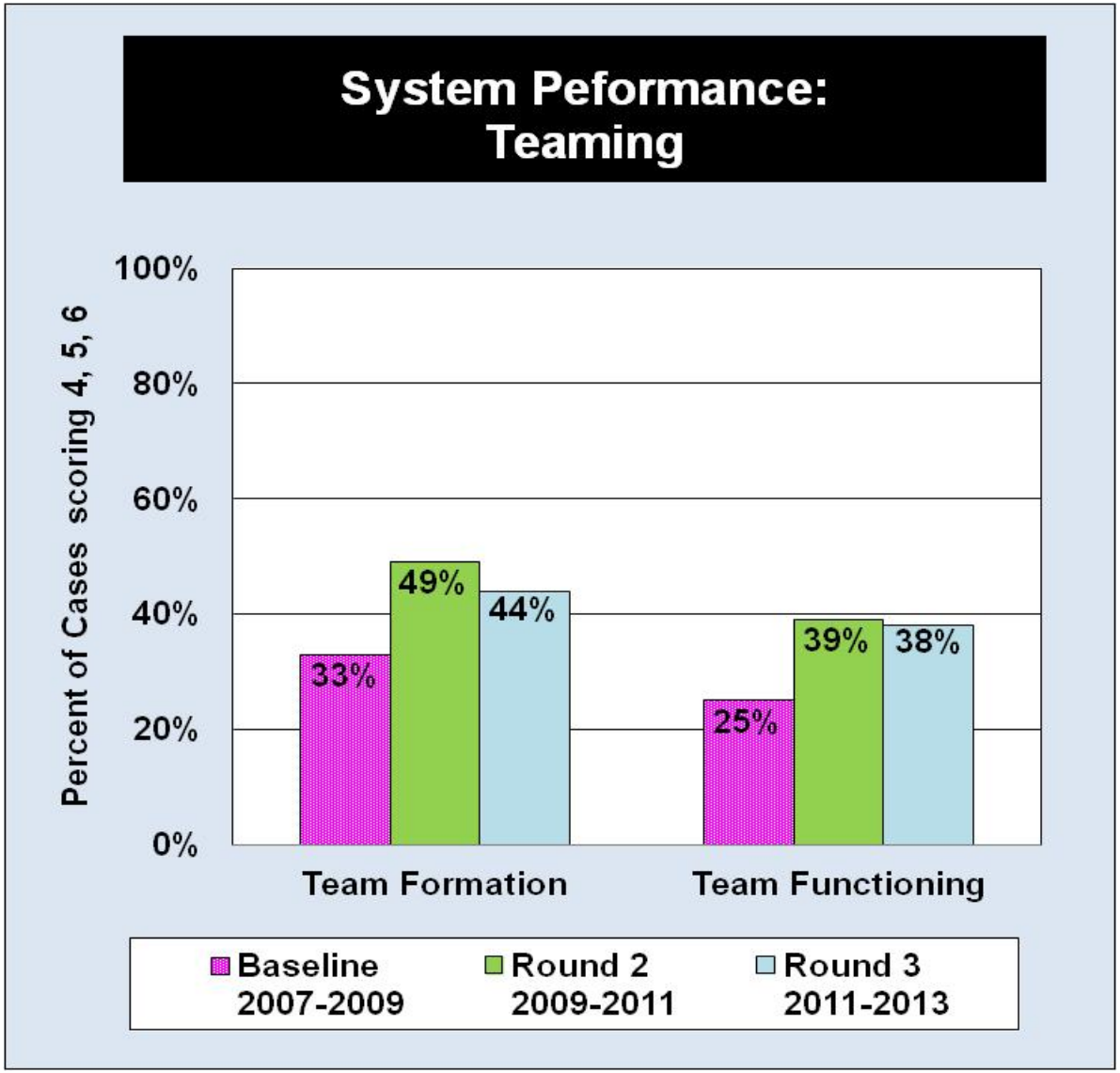



**Role & Voice of Family Members** – Are family members active participants in case decisions?

•Round 1
•Total Cases = 512
Mother only 396 cases are applicable
Father only 338 cases are applicable
Child/Youth only 292 cases are applicable

•Round 2
•Total Cases = 585
Mother only 467 cases are applicable
Father only 416 cases are applicable
Child/Youth only 272 cases are applicable

•Round 3
•Total Cases = 515
Mother only 424 cases are applicable
Father only 367 cases are applicable
Child/Youth only 234 cases are applicable




**Team Formation & Functioning** – Are all case participants working together in planning services to assist the family?

- Round 1
- Total Cases = 512

Team Functioning only 439 cases are applicable

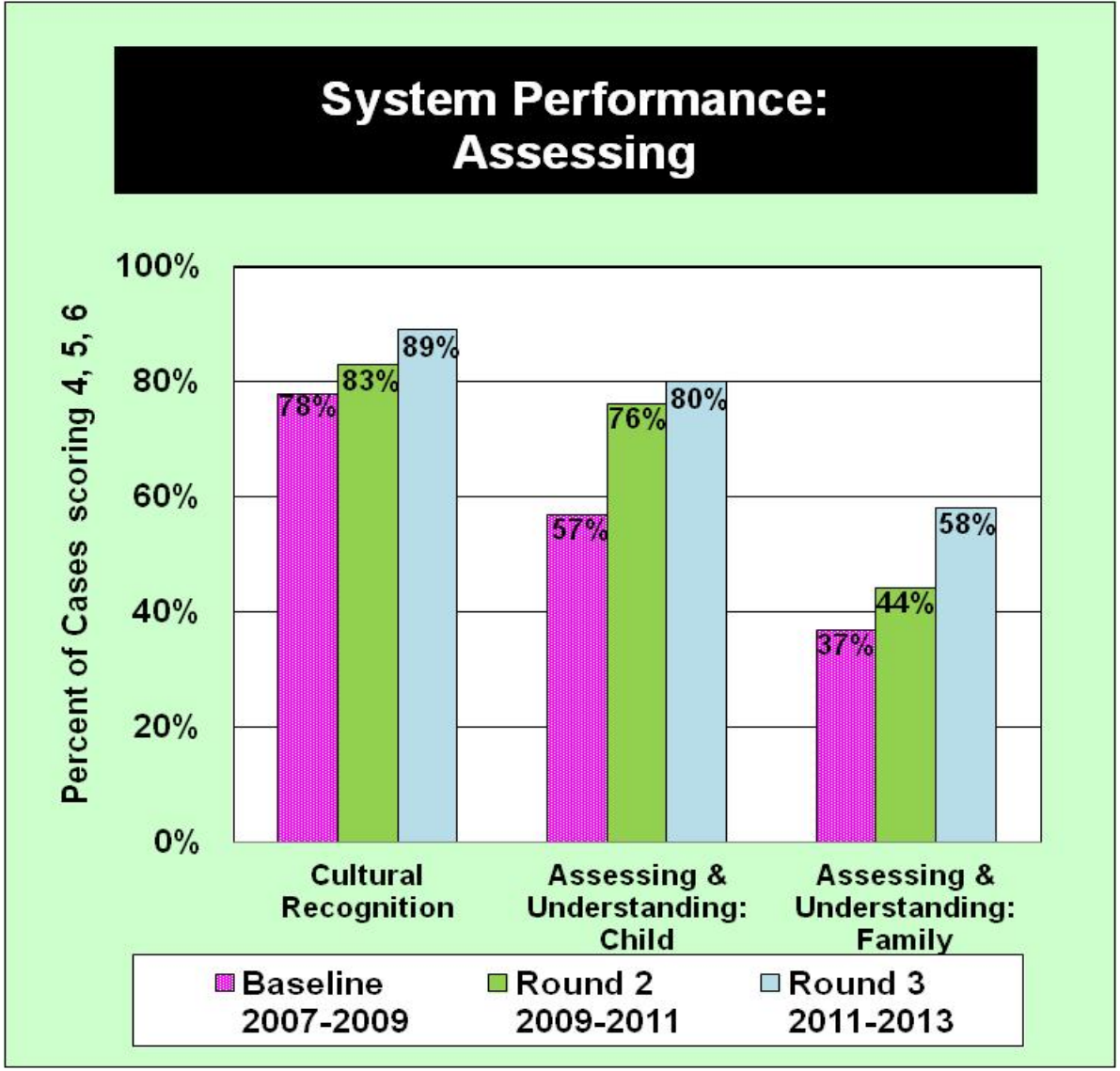
- Round 2
- Total Cases = 585

Team Functioning only 492 cases are applicable

- Round 3
- Total Cases = 515

Team Functioning only 433 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES




**Cultural Recognition** - Are cultural issues of the family being addressed in practice?

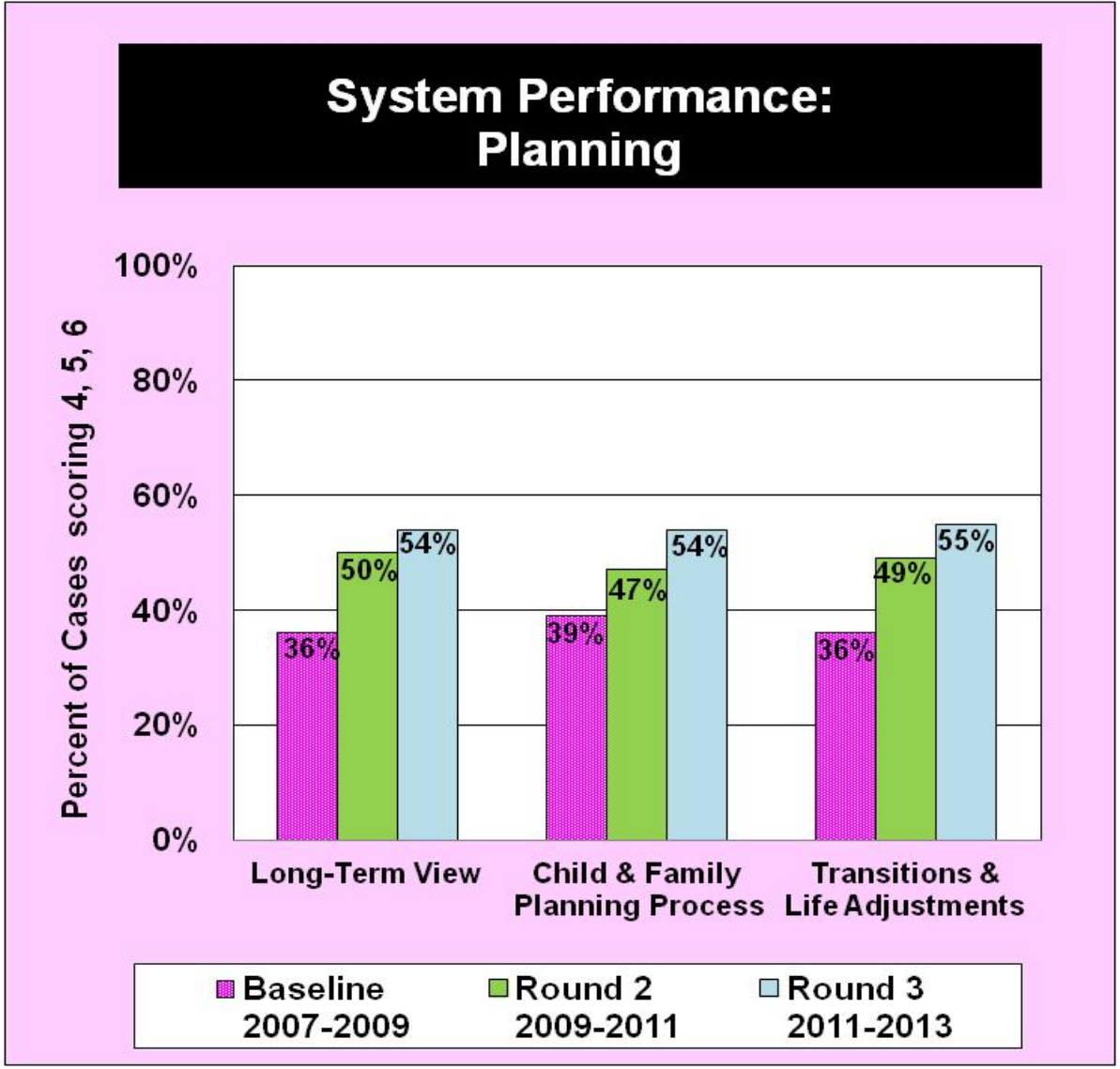
**Assessing & Understanding** - Is there a shared, big picture understanding of the family?

•Round 1
•Total Cases = 512
Assessing & Understanding: Family only 457 cases are applicable

•Round 2
•Total Cases = 585
Assessing & Understanding: Family only 500 cases are applicable

•Round 3
•Total Cases = 515
Assessing & Understanding: Family only 445 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES




**Long-Term View** - Is there a clear guiding view for the family that reflects the permanency plan?

**Child & Family Planning Process** - Is the planning process individualized and relevant to needs and goals of the family?

**Planning Transitions & Life Adjustments** - Is the current or next life change transition for the child being planned?

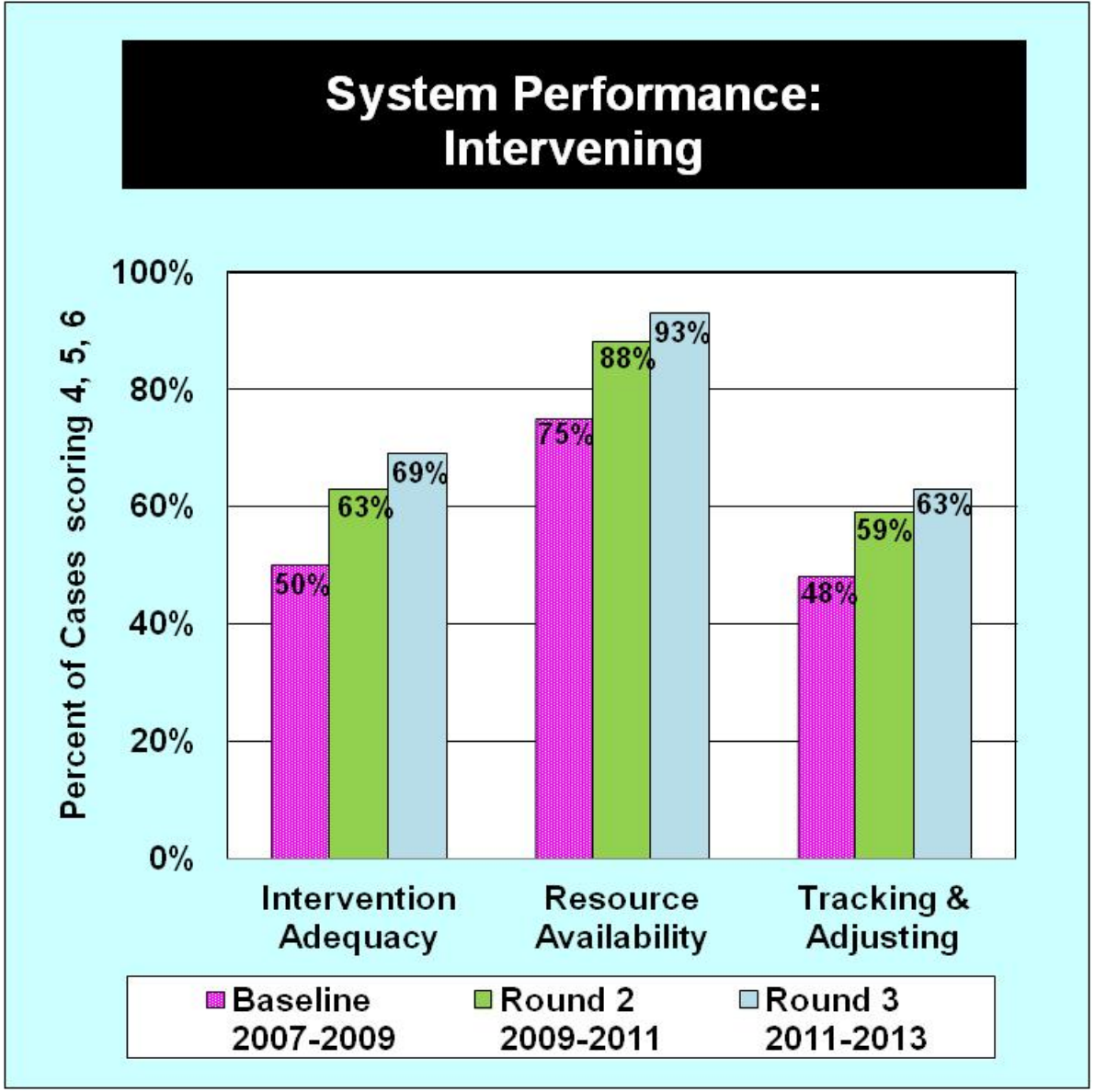
•Round 1
•Total Cases = 512
Transitions & Life Adjustments only 390 cases are applicable

•Round 2
•Total Cases = 585
Transitions & Life Adjustments only 471 cases are applicable

•Round 3
•Total Cases = 515
Transitions & Life Adjustments only 425 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES

# System Performance: Intervening




**Intervention Adequacy** – Are services sufficient to meet the needs of the family?

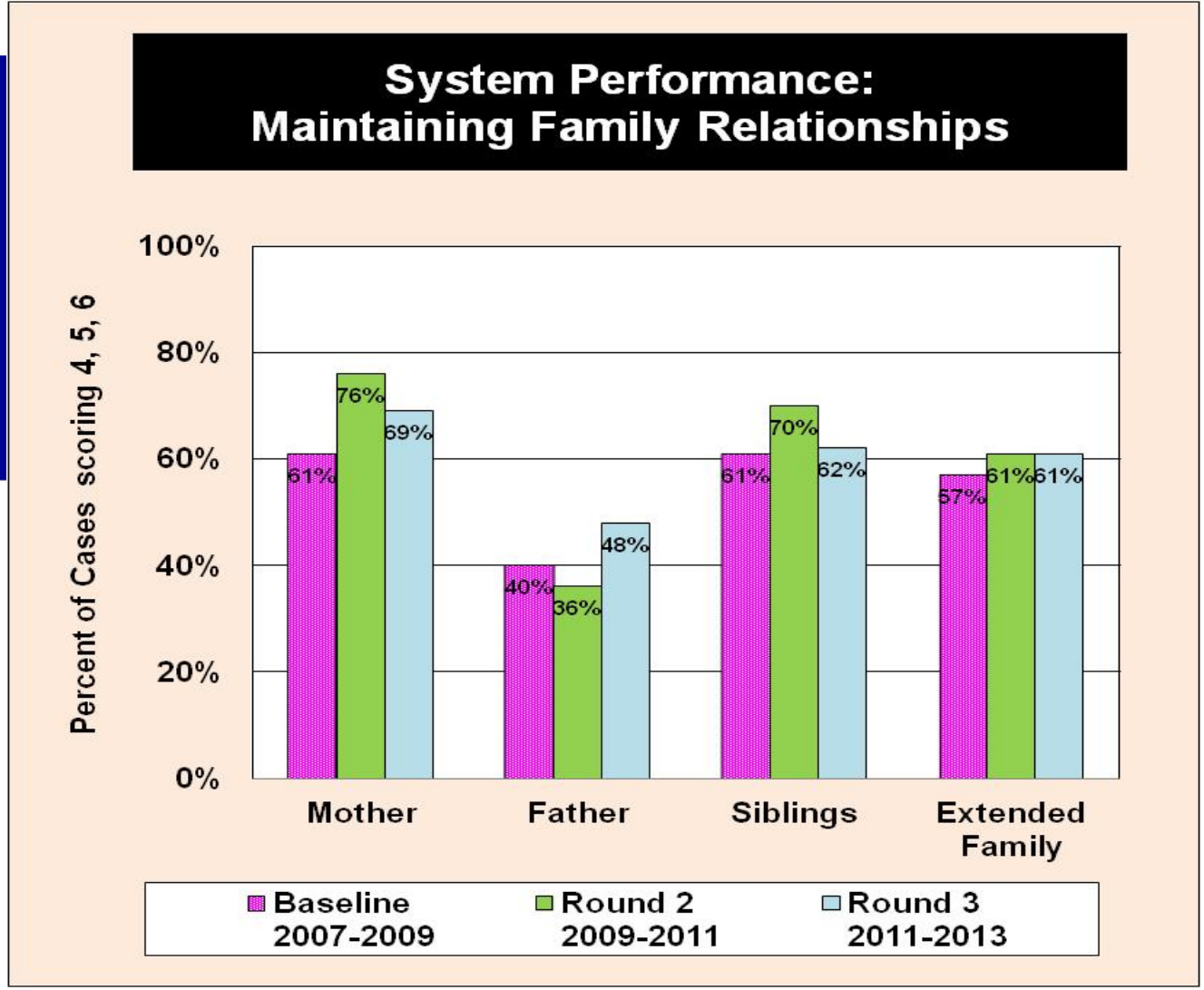
**Resource Availability** – Are services available to meet the needs of the family?

