

Indiana Child and Family Services Plan

Annual Progress and Services Report

July 1, 2022 – June 30, 2023



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I. COLLABORATION AND VISION

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.

Terry J. Stigdon was appointed by Governor Eric J. Holcomb to lead the Department in January of 2018. Director Terry Stigdon has dedicated her career to saving and improving the lives of Indiana's children. She has a proven track record of building strong teams that result in positive outcomes for vulnerable children. She holds associate and bachelor's degrees in nursing and a master's in nursing leadership and management.

DCS' infrastructure includes 12 divisions that work together to provide the necessary services and support to families. Those divisions are: Field Operations, Legal Services, Legislative Services, Child Welfare Services, Strategic Solutions and Agency Transformation, Juvenile Justice Initiatives and Support, Staff Training and Development, Child Support Bureau, Information Technology, Finance and Administration, Human Resources, and Communications. DCS formerly had 14 divisions. In October 2019, several DCS divisions were restructured in preparation for the Family First Act. In the restructure, the Placement Support and Compliance Division was dissolved. The programs that were offered through the Placement Support and Compliance Division were realigned under Child Welfare Services, Juvenile Justice Initiatives and Support, and Field Operations. In May of 2021, the Permanency and Practice Support (PPS) division was restructured to move away from an independent division and reassigned to align work. The programs that were offered through the PPS division were realigned under Child Welfare Services, Strategic Solutions and Agency Transformation, and Field Operations.

Field Operations is the largest division and includes the Indiana Child Abuse and Neglect Hotline, Adoption Services, Kinship, Foster, and Collaborative Care, as well as local offices in all ninety-two (92) Indiana counties, organized into eighteen (18) geographical regions. In 2018, DCS created an additional region, managed under the same central leadership to encompass central office Family Case Managers (FCMs) from the Collaborative Care Unit and Foster Care Licensing Unit, for a total of 19 regions. The Marion County local office – DCS' largest office in the state's most populous city, Indianapolis – is divided into four smaller local offices: Marion East, Marion West, Marion North, and Marion South (the latter two remain co-located in the current location). This localization plan creates a more community focused structure that improves access and quality of interactions with families by fostering a community approach to child welfare as well as improves employee retention.

The Department of Child Services is charged with providing direct attention and oversight of two critical areas: protection of children and child support enforcement. 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 “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. DCS relaunch the Practice Model, as part of the PIP in response to the need to provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family.

In June 2020, DCS launched Indiana Family Preservation Services (INFPS). This service is designed with a prevention focus to serve children and families within their homes. This service is used for all in-home cases served by the Department to provide a comprehensive and individualized approach to meet the needs of the family, keep children safe, and allow families to remain in the home together.

MISSION, VISION AND VALUES STATEMENTS

1. Mission

The Indiana Department of Child Services leads the state’s response to allegations of child abuse and neglect and facilitates child support payments. We consider the needs and values of all we serve in our efforts to keep children safe while keeping families together whenever possible.

2. Vision

Children will live in safe, healthy, and supportive families and communities.

3. Values

We at the Indiana Department of Child Services empower our team, in collaboration with state and local partners, to make decisions in the best interest of every child in our care by embracing:

- Respect for all
- Racial justice

- Diversity and inclusion
- A culture of safety
- A commitment to continuous improvement

COLLABORATION

Collaboration and communication with stakeholders is vital to obtaining improved outcomes for children and families in Indiana. Feedback was used to identify system strengths and challenges when setting goals and objectives for the 2020 Child and Family Services Plan (CFSP) and ongoing annual evaluation to date through the APSR. The Department continues to work closely with its various stakeholders (providers, court/judicial employees, probation, foster/adoptive parents, older youth, etc.) to track progress towards the goals set forth in the CFSP and ensure better outcomes for children and families.

DCS continues to leverage the Round 3 Child and Family Services Review (CFSR) and data from its qualitative review process, the Practice Model Review (PMR), to renew and enhance its efforts for meaningful collaboration with the state's child welfare stakeholders to make improvements to Indiana's child welfare system. As part of the program improvement plan development process, stakeholders were included on teams focused on either safety, permanency, well-being, or probation initiatives. These teams were tasked with reviewing the CFSR findings and brainstorming ideas for inclusion in the program improvement plan. These teams met weekly for over a month and were made up of DCS staff, probation officers, judicial/court employees (judges, administrators, and staff), foster and adoptive parents, and service providers. Furthermore, CFSR findings are being used to inform changes and improvements during ongoing communications with state child welfare stakeholders. DCS also continued the practice of exchanging and discussing the Annual Progress Services Report (APSR) with the Pokagon tribe during semi-annual collaboration meetings, as described in more detail in Section VII of this document.

DCS worked diligently with personnel from the Administration for Children and Families (ACF) on developing Indiana's Program Improvement Plan (PIP), which is embedded within the APSR, as a result of the findings of the CFSR that was completed in June of 2016. DCS received approval for Indiana's proposed PIP on February 14, 2019. Indiana successfully met substantial conformity for all CFSR items in the spring of 2020 for all CFSR items that it had not met substantial conformity for following the review in 2016. The first Quarter of PIP implementation began on January 1, 2019. DCS successfully completed the key activities and goals outlined in its program improvement plan as of December 31, 2020. The roll-out of Managing for Daily Improvement (MDI) affords staff at every level the opportunity to better understand and track continuous program improvement in several activities and goals outlined by the PIP and focused throughout the agency.

DCS continues to collaborate with internal and external stakeholders across the state. Specifically, DCS has collaborated with other state agencies including the Family and Social Services Administration (FSSA) and the Indiana Department of Health (IDOH). Each of these state agencies is responsible for administering health

programs, including mental health and substance abuse prevention and treatment services in Indiana. DCS has collaborated with other public and private agencies with experience in administering child and family services (including community-based and faith-based organizations) to foster a continuum of care for children, parents, and caregivers who are receiving prevention services. Select executive staff traveled the state in 2019 to meet stakeholders around Indiana to discuss the Family First Prevention Services Act (FFPSA) vision and planning. DCS executives met with community members, members of the court, service providers, court appointed special advocates, foster parents, community mental health providers, juvenile probation officers, a citizen of the Pokagon Band, members of the Indiana Legislature, and youth and families with experience with the system.

DCS created an FFPSA workgroup that met throughout 2020 and 2021. The following members discussed FFPSA implementation and identified gaps in FFPSA compliance throughout 2020 and 2021. The workgroup was integral in tracking and adjusting needs and closing the identified gaps in the child welfare system in Indiana.

FFPSA Workgroup		
FFPSA Workgroup Coordinator: Heather Kestian		
Name	Representative	Agency/background
Angela Reid-Brown	Indiana Office of Court Services	Judiciary
Baily Truelove-Cargal	Parent	Member with lived experience
Cassandra Kinderman	Home-visiting program manager	Indiana Department of Health
Christina Commons	First Steps director	Family and Social Services Administration
Demetrice Hicks	Lived experience with foster care	Member with lived experience
Elena De La Cruz	Prevention services provider	Bowen Center
Elisabeth S. Wilson	Evaluation planning	DCS
Gael Deppert	Magistrate, Marion County (Indianapolis)	Judiciary
Hannah Robinson	Prevention director	DCS
Harmony Gist	Staff training and development staff	DCS
Jessica Deyoe	Nurse-family partnership administrator	Indiana Department of Health
Karen Hayden-Sturgiss	Kinship care/field operations staff	DCS

Karen Mikosz	Pokagon Band Citizen	Pokagon Band of the Potawatomi Tribe
Kara Riley	Office of Data Management	DCS
Kelly Broyles	Field operations	DCS
Kim Spindler	Legal	DCS
Kyle Horine	Probation service consultant	Juvenile Justice
Liz Day	Prevention services provider	Lifeline Inc.
Matt Gooding	Residential licensing coordinator	DCS
Melissa Norman	Prevention services provider	Choices Coordinated Care Inc.
Michelle Madley	Gibault	QRTP provider
Rachel Fisher	Community-based provider (service continuum)	Community Mental Health Center
Todd Fandrei	Administrative services	DCS

In January 2021, a draft of the IV-E Prevention Plan was shared broadly with internal and external stakeholders. DCS gathered feedback through email as well as virtual meetings. DCS shared and discussed the IV-E Prevention Plan with the Pokagon Band of the Potawatomi leadership in February 2021. Through this meeting, DCS and the Pokagon Band of the Potawatomi Tribe will further discuss a Title IV-E Tribal Agreement so that children and families who are Pokagon citizens can access services through Indiana’s Title IV-E Prevention Plan.

After reviewing all feedback, changes were made to the IV-E Prevention Plan to address feedback and adapt the plan to continue to meet the needs of Hoosier families. Indiana is committed to reviewing feedback on the IV-E Prevention Plan on a continual basis to improve service delivery and outcomes for children and families. Prevention services provided for or on behalf of a child and the parents or kinship caregivers of the child will be coordinated with other child and family services provided to the family under the state title IV-B plan. DCS works in partnership with Healthy Families Indiana, as well other prevention services providers, through the provision of Indiana Family Preservation Services. These services are provided as part of a strategic plan to maximize resources supported by Title IV-B and TANF funds, prevention services funding and public health funding.