**Tracking & Adjusting** – Is the progress of the family being monitored and adjusted, when necessary, by the team?

- Round 1
- Total Cases = 512

- Round 2
- Total Cases = 585

- Round 3
- Total Cases = 515




**Maintaining Quality Family Relationships** – How are family connections being maintained?

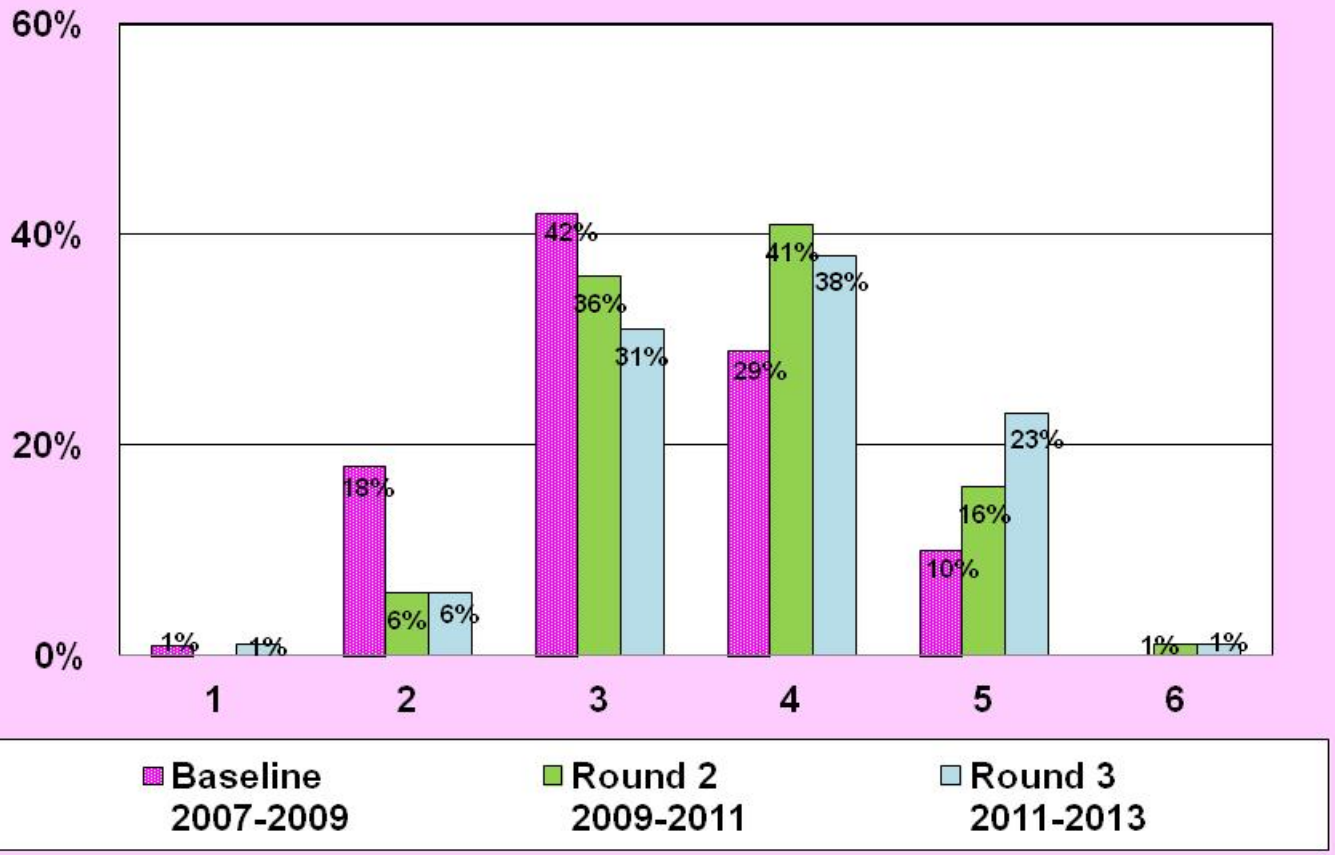
•Round 1
•Total Cases = 512
Mother only 211 cases are applicable
Father only 191 are applicable
Siblings only 246 cases are applicable
Extended Family only 244 cases are applicable

•Round 2
•Total Cases = 585
Mother only 232 cases are applicable
Father only 198 are applicable
Siblings only 142 cases are applicable
Extended Family only 215 cases are applicable

•Round 3
•Total Cases = 515
Mother only 168 cases are applicable
Father only 150 are applicable
Siblings only 94 cases are applicable
Extended Family only 170 cases are applicable

INDIANA DEPARTMENT OF CHILD SERVICES

# Overall System Performance




•Round 1
•Total Cases = 512

•Round 2
•Total Cases = 585

•Round 3
•Total Cases = 515

# Statewide Areas of Strength

- Assessing and Understanding – Child (80%)
- Bio-Parent Parenting Capacities (60%)
- Bio-Parent Informal Supports (60%)
- Resource Availability (93%)

# Statewide Areas of Opportunity

- Team Functioning (38%)
- Team Formation (44%)
- Role and Voice – Father (37%)
- Assessing and Understanding – Family (58%)

INDIANA DEPARTMENT OF CHILD SERVICES


# Focus on Region 8

# Region 8—
# Services Already in Place

- Wraparound services to address mental health issues
- Safe dating
- ROCK-Raising Our Children's Kids
- Domestic violence education

# Region 8: Fatherhood
# What did the data tell us?

## Fatherhood:

- QSR Role and Voice for Fathers—37%
- Father Engagement was third most utilized service—26%
- Service Providers report fathers not participating in CFTMs or Case Plans

# Fatherhood
# What Region 8 told us?

- Many incarcerated fathers
- System barriers prohibitive to visitations between fathers in jail/prison and their children
- Utilizing investigators for finding fathers
- General whereabouts of fathers known
- Fathers attend court hearings

# Fatherhood
# What Region 8 told us?

- Fathers poor relationship with the child's mother creates engagement issues
- Significant drug usage by father
- Lack of services to adequately identify and address underlying needs to drug usage
- Siblings placed separately with different fathers
- CHINS court is separate from custody court

# What service need was identified by Region 8?

Mediation services:

- Already available in prevention
- Help develop a service standard
- Pilot the service in the region

# Drug use: What did the data tell us about Region 8?

- High number of drug screens administered by DCS staff

- 23% of cases/assessments required a test to screen for substance use outside of the standard panel

# What did Region 8 tell us?

- Heavy use of meth, K2, spice, bath salts, tramadol by parents

- Local offices have a random screening process:
  - Use saliva screens
  - Ensures quick response by FCMs when there is a positive screen

# What service need was identified by Region 8?

- Standard drug panel does cover commonly used drugs; however, may be missing other drug usage
- Service standard needs updated
- Work with Central Office to provide feedback on panel

# Drug Use—what did the data tell us

- QSR showed 63% drug dependency
- Survey data showed high need and high availability of services, but only moderate effectiveness of services
- 21% of cases/assessments (with at least one payment) are getting drug treatment services
- Limited number of providers

# What gaps in services did Region 8 Identify?

- Transportation to services is a barrier
- Rural areas don’t have enough volume to build treatment options
- Amount of services available are not adequate

# Identified Service Need

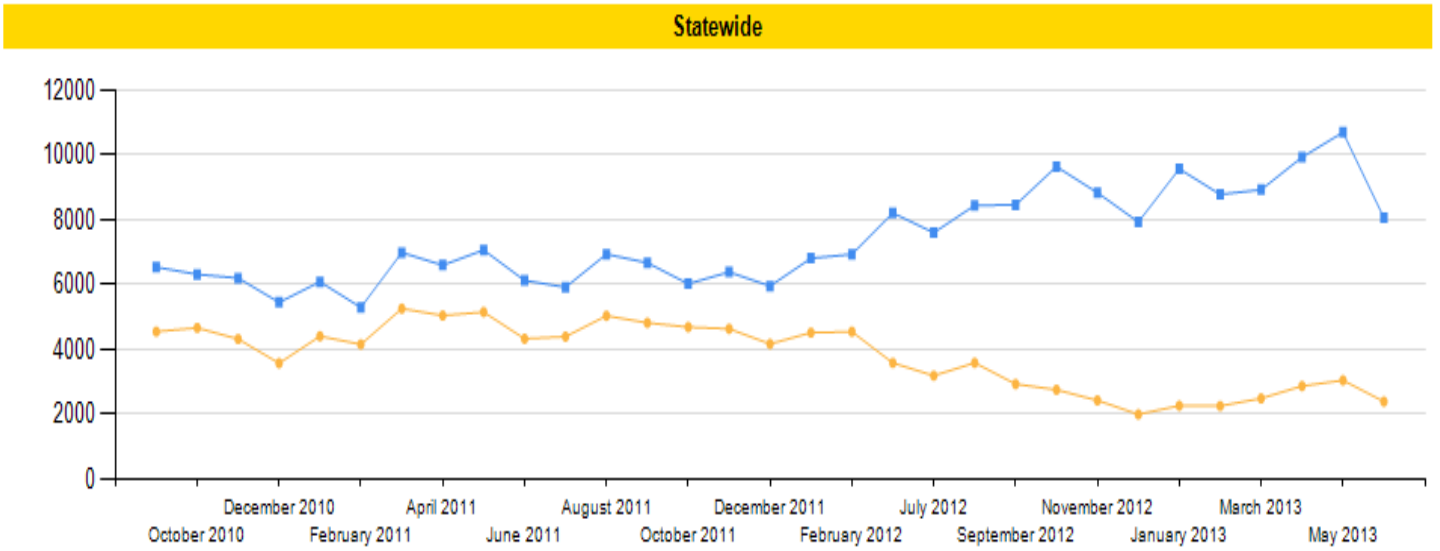
START Program:

- Building their service capacity by increasing the number of outpatient service hours
- Requesting data from Central Office regarding children in the target population
- Discuss with Monroe County START team
- Begin planning for a possible implementation once the START program is ready for expansion


# Administrative Reports

Ralph Jones
Office of Data Management

# Department Of Child Services
# Intake Decision
# For June 2010 to June 2013

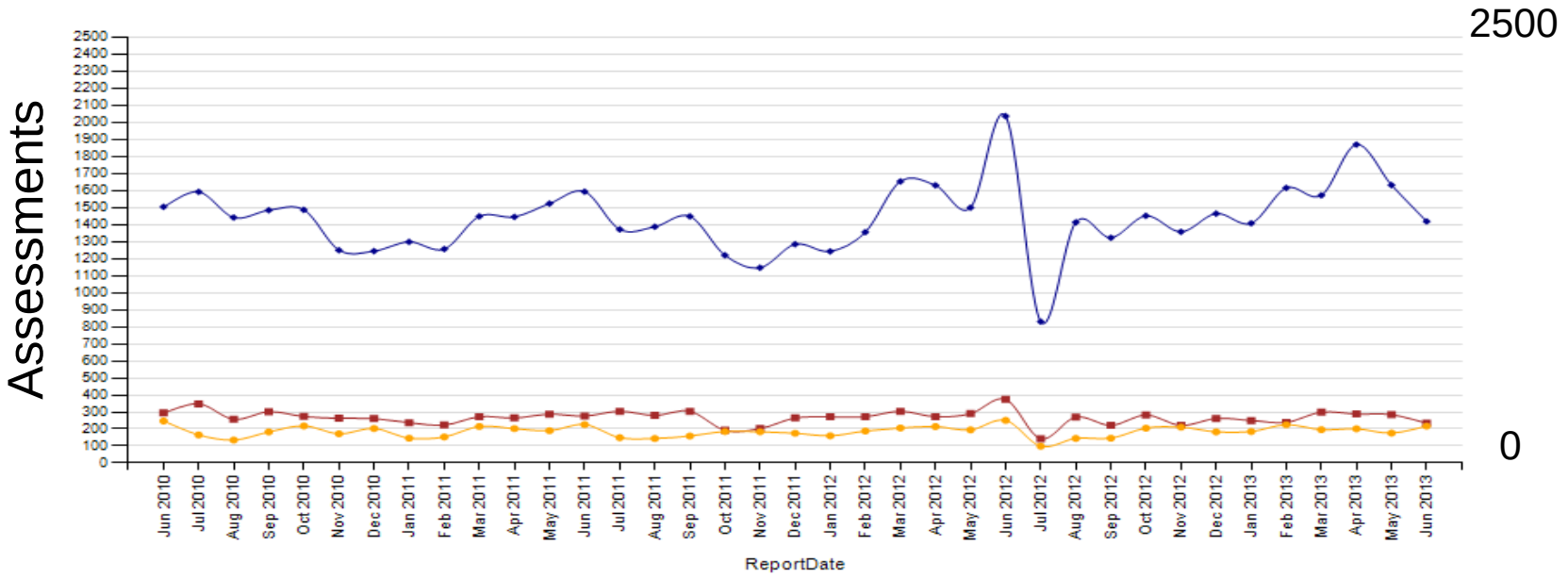



| June 2010 | | June 2013 |
|---|---|---|
| 6,542 | Assess | 8,069 |
| 4,548 | Screen Out | 2,387 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice.

# Department Of Child Services
# Substantiated Assessments by Type
# For June 2010 to June 2013

**Statewide Substantiated Assessments**

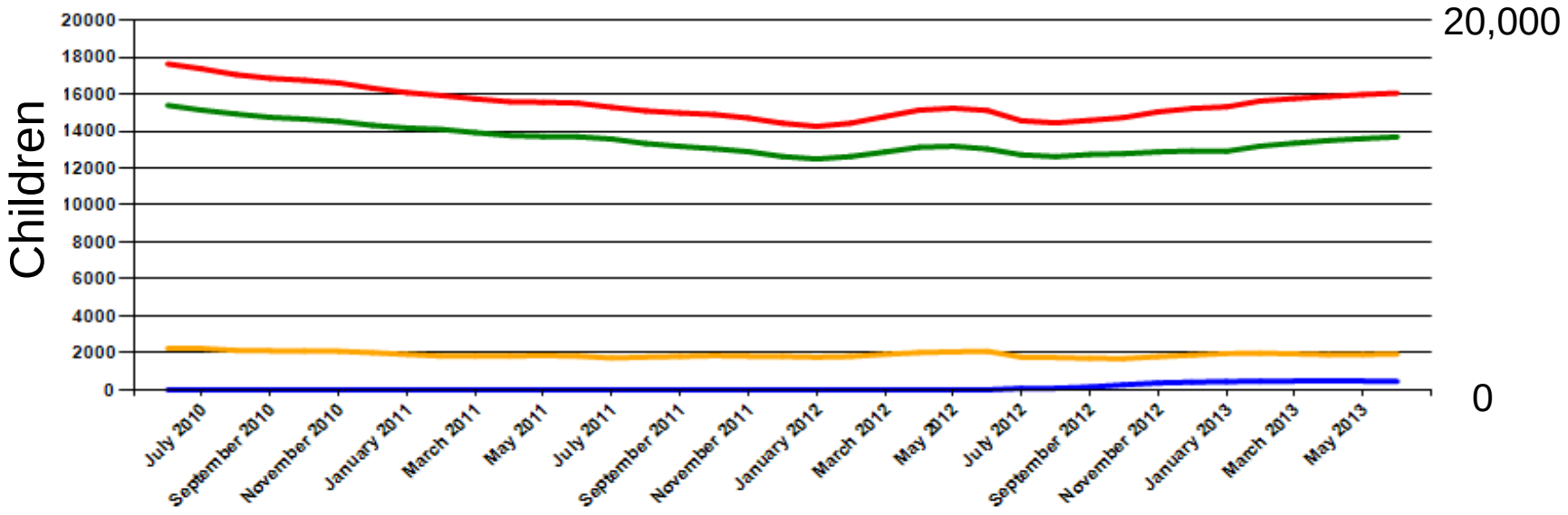



| June 2010 | | June 2013 |
|---|---|---|
| 1,173 | Neglect | 1,420 |
| 294 | Sexual Abuse | 234 |
| 247 | Physical Abuse | 217 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice.

# Department Of Child Services
# Total IA, CHINS, and Collaborative Care
# For June 2010 to June 2013

**Statewide CHINS, IA, and Collaborative Care**

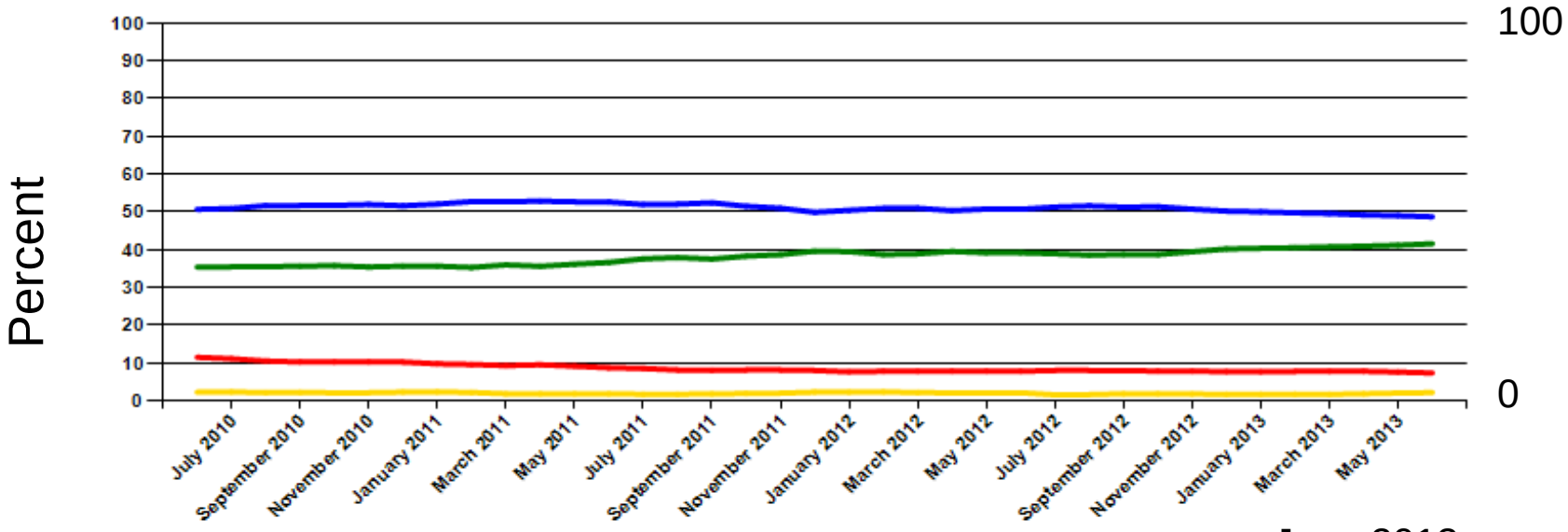



| June 2010 | | June 2013 |
|---|---|---|
| 17,625 | Total Children | 16,179 |
| 15,396 | CHINS | 13,684 |
| 2,239 | IA | 1,926 |
| 0 | Collaborative Care | 569 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice.

# Department Of Child Services
# CHINS Placement by County
# For June 2010 to June 2013

## Statewide Foster Care Placement Breakdown

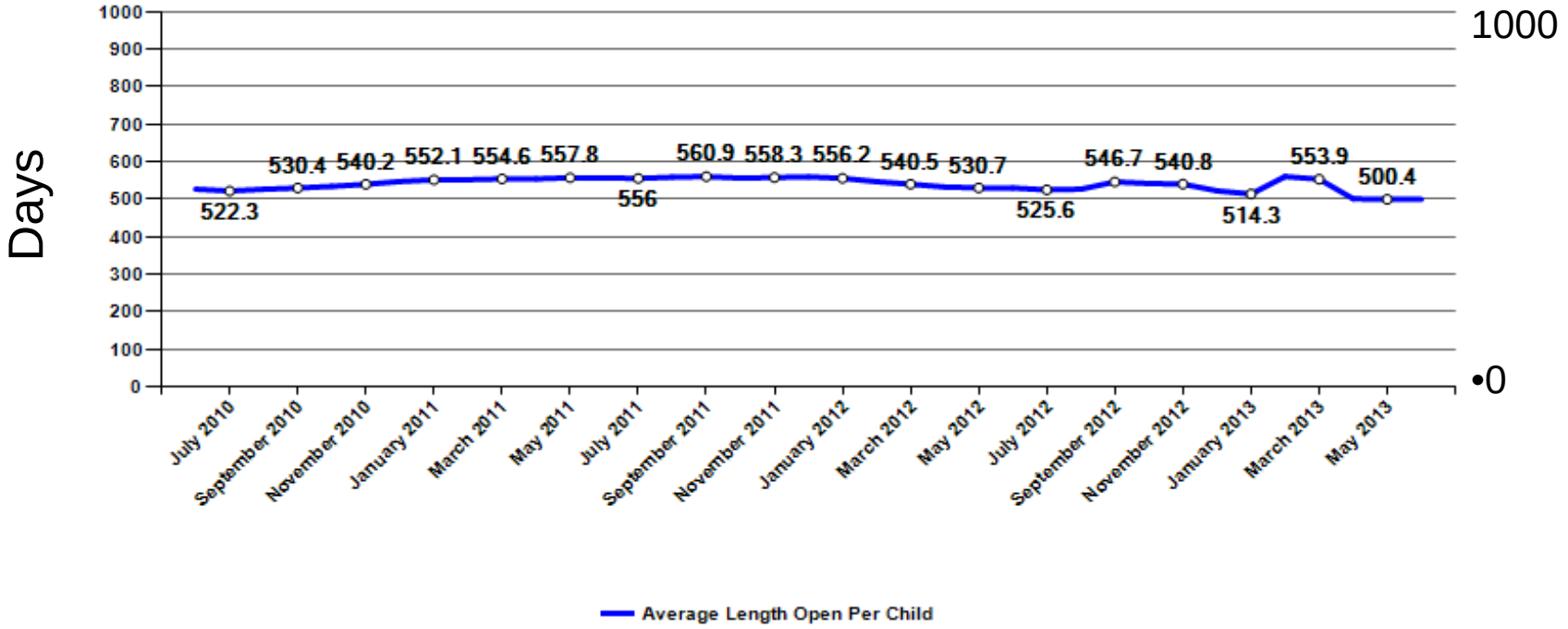



| June 2010 | | June 2013 |
|---|---|---|
| 35.4 | Relative Homes | 41.7 |
| 50.7 | Non-Relative Foster Homes | 48.7 |
| 11.6 | Residential | 7.4 |
| 2.3 | Other | 2.2 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Case Length Report
# For June 2010 to June 2013

## Statewide Case Length Chart




June 2010

527.4

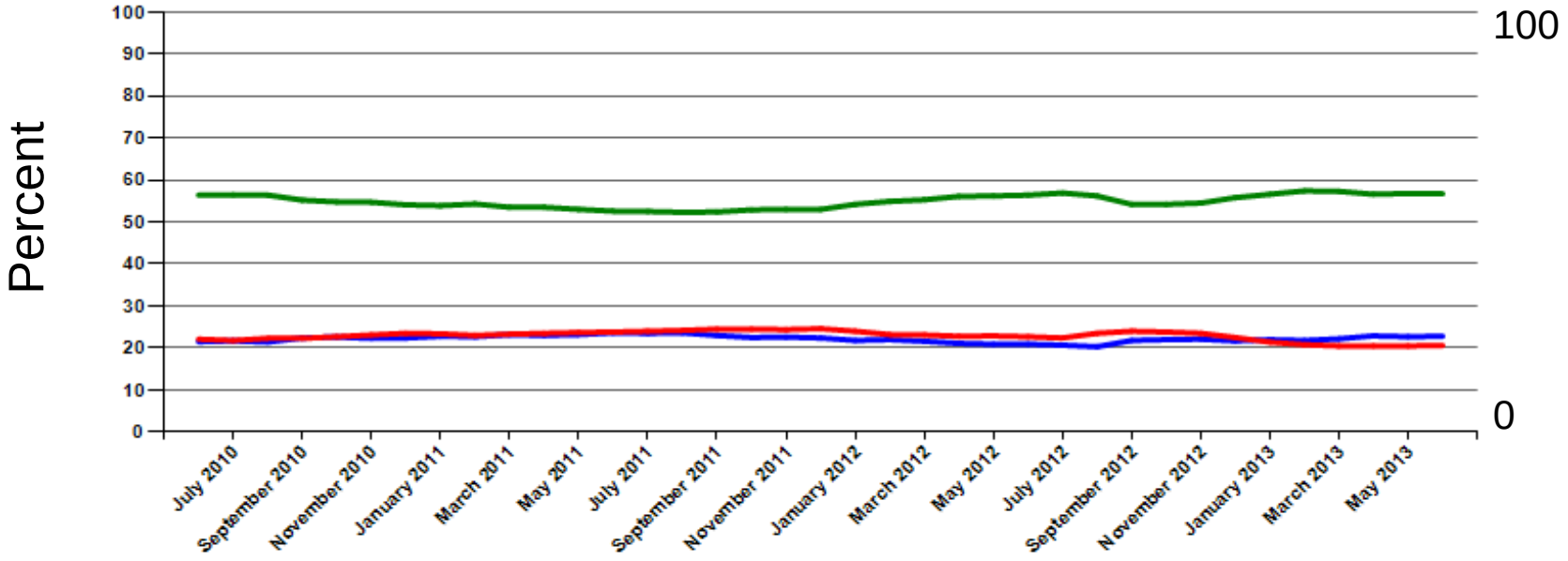
June 2013

499.9

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# CHINS Case Length Groups Report
# For June 2010 to June 2013

## Statewide Case Length Chart

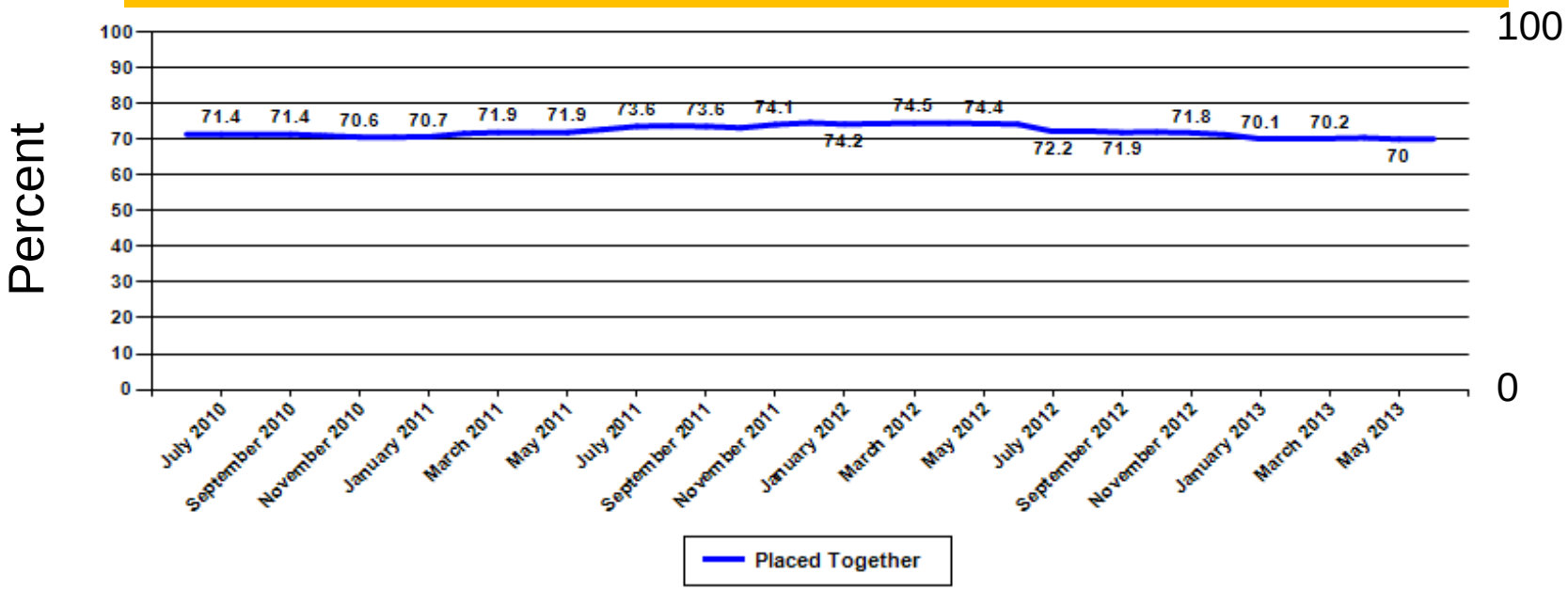



| June 2010 | | June 2013 |
|---|---|---|
| 56.4 | One Year or Less | 56.7 |
| 21.5 | One to Two Years | 22.8 |
| 22.1 | More than Two Years | 20.6 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Sibling Placement Report
# For June 2010 to June 2013