1. Regional Service Councils & Biennial Regional Services Strategic Plan

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

The Regional Management Team and Regional Service Council, in conjunction with regional service coordinators developed the BRSSP for SFY 2021-2022. As in past years, the plans were developed using a collaborative approach, which included representation of stakeholders from the provider community, foster parents, youth, clients, probation, courts, CASA/GAL, and prosecutors. Providers from the community were invited to participate in focus groups which concentrated on four (5) areas of the BRSSP:

- Prevention Services
- Improving Access to and/or Retention in Substance Use Disorder Treatment Services
- Preventing Maltreatment After Involvement
- Obtaining Permanency for Children in Care 24+ months
- Foster Parent Recruitment

The focus groups were asked to identify gaps in services and strategies to improve the quality of services and availability of service array in a region. The biennial plans 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 was also part of the data used to develop the BRSSP, as well as regional reports on contracted community-based services by county. This data was used by the regions to develop both service strengths and gaps that could be addressed by DCS and the local communities. The Regional teams continue to utilize their plans to develop services within their regions and address service gaps that exist. Biennial planning for the next two years began in the fall of 2021. Available data and the BRSSP plans can be found by DCS region at the following site: <https://www.in.gov/dcs/3927.htm>.

2. Community Mental Health Centers (CMHC)

Meetings with all CMHCs continue to occur monthly to discuss initiatives and current challenges, including those related to serving families and children during the COVID-19 pandemic. The increased frequency was critical in helping to plan for the implementation of the new Indiana Family Preservation Services (INFPS), which started statewide on June 1, 2020. At any given time, these comprehensive, per-diem and home-based services are delivered to approximately 2,000 families across the state and include the provision of evidence-based models

and concrete supports to families in which there are children at risk of entering foster care due to concerns about abuse and/or neglect. Approximately 35% of these cases are being served by CMHCs.

DCS continues its work with the Indiana Council of Community Mental Health Centers, and DCS attends meetings at the council bi-monthly.

DCS and the CMHC Workgroup continue to focus on the initiatives developed in the priorities document which included the following:

- Planning and implementation of Indiana Family Preservation Services
- Planning for FFPSA
- Effective evidence-based model delivery across the state including active involvement in the Leadership for Organizational and Change Implementation (LOCI) initiative
- Expand membership
- Utilizing Medicaid Rehabilitation Option (MRO)
- Substance Use Disorder Treatment Services
- Creative approaches to services
- Workforce shortages
- Timeliness of access to services
- Engagement & Retention of Clients
- Medication Assisted Treatment (MAT) Education
- Children’s Mental Health Initiative/Children’s Mental Health Wraparound
- Infant and early childhood mental health
- Older foster and recently emancipated foster youth access to mental health services
- Helping with the development of potential per-diem-based family reunification services to better ensure children achieve safe permanency more quickly without lingering in foster care.

3. Service Specific Workgroups

DCS facilitates ongoing collaborative meetings to improve the implementation of specific services such as:

Family-Centered Treatment (FCT)

- Family Centered Treatment, or FCT, is a service model focused on addressing family-systems issues through a progression of 4 phases: 1. Joining 2. Restructuring 3. Value Chance 4. Generalization. Since rolling out in 2013, the FCT Foundation and DCS have partnered to train and certify agencies selected to provide this service throughout the State. Originally, FCT was introduced as a comprehensive service option for almost any case type. Based on feedback from our partner agencies, field staff and the Foundation, FCT was separated from the existing comprehensive services array into its own category

that focused on preserving existing households (either JD, IA, In-home CHINS or cases that had progressed to THV) and has been able to consistently produce positive outcomes for families.

- The primary challenges this program has faced through the years have been helping field staff understand what FCT is (FCT is not therapy but is provided by a therapist who can utilize therapeutic interventions when needed), what are the ideal circumstances to install this model, and ensuring the service is available state-wide. DCS was able to address these issues in part through the development of the Service Mapping process and helping staff better understand all services available through enhancements to information resources in KidTraks and the DCS website, along with periodic trainings offered by the Services Team. While availability of FCT has continued to be a challenge, DCS was able to address this issue as well by allowing multiple providers to serve the same region despite originally rolling the program out as 1 provider being chosen by each region.
- Since the inception of INFPS, FCT services have 2 very distinct looks in Indiana:
 - For traditional cases, FCT is provided by a licensed therapist who is specially trained and certified to provide FCT and meet certain hourly/dosage requirements according to existing DCS service standards.
 - For cases where FCT is utilized as part of INFPS, the primary worker on each case can be a bachelor's level staff that has passed the same training and received the same certification to provide the service per the model's standards.
- Since the program's initial rollout, DCS has provided monthly case and performance data to each provider and facilitated both monthly QA meetings with providers as well as the FCT Foundation to address both case-specific and higher-level program issues. Agencies providing FCT have also formed a leadership group to help and support each other in developing their respective programs, increasing FCT's utilization in INFPS cases and to market the service's availability to DCS and Probation staff..

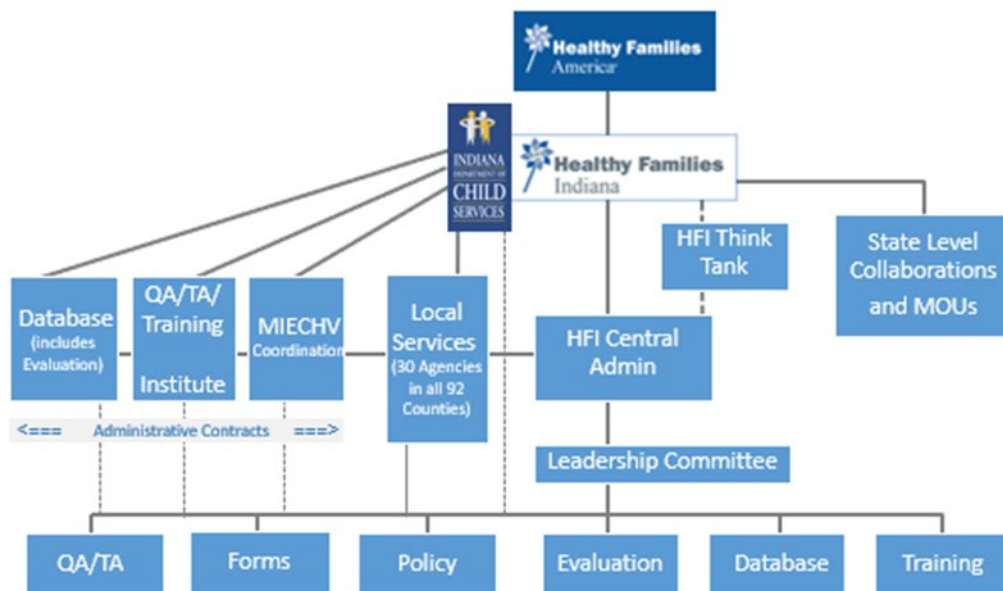
Community Partners for Child Safety

- The DCS Prevention Team facilitates a monthly meeting to review current practice in the field, discuss programmatic issues, and troubleshoot any challenges/barriers to services and currently exploring curriculum to better meet programmatic needs. The group continuously discusses how to continue to meet the needs in the different regions. The monthly meetings are also used to provide training to the Community Partners for Child Safety (CPCS) Programs on pertinent topics. Recently, trainings were offered to highlight updates made to the assessment tools used, including the NCFAS and Protective Factors Survey-2 and *How to be a Culturally Competent Organization*. Speakers representing local programming and organizations are also brought into the meetings to ensure that the CPCS agencies are aware of new resources available to the families they support. In addition to the monthly CPCS Program Manger's Meeting, the CPCS Database Committee, and CPCS Workgroups meet monthly. The CPCS Database Committee work on changes and enhancements needed to the Enlite data system which is used to monitor programmatic outcomes. The recent project outcomes of this group include the

creation of a Family Service Plan, updates to the NCFAS to align with the updates, as well as creation of the PFS-2 in Spanish to name a few. Other CPCS workgroups are used to modify service standards, discuss establishment of new forms, etc.

Healthy Families

- Healthy Families Indiana (HFI) is a multi-site state-wide system that is administered by the Indiana Department of Child Services (DCS) Prevention Team. The HFI system has several committees including Quality Assurance/Technical Assistance, Forms, Policy, Evaluation, Database, and Training. The chairs of each committee sit on the Leadership Committee and the Leadership Committee chairs are part of the HFI Central Administration team which is also comprised of DCS Prevention staff, MIECHV Grant Coordinator, QA/TA/Training and Database Contractors, as well as the Advisory Committee Facilitator. All of the Committees meet on a regular basis and focus on different areas of the program to ensure best practice and fidelity to the model. The committees provide feedback to the DCS Prevention Team on program improvement. The system structure is illustrated below:



Family Preservation Service

- To keep families together and to offer holistic supportive services with one provider, the Department developed Indiana Family Preservation Services (INFPS). The Indiana Family Preservation Service standard is a new standard for delivering family preservation services to families in which there are children who are at risk of entering foster care due to abuse or neglect concerns. Secondary to the