## Statewide Percent Together




June 2010

71.4

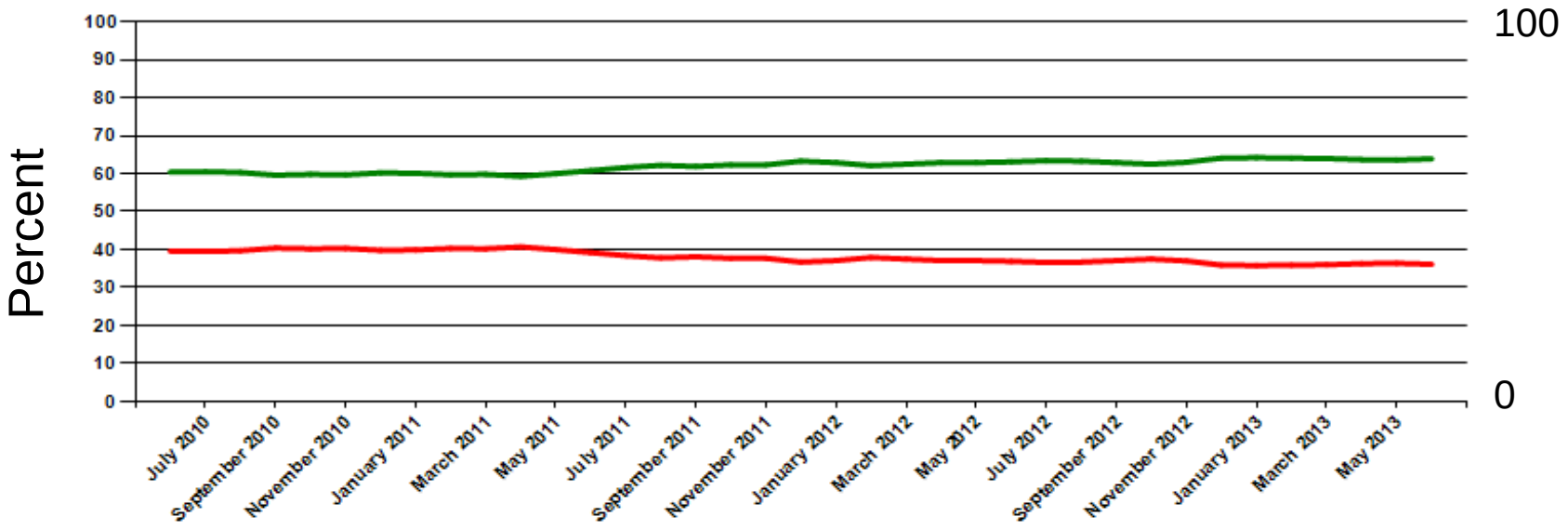
June 2013

70.1

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Safely Home Families First by County
# For June 2010 to June 2013

## Statewide Foster Care Placement Breakdown

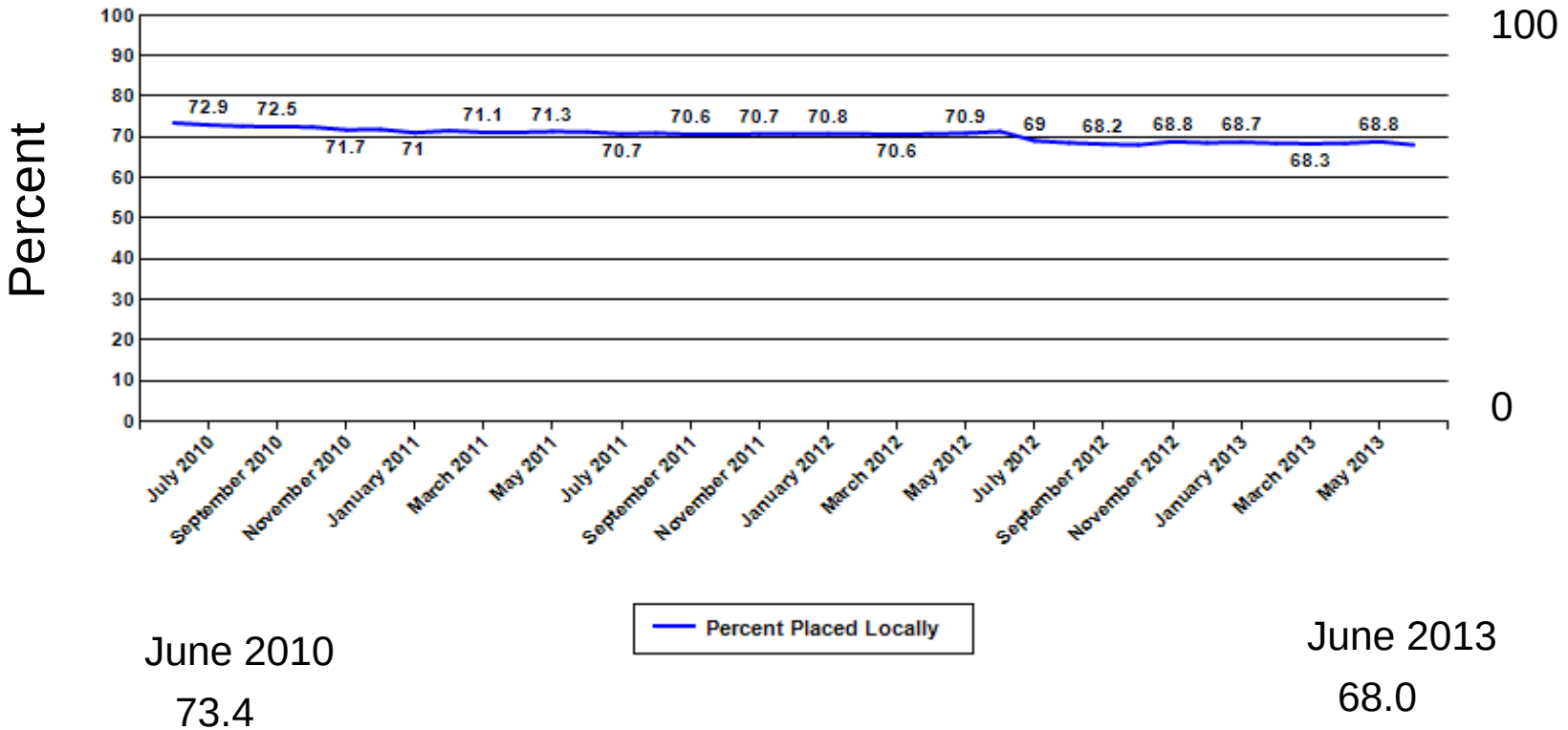



| | June 2010 | | June 2013 |
|---|---|---|---|
| In Home or with Relative | 60.4 | | 63.9 |
| Non-Relative Out of Home | 39.6 | | 36.1 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Locally Placed CHINS
# For June 2010 to June 2013

**Statewide Percent Placed Locally**



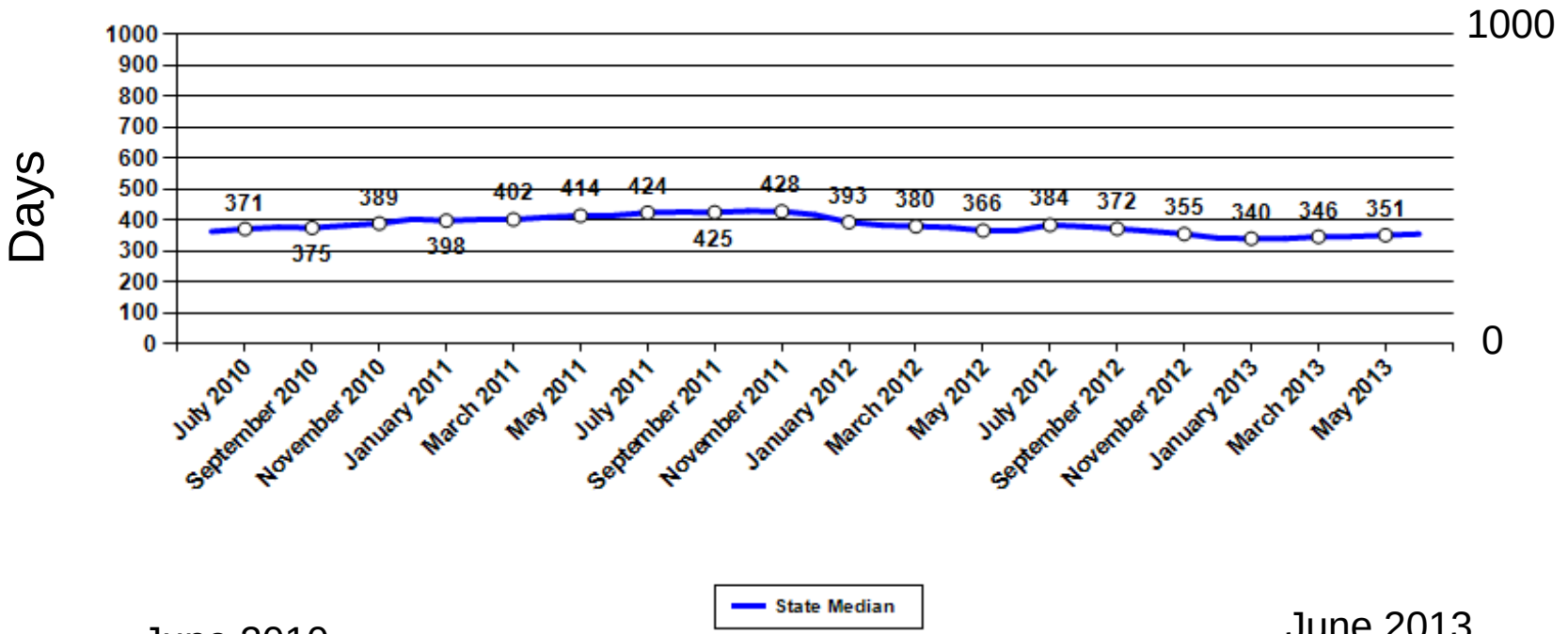

June 2010
73.4

June 2013
68.0

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Length of Stay in Out of Home Placement
# For June 2010 to June 2013

**Statewide Median Length**

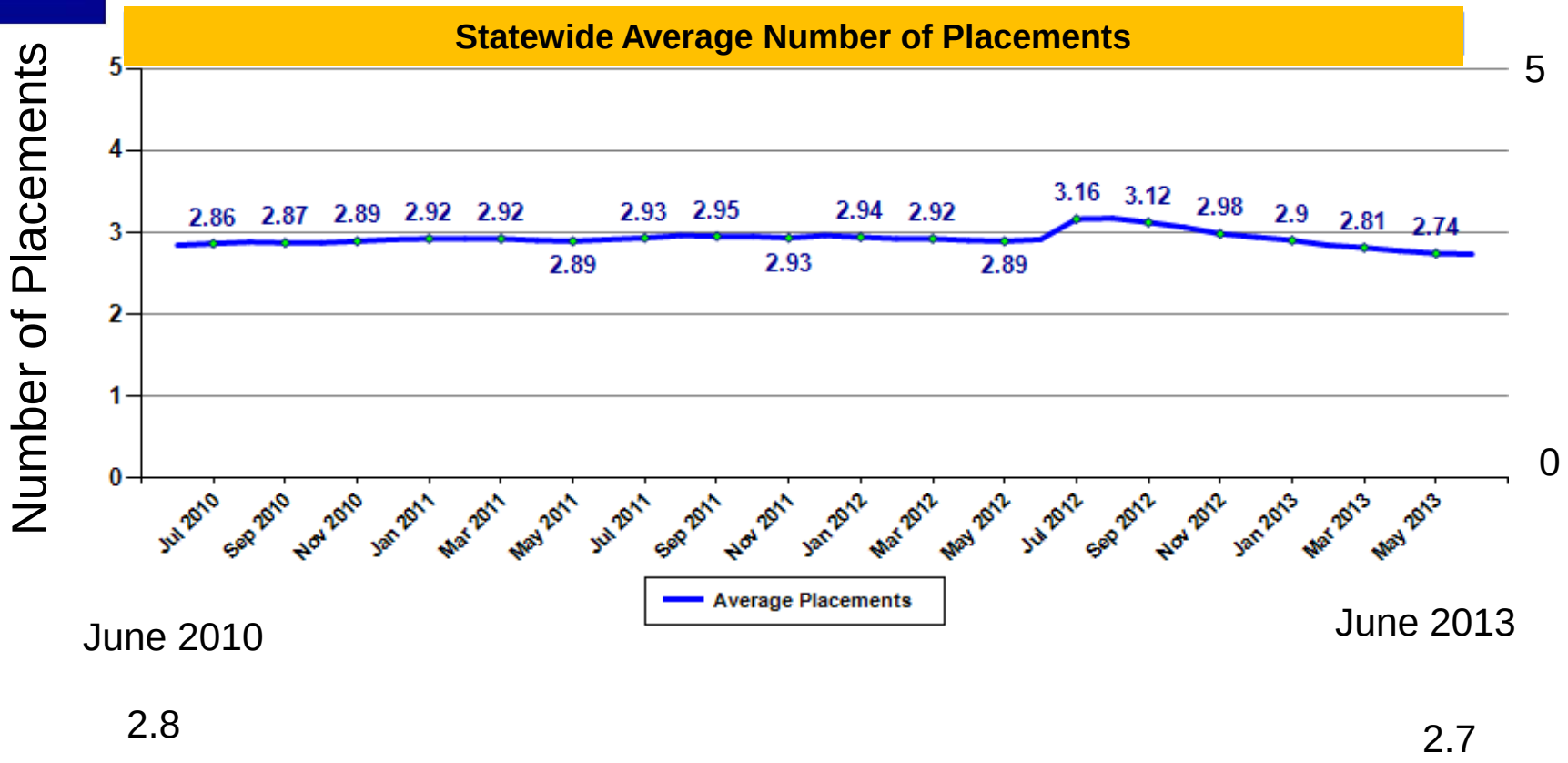



June 2010
363.4

June 2013
355.3

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Average Number Of Placements
# For June 2010 to June 2013




June 2010

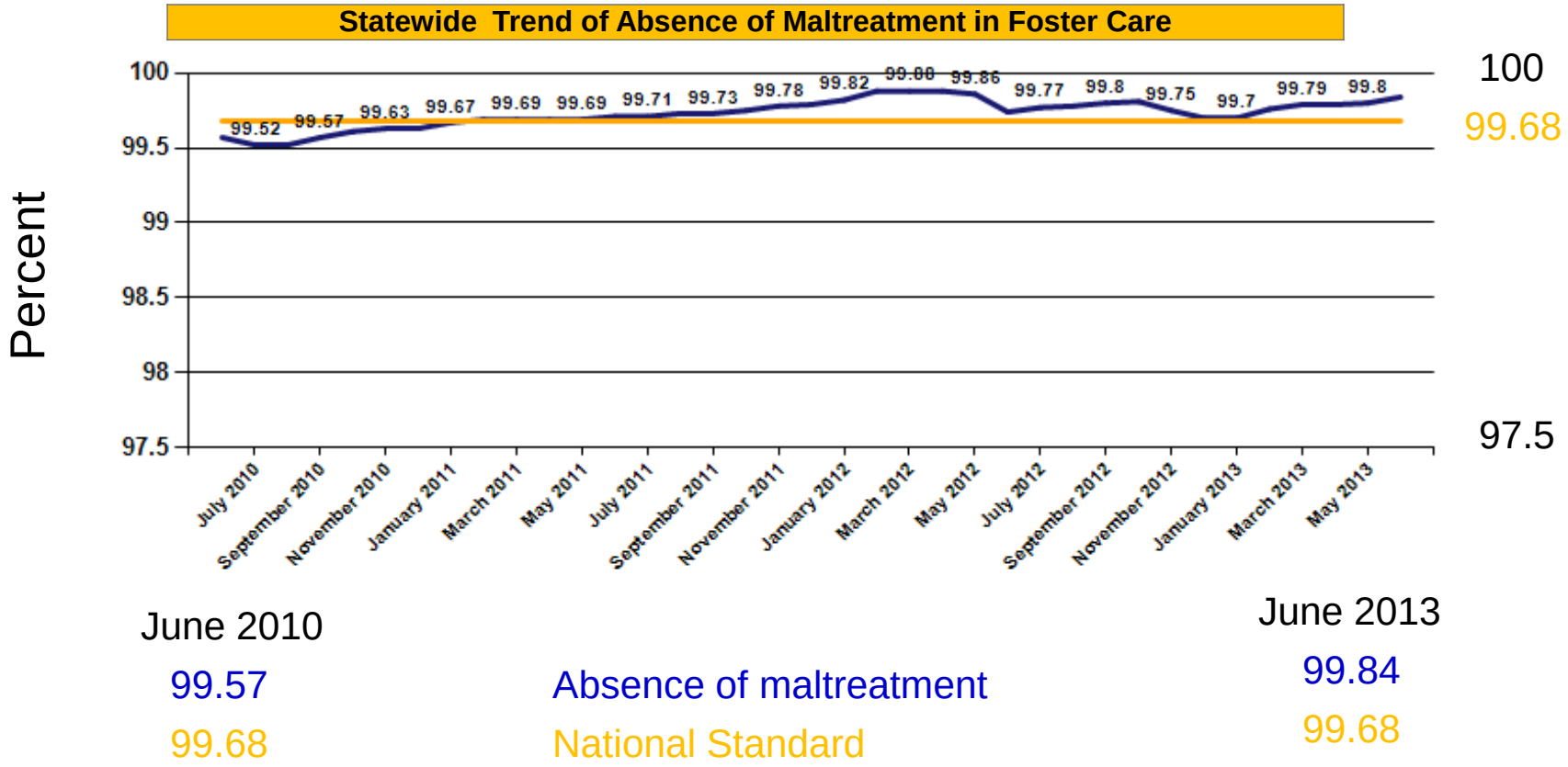
2.8

June 2013

2.7

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice. Also in July 2012 the Collaborative Care program began. Those cases with an involvement type of Collaborative Care or Collaborative Care CHINS are not included in the above graph. This may have some impact on the data beginning in July 2012.

# Department Of Child Services
# Absence of Maltreatment in Foster Care
# For June 2010 to June 2013




| June 2010 | | June 2013 |
|---|---|---|
| 99.57 | Absence of maltreatment | 99.84 |
| 99.68 | National Standard | 99.68 |

DCS began using a new system in July 2012. This resulted in some data anomalies around that time and do not reflect a change in practice.

Lesbian, Gay, Bisexual, Transgender & Questioning

# LGBTQ
# Practice Guidebook

January, 2014

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# Introduction

**Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and their families** live in all regions of the state, yet are often invisible to communities and institutions, including the child welfare system. LGBTQ youth and their families have strengths and needs, and some may come into contact with the child welfare system; but, like their heterosexual counterparts, most do not end up in the child welfare system.

While it is true that social services staff play an important role in addressing the needs of LGBTQ youth, training and education on working with this population is limited. As with other cultural groups, workers must develop the competencies, knowledge and abilities to engage the LGBTQ community from a strengths-based perspective. All individuals and families must be treated respectfully and non-judgmentally, irrespective of one's personal views of sexual orientation and/or gender identity. Social work best practice dictates that staff be aware of personal biases in order to ensure that equitable services are provided to all individuals and families. This brochure is intended to increase awareness, knowledge, and appropriate skill sets of social services staff and administrators in the child welfare system, so they may effectively and competently meet the needs of LGBTQ youth and their families.

The Child Welfare League of America's (CWLA) *Best Practice Guidelines for Serving LGBTQ Youth in Out-of-Home Care*[1] states, "LGBTQ youth have the same developmental tasks as their heterosexual and non-transgender peers, but also face additional challenges in learning to manage a stigmatized identity and to cope with social, educational, and community environments in which victimization and harassment are the norm." Such stigmatization can result in increased risk factors such as homelessness, drug and alcohol abuse, depression, and suicidal behavior.

According to research published in the journal *Pediatrics*,[2] LGBTQ youth who experienced high rates of rejection from their families based on their sexual orientation or gender identity, when compared with peers from families that reported no or low levels of family rejection, were:

- 8.4 times more likely to report having attempted suicide
- 5.9 times more likely to report high levels of depression
- 3.4 times more likely to use illegal drugs
- 3.4 times more likely to report having engaged in unprotected sexual intercourse

Many of these risk factors can be alleviated when youth receive support in one or more areas of their lives. The emotional distress that can lead to suicide, substance abuse, and other problems is caused, in large part, by social isolation and stigma. Remove the social isolate (stigma) and much of the emotional distress is relieved.[3]

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1 Wilber, S., Ryan, C., and Marksamer, J. (2006) *CWLA best practice guidelines: Serving LGBT youth in out-of-home care.* Philadelphia: Child Welfare League of America, p. 27.

2 Ryan, C., Huebner, D., Diaz, R. M., and Sanches, J. (2009) *Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults.* "Pediatrics," Vol. 123.

3 Elez, D. E. and McHaelen, R. (2009) *Moving the margins: Training curriculum for child welfare services with LGBTQ youth in out-of-home care.* Washington, D.C.: National Association of Social Workers and Lambda Legal.

## Preventing placement and ensuring family preservation

When an LGBTQ youth self-discloses to family members, agencies can and should provide services to prevent placement and ensure family preservation. Services should include support and counseling with experienced LGBTQ therapists to cope with every family member's immediate adjustment. FCMs should also connect families to community resources for education and support. [4]

- It is vital that in-home providers have a strong understanding of LGBTQ issues and be LGBTQ-supportive, although it is not necessary for therapists to identify as LGBTQ. Effective in-home services should address all safety issues immediately, including any possible physical, emotional, or verbal abuse, or threats towards the LGBTQ youth. Ideally, such services will prevent the need for placement. However, if safety cannot be assured, placement may need to be pursued.