Families First Prevention Services Act (FFPSA) that was signed into federal law in February of 2018, this standard addresses the need to give families and children evidence-based services in their homes to prevent the need for placement in foster care. The service provides per diem reimbursement to the referred agency to provide “any and all” needed services to the family to allow the children to remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren) and caregivers within the family’s home at least on a weekly basis. The provider agency must utilize evidence-based practices (EBPs) that are classified as at minimum a promising practice on the California Evidence-Based Clearinghouse for Child Welfare. Provider agencies must align service frequency, intensity, needs, and supervision to the chosen evidence-based practices, but must also collaborate with DCS and the family on the development of safety and treatment plans. Concrete needs must be addressed through service delivery if failing to do so would result in the child having to be removed from the home. DCS sought diverse providers to deliver these services and have a number of minority and women-owned businesses who earned contracts. Currently there are 94 provider agencies contracted for INFPS across the state of Indiana. Each regions has INFPS contracted providers. In addition, as with all DCS services, if any interpretation services are needed, DCS will reimburse the provider dollar-for-dollar for any associated costs.

- DCS is looking closely at our data concerning disproportionality in our system. Indiana Family Preservation Services will allow us to measure outcomes on a provider-level in ways we have not been able to do before, including identifying providers who, due to overt or unconscious biases have disproportionate outcomes with families of color. This will allow for meaningful conversations with these providers, using clear data, which is in stark contrast to previous conversations when most families had multiple provider agencies all working with them at the same time. This made meaningful outcomes tracking at the provider level extremely difficult, and likely contributed to our problems with disproportionate outcomes for families and children of color. INFPS will help both providers and DCS to better understand the impact of our work on all Hoosier families.

Father Engagement

- A Regional Service Coordinator facilitates quarterly meetings with Father Engagement providers to discuss what is going well with the program, review survey results, discuss any issues around fulfilling service components and how to resolve them and then provide time to have an open forum for the providers to network and get their questions answered. The Regional Service Coordinator provides continuous quality improvement (CQI) support to the Father Engagement providers to improve outcomes measures. There have been some barriers in receiving data that would normally be discussed and expounded on during these meetings. Discussions are occurring to eliminate barriers to receiving data.

Home Based Coalition Workgroup

- This group is the sub-group of the larger Indiana Coalition of Home-Based Service Providers. The sub-group works on issues, assigned by the larger coalition group, that affect home-based providers. The sub-group then makes recommendations to DCS to resolve the presenting issue and/or expand services for children in need. Some of the issues that have been discussed have included billing and invoicing issues, changes to the systems, barriers to access services and work force needs.

Homebuilders

- While DCS chose to end the Homebuilders-specific contracts with providers and the Institute for Family Development (IFD) in March 2021 due to the successful launch of INFPS, Homebuilders is still available for families who are receiving INFPS as it is an EBP that is on the California Evidence-based Clearinghouse for Child Welfare, and multiple agencies who have INFPS contracts have created their own arrangements with IFD so that they can still provide Homebuilders to families who need services of that intensity. The INFPS per diem, which remains in place for the duration of the case, provides enough resources for these agencies to continue to offer Homebuilders to families across the state.

Children's Mental Health Initiative Conference Calls

- Quarterly meetings are arranged to discuss state-wide access sites, the Children's Mental Health Initiative (CMHI), and the Children's Mental Health Wraparound Services. The conference call provides updates on youth in Wraparound, the opportunity for access sites and key contacts to communicate, troubleshoot, and discuss the positive outcomes, and provide DCS with feedback. Collaboration with the Indiana Division of Mental Health and Addiction (DMHA) occurs as they assist to facilitate the meeting. Any changes or updates to both programs are also addressed at this meeting.

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

- The MDT consists of a team of individuals from a variety of systems who meet bi-weekly to discuss high needs youth and how to navigate the service delivery systems to meet their individualized needs. This team joins forces to review specific cases that need guidance and manoeuvring through the system array, to ensure families are being served within the most appropriate service delivery system, to provide assistance to the local communities so families do not get bounced from one agency to another, to enhance supportive services within local communities, to assist local and community members find the appropriate services for families and children that prove best outcomes, and review any gaps in services throughout the state that arise through a multiagency approach.

State-wide Residential Provider Meetings

- All Residential facilities are invited to participate in a conference call monthly. The meetings provide direct guidance, updates and allow for opportunities for discussion regarding items related to the residential contract, licensing, and programming. DCS divisions participating in the meeting include Services, Legal, Finance (Administrative Services), Field, Juvenile Justice, and Staff Development. These monthly meetings are open to all levels of residential staff, and the minutes from each meeting are posted publicly on the DCS website. DCS residential licensing staff go on-site to residential facilities on a regular basis to follow up with providers on any changes discussed during these monthly residential meetings.

State-wide Licensed Child Placing Agency Meetings

- All Licensed Child Placement Facilities are invited to participate in a conference call monthly. These meetings are well attended and provide direct guidance, updates and allow for opportunities for discussion regarding items related to the residential contract, licensing, and programming. DCS divisions participate in the meeting including Services, Legal, Finance (Administrative Services), Field, and Staff Development. This multi-disciplinary effort has been instrumental in furthering the discussion regarding enhancing the support for foster care parents to serve youth with higher needs in a less restrictive setting.

State Interagency Collaboration

- The State Interagency Collaboration meets monthly and is designed to prevent service duplication and share data between state agencies including, but not limited to: DCS, DMHA, BDDS, DWD, DOC, CJI, and others. The State Interagency Collaborative has worked closely with the Indiana Commission on Improving the Status of Children in Indiana (CISC). There has been a lot of work on providing consumer forward information of all of the state agency programs that are available for families and children in our state.

Children's Justice Act Task Force

- The Children's Justice Act (CJA) Task Force meets four to eight times a year to review policies on the handling of cases, training of provider staff and the community, and discuss trends in child abuse and neglect in Indiana. The taskforce has reached their three-year goal of ensuring all counties had access to a Child Advocacy Center (CAC) within an hour drive and are now refocusing efforts on various other opportunities. The Taskforce continues to allocate funding for Pediatric Evaluations and Diagnostic

Services (PEDS) which provides state of the art medical consultation to DCS in cases of suspected child abuse and neglect. Following a three-year assessment, the taskforce recognized the need for more robust professional training for DCS attorneys and thus has funded various trainings. In 2021 the taskforce provided funding to enhance the understanding of trauma and the effects on children in the Handle with Care Program. Additionally, the taskforce has funded positions which have enabled all 92 counties in Indiana to form child fatality review teams to enhance an understanding of the how and why children in Indiana are dying and create robust plans to prevent future injuries and death.

- The CJA Task Force received information about the goals and strategies of the Program Improvement Plan (PIP) in 2019. To complete the three-year assessment for CJA, the Task Force provided a survey to stakeholders to work towards identifying systemic problems in the State's response to maltreated children, in hopes of improving front-end work related to victims of child abuse and neglect. DCS will continue to work collaboratively with the CJA Task Force and share updates to the PIP and CFSP/APSR. The taskforce is incorporating data and trends from the last three-year assessment in 2019, PIP, CFSR, APSR, Court Improvement Projects to determine where to best focus their improvement efforts and allocate funding. Results of the three-year assessment has sparked discussion within the taskforce on re-allocating finances based off the needs identified by stakeholders. The taskforce is currently completing a three-year assessment and analysing various resources and surveys available to inform the priorities of the taskforce in the next three years.

Regional Provider Meetings

- These meetings occur monthly or quarterly depending on the region. The meetings are provider driven and focus around topic areas that are pertinent to the providers at that time. Discussions may focus on referral or service issues, retention of staff/clients or review changes in service standards. The meetings also allow providers in the region to meet one another and network.

COVID-19-Related Provider Meetings/Communication

- As a response to the COVID-19 pandemic, DCS implemented a focused communication plan with all its providers using Webex and Microsoft Teams. These meetings were held to ensure that DCS-contracted providers had up-to-date guidance on how to deliver services to children and families, balancing both COVID-19 and child-safety risks. The state authorized the use of remote interventions/services with families and children soon after the first positive COVID-19 case was identified in the state on March 6, 2020. DCS mandated that the decision to use exclusively remote contacts for services, however, be made on the Child and Family Team (CFT) level as some child-safety risks cannot be effectively mitigated through remote contacts alone. The CFTs were empowered to address how specific cases received their services, and our regular provider meetings during the pandemic provided direction to the provider community about how to deliver services face-to-face when necessary, to address child-safety concerns

using guidance shared with them from the Indiana State Department of Health and the Centers for Disease Control and Prevention (CDC). Telephonic or virtual platform meetings with provider groups to address COVID-19 began on March 16, with the following frequency:

- All provider calls: Twice weekly from March 16 – April 6, then weekly from April – August, and then every two weeks from August through April 2021, and monthly May 2021 through March 2022
 - LCPAs—Weekly through June 2020, and then monthly through present
 - Residential Providers—Weekly through June 2020, and then monthly through present
 - Family Preservation Services—Biweekly
- Providers were asked to submit questions before each call, with responses given during the calls and posted on the DCS COVID-19 Resource website.
 - The Indiana Department of Health presented with all provider calls throughout the pandemic to give updates and guidance to providers.

DCS continues collaborating with existing statewide associations such as Indiana Council of Community Mental Health Centers - Child and Adolescent Committee, IARCA - Coalition of Family-Based Services, and the Indiana Chapter of National Children's Alliance. This collaboration includes monthly calls, yearly conferences, and break-out workgroups.