## Other ways to support families and self-identified LGBTQ youth

Additional ways to support families and LGBTQ youth include:

- Convene a CFTM with the family, which includes supports for both the family and LGBTQ youth. Meetings may have to initially be held separately.
- Acknowledge that it is normal for parents and siblings to struggle when a youth comes out as LGBTQ.
- Assure parents that they are not bad for not immediately accepting and understanding when their child comes out, while helping the youth understand their family will need time to process this new information about them.
- Explore with parents the concerns they may have when their child comes out. Some parents worry their child will be bullied or become a victim of violence at school or in the community, but the worry is expressed through anger rather than compassion or protectiveness.
- Educate parents regarding the fact sexual orientation and gender identity are not choices, and they did not do anything to make their child LGBTQ. Let them know there are LGTBQ individuals in every racial, ethnic, cultural, and religious community, regardless of parenting style.
- Discuss parents' religious or moral objections to gay, lesbian, bisexual or transgender. Linking them to LGBTQ-supportive resources within their religious faith, if possible, may help. Have a discussion regarding what help

4 Wilber, S., Ryan, C. and Marksamer, J. (2006)

they need to accept their child and that they need to continue to love them just as they loved them prior to knowing this information. Providers need to help families understand that loving their child and finding solace in their beliefs are not mutually exclusive.[5]

- Understand that parents may want their child to participate in therapy intended to change individuals' sexual orientation, but make them aware this kind of therapy has not been shown to be effective and may further alienate or harm a self-identified LGBTQ youth. The American Psychiatric Association "opposes any psychiatric treatment, such as reparative or conversion therapy, which is based upon the assumption that homosexuality per se is a mental disorder, or based upon a prior assumption that the patient should change his/her homosexual orientation.[6]

## Promoting and supporting reunification for LGBTQ youth

When a self-indentified LGBTQ youth requires placement, the worker, youth and parents should develop an out-of-home placement plan. This plan should include steps that a youth, parents, foster parents, and social workers/social service agencies must take to address the reasons and family circumstances that led to placement. It is important to consider steps and/or services that can be used to support a family toward reunification, with specific attention paid to the needs of a family's LGBTQ youth. The following is a list of possible action steps including services which can be used to facilitate reunification when the removal was related to the youth's sexual orientation and/or gender identity or if the youth's self-identified sexual orientation and/or gender identity is stalling reunification:

- Family members participate in therapy with an LGBTQ-experienced therapist. Therapy would focus on increasing the parents' understanding of the LGBTQ-specific needs of their child, repairing the relationship among family members, and assuring safety for all family members.
- Parents contact the local Parents, Friends and Families of Lesbian and Gays (PFLAG) chapter to discuss supports and resources in their community
- Self-identified LGBTQ youth participates in individual therapy with an LGBTQ-experienced therapist.
- Social services staff connects family with local LGBTQ resources.
- Social services staff and parents meet with school officials to discuss steps the school needs to take to ensure safety for an LGBTQ youth at school.

5 Ibid.

6 American Psychiatric Association website: ***http://healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx***

## Questions to consider when coming out is a critical case juncture

Utilize the following questions as a guide to evaluate safety, risk, and protective factors at critical case junctures that arise throughout the life of the case:

- Have the parents actively participated in family counseling that focused on understanding and repairing the relationship with their LGBTQ youth?
- Do the parents demonstrate that they understand the unique needs of their LGBTQ youth?
- Do parents show that they will support their youth, regardless of their gender or sexual orientation, or do they insist that a youth needs to be heterosexual in order to return home?
- Do parents continue to demonstrate anti-LGBTQ attitudes and reject their LGBTQ youth?
- Do parents demonstrate that they understand the impact of their previous use of rejecting words and actions on and toward their youth?
- Do parents continue to make verbally or physically threatening statements toward their youth?
- Is unsupervised visitation allowed, or was a trial home visit permitted due to positive behavioral and attitudinal changes made by the parents?
- Does a youth report they feel safe and ready to return home? How do youth report that the visits are going?
- It is important to remember that not all LGBTQ youth in an out-of-home placement enter placement because of issues directly related to their gender/sexual orientation. As such, consider these youth-centered factors:
- Is the youth willing to work on mutually established goals?
- Is the youth willing to participate in therapy?
- If applicable, is the youth willing to abide by court requirements?
- If applicable, is the youth willing to refrain from using illegal substances?

## Things social services staff can do to assist an LGBTQ youth with the coming-out process

It is important to remember that the goal of working with possible LGBTQ youth is not to get them to come out, but to facilitate the coming-out experience if and when they decide it is all right to do so. Many experts suggest that it is not typically appropriate to ask youth directly if they identify as LGBTQ. Social services staff should expect youth at first to be reluctant to discuss their

sexual orientation or gender identity. Facilitating the experience means that social services staff needs to do the following:

- Use the words lesbian, gay, bisexual, transgender, and questioning. Using these words, and the ability to say them with comfort, suggests familiarity with these issues, and can convey that it is okay to talk about these issues.
- Allow youth to take the lead in using whatever terminology they feel comfortable using. It is important to use the exact word the youth uses when they identify their orientation or identity.
- Do not make or tolerate jokes or negative comments about anyone based on race, culture, disability, national origin, gender, ability, age, religion, or gender/sexual orientation – and be clear about why.
- Provide all youth with opportunities to talk about gender and sexuality in a healthy way, and include LGBTQ individuals in those discussions.
- Social services staff should be prepared to affirm, validate, and accept a youth's expression of same-gender attractions, desires and behaviors, gender variance and self-identification.
- Utilize a good social work practice principle – remember to start where the client is and proceed with gentleness and patience.
- Stay away from labeling, instead help youth safely explore and understand their feelings, thoughts, and behaviors related to sexuality and gender identity.
- Remember that sexual orientation and gender identity are different constructs. Transgender youth may self-identify as lesbian, gay, bisexual, heterosexual, or may question their sexual orientation, or not label themselves. Social services staff should focus on validating a youth's sexual orientation as it unfolds. Transgender youth may need additional help in differentiating between their gender identity and sexual orientation.
- When youth disclose to social services staff that they are LGBTQ, staff should respond in an affirming, supportive way; anticipate concerns about confidentiality, and project the message that it is okay to talk about any issue.
- When a youth comes out, they are disclosing very personal information about themselves that could potentially lead to negative outcomes in their life; violence and isolation may also be a fear. Help them to examine their fears of coming out. Discuss possible anticipated consequences.

- Be aware that a youth's disclosure makes them highly vulnerable because social services staff has the power to tell others. A youth may be afraid that their identity will not be protected
- Promote Pride. Recognize and affirm a youth's positive attributes and strengths. Promote these strengths as sources of pride.[7]
- When asking youth about relationships, ask in a way that avoids assumptions. For example, ask if the youth is in a romantic relationship with someone instead of whether the youth has a boyfriend or a girlfriend.
- Ensure that safe sex messages are inclusive of all sexual orientations and gender identities.
- Become familiar with local area support groups, counseling, and other services specific to transgender youth so referrals to those services can be made, as appropriate.
- When placing transgender youth in a foster care home, ensure that foster parents will be supportive of their gender identity.
- When placing transgender youth in a residential facility, ensure the facility is safe and respectful of transgender youth.

## Safety and protection

Youth have a legally enforceable right to safety while in foster care, including, among other things, protection against threats to a youth's physical, mental and emotional well-being; the right to services to prevent harm, and the right to monitoring and supervision.

The physical and emotional well-being of self-identified LGBTQ youth is at risk if they are harassed or mistreated based upon their actual or perceived sexual orientation or gender identity. The right to safety also includes the right to receive services to prevent the physical or psychological harm or deterioration while in foster care. Child welfare professionals must be vigilant to avoid contracting for services that use inappropriate or unethical practices when dealing with LGBTQ youth, such as conversion therapy.

The duty to protect youth in child welfare system imposes a corresponding duty on social services staff to maintain regular contact including, at a minimum, one face-to-face visit every month to ensure their continued safety.

7 Ragg, D. M. and Patrick, D. (2008) *Practice brief: Providing services and supports for youth who are lesbian, gay, bisexual, transgender, questioning, intersex or two-spirit.* Washington, D.C.: Georgetown University Center for Child and Human Development.

Self-identified LGBTQ youth in foster care are vulnerable to mistreatment and harm from a variety of sources, both inside and outside their placement.[8]

While working toward developing a respectful, genuine, empathetic, professional relationship with self-identified LGBTQ youth, it is vital that social services staff ensure all placements are safe and supportive. LGBTQ youth are particularly vulnerable to failed placements, multiple rejections and frequent transitions.[9] Once an LBGTQ youth enters the foster care system, their FCM is an important link to support and safety. It is the FCM's responsibility to assess and serve the needs of youth without bias, and to ensure safety.[10]

Agency staff must be particularly attuned to placing youth who identify as LGBTQ with foster families who are committed to providing a safe, supporting, and affirming environment for youth while in care.[11]

## Some tools for safety include:

- Detailed plans for conflict resolution, such as time-outs to break up arguments
- An agreement that all family members will continue in outpatient therapy until their therapist recommends closing the case
- An agreement that specifically allows a youth to attend local LGBTQ youth groups or school-based Gay/Straight Alliance (GSA) meetings
- An agreement that no one in the household will use physical or verbal violence
- A list of support entities that each family member can contact as needed

## Confidentiality and privacy

All social services staff should be ready to talk with incoming youth who self-identify as LGBTQ about their privacy and safety considerations. The conversation should be open and honest and include the following topics:

- Preferred name and pronouns
- Options for housing or sleeping arrangements
- Privacy in showers and bathrooms

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8 Estrada, R. and Marksamer, J. (2006) *The legal rights of young people in state custody: What child welfare and juvenile justice professionals need to know when working with LGBT youth.* Washington, D.C.: Lambda Legal, San Francisco: National Center for Lesbian Rights.

9 Wilber, S., Ryan, C., and Marksamer, J. (2006)

10 U.S. Department of Health and Human Services, Administration on Child and Families (2011) ACYF-CB-IM-11-03

11 Ibid.

- Safety concerns and confidentiality

FCMs should ensure that confidentiality measures are in place when evaluating placement of a LGBTQ youth. Except for cases where LGBTQ issues are relevant to abuse, neglect, removal, placement, or reunification, confidentiality must be maintained. In these circumstances, the youth's identification as an LGBTQ youth should be discussed with the supervisor. Confidentiality is important and even more critical to stress with youth identifying as LGBTQ. These youth may or may not be out, or only to certain individuals. It is up to a youth to determine to whom and how they come out. FCMs should stress to the placement that it is critical that confidentiality and respect be honored in the way that an LGBTQ youth requests.

## All potential placements should consider the following when accepting a LGBTQ youth:

- Acknowledge that foster youth in care may be LGBTQ—do not assume all are heterosexual.
- Examine their beliefs and attitudes that might impact their ability to support LGBTQ youth in their care. Regardless of personal beliefs, it is the foster parents' responsibility to provide a safe, nurturing, and nonjudgmental environment for all youth in their care.
- Educate themselves on LGBTQ issues through participation in specifically designed training programs, reading books, watching films, conducting research on the Internet, and/or attending workshops.
- Understand that being LGBTQ is not a choice or something a youth can change. The leading mental health and child welfare associations have long recognized that a lesbian or gay sexual orientation is a normal variation on human sexuality and no more susceptible to change than is a heterosexual orientation. Understand that acceptance or rejection affects the health and well-being of LGBTQ youth in care.
- Apply the same standards to LGBTQ youth that are applied to other youth for age-appropriate adolescent romantic behavior.
- Provide safety in all settings for LGBTQ youth.
- Be an advocate for LGBTQ youth.
- Acknowledge that there's more to an individual than just one's sexual orientation and gender identity. Avoid making assumptions about youth based entirely upon certain characteristics. Do not assume that every struggle faced by an LGBTQ youth is the result of this aspect of their sexual orientation or gender identity. Many of their struggles are a result of caregivers and peers lack of support.

- Take advantage of community resources for both foster parents and LGBTQ youth.

## Policy of respect

All children, regardless of their race, national origin, economic status, gender, sexual orientation, gender identity, religion, disability, national origin and HIV status, deserve to be respected, cared for, and supported by FCMs, foster families and/or residential care facility staff.

- Some LGBTQ youth in the foster care system experience verbal harassment and physical or sexual abuse because of their sexual orientation or gender identity. This abuse is perpetrated not only by peers, but also by facility staff and social services staff. When the abuse is between peers, it is often either condoned by staff or goes unchallenged.[12]
- When LGBTQ youth are harassed or discriminated against in placement, social services staff sometimes respond by moving them to another – often more restrictive—placement or isolating them, rather than addressing the underlying homophobia or transphobia.
- LGBTQ youth are sometimes segregated or put in isolation based on a myth that they will prey on other youth. This segregation not only reinforces the notion that LGBTQ youth are bad or to blame for harassment directed at them, but can also result in further denial of access to resources and supports.
- Finally, foster parents and/or facility staff often discipline LGBTQ youth for engaging in age-appropriate conduct that would not be punishable if between two youth of different genders.

## Transgender youth

The needs of transgender youth are different from the needs of lesbian, gay or bisexual youth. To be considerate of transgender youth, it is important to have an understanding of what gender identity is. Everyone has a gender identity, which refers to a person's internal sense of being male or female. For most individuals, gender identity matches the gender assigned to them at birth. Individuals that have a different gender identity than the biological sex they were assigned with at birth are often referred to and/or refer to themselves as transgender.

There is confusion about the difference between sexual orientation and gender identity or gender expression. Some believe that all lesbian, gay and bisexual individuals are transgender, or vice versa. Remember, transgender

12 Feinstein, R., Greenblatt, A., Hass, L., Kohn, S., and Rana, J. (2001).

female youth see themselves as females, not gay males; and transgender male youth see themselves as males, not lesbians. Sexual orientation and gender identity are two separate things (see Glossary). Here are some unique barriers for transgender youth:

- Difficulty obtaining a Social Security card, state identification card or driver's license.
- Lack of family support.
- Lack of education due to harassment in school/educational setting.
- Discrimination by health care providers, leading to less/no health care services than for non-transgender youth.
- Higher risk for substance abuse and addiction.
- Discrimination by housing providers and landlords, social services agencies and/or employers.
- More vulnerable to becoming involved in street crimes due to the lack of employment/income.
- Greater victimization from crimes targeting transgender individuals (hate crimes).
- Prohibited from making decisions for themselves because of their age, such as living and dressing according to their gender identity.
- Higher risk for depression and suicide.
- Due to the high rates of non-acceptance by biological/foster parents of transgender youth, many youth either run away or are kicked out of their homes. As a result, there is a large disparity of homeless transgender youth.

## Legal and health complexities

When working with self-identified LGBTQ youth, professionals should be cognizant of potential steps within systems which still need to be maintained. Below are some examples of the legal and health complexities LGBTQ youth sometimes face.

- When the youth wishes to publically use a preferred name or gender that is different from the legal name or gender, call the youth they are working with by their preferred name. Ask them what name they prefer to be called. Do not assume it is the name that is in their case file or on their legal identification. Use the correct pronouns (he, she, etc.) that a youth wants.
- When referencing the youth in court and legal documents, FCMs and others may use the youth's preferred name and gender pronouns. However, the FCM or others should first state the legal name and gender in the

document or court record with an explanation that the youth prefers a different designation. After establishing the legal identity of the youth, the FCM or other should use the preferred designation.

- Ensure that youth receive all transition-related treatment deemed medically necessary by their health care provider. If the youth enters care and is already on a hormone treatment plan, a physician knowledgeable about trans health issues should closely monitor this.
- Transgender youth may or may not seek surgery, hormones, or other transition-related medical care. These are deeply personal decisions. Parental consent is required for youth under age 18 to have reassignment surgery.

# LGBTQ Glossary

**Bisexual:** a person who is emotionally, romantically, and sexually attracted to both men and women.

**Gay:** a person whose emotional, romantic, and sexual attractions are primarily for individuals of the same sex, typically in reference to men. In some contexts, it is still used as a general term for gay men and lesbians.

**Gender expression:** a person's expression of their gender identity (see below), including characteristics and behaviors such as appearance, dress, mannerisms, speech patterns and social interactions.

**Gender Identity:** an individual's self-conception as being male or female (or rarely, both or neither) as distinguished from actual biological sex. Everyone has a gender identity.

**Gender identity disorder (GID):** a strong, persistent desire to be the opposite sex, as well as persistent discomfort about one's anatomical sex, or a sense of inappropriateness in the gender role corresponding to one's anatomical sex. GID is a diagnosable medical condition found in the *Diagnostic and Statistical Manual*.

**Heterosexism:** a belief system that assumes that heterosexuality is inherently preferable and superior to other forms of sexual orientation.

**Homophobia:** fear, hatred of, aversion to, or discrimination against homosexuality, LGBTQ individuals, or those perceived as LGBTQ, and anyone associated with LGBTQ persons.

**Homosexual:** a term used to refer to a person based on their same-sex sexual orientation, identity or behavior. Many LGBTQ individuals prefer not to use this term, especially as a noun, because of its historically negative use.

**In the closet:** keeping one's sexual orientation or gender identity secret.

**LGBTQ:** common acronym for lesbian, gay, bisexual, transgender, and questioning/queer–persons who despite their differences are often discriminated against in similar ways. Sometimes written to include I for intersex, and/or A for ally. May also be written GLBTQ.

**Lesbian:** a woman whose emotional, romantic, and sexual attractions are primarily for other women.

**Queer:** a historically derogatory term for gay men, lesbian, or gender-nonconforming individual. The term has been widely reclaimed, especially by younger LGBTQ individuals, as a positive social and political identity. It is sometimes

used as an inclusive, or umbrella, term for all LGBTQ individuals. More recently, queer has become common as a term of self-identification for those who do not identify with the restrictive and binary terms that have traditionally described sexual orientation (for instance, gay, lesbian, or bisexual only). Some LGBTQ community members still find queer an offensive or problematic term.

**Questioning:** an active process in which a person explores their own sexual orientation and/or gender identity, and questions the cultural assumptions that they are heterosexual and/or gender conforming. Many LGBTQ individuals go through this process before coming out. Not all who question their identities end up self-identifying as LGBTQ.

**Reparative or conversion therapy:** an intervention intended to change and individual's sexual orientation from homosexual to heterosexual, which is not condoned by the American Academy of Pediatrics, the American Psychiatric Association, or other major professional associations.

**Sexual orientation:** a term describing a person's emotional, romantic, and sexual attraction, whether it is for members of the same gender or different gender. More appropriate than sexual preference. An individual's sexual orientation may or may not dictate their sexual behavior or actions.

**Straight:** a term often used to identify an individual as heterosexual.

**Transgender:** an umbrella term that can be used to describe individuals whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms.

**Transition:** the time period when a transgender person starts living as the gender they identify as. Often includes a change in style of dress, new name, a request that individuals use the correct pronoun, and possibly hormone therapy and/or surgery.

**Transsexual:** a term for someone who transitions from one physical sex to another to bring their body more in line with their innate sense of gender identity. It includes those who were born male but whose gender identity is female, and those who were born female, but whose gender identity is male, as well as those who may not clearly identify as either male or female. Transsexual individuals have the same range of gender identities and gender expression as non-transsexuals. Many transsexuals refer to themselves as transgender.

# References

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***http://healthyminds.org/More-Info-For/GayLesbianBisexuals.aspx***

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Michael R. Pence, Governor

Mary Beth Bonaventura, Director
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# SFY2013 Region 1 Provider Usage

Region 1 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | CHILD PREPARATION | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | COUNSELING | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | DRUG TESTING AND SUPPLIES | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | HOMEMAKER/PARENT AID | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | PARENT EDUCATION | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | RANDOM DRUG TESTING | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | TRUANCY TERMINATION | X | No |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| CAMPAGNA ACADEMY INC. | DAY TREATMENT | X | No |
| CAMPAGNA ACADEMY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CAMPAGNA ACADEMY INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | DAY TREATMENT | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | HOMEMAKER/PARENT AID | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| CAPITOL CITY FAMILY AND EDUCATION SERVICES | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| CHILDREN'S TREE HOUSE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| CHOICES COUNSELING SERVICE PC | CHILD PREPARATION | X | No |
| CHOICES COUNSELING SERVICE PC | COUNSELING | X | Yes |
| CHOICES COUNSELING SERVICE PC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| CHOICES COUNSELING SERVICE PC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CHOICES COUNSELING SERVICE PC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| CHOICES COUNSELING SERVICE PC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| CHOICES COUNSELING SERVICE PC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| CHOICES COUNSELING SERVICE PC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | Yes |
| COUPLES MENTORING YOUTH AND FAMILY SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | No |
| CROWN COUNSELING LLC | COUNSELING | X | Yes |
| CROWN COUNSELING LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| CROWN COUNSELING LLC | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| CROWN COUNSELING LLC | FUNCTIONAL FAMILY THERAPY | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| CROWN COUNSELING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CROWN COUNSELING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CROWN COUNSELING LLC | PARENT EDUCATION | X | Yes |
| CROWN COUNSELING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| CROWN COUNSELING LLC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| CROWN COUNSELING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| CROWN COUNSELING LLC | TRUANCY TERMINATION | X | No |
| CROWN COUNSELING LLC | TUTORING/LITERACY CLASSES | X | No |
| CROWN COUNSELING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | X | Yes |
| DOCKSIDE SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | X | Yes |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| DOCKSIDE SERVICES INC. | TRUANCY TERMINATION | X | No |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| DREAM MAKERS FAMILY SERVICES LLC | HOMEMAKER/PARENT AID | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | CARE NETWORK | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | CHINS PARENT SUPPORT SERVICES | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | COUNSELING | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | DAY TREATMENT | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | DRUG TESTING AND SUPPLIES | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | HOMEMAKER/PARENT AID | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | MED-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES (CAIRS) | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | MED-MEDICATION TRAINING AND SUPPORT | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | PARENT EDUCATION | X | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | RANDOM DRUG TESTING | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | TRUANCY TERMINATION | X | No |
| EDUCATIONAL INTELLIGENCE INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| FAMILY FIRST SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| FAMILY FIRST SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| FAMILY FIRST SERVICES LLC | HOMEMAKER/PARENT AID | X | Yes |
| FAMILY FOCUS INC. | COUNSELING | X | Yes |
| FAMILY FOCUS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| FAMILY FOCUS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| FAMILY FOCUS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| FAMILY FOCUS INC. | HOMEMAKER/PARENT AID | X | Yes |
| FAMILY FOCUS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| FAMILY FOCUS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| FAMILY FOCUS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| FAMILY MATTERS INSTITUTE INC. | CHILD PREPARATION | X | No |
| FAMILY MATTERS INSTITUTE INC. | COUNSELING | X | No |
| FAMILY MATTERS INSTITUTE INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| FAMILY MATTERS INSTITUTE INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | No |
| FAMILY MATTERS INSTITUTE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | No |
| FAMILY MATTERS INSTITUTE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | No |
| FAMILY MATTERS INSTITUTE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| FAMILY MATTERS INSTITUTE INC. | RANDOM DRUG TESTING | X | No |
| FAMILY MATTERS INSTITUTE INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | No |
| FAMILY MATTERS INSTITUTE INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| FAMILY MATTERS INSTITUTE INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| FAMILY MATTERS INSTITUTE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | Yes |
| HDI FAMILY COUNSELING LLC | CHILD PREPARATION | X | No |
| HDI FAMILY COUNSELING LLC | COUNSELING | X | Yes |
| HDI FAMILY COUNSELING LLC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| HDI FAMILY COUNSELING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| HDI FAMILY COUNSELING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| HDI FAMILY COUNSELING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| HDI FAMILY COUNSELING LLC | RANDOM DRUG TESTING | X | Yes |
| HDI FAMILY COUNSELING LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| HDI FAMILY COUNSELING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| HELP AT HOME INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOMEMAKER/PARENT AID | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| MCCAIN CONSULTING GROUP LLC. | DAY TREATMENT | X | Yes |
| MCCAIN CONSULTING GROUP LLC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | COUNSELING | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | DRUG TESTING AND SUPPLIES | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOMEMAKER/PARENT AID | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | PARENT EDUCATION | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | RANDOM DRUG TESTING | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES P.C. | COUNSELING | X | Yes |
| MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES P.C. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| MID-AMERICA PSYCHOLOGICAL & COUNSELING SERVICES P.C. | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | COUNSELING | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | PARENT EDUCATION | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | TRUANCY TERMINATION | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENT EDUCATION | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | CHILD PREPARATION | X | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | COUNSELING | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DRUG TESTING AND SUPPLIES | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | FUNCTIONAL FAMILY THERAPY | X | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOMEMAKER/PARENT AID | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | RANDOM DRUG TESTING | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TRUANCY TERMINATION | X | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| NORTH STAR SERVICES LLC. | COUNSELING | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| NORTH STAR SERVICES LLC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NORTH STAR SERVICES LLC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NORTH STAR SERVICES LLC. | HOMEMAKER/PARENT AID | X | Yes |
| NORTH STAR SERVICES LLC. | PARENT EDUCATION | X | Yes |
| NORTH STAR SERVICES LLC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NORTH STAR SERVICES LLC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | COUNSELING | X | Yes |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | CHILD PREPARATION | X | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | COUNSELING | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | DRUG TESTING AND SUPPLIES | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | FUNCTIONAL FAMILY THERAPY | X | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOMEMAKER/PARENT AID | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | RANDOM DRUG TESTING | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | TRUANCY TERMINATION | X | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| PILGRIM MISSIONARY BAPTIST CHURCH INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| PORTER-STARKE SERVICES INC. | DRUG TESTING AND SUPPLIES | X | No |
| PORTER-STARKE SERVICES INC. | RANDOM DRUG TESTING | X | No |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| PROMISING FUTURES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | X | Yes |
| PROMISING FUTURES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| Psi Services Iii Inc. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | No |
| Psi Services Iii Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| PUTTING "U" IN THE COMMUNITY INCORPORATED | PARENT EDUCATION | X | No |
| REPAIRERS OF THE BREACH INCORPORATED | HOMEMAKER/PARENT AID | X | No |
| RISING STARS' ACADEMY LLC | HOMEMAKER/PARENT AID | X | Yes |
| RISING STARS' ACADEMY LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| RONALD RUFF PC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| SELAH ACADEMY INCORPORATED | COUNSELING | X | No |
| SELAH ACADEMY INCORPORATED | DAY TREATMENT | X | Yes |
| SELAH ACADEMY INCORPORATED | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| SELAH ACADEMY INCORPORATED | TRUANCY TERMINATION | X | No |
| SIBIS COUNSELING CENTER LLC | COUNSELING | X | Yes |
| SIBIS COUNSELING CENTER LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| SIBIS COUNSELING CENTER LLC | PARENT EDUCATION | X | Yes |
| SIBIS COUNSELING CENTER LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| SIBIS COUNSELING CENTER LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| SIBIS COUNSELING CENTER LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| SIBIS COUNSELING CENTER LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | COUNSELING | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | HOMEMAKER/PARENT AID | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | X | No |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | X | No |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | PARENT EDUCATION | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| SOUTHLAKE COMMUNITY MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | COMMUNITY PARTNER SERVICES | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | CROSS-SYSTEM CARE COORDINATION | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | FATHER ENGAGEMENT PROGRAMS | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| SPICER ELAINE G. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| TEENS IN ACTION INC. | COUNSELING | X | Yes |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| TEENS IN ACTION INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| TEENS IN ACTION INC. | PARENT EDUCATION | X | Yes |
| TEENS IN ACTION INC. | RANDOM DRUG TESTING | X | Yes |
| TEENS IN ACTION INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| TEENS IN ACTION INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| TEENS IN ACTION INC. | TRUANCY TERMINATION | X | No |
| TEENS IN ACTION INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| THE CARING CORNER L.L.C. | CHILD PREPARATION | X | No |
| THE CARING CORNER L.L.C. | COUNSELING | X | Yes |
| THE CARING CORNER L.L.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| THE CARING CORNER L.L.C. | DRUG TESTING AND SUPPLIES | X | No |
| THE CARING CORNER L.L.C. | FUNCTIONAL FAMILY THERAPY | X | Yes |
| THE CARING CORNER L.L.C. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| THE CARING CORNER L.L.C. | PARENT EDUCATION | X | Yes |
| THE CARING CORNER L.L.C. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| THE CARING CORNER L.L.C. | RANDOM DRUG TESTING | X | Yes |
| THE CARING CORNER L.L.C. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| THE CARING CORNER L.L.C. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| THE CARING CORNER L.L.C. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| THE VILLAGES OF INDIANA INC. | COMMUNITY PARTNER SERVICES | X | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENT EDUCATION | X | Yes |
| THE VILLAGES OF INDIANA INC. | RANDOM DRUG TESTING | X | Yes |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| TRINITY FAITH-BASED UNIVERSITY | COUNSELING | X | No |
| TRINITY FAITH-BASED UNIVERSITY | DRUG TESTING AND SUPPLIES | X | No |
| TRINITY FAITH-BASED UNIVERSITY | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | No |