4. Commission on Improving the Status of Children in Indiana

DCS continues to collaborate with the Commission on Improving the Status of Children (CISC) in Indiana. The law that established the Commission 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 Executive Director is Julie Whitman, who is administratively housed in the Indiana Supreme Court. The Commission is comprised of 18 members from the executive, judicial, and legislative branches, and local government officials. Members of the Executive Committee include Mr. John Hammond from the Office of the Governor, Loretta Rush, Chief Justice of Indiana, Terry J. Stigdon, Director of the Indiana DCS, Representative Dale DeVon, and Senator Stacey Donato. A list of all Commission members, annual reports, meeting agendas, minutes, PowerPoint presentations, handouts, and other resources can be found at www.in.gov/children. The three-branch statewide Commission is aimed at improving the status of children in Indiana. In cooperation with other entities, members of the Commission on Improving the Status of Children in Indiana will study issues concerning vulnerable youth, review and make recommendations concerning legislation, and promote information sharing and best practices.

The mission of the Commission is to improve the status of children in Indiana through systemic collaboration. The vision of the Commission is that every child in Indiana will have a safe and nurturing environment and be afforded opportunities to reach their full potential and live a healthy and productive life. The Commission

cooperates with other child focused commissions, the executive branch, the judicial branch, stakeholders, and members of the community. DCS deputies serve on various task forces and sub-committees and present information to the Commission when requested.

The following members serve on the Child Services Oversight Committee: Representative Ed Clere (Chair), Hon. Dana Kenworthy, Senator Jon Ford, Senator Frank Mrvan, Michael Moore (the Indiana Public Defender Council), Jim Oliver (the Indiana Prosecuting Attorneys Council), Sean McCrindle (Bashor Children's Home), Representative Carolyn Jackson, Terry Stigdon (DCS) and Leslie Dunn (the Indiana CASA/GAL program). The top duties of this committee is to: review bi-annual data reports from DCS, review annual reports from the DCS Ombudsman, and make recommendations to CISC.

Don Travis, the DCS Deputy Director of Juvenile Justice Initiatives and Support, serves on the Juvenile Justice and Cross-System Youth Task Force. The goal of the task force is to improve the safety and outcomes of youth who encounter the juvenile justice system. Don also sits on the Juvenile Justice Reform Task Force which was created in February 2020 to work with the Council of State Governments Justice Center on an assessment of Indiana's juvenile justice system.

Nikki Ford, Data Director at DCS, serves on the Data Sharing and Mapping Committee which focuses on sharing of data between agencies and mapping services needed to implement the objectives of the Commission's strategic plan.

David Reed, DCS Deputy Director for Child Welfare Services, is a Co-Chair of the Mental Health and Substance Abuse Task Force, which focuses on increasing access to quality mental health and addiction services for children and their families.

Melaina Gant, Education Services Director, serves on the Educational Outcomes Task Force. The goal of the Educational Outcomes Task Force is to improve educational outcomes of vulnerable youth.

Sarah Sailors, DCS Deputy Director of Field Operations, served as co-chair of the Child Health and Safety Task Force until June 1, 2022 at that time Sonya Rush, DCS Assistant Deputy Director of Strategic Solutions and Agency Transformation serves as co-chair. The goal of that task force is to improve the health and safety of vulnerable children and youth.

Noelle Russell, Director of Communications at DCS, is a member of the Communications Committee which focuses on the development of processes for improved information sharing and promoting the work of the Commission.

Latrece Thompson, Deputy Director of Staff Development serves on the Equity, Inclusion, and Cultural Competence Work Group whose "goal is to ensure cultural competence, equity, and inclusion are demonstrated in the work of the CISC and its Task Forces and Committees.

5. Older Youth Services Collaboration

Older Youth Services continues to evolve and improve upon older youth services programming by collaborating with Federal, State, and local partners. This includes participation in federal Chafee independent living webinars, and peer to peer Region 5 Chafee Coordinator meetings. The Older Youth Initiatives Managers and team meets with key internal and external stakeholders bi-monthly to seek feedback on older youth services delivery, best practice to make program adjustments and program improvements. The Older Youth Initiatives team also meets with the Indiana youth advisory board for program adjustments and improvements. More information regarding OYS collaborations can be found in section XI. John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program).

6. Youth Advisory Board

The Indiana Youth Advisory Board (IYAB) is comprised of current and former foster youth from the 18 regions within the state of Indiana and is coordinated by Foster Success. The IYAB meets at least four times per year to develop and implement their mission to positively impact the foster care system in Indiana. Monthly Director Terry Stigdon hosts “Lunch with the Leader” meetings. These lunch meetings allow her to hear directly from older youth of the IYAB who have been impacted by In DCS services. More information regarding IYAB can be found in Section XI. John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program).