| Provider Name | Service Description | Lake | Region Payment in SFY2013? |
|---|---|---|---|
| TRINITY FAITH-BASED UNIVERSITY | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | No |
| TRINITY FAITH-BASED UNIVERSITY | HOMEMAKER/PARENT AID | X | No |
| TRINITY FAITH-BASED UNIVERSITY | RANDOM DRUG TESTING | X | No |
| TRINITY FAITH-BASED UNIVERSITY | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| TRINITY FAITH-BASED UNIVERSITY | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| TRINITY FAITH-BASED UNIVERSITY | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| WILLOWGLEN ACADEMY - INDIANA INC. | DAY TREATMENT | X | No |
| WILLOWGLEN ACADEMY - INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | Yes |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| WRFS SERVICES | COUNSELING | X | Yes |
| WRFS SERVICES | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| WRFS SERVICES | PARENT EDUCATION | X | No |
| WRFS SERVICES | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| WRFS SERVICES | TRUANCY TERMINATION | X | No |
| WRFS SERVICES | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | No |

# SFY2013 Region 2 Provider Usage

Region 2 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | COUNSELING | | X | | X | | | No |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | DIAGNOSTIC AND EVALUATION SERVICES | | X | | X | | | No |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | X | | | No |
| APOSTOLIC YOUTH & FAMILY SERVICES INCORPORATED | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | | No |
| BRIGHTER TOMORROWS INC. | COUNSELING | | | | | X | X | Yes |
| BRIGHTER TOMORROWS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | X | X | No |
| CENTER POINT COMMUNITY BASED SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| CENTER POINT COMMUNITY BASED SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| CHOICES COUNSELING SERVICE PC | COUNSELING | | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | DAY TREATMENT | X | X | X | X | X | X | No |
| CHOICES COUNSELING SERVICE PC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| CHOICES INC. | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | No |
| CROWN COUNSELING LLC | COUNSELING | | | | X | | | Yes |
| CROWN COUNSELING LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | | No |
| CROWN COUNSELING LLC | DOMESTIC VIOLENCE BATTERERS | | | | X | | | Yes |
| CROWN COUNSELING LLC | FUNCTIONAL FAMILY THERAPY | | | | X | | | No |
| CROWN COUNSELING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | Yes |
| CROWN COUNSELING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | | Yes |
| CROWN COUNSELING LLC | PARENT EDUCATION | | | | X | | | No |
| CROWN COUNSELING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | | | No |
| CROWN COUNSELING LLC | SERVICES TO LOCATE ABSENT PARENT RELATIVE OR PRIMARY CAREGIVER | | | | X | | | No |
| CROWN COUNSELING LLC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | | | No |
| CROWN COUNSELING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | | No |
| CROWN COUNSELING LLC | TRUANCY TERMINATION | | | | X | | | No |
| CROWN COUNSELING LLC | TUTORING/LITERACY CLASSES | | | | X | | | No |
| CROWN COUNSELING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | Yes |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | | | | No |
| DREAM MAKERS FAMILY SERVICES LLC | HOMEMAKER/PARENT AID | | | | X | | | No |
| DUNEBROOK INC | PARENT EDUCATION | X | X | X | X | X | X | Yes |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | DAY TREATMENT | | | | X | | | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | DRUG TESTING AND SUPPLIES | | | | X | | | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | RANDOM DRUG TESTING | | | | X | | | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | TRUANCY TERMINATION | | | | X | | | No |
| EDGEWATER SYSTEMS FOR BALANCED LIVING INC. | TUTORING/LITERACY CLASSES | | | | X | | | No |
| EDUCATIONAL INTELLIGENCE INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | X | | | Yes |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| ERIC FOSTER INC. | COUNSELING | | | | | | X | No |
| ERIC FOSTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | | X | No |
| ERIC FOSTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | | X | Yes |
| ERIC FOSTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | | X | Yes |
| ERIC FOSTER INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | X | Yes |
| F.I.R.E. INC. | DOMESTIC VIOLENCE BATTERERS | | X | | | | | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | DRUG TESTING AND SUPPLIES | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | PARENT EDUCATION | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | RANDOM DRUG TESTING | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | | | | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | | X | No |
| FAMILY FOCUS INC. | COUNSELING | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| FAMILY FOCUS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| FAMILY FOCUS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| FAMILY HOUSE INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| FAMILY MATTERS INSTITUTE INC. | COUNSELING | | X | | X | | | No |
| FAMILY MATTERS INSTITUTE INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | X | | | No |
| FAMILY MATTERS INSTITUTE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | | | No |
| FAMILY MATTERS INSTITUTE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | | | No |
| FAMILY MATTERS INSTITUTE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | X | | | No |
| FAMILY MATTERS INSTITUTE INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | X | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | CARE NETWORK | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | COUNSELING | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE BATTERERS | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | DRUG TESTING AND SUPPLIES | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | HOMEMAKER/PARENT AID | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | PARENT EDUCATION | | | | | X | | No |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | RANDOM DRUG TESTING | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | | Yes |
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | X | | Yes |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| FOUR COUNTY COMPREHENSIVE MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOMEMAKER/PARENT AID | | | | | X | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | | No |
| GIBAULT INC. | PARENT EDUCATION | X | X | X | X | X | X | No |
| GIBAULT INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| HARMONY HOUSE/CASA PROGRAM OF LAPORTE COUNTY INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| HELP AT HOME INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| HELP AT HOME INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| HELP AT HOME INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| KELLY HALCARZ | COUNSELING | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | COUNSELING | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | DAY TREATMENT | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | No |
| KEYS COUNSELING INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | No |
| KEYS COUNSELING INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | TRUANCY TERMINATION | X | X | X | X | X | X | Yes |
| KEYS COUNSELING INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | | X | Yes |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOMEMAKER/PARENT AID | | X | | X | | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | X | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | COUNSELING | | X | | | | | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | HOMEMAKER/PARENT AID | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | MED-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES (CAIRS) | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | MED-MEDICATION TRAINING AND SUPPORT | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | PARENT EDUCATION | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | | | No |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | Yes |
| LAPORTE COUNTY COMPREHENSIVE MENTAL HEALTH COUNCIL INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| LINK PSYCHOLOGICAL & CONSULTING SERVICE P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | X | | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | PARENT EDUCATION | X | | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | TRUANCY TERMINATION | X | | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | X | | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | | X | | | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | COUNSELING | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DAY TREATMENT | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DIAGNOSTIC AND EVALUATION SERVICES | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DRUG TESTING AND SUPPLIES | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | FUNCTIONAL FAMILY THERAPY | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOMEMAKER/PARENT AID | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | RANDOM DRUG TESTING | | X | | X | | | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | SUBSTANCE USE DISORDER ASSESSMENT | | X | | X | | | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| NHI CORP. (D/B/A: NEW HORIZON INC) | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TRUANCY TERMINATION | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TUTORING/LITERACY CLASSES | | X | | X | | | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | | No |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | COUNSELING | | | | X | | | No |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | | No |
| NORTHWEST PSYCHOLOGICAL SERVICES P.C. | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | COUNSELING | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | DAY TREATMENT | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | DRUG TESTING AND SUPPLIES | | X | | X | | | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | FUNCTIONAL FAMILY THERAPY | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | HOMEMAKER/PARENT AID | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | RANDOM DRUG TESTING | | X | | X | | | Yes |
| NUSOURCE EDUCATIONAL SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | TRUANCY TERMINATION | | X | | X | | | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| NUSOURCE EDUCATIONAL SERVICES INC. | TUTORING/LITERACY CLASSES | | X | | X | | | No |
| NUSOURCE EDUCATIONAL SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | | No |
| PORTER-STARKE SERVICES INC. | CHINS PARENT SUPPORT SERVICES | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | COUNSELING | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | No |
| PORTER-STARKE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | PARENT EDUCATION | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | No |
| PORTER-STARKE SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | X | No |
| PORTER-STARKE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | X | No |
| PROMISING FUTURES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | X | | | Yes |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | | X | | X | | | No |
| PROMISING FUTURES INC. | TUTORING/LITERACY CLASSES | | X | | X | | | No |
| PROMISING FUTURES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | | No |
| PUTTING "U" IN THE COMMUNITY INCORPORATED | PARENT EDUCATION | | X | | X | | | No |
| PUTTING "U" IN THE COMMUNITY INCORPORATED | TUTORING/LITERACY CLASSES | | X | | X | | | No |
| REPAIRERS OF THE BREACH INCORPORATED | HOMEMAKER/PARENT AID | | | | X | | | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| SELAH ACADEMY INCORPORATED | COUNSELING | | X | | | | | No |
| SELAH ACADEMY INCORPORATED | DAY TREATMENT | | X | | | | | Yes |
| SELAH ACADEMY INCORPORATED | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | | | | No |
| SIBIS COUNSELING CENTER LLC | COUNSELING | | X | | | | | No |
| SIBIS COUNSELING CENTER LLC | PARENT EDUCATION | | X | | | | | No |
| SIBIS COUNSELING CENTER LLC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | No |
| SIBIS COUNSELING CENTER LLC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | No |
| SOUTHLAKE/TRI-CITY MANAGEMENT CORP. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| SPICER ELAINE G. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | Yes |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY AN ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY AN ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY AN ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY AN ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | PARENT EDUCATION | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| URBAN SUNS COMMUNITY DEVELOPMENT | TUTORING/LITERACY CLASSES | | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | CHINS PARENT SUPPORT SERVICES | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | COUNSELING | X | | X | | | | Yes |
| WABASH VALLEY ALLIANCE INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | | | | Yes |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | HOMEMAKER/PARENT AID | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | PARENT EDUCATION | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | X | | | | No |
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | | | | Yes |
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | | | | Yes |
| WABASH VALLEY ALLIANCE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | | | | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | X | Yes |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| WORK-COMP MANAGEMENT SERVICES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| WORK-COMP MANAGEMENT SERVICES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF PORTER COUNTY INC | COUNSELING | X | X | X | X | X | X | Yes |
| YOUTH SERVICE BUREAU OF PORTER COUNTY INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | No |
| YWCA NORTH CENTRAL INDIANA INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | | | | No |
| YWCA NORTH CENTRAL INDIANA INC. | DRUG TESTING AND SUPPLIES | | X | | | | | No |
| YWCA NORTH CENTRAL INDIANA INC. | RANDOM DRUG TESTING | | X | | | | | No |

| Provider Name | Service Description | Jasper | Laporte | Newton | Porter | Pulaski | Starke | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| YWCA NORTH CENTRAL INDIANA INC. | RESIDENTIAL SUBSTANCE USE TREATMENT | | X | | | | | Yes |
| YWCA NORTH CENTRAL INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | No |
| YWCA NORTH CENTRAL INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | No |

# SFY2013 Region 3 Provider Usage

Region 3 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| BRIGHTER TOMORROWS INC. | COUNSELING | | X | | | No |
| CATES & ASSOCIATES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | No |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| CENTER FOR PROBLEM RESOLUTION INC. | COUNSELING | X | X | X | X | Yes |
| CENTER FOR PROBLEM RESOLUTION INC. | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | Yes |
| CENTER FOR PROBLEM RESOLUTION INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | Yes |
| CENTER FOR PROBLEM RESOLUTION INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | Yes |
| CHILD AND PARENT SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | Yes |
| CHILD AND PARENT SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| CHOICES COUNSELING SERVICE PC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | No |
| CHOICES COUNSELING SERVICE PC | TUTORING/LITERACY CLASSES | X | X | X | X | Yes |
| CLINICAL NEUROPSYCHOLOGY PC | COUNSELING | X | X | X | X | Yes |
| CLINICAL NEUROPSYCHOLOGY PC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | COUNSELING | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DAY TREATMENT | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | No |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | X | | | X | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | TUTORING/LITERACY CLASSES | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | Yes |
| ERIC FOSTER INC. | COUNSELING | | X | X | X | Yes |
| ERIC FOSTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | Yes |
| ERIC FOSTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | X | Yes |
| ERIC FOSTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | X | Yes |
| ERIC FOSTER INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| F.I.R.E. INC. | DOMESTIC VIOLENCE BATTERERS | X | | X | X | Yes |
| F.I.R.E. INC. | PARENT EDUCATION | X | X | X | X | Yes |
| F.I.R.E. INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| Families First Indiana Inc. | PARENT EDUCATION | X | X | X | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | CHILD PREPARATION | X | X | X | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | COUNSELING | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | Yes |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | PARENT EDUCATION | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | No |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | Yes |
| INTERBEING LLC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| KEYS COUNSELING INC. | DAY TREATMENT | X | X | X | X | Yes |
| KEYS COUNSELING INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | No |
| KEYS COUNSELING INC. | FAMILY PREPARATION | X | X | X | X | No |
| KEYS COUNSELING INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| KEYS COUNSELING INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| KEYS COUNSELING INC. | HOMEMAKER/PARENT AID | X | X | X | X | Yes |
| KEYS COUNSELING INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | No |
| KEYS COUNSELING INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | Yes |
| KEYS COUNSELING INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | Yes |
| KEYS COUNSELING INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | | X | Yes |
| KEYS COUNSELING INC. | TRUANCY TERMINATION | X | | X | X | Yes |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | CHILD PREPARATION | X | | X | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FAMILY PREPARATION | X | | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOMEMAKER/PARENT AID | X | | X | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | COUNSELING | X | | | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | X | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | Yes |
| LINCOLN COUNSELING P.C. (dba: Lincoln Therapeutic Partnership) | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | COUNSELING | X | X | X | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | COUNSELING | X | | | X | No |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | DRUG TESTING AND SUPPLIES | X | | | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | HOMEMAKER/PARENT AID | X | | | X | Yes |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | No |
| METROPOLITAN OASIS COMMUNITY DEVELOPMENT CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | No |
| OAKLAWN PSYCHIATRIC CENTER INC | CARE NETWORK | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | COUNSELING | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | No |
| OAKLAWN PSYCHIATRIC CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | HOMEMAKER/PARENT AID | | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | | | | X | No |
| OAKLAWN PSYCHIATRIC CENTER INC | PARENT EDUCATION | | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | No |
| OAKLAWN PSYCHIATRIC CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | Yes |
| OAKLAWN PSYCHIATRIC CENTER INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | | X | Yes |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| OAKLAWN PSYCHIATRIC CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | Yes |
| PORTER-STARKE SERVICES INC. | DRUG TESTING AND SUPPLIES | | | X | | No |
| PORTER-STARKE SERVICES INC. | RANDOM DRUG TESTING | | | X | | No |
| PROMISING FUTURES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | No |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | | | | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | COUNSELING | X | | | | Yes |
| RIGHT MIND PROFESSIONAL CORP. | FAMILY PREPARATION | X | | | | No |
| RIGHT MIND PROFESSIONAL CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | No |
| RIGHT MIND PROFESSIONAL CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | No |
| SOUTH BEND MENTAL HEALTH ASSOCIATES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | CHILD PREPARATION | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | No |
| SUMMIT COUNSELING SERVICES P.C. | COUNSELING | X | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | PARENT EDUCATION | | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | Yes |
| SUMMIT COUNSELING SERVICES P.C. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | | X | Yes |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| SUMMIT COUNSELING SERVICES P.C. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | CARE NETWORK | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | COUNSELING | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | CROSS-SYSTEM CARE COORDINATION | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DAY TREATMENT | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DOMESTIC VIOLENCE BATTERERS | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DRUG TESTING AND SUPPLIES | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | FATHER ENGAGEMENT PROGRAMS | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOMEMAKER/PARENT AID | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | MED-MEDICATION TRAINING AND SUPPORT | | X | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | PARENT EDUCATION | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | No |

| Provider Name | Service Description | Elkhart | Kosciusko | Marshall | St. Joseph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | Yes |
| TURNING POINT COUNSELING SERVICES LLC | COUNSELING | X | | | | No |
| WRFS SERVICES | COUNSELING | | | | X | Yes |
| WRFS SERVICES | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | No |
| WRFS SERVICES | FATHER ENGAGEMENT PROGRAMS | | | | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | Yes |
| WRFS SERVICES | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | X | Yes |
| YOUTH SERVICE BUREAU OF ST. JOSEPH COUNTY INC. | COUNSELING | | | | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | No |
| YWCA NORTH CENTRAL INDIANA INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | Yes |
| YWCA NORTH CENTRAL INDIANA INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | No |
| YWCA NORTH CENTRAL INDIANA INC. | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | Yes |
| YWCA NORTH CENTRAL INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | No |
| YWCA NORTH CENTRAL INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | Yes |

# SFY2013 Region 4 Provider Usage

Region 4 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NORTHEASTERN CENTER INC | CARE NETWORK | | | X | | X | X | X | | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | CARE NETWORK | | X | X | X | X | X | X | | X | No |
| DOCKSIDE SERVICES INC. | CHILD PREPARATION | | X | X | | X | | X | | | No |
| RIGHT MIND PROFESSIONAL CORP. | CHILD PREPARATION | | | | | X | | | | | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | CHILD PREPARATION | X | X | X | X | X | X | X | X | X | Yes |
| CRIME VICTIM CARE OF ALLEN | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | X | X | No |
| RES-CARE INC | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | X | X | No |
| CARING ABOUT PEOPLE INC | COUNSELING | | X | | | | | | | | No |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | COUNSELING | X | X | X | X | X | X | X | X | X | Yes |
| CRIME VICTIM CARE OF ALLEN | COUNSELING | X | X | X | X | X | X | X | X | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | COUNSELING | X | X | X | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | | X | X | | X | | X | | | Yes |
| FAMILY AND CHILDREN'S SERVICES INC | COUNSELING | | X | | | | | | | | Yes |
| FAMILY SERVICE SOCIETY INC | COUNSELING | | | | X | | | | X | | Yes |
| LUTHERAN SOCIAL SERVICES INC | COUNSELING | | X | X | | X | X | X | | X | Yes |
| NORTHEASTERN CENTER INC | COUNSELING | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | COUNSELING | X | X | | | | | | X | | Yes |
| RES-CARE INC | COUNSELING | X | X | X | X | X | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | COUNSELING | | | | | X | | | | | No |
| SCAN INC. | COUNSELING | | X | | X | | | | | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | COUNSELING | | X | | | | | | | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | COUNSELING | | X | X | X | X | X | X | | X | Yes |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | X | X | X | Yes |
| WRFS SERVICES | COUNSELING | | X | | | | | | | | No |
| YOUTH OPPORTUNITY CENTER INC. | COUNSELING | X | X | X | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | COUNSELING | X | | | | | | | X | | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | X | X | X | X | Yes |
| RES-CARE INC | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | X | X | X | X | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | CROSS-SYSTEM CARE COORDINATION | | X | | X | X | X | | | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DAY TREATMENT | X | X | X | X | X | X | X | X | X | No |
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | DAY TREATMENT | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DAY TREATMENT | | X | | X | X | X | | | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DAY TREATMENT | X | | | | | | | X | | Yes |
| NORTHEASTERN CENTER INC | DETOXIFICATION SERVICES | | | X | | X | X | X | | | No |
| CATES & ASSOCIATES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | No |
| FAMILY AND CHILDREN'S SERVICES INC | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | | | | | Yes |
| FAMILY SERVICE SOCIETY INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | | | X | | Yes |
| NORTHEASTERN CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | | | | | X | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | X | X | X | X | X | | X | Yes |
| WRFS SERVICES | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | | | | X | | No |
| CENTER FOR NONVIOLENCE INC. | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | X | X | X | X | X | Yes |
| CENTER FOR PROBLEM RESOLUTION INC. | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | X | X | X | X | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DOMESTIC VIOLENCE BATTERERS | | X | | X | X | X | | | X | Yes |
| CRIME VICTIM CARE OF ALLEN | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | X | X | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | X | X | X | | | X | No |
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | | X | X | | X | | X | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | X | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | DRUG TESTING AND SUPPLIES | | X | | X | X | X | | | X | Yes |
| DOCKSIDE SERVICES INC. | FAMILY PREPARATION | | X | X | | X | | X | | | No |
| LUTHERAN SOCIAL SERVICES INC | FAMILY PREPARATION | | X | X | | X | X | X | | X | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | FAMILY PREPARATION | X | X | X | X | X | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | FAMILY PREPARATION | | | | | X | | | | | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | X | X | X | No |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | FAMILY PREPARATION | X | X | X | X | X | X | X | X | X | Yes |
| CARING ABOUT PEOPLE INC | FATHER ENGAGEMENT PROGRAMS | | X | | | | | | | | No |
| CRIME VICTIM CARE OF ALLEN | FATHER ENGAGEMENT PROGRAMS | | X | | | | | | | | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| SCAN INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | X | X | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | FATHER ENGAGEMENT PROGRAMS | | X | | X | X | X | | | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | X | X | X | No |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | X | X | X | No |
| CARING ABOUT PEOPLE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | | | X | | | Yes |
| CRIME VICTIM CARE OF ALLEN | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| DEKALB COUNTY PARENT GROUP FOR HANDICAPPED CHILDREN D/B/A CHILDREN FIRST CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | X | X | X | | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | X | | X | | | Yes |
| FAMILY CENTERED SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | | X | | Yes |
| FAMILY SERVICE SOCIETY INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | | X | | Yes |
| GATEWAY WOODS FAMILY SERVICES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| LUTHERAN SOCIAL SERVICES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | X | X | X | | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NORTHEASTERN CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | | | | | X | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | | | | | Yes |
| SCAN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | | | | Yes |
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | | | | Yes |
| THE ARC OF NORTHEAST INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | X | X | X | X | | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | X | | | | | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | | | | X | | Yes |
| YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | | | | | Yes |
| CARING ABOUT PEOPLE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | | | | No |
| CRIME VICTIM CARE OF ALLEN | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | | | | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| DEKALB COUNTY PARENT GROUP FOR HANDICAPPED CHILDREN D/B/A CHILDREN FIRST CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | X | X | X | | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | X | | X | | | Yes |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| LUTHERAN SOCIAL SERVICES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | X | X | X | | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | No |
| NORTHEASTERN CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | | | | | X | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | | | | | Yes |
| SCAN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | X | X | X | X | | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | | | | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | | | X | | Yes |
| CRIME VICTIM CARE OF ALLEN | HOMEMAKER/PARENT AID | | X | | | | | | | | Yes |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | | X | X | | X | | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | HOMEMAKER/PARENT AID | | | | X | | | | X | | Yes |
| GATEWAY WOODS FAMILY SERVICES INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | No |
| LUTHERAN SOCIAL SERVICES INC | HOMEMAKER/PARENT AID | | X | X | | X | X | X | | X | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | No |
| NORTHEASTERN CENTER INC | HOMEMAKER/PARENT AID | | | X | | X | X | X | | | Yes |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | | X | | | | | | | | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | No |
| SCAN INC. | HOMEMAKER/PARENT AID | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | HOMEMAKER/PARENT AID | | X | X | X | X | X | X | | X | Yes |
| TODD LYNN | HOMEMAKER/PARENT AID | | | | | | X | | | X | Yes |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOMEMAKER/PARENT AID | X | | | | | | | X | | Yes |
| YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY INC. | HOMEMAKER/PARENT AID | | | | X | | | | | | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | X | X | X | No |
| NORTHEASTERN CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | | | X | | X | X | X | | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | MED-MEDICATION TRAINING AND SUPPORT | | X | X | X | X | X | X | | X | No |
| CONNECTIONS INC | PARENT EDUCATION | X | X | X | X | X | X | X | X | X | No |
| CRIME VICTIM CARE OF ALLEN | PARENT EDUCATION | X | X | X | X | X | X | X | X | X | Yes |
| DEKALB COUNTY PARENT GROUP FOR HANDICAPPED CHILDREN D/B/A CHILDREN FIRST CENTER INC. | PARENT EDUCATION | | | X | | X | X | X | | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | X | X | X | X | No |
| NORTHEASTERN CENTER INC | PARENT EDUCATION | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | PARENT EDUCATION | X | X | | | | | | X | | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | PARENT EDUCATION | | X | X | X | X | X | X | | X | Yes |
| WOMEN'S BUREAU INC | PARENT EDUCATION | X | X | X | X | X | X | X | X | X | No |
| WRFS SERVICES | PARENT EDUCATION | | X | | | | | | | | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | PARENT EDUCATION | X | | | | | | | X | | No |
| CARING ABOUT PEOPLE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | | | | | | | Yes |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | X | | X | | | No |
| FAMILY SERVICE SOCIETY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | | | | X | | No |
| PARK CENTER INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | | | | | | X | | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | X | X | No |
| RIGHT MIND PROFESSIONAL CORP. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | X | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | X | X | X | X | | X | Yes |
| WRFS SERVICES | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | X | | | | | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | | | | | X | | Yes |
| CARING ABOUT PEOPLE INC | RANDOM DRUG TESTING | | X | | | | | | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | X | X | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | RANDOM DRUG TESTING | | X | | X | X | X | | | X | Yes |
| NORTHEASTERN CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | | | X | | X | X | X | | | No |
| CRIME VICTIM CARE OF ALLEN | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | | X | X | | X | | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | X | X | No |
| YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | X | | | | | | Yes |
| DOCKSIDE SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | X | | X | | X | | | No |
| FAMILY SERVICE SOCIETY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | | | | X | | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | X | X | Yes |
| PHOENIX ASSOCIATES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | | | X | X | X | X | Yes |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | | | | | | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | | | | X | | No |
| FAMILY SERVICE SOCIETY INC | SPECIALIZED SERVICES | | | | X | | | | X | | Yes |
| HOPE HOUSE INC | SPECIALIZED SERVICES | X | X | X | X | X | X | X | X | X | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | | X | | | | | | | | Yes |
| CARING ABOUT PEOPLE INC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | | | | Yes |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | | X | | X | | | Yes |
| FAMILY AND CHILDREN'S SERVICES INC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | | | | Yes |
| NORTHEASTERN CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | | | | | X | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | X | X | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | X | | X | X | | X | Yes |
| CARING ABOUT PEOPLE INC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | | | | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | | X | | X | | | Yes |
| FAMILY AND CHILDREN'S SERVICES INC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | | | | Yes |
| NORTHEASTERN CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | X | X | X | | | Yes |
| PARK CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | | | | | X | | Yes |
| PHOENIX ASSOCIATES INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | X | X | X | X | Yes |
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | X | X | X | X | | X | Yes |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | X | X | No |
| CRIME VICTIM CARE OF ALLEN | SUPPORT GROUPS FOR RESOURCE FAMILIES | | X | | | | | | | | No |
| YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | | | | X | | | | X | | No |

| Provider Name | Service Description | Adams | Allen | DeKalb | Huntington | LaGrange | Noble | Steuben | Wells | Whitley | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | X | | X | | X | | | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | X | X | No |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | TRUANCY TERMINATION | | X | | X | X | X | | | X | No |
| PROMISING FUTURES INC. | TUTORING/LITERACY CLASSES | | X | | | | | | | | Yes |
| TEACH OUR CHILDREN FUND INC | TUTORING/LITERACY CLASSES | | X | | | | | | | | Yes |
| CARING ABOUT PEOPLE INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | | | | | No |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | X | X | Yes |
| DEKALB COUNTY PARENT GROUP FOR HANDICAPPED CHILDREN D/B/A CHILDREN FIRST CENTER INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | X | X | X | | X | Yes |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | X | | X | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | X | X | Yes |
| NORTHEASTERN CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | X | X | X | | | Yes |
| SCAN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | | | | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | X | X | No |
| THE ARC OF NORTHEAST INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | | | | | Yes |
| THE OTIS R. BOWEN CENTER FOR HUMAN SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | X | X | X | X | | X | Yes |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | X | X | No |
| YOUTH SERVICES BUREAU OF HUNTINGTON COUNTY INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | | | | | Yes |

# SFY2013 Region 5 Provider Usage

Region 5 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| BAUER FAMILY RESOURCES INC | CHINS PARENT SUPPORT SERVICES | | | | | X | | X | No |
| BAUER FAMILY RESOURCES INC | COUNSELING | X | X | X | | X | | X | Yes |
| BAUER FAMILY RESOURCES INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | PARENT EDUCATION | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| BAUER FAMILY RESOURCES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | Yes |
| BAUER FAMILY RESOURCES INC | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | X | X | No |
| BAUER FAMILY RESOURCES INC | TRUANCY TERMINATION | | | | | X | | | No |
| BAUER FAMILY RESOURCES INC | TUTORING/LITERACY CLASSES | | | | | X | | | No |
| BAUER FAMILY RESOURCES INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | | | Yes |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| CHILD & FAMILY PARTNERS INC. | COUNSELING | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | FUNCTIONAL FAMILY THERAPY | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | PARENT EDUCATION | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | No |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | X | No |
| DAMAR SERVICES INC. | COUNSELING | | | | | X | | | No |
| FAMILIES UNITED INC. | COUNSELING | X | | | X | X | X | | Yes |
| FAMILIES UNITED INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | X | X | | Yes |

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| FAMILIES UNITED INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | X | X | X | | Yes |
| FAMILY FOCUS INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | | | X | | No |
| FAMILY FOCUS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | | X | | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | X | | | | | | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | X | | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | X | | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | | | | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | X | | X | Yes |
| HELP AT HOME INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | No |
| HOWARD COMMUNITY HOSPITAL | COUNSELING | | | X | | | | | Yes |
| HOWARD COMMUNITY HOSPITAL | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | MED-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES (CAIRS) | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | PARENT EDUCATION | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | X | | | | | No |
| HOWARD COMMUNITY HOSPITAL | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | | | No |

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| HOWARD COMMUNITY HOSPITAL | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | | | No |
| HOWARD COUNTY BOARD OF COUNTY COMMISSIONERS | FUNCTIONAL FAMILY THERAPY | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | COUNSELING | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | DIAGNOSTIC AND EVALUATION SERVICES | | X | X | | X | | X | No |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | HOMEMAKER/PARENT AID | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | X | | X | Yes |
| I AM INC d.b.a. HGCF | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | | X | | X | No |
| I AM INC d.b.a. HGCF | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | X | | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| PAKT LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | | | Yes |
| PAKT LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | | | No |
| PAKT LLC | RANDOM DRUG TESTING | | | | | X | | | Yes |
| RES-CARE INC | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | X | X | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | No |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | | | | | X | | | Yes |

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | DAY TREATMENT | | | | | X | | | Yes |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | FUNCTIONAL FAMILY THERAPY | | | | | X | | | No |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | | | Yes |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | | | Yes |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | | | X | | | No |
| TIPPECANOE COUNTY BOARD OF COMMISSIONERS | TRUANCY TERMINATION | | | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| WABASH VALLEY ALLIANCE INC. | COUNSELING | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | | X | | No |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | No |
| WABASH VALLEY ALLIANCE INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | MED-MEDICATION TRAINING AND SUPPORT | | | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | PARENT EDUCATION | X | X | X | X | X | X | X | No |
| WABASH VALLEY ALLIANCE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Benton | Carroll | Clinton | Fountain | Tippecanoe | Warren | White | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | Yes |
| WABASH VALLEY ALLIANCE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | X | X | No |
| WORK-COMP MANAGEMENT SERVICES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | Yes |
| WORK-COMP MANAGEMENT SERVICES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | X | No |

# SFY2013 Region 6 Provider Usage

Region 14 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| COMMUNITY HOSPITALS OF INDIANA INC | CARE NETWORK | | | | | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | CARE NETWORK | | | X | | | No |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | X | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | CHILD PREPARATION | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | COUNSELING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | COUNSELING | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | | | | | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | COUNSELING | X | X | X | X | X | Yes |
| ALLIANCE FOR LIFE LLC | COUNSELING | | | | X | X | No |
| CASSANDRA MCCONN INC. | COUNSELING | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | COUNSELING | X | X | X | X | X | Yes |
| CRUSER DEBRA | COUNSELING | X | | | | X | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | | | X | | | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | COUNSELING | | | | X | X | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | COUNSELING | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | COUNSELING | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | COUNSELING | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | COUNSELING | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | COUNSELING | X | X | X | | | Yes |
| MELISSA R. HUNTER LMHC | COUNSELING | X | X | X | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| GIBAULT INC. | DAY TREATMENT | X | X | X | X | X | Yes |
| BARTHOLOMEW COUNTY BOARD OF COUNTY COMMISSIONERS | DAY TREATMENT | X | | | | | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| ALLIANCE FOR LIFE LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| CASSANDRA MCCONN INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| WRFS SERVICES | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| DALTON AND ASSOCIATES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| CRUSER DEBRA | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | | Yes |
| DAVID L. WINSCH Ph.D | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | Yes |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| HOPE HAVEN PSYCHOLOGICAL RESOURCE LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| BARROW AND ASSOCIATES | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | | Yes |
| APRIL ABNEY-BORDEAU/THE SACREIO GROUP | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| VAJRA PSYCHOLOGICAL SERVICES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | DOMESTIC VIOLENCE BATTERERS | X | X | X | | | Yes |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | | Yes |
| CASSANDRA MCCONN INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | X | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | X | No |
| JENNINGS CO DOMESTIC VIOLENCE | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| MELISSA R. HUNTER LMHC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | | | X | | | No |
| GIBAULT INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | FAMILY PREPARATION | | | X | | | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| PROTECT OUR CHILDREN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | | | X | | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| HOOD PEGGY | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | X | Yes |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| JEFFERSON COUNTY YOUTH SHELTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | | Yes |
| CONNECTIONS INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | X | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | | Yes |
| TAKE BACK CONTROL LLC | HOMEMAKER/PARENT AID | X | | | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | | | X | | | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOMEMAKER/PARENT AID | | | | X | X | Yes |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| JEFFERSON COUNTY YOUTH SHELTER INC | HOMEMAKER/PARENT AID | X | X | X | | | No |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | | | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | X | X | X | | | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | X | X | X | | | No |
| CONNECTIONS INC | PARENT EDUCATION | X | X | X | X | X | No |
| GIBAULT INC. | PARENT EDUCATION | X | X | X | X | X | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | PARENT EDUCATION | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | PARENT EDUCATION | X | X | X | X | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENT EDUCATION | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | No |
| WRFS SERVICES | PARENT EDUCATION | X | | | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | PARENT EDUCATION | | | | X | X | No |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | PARENT EDUCATION | | | | | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | PARENT EDUCATION | | | | | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENT EDUCATION | | | X | | | Yes |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| WRFS SERVICES | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | | No |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | | | Yes |
| APRIL ABNEY-BORDEAU/THE SACREIO GROUP | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | No |
| P & P Home Services LLC | RANDOM DRUG TESTING | | | | X | X | No |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | Yes |
| TAKE BACK CONTROL LLC | RANDOM DRUG TESTING | X | | | X | X | Yes |
| CASSANDRA MCCONN INC. | RANDOM DRUG TESTING | X | X | X | X | X | No |
| MAVERICK ADDICTION SERVICES LLC | RANDOM DRUG TESTING | X | X | X | | | No |
| ELITE BEHAVIORAL SERVICE LLC | RANDOM DRUG TESTING | | | | X | | No |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | RESOURCE FAMILIES SUPPORT SERVICES | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CRUSER DEBRA | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | X | Yes |
| REGIONAL YOUTH SERVICES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | X | | | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | X | No |
| CENTERSTONE OF INDIANA INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | | No |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | SPECIALIZED SERVICES | X | X | | | | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | No |
| TAKE BACK CONTROL LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | X | Yes |
| TERRY MOORE | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | Yes |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| TARA TREATMENT CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| MAVERICK ADDICTION SERVICES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | X | No |
| LIFE RECOVERY ASSOCIATES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| ADULT AND CHILD MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | Yes |
| TAKE BACK CONTROL LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | X | Yes |
| TERRY MOORE | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | Yes |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| TARA TREATMENT CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| MAVERICK ADDICTION SERVICES LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | TRUANCY TERMINATION | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | TRUANCY TERMINATION | | | | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| REGIONAL YOUTH SERVICES INC | TUTORING/LITERACY CLASSES | X | X | X | | | No |
| INDIANA LEARNING SYSTEMS INC. | TUTORING/LITERACY CLASSES | | | | X | X | Yes |
| DOCKSIDE SERVICES INC. | TUTORING/LITERACY CLASSES | | | X | | | Yes |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | X | X | X | X | Yes |
| GIBAULT INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| HOOD PEGGY | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | Yes |
| JOHNSON COUNTY YOUTH SERVICES BUREAU INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | Yes |
| ALLIANCE FOR LIFE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| WRFS SERVICES | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | | Yes |
| DAMAR SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| Family Interventions Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | | | Yes |

# SFY2013 Region 7 Provider Usage

Region 7 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| ANCHOR BEHAVIORAL COUNSELING LLC. | COUNSELING | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| ANCHOR BEHAVIORAL COUNSELING LLC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| CENTER FOR NONVIOLENCE INC. | DOMESTIC VIOLENCE BATTERERS | X | | X | X | | No |
| Center Point Community Based Services Inc. | CARE NETWORK | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | COUNSELING | | X | | | X | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | X | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | | X | | X | X | No |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | | | | | X | No |

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | No |
| CENTERSTONE OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | X | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | X | Yes |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | | | X | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | X | Yes |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CROSSROAD CHILD & FAMILY SERVICES INC. | DAY TREATMENT | X | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| CROSSROAD CHILD & FAMILY SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| FAMILY SERVICE SOCIETY INC | COUNSELING | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | HOMEMAKER/PARENT AID | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | PARENT EDUCATION | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | | | Yes |
| FAMILY SERVICE SOCIETY INC | SPECIALIZED SERVICES | X | X | X | | | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | COUNSELING | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | DETOXIFICATION SERVICES | X | | X | | | No |
| GRANT-BLACKFORD MENTAL HEALTH INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | | | Yes |

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| GRANT-BLACKFORD MENTAL HEALTH INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | HOMEMAKER/PARENT AID | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | X | | X | | | No |
| GRANT-BLACKFORD MENTAL HEALTH INC | MED-MEDICATION TRAINING AND SUPPORT | X | | X | | | No |
| GRANT-BLACKFORD MENTAL HEALTH INC | PARENT EDUCATION | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | | | Yes |
| GRANT-BLACKFORD MENTAL HEALTH INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | | | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | CHILD PREPARATION | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | DOMESTIC VIOLENCE BATTERERS | | X | X | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | COUNSELING | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | | No |
| MERIDIAN HEALTH SERVICES CORP. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | X | | Yes |
| MERIDIAN HEALTH SERVICES CORP. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | | X | | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| RES-CARE INC | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | CHILD PREPARATION | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | COUNSELING | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SPECIALIZED SERVICES | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | No |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | No |
| WRFS SERVICES | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | Yes |
| YOUTH OPPORTUNITY CENTER INC. | COUNSELING | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Blackford | Delaware | Grant | Jay | Randolph | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| YOUTH OPPORTUNITY CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | CHINS PARENT SUPPORT SERVICES | X | | | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | COUNSELING | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DAY TREATMENT | | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | FATHER ENGAGEMENT PROGRAMS | X | | | X | | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOMEMAKER/PARENT AID | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | PARENT EDUCATION | X | | | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | TRUANCY TERMINATION | X | | | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | TUTORING/LITERACY CLASSES | | | | X | | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | No |

# SFY2013 Region 8 Provider Usage

Region 8 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| ASSOCIATED PSYCHOLOGISTS INC | COUNSELING | | | | | X | No |
| BRANCHES OF LIFE TREATMENT | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRUANCY TERMINATION | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | COUNSELING | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | Yes |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOMEMAKER/PARENT AID | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | PARENT EDUCATION | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| Family Interventions Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| GIBAULT INC. | DAY TREATMENT | X | X | X | X | X | Yes |
| GIBAULT INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| GIBAULT INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| GIBAULT INC. | PARENT EDUCATION | X | X | X | X | X | No |
| GIBAULT INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| HAMILTON CENTER INC. | CARE NETWORK | X | | X | X | X | No |
| HAMILTON CENTER INC. | COUNSELING | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| HAMILTON CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | | | X | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | CHINS PARENT SUPPORT SERVICES | | | | | X | No |
| RAINTREE CONSULTING LLC | COUNSELING | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | X | Yes |
| RAINTREE CONSULTING LLC | HOMEMAKER/PARENT AID | | | X | | X | No |
| RAINTREE CONSULTING LLC | PARENT EDUCATION | | | X | | X | No |
| RAINTREE CONSULTING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | No |
| RAINTREE CONSULTING LLC | RANDOM DRUG TESTING | | | | | X | No |
| RAINTREE CONSULTING LLC | RESOURCE FAMILIES SUPPORT SERVICES | | | | | X | No |
| RAINTREE CONSULTING LLC | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | Yes |
| RAINTREE CONSULTING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | Yes |
| RAINTREE CONSULTING LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | X | | X | No |
| RAINTREE CONSULTING LLC | TRUANCY TERMINATION | | | | | X | No |
| RAINTREE CONSULTING LLC | TUTORING/LITERACY CLASSES | | | | | X | No |
| RAINTREE CONSULTING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |

| Provider Name | Service Description | Clay | Parke | Sullivan | Vermillion | Vigo | Region Payment in SFY 2013? |
|---|---|---|---|---|---|---|---|
| RES-CARE INC | DAY TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | Yes |
| RES-CARE INC | TRUANCY TERMINATION | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENT EDUCATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | No |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | No |

# SFY2013 Region 9 Provider Usage

Region 9 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| ASPIRE INDIANA INC | COUNSELING | X | | | | | Yes |
| ASPIRE INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | Yes |
| ASPIRE INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | | | Yes |
| ASPIRE INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | | | No |
| CASSANDRA MCCONN INC. | CHILD PREPARATION | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | COUNSELING | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | RANDOM DRUG TESTING | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | COUNSELING | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | Yes |
| CHILD & FAMILY PARTNERS INC. | CHILD PREPARATION | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | FAMILY PREPARATION | X | X | X | X | X | No |

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| CONNECTIONS INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | COUNSELING | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOMEMAKER/PARENT AID | X | X | X | | X | No |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | PARENT EDUCATION | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | | X | Yes |
| DALTON AND ASSOCIATES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | COUNSELING | X | X | X | X | X | No |
| DAMAR SERVICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| Families First Indiana Inc. | COUNSELING | X | X | | | | Yes |
| Families First Indiana Inc. | DOMESTIC VIOLENCE BATTERERS | X | X | | | | Yes |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | | | No |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | | | No |
| Families First Indiana Inc. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | | | Yes |
| Families First Indiana Inc. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | | | Yes |
| FAMILIES UNITED INC. | COUNSELING | X | | X | | | Yes |
| FAMILIES UNITED INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | | | No |
| FAMILIES UNITED INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | X | | | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| FAMILY WORKS INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | | | No |
| HAMILTON CENTER INC. | CARE NETWORK | | X | | | | No |
| HAMILTON CENTER INC. | COUNSELING | | X | | | X | Yes |
| HAMILTON CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | X | Yes |
| HAMILTON CENTER INC. | HOMEMAKER/PARENT AID | | | | | X | Yes |
| HAMILTON CENTER INC. | PARENT EDUCATION | | | | X | | No |
| HAMILTON CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | | X | Yes |

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| HAMILTON CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | X | No |
| HAMILTON CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | X | Yes |
| HOPE HAVEN PSYCHOLOGICAL RESOURCE LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | X | | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | COUNSELING | X | X | X | X | X | No |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| MENTAL HEALTH ASSOCIATION IN INDIANA INC | COUNSELING | X | X | X | X | X | Yes |
| MENTAL HEALTH ASSOCIATION IN INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| MENTAL HEALTH ASSOCIATION IN INDIANA INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | CHILD PREPARATION | X | X | | X | | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | | X | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | | | | Yes |
| PUTNAM COUNTY BOARD OF COUNTY COMMISSIONERS | RANDOM DRUG TESTING | | | | | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |
| RES-CARE INC | DAY TREATMENT | X | X | X | X | X | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | X | No |

| Provider Name | Service Description | Boone | Hendricks | Montgomery | Morgan | Putnam | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | | | X | | | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| WABASH VALLEY ALLIANCE INC. | CHINS PARENT SUPPORT SERVICES | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | COUNSELING | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | HOMEMAKER/PARENT AID | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | PARENT EDUCATION | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | No |
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | Yes |
| WABASH VALLEY ALLIANCE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | Yes |
| WORK-COMP MANAGEMENT SERVICES INC. | DRUG TESTING AND SUPPLIES | X | | X | | | Yes |
| YOUTH OPPORTUNITY CENTER INC. | COUNSELING | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | Yes |

# SFY2013 Region 10 Provider Usage

Region 10 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| ADULT AND CHILD MENTAL HEALTH CENTER INC | COUNSELING | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| ALLIANCE FOR LIFE LLC | COUNSELING | X | No |
| ALLIANCE FOR LIFE LLC | DAY TREATMENT | X | No |
| ALLIANCE FOR LIFE LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| ALLIANCE FOR LIFE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| ANCHOR BEHAVIORAL COUNSELING LLC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | No |
| ASPIRE INDIANA INC | COUNSELING | X | Yes |
| ASPIRE INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| ASPIRE INDIANA INC | MED-MEDICATION TRAINING AND SUPPORT | X | No |
| ASPIRE INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| ASPIRE INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| Benchmark Family Services Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| BOYS AND GIRLS CLUBS OF INDLPS | DAY TREATMENT | X | Yes |
| BRANCHES OF LIFE FAMILY CONNECTIONS INCORPORATED | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| BRANCHES OF LIFE FAMILY CONNECTIONS INCORPORATED | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| BRANCHES OF LIFE TREATMENT | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| BRANCHES OF LIFE TREATMENT | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| CASSANDRA MCCONN INC. | COUNSELING | X | Yes |
| CASSANDRA MCCONN INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | No |
| CASSANDRA MCCONN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | No |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | No |
| CENTER FOR APPLIED BEHAVIORAL STUDIES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| Center Point Community Based Services Inc. | CROSS-SYSTEM CARE COORDINATION | X | Yes |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| Center Point Community Based Services Inc. | FUNCTIONAL FAMILY THERAPY | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| Center Point Community Based Services Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| CHILD & FAMILY PARTNERS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CHILD & FAMILY PARTNERS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| CHILD & FAMILY PARTNERS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| CHILDREN'S BUREAU INC. | COUNSELING | X | Yes |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| CHILDREN'S BUREAU INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| CHILDREN'S BUREAU INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | No |
| CHILDREN'S BUREAU INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | Yes |
| CHOICES INC. | HOMEMAKER/PARENT AID | X | Yes |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | CARE NETWORK | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | COUNSELING | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | PARENT EDUCATION | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| COMPASS RESIDENTIAL AND CONSULTING LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| COMPASS RESIDENTIAL AND CONSULTING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| CONNECTIONS INC | DAY TREATMENT | X | Yes |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| CONNECTIONS INC | PARENT EDUCATION | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | COUNSELING | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | HOMEMAKER/PARENT AID | X | No |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | PARENT EDUCATION | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| CUMMINS BEHAVIORAL HEALTH SYSTEMS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| DALTON AND ASSOCIATES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| DAMAR SERVICES INC. | COUNSELING | X | Yes |
| DAMAR SERVICES INC. | CROSS-SYSTEM CARE COORDINATION | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | No |
| DAMAR SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| DOCKSIDE SERVICES INC. | CHILD PREPARATION | X | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | X | No |
| DOCKSIDE SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | FAMILY PREPARATION | X | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | X | Yes |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | No |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| DOCKSIDE SERVICES INC. | TUTORING/LITERACY CLASSES | X | Yes |
| ELEVATED MINDS LLC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| ELEVATED MINDS LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| FALL CREEK COUNSELING INC. | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| Families First Indiana Inc. | COUNSELING | X | Yes |
| Families First Indiana Inc. | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| Families First Indiana Inc. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| Families First Indiana Inc. | HOMEMAKER/PARENT AID | X | Yes |
| Families First Indiana Inc. | PARENT EDUCATION | X | Yes |
| Families First Indiana Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| Families First Indiana Inc. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| Families First Indiana Inc. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| Families First Indiana Inc. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | No |
| Families First Indiana Inc. | TUTORING/LITERACY CLASSES | X | No |
| Families First Indiana Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| FAMILY EMPOWERMENT SUPPORT SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| Family Interventions Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| FAMILY WORKS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| FAMILY WORKS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| FAMILY WORKS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| FAMILY WORKS INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| FAMILY WORKS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| FATHERS AND FAMILIES RESOURCE/RESEARCH CENTER INC. | FATHER ENGAGEMENT PROGRAMS | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | COUNSELING | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | HOMEMAKER/PARENT AID | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | PARENT EDUCATION | X | No |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| HOPE HAVEN PSYCHOLOGICAL RESOURCE LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| INDIANA LEARNING SYSTEMS INC. | TUTORING/LITERACY CLASSES | X | Yes |
| John Bealke | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | CHILD PREPARATION | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FAMILY PREPARATION | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | HOMEMAKER/PARENT AID | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | COUNSELING | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOMEMAKER/PARENT AID | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| MENTAL HEALTH ASSOCIATION IN INDIANA INC | COUNSELING | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| MENTAL HEALTH ASSOCIATION IN INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | COUNSELING | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | COUNSELING | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOMEMAKER/PARENT AID | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| MOE CLINICS | RANDOM DRUG TESTING | X | Yes |
| MOE CLINICS | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | CHILD PREPARATION | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | PARENT EDUCATION | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | TRUANCY TERMINATION | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENT EDUCATION | X | Yes |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | FUNCTIONAL FAMILY THERAPY | X | No |
| NHI CORP. (D/B/A: NEW HORIZON INC) | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| NHI CORP. (D/B/A: NEW HORIZON INC) | TUTORING/LITERACY CLASSES | X | Yes |
| PASSWORD COMMUNITY MENTORING INC. | TRUANCY TERMINATION | X | Yes |
| PROMISING FUTURES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | Yes |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | X | Yes |
| PROMISING FUTURES INC. | TUTORING/LITERACY CLASSES | X | Yes |
| PROMISING FUTURES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| PROTECT OUR CHILDREN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | CHILD PREPARATION | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | No |
| ST. VINCENT NEW HOPE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| ST. VINCENT NEW HOPE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| ST. VINCENT NEW HOPE INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| ST. VINCENT NEW HOPE INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | No |
| TARA TREATMENT CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | No |

| Provider Name | Service Description | Marion | Region Payment in SFY2013? |
|---|---|---|---|
| TAS-TRANSITIONAL ASSISTANCE SERVICES. | DIAGNOSTIC AND EVALUATION SERVICES | X | No |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | X | Yes |
| THE JULIAN CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | Yes |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENT EDUCATION | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | Yes |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | Yes |
| THE VILLAGES OF INDIANA INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | No |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| VOLUNTEERS OF AMERICA | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | No |

# SFY2013 Region 11 Provider Usage

Region 11 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| ALLIANCE FOR LIFE LLC | COUNSELING | X | X | | | No |
| ALLIANCE FOR LIFE LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | | No |
| ALLIANCE FOR LIFE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | | | Yes |
| ALTERNATIVES INCORPORTED OF MADISON COUNTY | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | Yes |
| ASPIRE INDIANA INC | CARE NETWORK | X | | | | Yes |
| ASPIRE INDIANA INC | COUNSELING | X | | X | X | Yes |
| ASPIRE INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | Yes |
| ASPIRE INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | Yes |
| ASPIRE INDIANA INC | HOMEMAKER/PARENT AID | X | | X | | Yes |
| ASPIRE INDIANA INC | MED-MEDICATION TRAINING AND SUPPORT | X | | X | | No |
| ASPIRE INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | X | Yes |
| ASPIRE INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | Yes |
| BARROW AND ASSOCIATES | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| BRANCHES OF LIFE FAMILY CONNECTIONS INCORPORATED | DOMESTIC VIOLENCE VICTIM AND CHILD | X | | | | No |
| BRANCHES OF LIFE TREATMENT | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | | Yes |
| Center Point Community Based Services Inc. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| CHILD & FAMILY PARTNERS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | No |
| CHILD & FAMILY PARTNERS INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | COUNSELING | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | Yes |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | | | X | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | CARE NETWORK | | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | COUNSELING | X | X | X | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | PARENT EDUCATION | X | X | X | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | Yes |
| CONNECTIONS INC | DAY TREATMENT | X | X | | | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | No |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| CONNECTIONS INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| DALTON AND ASSOCIATES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| DAMAR SERVICES INC. | COUNSELING | | | X | | No |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | Yes |
| Families First Indiana Inc. | COUNSELING | | X | | | Yes |
| Families First Indiana Inc. | DOMESTIC VIOLENCE BATTERERS | | X | | | No |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | No |
| Families First Indiana Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | No |
| Families First Indiana Inc. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | Yes |
| Families First Indiana Inc. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | Yes |
| FAMILY PRESERVATION COUNSELING & CONSULT | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | Yes |
| FAMILY PRESERVATION COUNSELING & CONSULT | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | No |
| FAMILY PRESERVATION COUNSELING & CONSULT | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | No |
| FAMILY SERVICE SOCIETY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | X | | Yes |
| FAMILY SERVICE SOCIETY INC | SPECIALIZED SERVICES | | | X | | Yes |
| FAMILY WORKS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | Yes |
| FAMILY WORKS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | X | Yes |
| FAMILY WORKS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | | X | Yes |
| FAMILY WORKS INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | | X | Yes |
| FAMILY WORKS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | Yes |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| HAMILTON CENTERS YOUTH SERVICE BUREAU INC. | COUNSELING | X | X | X | X | Yes |
| HAMILTON CENTERS YOUTH SERVICE BUREAU INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| HOWARD COMMUNITY HOSPITAL | COUNSELING | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | MED-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES (CAIRS) | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | PARENT EDUCATION | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | No |
| HOWARD COMMUNITY HOSPITAL | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | No |
| I AM INC d.b.a. HGCF | CHILD PREPARATION | X | | | | No |
| I AM INC d.b.a. HGCF | COUNSELING | X | | | | Yes |
| I AM INC d.b.a. HGCF | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | No |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | Yes |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | Yes |
| I AM INC d.b.a. HGCF | HOMEMAKER/PARENT AID | X | | | | Yes |
| I AM INC d.b.a. HGCF | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | | Yes |
| I AM INC d.b.a. HGCF | SUBSTANCE USE DISORDER ASSESSMENT | X | | | | No |
| I AM INC d.b.a. HGCF | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | | Yes |
| John Bealke | DOMESTIC VIOLENCE BATTERERS | X | | X | | Yes |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | CHILD PREPARATION | | | X | | Yes |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FAMILY PREPARATION | | | X | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | COUNSELING | X | X | X | X | No |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| LIFESOLUTIONS COUNSELING ASSOCIATES P.C. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOMEMAKER/PARENT AID | X | X | X | | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | | No |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | Yes |
| MADISON COUNTY BOARD OF COMMISSIONERS | DAY TREATMENT | | | X | | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | COUNSELING | X | X | | | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | | | No |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | | Yes |
| MIDWEST PSYCHOLOGICAL CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | CHILD PREPARATION | X | X | X | | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | No |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | No |
| PROMISING FUTURES INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | | | | No |
| PROMISING FUTURES INC. | HOMEMAKER/PARENT AID | X | | | | No |
| PROMISING FUTURES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | CHILD PREPARATION | X | X | X | | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | No |

| Provider Name | Service Description | Hamilton | Hancock | Madison | Tipton | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | | No |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | X | | | | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | No |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | No |
| WHITINGTON HOMES AND SERVICES FOR CHILDREN AND FAMILIES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | No |

# SFY2013 Region 12 Provider Usage

Region 12 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Fayette | Franklin | Henry | Rush | Union | Wayne | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| COMMUNITY MENTAL HEALTH CENTER INC | CARE NETWORK | | X | | X | | | Yes |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | X | | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | X | | X | X | X | X | No |
| CASTLE COUNSELING CENTER LLC | COUNSELING | | | X | | | | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | COUNSELING | X | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | COUNSELING | X | X | X | X | X | X | No |
| DAMAR SERVICES INC. | COUNSELING | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | COUNSELING | X | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | COUNSELING | X | X | X | X | X | X | Yes |
| MERIDIAN HEALTH SERVICES CORP. | COUNSELING | | | X | X | | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | COUNSELING | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | COUNSELING | X | | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DETOXIFICATION SERVICES | | X | | | | | Yes |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | | Yes |

| Provider Name | Service Description | Fayette | Franklin | Henry | Rush | Union | Wayne | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| MERIDIAN HEALTH SERVICES CORP. | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | | No |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | X | X | No |
| LIFE RECOVERY ASSOCIATES LLC | DOMESTIC VIOLENCE BATTERERS | | | X | X | | | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| GIBAULT INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | | | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |

| Provider Name | Service Description | Fayette | Franklin | Henry | Rush | Union | Wayne | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | | | No |
| JEFFERSON COUNTY YOUTH SHELTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | X | | No |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | X | | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| CASTLE COUNSELING CENTER LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | X | | X | Yes |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| MERIDIAN HEALTH SERVICES CORP. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | X | | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | HOMEMAKER/PARENT AID | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | X | | X | X | X | X | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | | X | | | | | No |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | X | | X | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | MED-PEER RECOVERY SERVICES | | X | | | | | No |

| Provider Name | Service Description | Fayette | Franklin | Henry | Rush | Union | Wayne | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | X | | X | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENT EDUCATION | | X | | X | | | No |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | X | | X | X | X | X | No |
| Center Point Community Based Services Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | | | | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | X | X | X | X | No |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |
| FAMILY SERVICE SOCIETY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | X | | | | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| MERIDIAN HEALTH SERVICES CORP. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | | | X | No |
| FAMILY SERVICE SOCIETY INC | SPECIALIZED SERVICES | | | X | | | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | SPECIALIZED SERVICES | X | X | X | X | X | X | Yes |
| CASTLE COUNSELING CENTER LLC | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | No |
| TARA TREATMENT CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Fayette | Franklin | Henry | Rush | Union | Wayne | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| MERIDIAN HEALTH SERVICES CORP. | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | | X | X | Yes |
| CASTLE COUNSELING CENTER LLC | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | | Yes |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| TARA TREATMENT CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| ANCHOR BEHAVIORAL COUNSELING LLC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | | No |
| MERIDIAN HEALTH SERVICES CORP. | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | | | | No |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | TRUANCY TERMINATION | X | X | X | X | X | X | No |
| YOUTH SERVICE BUREAU OF JAY COUNTY INC | TRUANCY TERMINATION | X | X | X | X | X | X | No |
| WERNLE YOUTH & FAMILY TREATMENT CTR INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| MERIDIAN HEALTH SERVICES CORP. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | X | X | X | Yes |

# SFY2013 Region 13 Provider Usage

Region 13 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Brown | Greene | Lawrence | Monroe | Owen | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| C.JESSICA HERSCH | COUNSELING | X | X | X | X | X | No |
| C.JESSICA HERSCH | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| C.JESSICA HERSCH | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | Yes |
| CASSANDRA MCCONN INC. | COUNSELING | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | X | | X | | X | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | X | | X | | X | No |
| CENTERSTONE OF INDIANA INC. | COUNSELING | X | | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | X | Yes |

| Provider Name | Service Description | Brown | Greene | Lawrence | Monroe | Owen | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | X | | X | | X | Yes |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | X | | X | | X | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | X | | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | X | | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | X | | X | No |
| CENTERSTONE OF INDIANA INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRUANCY TERMINATION | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | COUNSELING | X | | X | X | | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | X | | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | X | X | | No |

| Provider Name | Service Description | Brown | Greene | Lawrence | Monroe | Owen | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | X | | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| DAMAR SERVICES INC. | COUNSELING | X | X | X | X | X | No |
| DAMAR SERVICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| DAMAR SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| FAMILY SOLUTIONS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | No |
| FAMILY SOLUTIONS INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | | No |
| FAMILY SOLUTIONS INC. | HOMEMAKER/PARENT AID | X | | | X | | Yes |
| FAMILY SOLUTIONS INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | | No |
| FAMILY SOLUTIONS INC. | TRUANCY TERMINATION | | | | X | | No |
| FAMILY SOLUTIONS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | | No |
| FATHERS FOREVER COALIITION INC | COUNSELING | | | X | | | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | No |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | No |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | | No |
| FOUNTAIN CONSULTING SERVICES INC. | HOMEMAKER/PARENT AID | X | | | X | | No |
| FOUNTAIN CONSULTING SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | | No |
| FRED NOLEN | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | X | | | | | No |

| Provider Name | Service Description | Brown | Greene | Lawrence | Monroe | Owen | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | Yes |
| HAMILTON CENTER INC. | CARE NETWORK | | X | | | X | No |
| HAMILTON CENTER INC. | COUNSELING | | X | | | X | No |
| HAMILTON CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | X | Yes |
| HAMILTON CENTER INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | X | Yes |
| HAMILTON CENTER INC. | HOMEMAKER/PARENT AID | | X | | | X | No |
| HAMILTON CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | | X | No |
| HAMILTON CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | X | No |
| HAMILTON CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | X | No |
| IRELAND HOME BASED SERVICES LLC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | TRUANCY TERMINATION | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| JACQUELINE M JORDAN | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| JACQUELINE M JORDAN | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| JACQUELINE M JORDAN | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| LIFE RECOVERY ASSOCIATES LLC | DOMESTIC VIOLENCE BATTERERS | X | | | X | | No |
| Lynn Minton | COUNSELING | | | X | | | No |
| Lynn Minton | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| MENG AI COUNSELING AND | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | No |
| MENG AI COUNSELING AND | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | No |

| Provider Name | Service Description | Brown | Greene | Lawrence | Monroe | Owen | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| PRISONER & COMMUNITY TOGETHER INC | DOMESTIC VIOLENCE BATTERERS | | | X | | | No |
| REAGAN JONI | COUNSELING | X | X | | X | X | No |
| REAGAN JONI | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| REAGAN JONI | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | X | X | No |
| REAGAN JONI | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | X | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |
| RES-CARE INC | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | X | | | X | | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | No |

# SFY2013 Region 14 Provider Usage

Region 14 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| COMMUNITY HOSPITALS OF INDIANA INC | CARE NETWORK | | | | | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | CARE NETWORK | | | X | | | No |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | X | X | X | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | CHILD PREPARATION | | | | X | | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | COUNSELING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | COUNSELING | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | COUNSELING | | | | | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | COUNSELING | X | X | X | X | X | Yes |
| ALLIANCE FOR LIFE LLC | COUNSELING | | | | X | X | No |
| CASSANDRA MCCONN INC. | COUNSELING | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | COUNSELING | X | X | X | X | X | Yes |
| CRUSER DEBRA | COUNSELING | X | | | | X | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | | | X | | | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | COUNSELING | | | | X | X | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | COUNSELING | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | COUNSELING | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | COUNSELING | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | COUNSELING | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | COUNSELING | X | X | X | | | Yes |
| MELISSA R. HUNTER LMHC | COUNSELING | X | X | X | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | Yes |
| GIBAULT INC. | DAY TREATMENT | X | X | X | X | X | Yes |
| BARTHOLOMEW COUNTY BOARD OF COUNTY COMMISSIONERS | DAY TREATMENT | X | | | | | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| ALLIANCE FOR LIFE LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| CASSANDRA MCCONN INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| WRFS SERVICES | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| DALTON AND ASSOCIATES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| CRUSER DEBRA | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | | Yes |
| DAVID L. WINSCH Ph.D | DIAGNOSTIC AND EVALUATION SERVICES | | X | | | | Yes |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | X | Yes |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| HOPE HAVEN PSYCHOLOGICAL RESOURCE LLC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |
| BARROW AND ASSOCIATES | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | | Yes |
| APRIL ABNEY-BORDEAU/THE SACREIO GROUP | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| VAJRA PSYCHOLOGICAL SERVICES LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| TERRY MOORE | DOMESTIC VIOLENCE BATTERERS | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | DOMESTIC VIOLENCE BATTERERS | X | X | X | | | Yes |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | | Yes |
| CASSANDRA MCCONN INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | X | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | | X | X | No |
| JENNINGS CO DOMESTIC VIOLENCE | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| MELISSA R. HUNTER LMHC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | | | X | | | No |
| GIBAULT INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | Yes |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | FAMILY PREPARATION | | | X | | | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| PROTECT OUR CHILDREN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | | | X | | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| HOOD PEGGY | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| Family Interventions Inc. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | X | Yes |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| JEFFERSON COUNTY YOUTH SHELTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | | Yes |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | | | Yes |
| CONNECTIONS INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| FOUNTAIN CONSULTING SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| Center Point Community Based Services Inc. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| WRFS SERVICES | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | Yes |
| DAMAR SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | Yes |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | X | Yes |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | | Yes |
| TAKE BACK CONTROL LLC | HOMEMAKER/PARENT AID | X | | | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | HOMEMAKER/PARENT AID | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | | | X | | | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | HOMEMAKER/PARENT AID | | | | X | X | Yes |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| JEFFERSON COUNTY YOUTH SHELTER INC | HOMEMAKER/PARENT AID | X | X | X | | | No |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | X | | | Yes |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | Yes |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | X | X | X | | | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | X | X | X | | | No |
| CONNECTIONS INC | PARENT EDUCATION | X | X | X | X | X | No |
| GIBAULT INC. | PARENT EDUCATION | X | X | X | X | X | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | PARENT EDUCATION | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | PARENT EDUCATION | X | X | X | X | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENT EDUCATION | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | No |
| WRFS SERVICES | PARENT EDUCATION | X | | | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | PARENT EDUCATION | | | | X | X | No |
| FAMILY SERVICES AND PREVENTION PROGRAMS INC | PARENT EDUCATION | | | | | X | No |
| COMMUNITY HOSPITALS OF INDIANA INC | PARENT EDUCATION | | | | | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENT EDUCATION | | | X | | | Yes |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| WRFS SERVICES | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | | No |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | | | Yes |
| APRIL ABNEY-BORDEAU/THE SACREIO GROUP | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | No |
| P & P Home Services LLC | RANDOM DRUG TESTING | | | | X | X | No |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | Yes |
| TAKE BACK CONTROL LLC | RANDOM DRUG TESTING | X | | | X | X | Yes |
| CASSANDRA MCCONN INC. | RANDOM DRUG TESTING | X | X | X | X | X | No |
| MAVERICK ADDICTION SERVICES LLC | RANDOM DRUG TESTING | X | X | X | | | No |
| ELITE BEHAVIORAL SERVICE LLC | RANDOM DRUG TESTING | | | | X | | No |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | RESOURCE FAMILIES SUPPORT SERVICES | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | RESOURCE FAMILIES SUPPORT SERVICES | | | | X | X | No |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| DAMAR SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CRUSER DEBRA | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | X | Yes |
| REGIONAL YOUTH SERVICES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | X | X | | | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | | X | X | No |
| CENTERSTONE OF INDIANA INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | | No |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | SPECIALIZED SERVICES | X | X | | | | Yes |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | No |
| TAKE BACK CONTROL LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | X | Yes |
| TERRY MOORE | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | | Yes |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| TARA TREATMENT CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| MAVERICK ADDICTION SERVICES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE DISORDER ASSESSMENT | | | | X | X | No |
| LIFE RECOVERY ASSOCIATES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE DISORDER ASSESSMENT | | | | | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| ADULT AND CHILD MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | | | Yes |
| TAKE BACK CONTROL LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | X | Yes |
| TERRY MOORE | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | | Yes |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| TARA TREATMENT CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| MAVERICK ADDICTION SERVICES LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | Yes |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | X | X | Yes |
| LIFE RECOVERY ASSOCIATES LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | No |
| COMMUNITY HOSPITALS OF INDIANA INC | SUBSTANCE USE OUTPATIENT TREATMENT | | | | | X | Yes |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | | | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | | | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | TRUANCY TERMINATION | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | TRUANCY TERMINATION | | | | X | X | Yes |

| Provider Name | Service Description | Bartholomew | Jackson | Jennings | Johnson | Shelby | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| REGIONAL YOUTH SERVICES INC | TUTORING/LITERACY CLASSES | X | X | X | | | No |
| INDIANA LEARNING SYSTEMS INC. | TUTORING/LITERACY CLASSES | | | | X | X | Yes |
| DOCKSIDE SERVICES INC. | TUTORING/LITERACY CLASSES | | | X | | | Yes |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | X | X | X | X | Yes |
| GIBAULT INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| FOUNTAIN CONSULTING SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | No |
| FAMILY SERVICE OF BARTHOLOMEW COUNTY INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| HOOD PEGGY | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | Yes |
| JOHNSON COUNTY YOUTH SERVICES BUREAU INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | Yes |
| ALLIANCE FOR LIFE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| WRFS SERVICES | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | | Yes |
| DAMAR SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| THE VILLAGES OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| Family Interventions Inc. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | No |
| LUTHERAN CHILD AND FAMILY SERVICES OF INDIANA/KENTUCKY INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | X | No |
| ADULT AND CHILD MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | | | Yes |

# SFY2013 Region 15 Provider Usage

Region 15 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA | HOMEMAKER/PARENT AID | X | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | CARE NETWORK | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | COUNSELING | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | MED-MEDICATION TRAINING AND SUPPORT | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | MED-PEER RECOVERY SERVICES | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | No |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | | | | Yes |
| CENTERSTONE OF INDIANA INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | X | | | | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | | | Yes |
| CHILDPLACE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| CHILDPLACE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| CHILDREN'S BUREAU INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | X | Yes |
| CHOICES INC. | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | COUNSELING | X | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | No |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| CONNOR AND ASSOCIATES | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| CRUSER DEBRA | COUNSELING | X | X | | | X | | Yes |
| CRUSER DEBRA | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | | X | | Yes |
| CRUSER DEBRA | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | | | X | | No |
| DAMAR SERVICES INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| DAVID L. WINSCH Ph.D | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| DEBORAH SINCLAIR | COUNSELING | X | | | X | X | | Yes |
| DEBORAH SINCLAIR | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | X | X | Yes |
| DEBORAH SINCLAIR | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | | X | X | | Yes |
| DOCKSIDE SERVICES INC. | COUNSELING | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | DAY TREATMENT | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | TRUANCY TERMINATION | X | X | X | X | X | X | Yes |
| DOCKSIDE SERVICES INC. | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | No |
| DOCKSIDE SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| FAMILY & CHILDREN'S CENTER COUNSELING AND DEVELOPMENT SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| FRED NOLEN | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| GAYLA KAIBEL PH.D. | COUNSELING | X | | | X | X | | No |
| GAYLA KAIBEL PH.D. | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | X | | No |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | FUNCTIONAL FAMILY THERAPY | | X | | | X | | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | SPECIALIZED SERVICES | X | X | X | X | X | X | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| HELP AT HOME INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | | | No |
| I AM INC d.b.a. HGCF | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | | | No |
| IRELAND HOME BASED SERVICES LLC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | No |
| JEFFERSON COUNTY YOUTH SHELTER INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| KAREN WHITNER WHITNER COUNSELING | COUNSELING | X | X | | X | X | X | Yes |
| KAREN WHITNER WHITNER COUNSELING | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | X | X | Yes |
| KAREN WHITNER WHITNER COUNSELING | HOMEMAKER/PARENT AID | X | X | | X | X | X | No |
| KAREN WHITNER WHITNER COUNSELING | PARENT EDUCATION | X | | | X | X | X | No |
| KAREN WHITNER WHITNER COUNSELING | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | X | X | X | No |
| KAREN WHITNER WHITNER COUNSELING | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | PARENT EDUCATION | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| LIFESPRING INC. | CARE NETWORK | | | X | | | | No |
| LIFESPRING INC. | COUNSELING | | | X | | | | Yes |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| LIFESPRING INC. | DETOXIFICATION SERVICES | | | X | | | | No |
| LIFESPRING INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | | | Yes |
| LIFESPRING INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | X | | | | No |
| LIFESPRING INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | X | | | | No |
| LIFESPRING INC. | MED-MEDICATION TRAINING AND SUPPORT | | | X | | | | No |
| LIFESPRING INC. | RESIDENTIAL SUBSTANCE USE TREATMENT | | | X | | | | No |
| LIFESPRING INC. | SUBSTANCE USE DISORDER ASSESSMENT | | | X | | | | No |
| LIFESPRING INC. | SUBSTANCE USE OUTPATIENT TREATMENT | | | X | | | | No |
| LIFESPRING INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | | X | | | | No |
| LINDA MCINTIRE PSYD LLC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | X | X | | Yes |
| MARTIN J SMITH | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | X | | | | No |
| PROTECT OUR CHILDREN INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | SPECIALIZED SERVICES | | | X | | | | No |
| REGIONAL YOUTH SERVICES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | | | X | | | | No |
| REGIONAL YOUTH SERVICES INC | TUTORING/LITERACY CLASSES | | | X | | X | X | No |
| RES-CARE INC | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | No |
| RES-CARE INC | COUNSELING | X | X | X | X | X | X | No |
| RES-CARE INC | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| RES-CARE INC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | No |
| RES-CARE INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| RES-CARE INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| TARA TREATMENT CENTER INC | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| TARA TREATMENT CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| TARA TREATMENT CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | COUNSELING | | X | | | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | DOMESTIC VIOLENCE VICTIM AND CHILD | | X | | | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE DISORDER ASSESSMENT | | X | | | | | No |
| VICTORIA HARRIS LCSW LCAC CTRTC | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | | | | No |
| WOMEN'S BUREAU INC | SPECIALIZED SERVICES | X | X | X | X | X | X | No |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | COUNSELING | X | X | X | X | X | X | No |
| YOUTH OPPORTUNITY CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Dearborn | Decatur | Jefferson | Ohio | Ripley | Switzerland | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | X | X | X | No |
| COCHRAN GROUP CORPORATION | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | CARE NETWORK | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | COUNSELING | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DETOXIFICATION SERVICES | X | X | X | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE BATTERERS | X | X | X | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | | | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | HOMEMAKER/PARENT AID | X | | | X | X | | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | MED-MEDICATION TRAINING AND SUPPORT | X | X | | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | MED-PEER RECOVERY SERVICES | X | X | | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENT EDUCATION | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | | | X | X | X | No |
| COMMUNITY MENTAL HEALTH CENTER INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | | | No |
| COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | | X | X | X | Yes |
| COMMUNITY MENTAL HEALTH CENTER INC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | X | X | Yes |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| CONNECTIONS INC | SERVICES TO LOCATE ABSENT PARENT RELATIVE OR PRIMARY CAREGIVER | X | X | X | X | X | X | No |
| CONNOR AND ASSOCIATES | COUNSELING | X | | | X | X | X | Yes |

# SFY2013 Region 16 Provider Usage

Region 16 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Gibson | Knox | Pike | Posey | Vanderburgh | Warrick | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| ANIMAL PROTECTION COALITION INC | DOMESTIC VIOLENCE BATTERERS | X | | | X | X | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | DAY TREATMENT | | X | | | | | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRUANCY TERMINATION | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| CHOICES INC. | CROSS-SYSTEM CARE COORDINATION | X | X | X | X | X | X | Yes |
| CHOICES INC. | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | No |
| COUNSELING FOR CHANGE INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | No |
| COUNSELING FOR CHANGE INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | No |
| DOULOS INC. | COUNSELING | X | | | | | | No |
| DOULOS INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| DOULOS INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| DOULOS INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Gibson | Knox | Pike | Posey | Vanderburgh | Warrick | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| DOULOS INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | | X | | Yes |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | | X | | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | | | | No |
| HOLLY'S HOUSE INC. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | CHILD PREPARATION | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | COUNSELING | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | DAY TREATMENT | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | PARENT EDUCATION | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | TRUANCY TERMINATION | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |

| Provider Name | Service Description | Gibson | Knox | Pike | Posey | Vanderburgh | Warrick | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| KIDSPEACE NATIONAL CENTERS OF NORTH AMERICA INC. | FAMILY PREPARATION | X | | | X | X | X | No |
| KNOX COUNTY HOSPITAL | CARE NETWORK | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | CHILD PREPARATION | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | CHINS PARENT SUPPORT SERVICES | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | COUNSELING | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | DETOXIFICATION SERVICES | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | DIAGNOSTIC AND EVALUATION SERVICES | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | HOMEMAKER/PARENT AID | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | MED-MEDICATION TRAINING AND SUPPORT | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | PARENT EDUCATION | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | RESOURCE FAMILIES SUPPORT SERVICES | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | SUBSTANCE USE DISORDER ASSESSMENT | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | SUBSTANCE USE OUTPATIENT TREATMENT | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | SUPPORT GROUPS FOR RESOURCE FAMILIES | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | TRUANCY TERMINATION | | X | X | | | | No |
| KNOX COUNTY HOSPITAL | TUTORING/LITERACY CLASSES | | X | X | | | | Yes |
| KNOX COUNTY HOSPITAL | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | X | | | | Yes |
| LAMPION CENTER INC. | COUNSELING | | | | X | X | X | Yes |
| LAMPION CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | | | | X | X | X | Yes |
| LAMPION CENTER INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | | | | X | X | X | No |
| LAMPION CENTER INC. | FUNCTIONAL FAMILY THERAPY | | | | X | X | X | No |
| LAMPION CENTER INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | X | X | No |
| LAMPION CENTER INC. | PARENT EDUCATION | | | | X | X | X | Yes |

| Provider Name | Service Description | Gibson | Knox | Pike | Posey | Vanderburgh | Warrick | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| LAMPION CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | | | X | X | X | No |
| LAMPION CENTER INC. | SPECIALIZED SERVICES | | | | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | X | No |
| NATIONAL MENTOR HEALTHCARE LLC | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | CHINS PARENT SUPPORT SERVICES | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | COUNSELING | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | PARENT EDUCATION | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | TRUANCY TERMINATION | | X | | | | | Yes |
| RAINTREE CONSULTING LLC | TUTORING/LITERACY CLASSES | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | Yes |
| RES-CARE INC | COUNSELING | X | X | X | X | X | X | No |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | No |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | COUNSELING | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | DETOXIFICATION SERVICES | X | | | X | X | X | No |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | X | X | X | Yes |

| Provider Name | Service Description | Gibson | Knox | Pike | Posey | Vanderburgh | Warrick | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | PARENT EDUCATION | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | RESIDENTIAL SUBSTANCE USE TREATMENT | X | | | X | X | X | No |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | | | X | X | X | Yes |
| SOUTHWESTERN BEHAVIORAL HEALTHCARE INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | | | X | X | X | Yes |
| SPY GLASS INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | Yes |
| SPY GLASS INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | Yes |
| THE ARK INC | PARENT EDUCATION | | | | | X | | No |
| THE VILLAGES OF INDIANA INC. | COUNSELING | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FOSTER HOME STUDIES / UPDATES / RE-LICENSING STUDIES | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | No |
| UNITED METHODIST YOUTH HOME INC | DAY TREATMENT | X | | | | X | X | Yes |
| UNITED METHODIST YOUTH HOME INC | TRUANCY TERMINATION | | | | | X | X | Yes |
| YOUTH FIRST INC. | COUNSELING | X | | | X | X | X | No |
| YOUTH FIRST INC. | PARENT EDUCATION | X | | | X | X | X | No |
| YOUTH FIRST INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | No |

# SFY2013 Region 17 Provider Usage

Region 17 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Crawford | Daviess | DuBois | Martin | Orange | Perry | Spencer | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | | | X | | | | No |
| CASSANDRA MCCONN INC. | HOMEMAKER/PARENT AID | | | | X | | | | No |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | Yes |
| CHILDREN AND FAMILY SERVICES CORPORATION | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| CRISIS CONNECTION INC. | DOMESTIC VIOLENCE BATTERERS | | | X | | | X | X | Yes |
| CRISIS CONNECTION INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | X | X | Yes |
| DAVID L. WINSCH Ph.D | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | X | X | | Yes |

| Provider Name | Service Description | Crawford | Daviess | DuBois | Martin | Orange | Perry | Spencer | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| FRED NOLEN | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | CHILD PREPARATION | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | COUNSELING | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | PARENT EDUCATION | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| IRELAND HOME BASED SERVICES LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | TRUANCY TERMINATION | X | X | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| JDEE K. RICHARDSON PHD PMHNP | DIAGNOSTIC AND EVALUATION SERVICES | X | | | | | | | No |
| KNOX COUNTY HOSPITAL | CARE NETWORK | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | CHINS PARENT SUPPORT SERVICES | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | COUNSELING | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | DETOXIFICATION SERVICES | | X | | X | | | | No |

| Provider Name | Service Description | Crawford | Daviess | DuBois | Martin | Orange | Perry | Spencer | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| KNOX COUNTY HOSPITAL | DIAGNOSTIC AND EVALUATION SERVICES | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | HOME-BASED FAMILY CENTERED THERAPY SERVICES | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | HOMEMAKER/PARENT AID | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | MED-MEDICATION TRAINING AND SUPPORT | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | PARENT EDUCATION | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | PARENTING / FAMILY FUNCTIONING ASSESSMENT | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | SUBSTANCE USE DISORDER ASSESSMENT | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | SUBSTANCE USE OUTPATIENT TREATMENT | | X | | X | | | | Yes |
| KNOX COUNTY HOSPITAL | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | | X | | X | | | | No |
| KNOX COUNTY HOSPITAL | VISITATION FACILITATION-PARENT/CHILD/SIBLING | | X | | X | | | | No |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | X | X | No |
| PRISONER & COMMUNITY TOGETHER INC | DOMESTIC VIOLENCE BATTERERS | X | | | | X | | | Yes |
| PRISONER & COMMUNITY TOGETHER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | X | | | | X | | | Yes |
| RAINTREE CONSULTING LLC | COUNSELING | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | PARENT EDUCATION | X | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | X | X | No |
| RAINTREE CONSULTING LLC | QUALITY ASSURANCE FOR CHILDREN IN RESIDENTIAL PLACEMENT | X | X | X | X | X | X | X | No |

| Provider Name | Service Description | Crawford | Daviess | DuBois | Martin | Orange | Perry | Spencer | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| RAINTREE CONSULTING LLC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | X | X | X | X | X | Yes |
| RAINTREE CONSULTING LLC | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | X | X | Yes |
| REGIONAL YOUTH SERVICES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | | | | | | No |
| REGIONAL YOUTH SERVICES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | | | | | | No |
| REGIONAL YOUTH SERVICES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | | | X | X | | Yes |
| RES-CARE INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | X | X | No |
| SARAH KLUENDER | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | CARE NETWORK | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | CHINS PARENT SUPPORT SERVICES | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | COUNSELING | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | DIAGNOSTIC AND EVALUATION SERVICES | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | HOMEMAKER/PARENT AID | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | MED-ADULT INTENSIVE RESILIENCY SERVICES (AIRS) | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | MED-CHILD AND ADOLESCENT INTENSIVE RESILIENCY SERVICES (CAIRS) | X | | X | | X | X | X | No |

| Provider Name | Service Description | Crawford | Daviess | DuBois | Martin | Orange | Perry | Spencer | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|---|---|
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | MED-MEDICATION TRAINING AND SUPPORT | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | MED-PEER RECOVERY SERVICES | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | PARENT EDUCATION | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | RESOURCE FAMILIES SUPPORT SERVICES | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | SUBSTANCE USE DISORDER ASSESSMENT | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | SUBSTANCE USE OUTPATIENT TREATMENT | X | | X | | X | X | X | Yes |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | | X | | X | X | X | No |
| SOUTHERN HILLS COUNSELING CENTER INCORPORATED | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | | X | | X | X | X | Yes |
| SPY GLASS INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | X | X | No |
| SPY GLASS INC. | RANDOM DRUG TESTING | X | X | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | FAMILY PREPARATION | X | X | X | X | X | X | X | No |
| THE VILLAGES OF INDIANA INC. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | X | X | Yes |

# SFY2013 Region 18 Provider Usage

Region 18 Data Presentation
Contracted Service Providers by County for SFY2013

"Region Payment in SFY2013" denotes whether or not there were any DCS paid services during SFY2013 in the region for that specific provider and service.
An "X" below a county denotes that the provider is currently selected to provide services in that county.
Query date: 10/1/2013

| Provider Name | Service Description | Clark | Floyd | Harrison | Scott | Washington | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| ASSOCIATES IN COUNSELING AND PSYCHOTHERAPY | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | COUNSELING | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | No |
| CASSANDRA MCCONN INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| CASSANDRA MCCONN INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | No |
| Center Point Community Based Services Inc. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| Center Point Community Based Services Inc. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CENTERSTONE OF INDIANA INC. | CHINS PARENT SUPPORT SERVICES | X | X | | X | | No |
| CENTERSTONE OF INDIANA INC. | COUNSELING | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | | X | | Yes |

| Provider Name | Service Description | Clark | Floyd | Harrison | Scott | Washington | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | HOMEMAKER/PARENT AID | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | PARENT EDUCATION | X | X | | X | | No |
| CENTERSTONE OF INDIANA INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | | X | | Yes |
| CENTERSTONE OF INDIANA INC. | TRANSITION FROM RESTRICTIVE PLACEMENTS (TRP) | X | X | | X | | No |
| CENTERSTONE OF INDIANA INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | | X | | Yes |
| CHILDPLACE INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| CHILDPLACE INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| CHILDPLACE INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| CHILDREN AND FAMILY SERVICES CORPORATION | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | COUNSELING | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | No |
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |

| Provider Name | Service Description | Clark | Floyd | Harrison | Scott | Washington | Region Payment in SFY2013? |
|---|---|---|---|---|---|---|---|
| CHRISTOPHER AND ASSOCIATES EVALUATION AND COUNSELING CENTER INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| CLARK COUNTY YOUTH SHELTER AND FAMILY SERVICES INC. | PARENT EDUCATION | X | X | | | | No |
| CONNECTIONS INC | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| DAVID L. WINSCH Ph.D | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| FAMILY & CHILDREN FIRST INC. | COUNSELING | X | X | X | X | X | Yes |
| FAMILY & CHILDREN FIRST INC. | FAMILY PREPARATION | X | X | X | X | X | No |
| FAMILY & CHILDREN FIRST INC. | FUNCTIONAL FAMILY THERAPY | X | X | X | X | X | No |
| FAMILY & CHILDREN FIRST INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| FAMILY & CHILDREN FIRST INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| FAMILY & CHILDREN FIRST INC. | PARENT EDUCATION | X | X | X | | | No |
| FAMILY & CHILDREN FIRST INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| FAMILY & CHILDREN FIRST INC. | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| FAMILY TIME INC. | FATHER ENGAGEMENT PROGRAMS | X | X | X | X | X | Yes |
| FAMILY TIME INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| FAMILY TIME INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| FAMILY TIME INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| FAMILY TIME INC. | PARENT EDUCATION | X | X | X | X | X | Yes |
| FAMILY TIME INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| FAMILY TIME INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| FLOYD COUNTY BOARD OF COUNTY COMMISSIONERS | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| FORENSIC FLUIDS LABORATORIES INC. | DRUG TESTING AND SUPPLIES | X | X | X | X | X | Yes |
| FRED NOLEN | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | No |
| GABHART BETTY J (DBA: HELPING HANDS CENTER) | COUNSELING | X | X | X | | X | Yes |
| GABHART BETTY J (DBA: HELPING HANDS CENTER) | DOMESTIC VIOLENCE BATTERERS | X | X | X | | X | Yes |

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|---|---|---|---|---|---|---|---|
| GABHART BETTY J (DBA: HELPING HANDS CENTER) | DOMESTIC VIOLENCE VICTIM AND CHILD | X | X | X | | X | Yes |
| GABHART BETTY J (DBA: HELPING HANDS CENTER) | FUNCTIONAL FAMILY THERAPY | X | X | X | | X | No |
| GEORGE JUNIOR REPUBLIC IN INDIANA INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | | | | X | | No |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| IRELAND HOME BASED SERVICES LLC | RANDOM DRUG TESTING | X | X | X | X | X | Yes |
| JDEE K. RICHARDSON PHD PMHNP | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | | | Yes |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | No |
| LIFELINE YOUTH & FAMILY SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| LIFESPRING INC. | CARE NETWORK | X | X | X | X | X | Yes |
| LIFESPRING INC. | COUNSELING | X | X | X | X | X | Yes |
| LIFESPRING INC. | DETOXIFICATION SERVICES | X | X | X | X | X | No |
| LIFESPRING INC. | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| LIFESPRING INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| LIFESPRING INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| LIFESPRING INC. | MED-MEDICATION TRAINING AND SUPPORT | X | X | X | X | X | No |
| LIFESPRING INC. | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | Yes |
| LIFESPRING INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| LIFESPRING INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| LIFESPRING INC. | VISITATION FACILITATION-PARENT/CHILD/SIBLING | X | X | X | X | X | Yes |
| MARTIN J SMITH | DIAGNOSTIC AND EVALUATION SERVICES | X | X | X | X | X | Yes |
| NATIONAL MENTOR HEALTHCARE LLC | FAMILY PREPARATION | X | X | X | X | X | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | | X | X | Yes |

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|---|---|---|---|---|---|---|---|
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENT EDUCATION | | | | X | | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | | | X | | No |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| NATIONAL YOUTH ADVOCATE PROGRAM INC. | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| NEW HOPE SERVICES INC. | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| NEW HOPE SERVICES INC. | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| NEW HOPE SERVICES INC. | HOMEMAKER/PARENT AID | X | X | X | X | X | Yes |
| OMER KERRIN B. | RESOURCE FAMILIES SUPPORT SERVICES | X | X | X | X | X | Yes |
| OMER KERRIN B. | SUPPORT GROUPS FOR RESOURCE FAMILIES | X | X | X | X | X | No |
| OUR PLACE DRUG AND ALCOHOL EDUCATION SERVICES INC | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| OUR PLACE DRUG AND ALCOHOL EDUCATION SERVICES INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | Yes |
| PRISONER & COMMUNITY TOGETHER INC | DOMESTIC VIOLENCE BATTERERS | | | X | X | X | Yes |
| PRISONER & COMMUNITY TOGETHER INC | DOMESTIC VIOLENCE VICTIM AND CHILD | | | X | X | X | No |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | COUNSELING | X | X | X | | | Yes |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | HOMEMAKER/PARENT AID | X | X | X | | | No |
| PROVIDENCE SELF SUFFICIENCY MINISTRIES INC. | SPECIALIZED SERVICES | X | X | X | X | X | Yes |
| REGIONAL YOUTH SERVICES INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |
| REGIONAL YOUTH SERVICES INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| REGIONAL YOUTH SERVICES INC | SEX OFFENDER TREATMENT; VICTIMS OF SEX ABUSE TREATMENT | X | X | X | X | X | Yes |
| RES-CARE INC | COUNSELING | X | X | X | X | X | No |
| RES-CARE INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | No |
| SARAH KLUENDER | DIAGNOSTIC AND EVALUATION SERVICES | | | X | | | No |
| THE HOME OF THE INNOCENTS INC | DIAGNOSTIC AND EVALUATION SERVICES | 2 | 2 | 2 | 2 | 2 | No |
| THE HOME OF THE INNOCENTS INC | FAMILY PREPARATION | X | X | X | X | X | No |
| THE HOME OF THE INNOCENTS INC | HOME-BASED FAMILY CENTERED CASEWORK SERVICES | X | X | X | X | X | Yes |

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|---|---|---|---|---|---|---|---|
| THE HOME OF THE INNOCENTS INC | HOME-BASED FAMILY CENTERED THERAPY SERVICES | X | X | X | X | X | Yes |
| THE HOME OF THE INNOCENTS INC | HOMEMAKER/PARENT AID | X | X | X | X | X | No |
| THE HOME OF THE INNOCENTS INC | PARENTING / FAMILY FUNCTIONING ASSESSMENT | X | X | X | X | X | No |
| THE HOME OF THE INNOCENTS INC | SPECIALIZED SERVICES | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | DETOXIFICATION SERVICES | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | RESIDENTIAL SUBSTANCE USE TREATMENT | X | X | X | X | X | No |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE DISORDER ASSESSMENT | X | X | X | X | X | Yes |
| THE SALVATION ARMY an ILLINOIS CORPORATION | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| WOMEN'S BUREAU INC | SUBSTANCE USE OUTPATIENT TREATMENT | X | X | X | X | X | No |
| YOUTH VILLAGES INC | INTERCEPT PROGRAM | X | X | X | X | X | Yes |