7. Additional Collaborations

In late 2020, DCS launched a Racial Justice, Equity, and Inclusion steering committee whose purpose is to direct the work and goals for the subsequent workgroups and their purpose listed below. DCS has taken meaningful steps over the past two years to advance racial justice, equity and inclusion within the agency. While we celebrate this progress, we know there is much work left to do, and we’re excited for the opportunities ahead. To date, our success has been thanks to DCS staff and stakeholders across the state coming together, recognizing common barriers, and taking common-sense steps to overcome them. DCS took a big step in our journey to ensure racial justice, equity, and inclusion for our agency and those we serve by bring aboard a Chief Equity and Inclusion Office to spearhead our efforts. In 2021, our RJEI work groups presented many innovative ideas and successfully accomplished projects in key areas of focus that were put into practice. The two (2) main objectives for this year are Diversity, Equity, and Inclusion (DEI) for employees, and decreasing disparities in removals for black children.

Each workgroup below is chaired by staff who work with a diverse group of internal and external stakeholders with focused goals around racial justice, equity, and inclusion:

- Culture and Climate Workgroup
 - Address the issues within the agency’s culture that promote racism, inequities, and lack of inclusion
 - Support team members, partners and stakeholders while improving the work environment so everyone feels valued and safe.
 - Equip all areas of the agency with the tools needed to sustain a safe culture
- Private and Public Partnership Workgroup
 - Develop relationships with service provider partners and public stakeholders.
 - Identify and share data regarding disparities in the child support and child welfare system.
 - Ensure a diverse representation of partners within communities to promote resources that help prevent entry into the system.
- Policy and Practice Workgroup
 - Adjust policies and practices that contribute to the disparities seen in agency outcomes.
 - Develop an assessment tool to guide the evaluation of policies and legislative proposals for their impact on racial justice, equity, and inclusion.
 - Implement assessment tool to use during the development, review and approval processes of new policies and legislative proposals.
- Hiring and Employee Relations Workgroup
 - Assess and address issues within the agency’s processes for recruitment, hiring, promotions and determination of eligibility for rehire.
 - Develop resources for leaders to understand the impact of implicit bias on agency operations.
 - Collaborate with the State Personnel Department and different organizations to recruit a more diverse staff.
- Services and Resources Workgroup
 - Evaluate current data to examine how race is reflected in outcomes and the experiences of children and their families.
 - Review provider trainings related to race equity, diversity, and inclusion to ensure content is relevant, clear, and impactful.
 - Examine service standards to make sure provider organizations run by and predominately represented by people of color are not excluded.

- Training and Curriculum Workgroup
 - Enhance trainings to educate and inform staff on the history of race, equity, inclusion, and diversity.
 - Equip trainers with the tools to pass these teachings onto staff.
 - Develop trainings that focus on the history of race and racism.
- Young Adults with Lived Experience Workgroup
 - Inform the racial justice, equity, and inclusion workgroups by sharing their experience in the system.
 - Empower the voice of the customer and the people we serve to transform this system.

In addition to the work occurring with the Regional Service Councils (RSCs), DCS holds regular meetings with other groups to monitor data, assess areas for improvement, and implement strategies to improve outcomes for families and children. As updates are presented, there is oversight by the executives to ensure efforts are not duplicated. When strategies/projects and or data overlap is evident, information is shared between the groups to encourage collaboration and decision making as to the next steps. Projects are either completed in collaboration or there is a hand off and project alignment. This often allows for new strategies/projects to be initiated.

The current areas of focus for such additional collaborations 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. DCS has implemented access sites in all 92 counties with the opportunity to assist with wraparound services through the CMHC’s and other Wraparound certified agencies throughout the State through the Children’s Mental Health Initiative.
- Implementation of Family Preservation Services
- Planning for FFPSA
- Effective implementation of evidence-based practices
- Improve access and effectiveness of substance abuse treatment services, including MAT.
- Improve the utilization of Medicaid Rehabilitation Option (MRO) funded services.

Psychotropic Medication Advisory Committee

The Indiana Psychotropic Medication Advisory Committee (PMAC) was launched in January 2013. The PMAC is an oversight committee that meets quarterly to review the psychiatric treatment of DCS-involved youth, with a specific focus on psychotropic medication utilization patterns. Details about the Oversight of this committee can

be found in Attach G - Indiana's Health Oversight and Coordination Plan. This committee includes representatives from Indiana University School of Medicine (IUSM) Department of Psychiatry, DCS, Office of Medicaid Policy and Planning (OMPP), Family and Social Services Administration (FSSA), Division of Mental Health and Addiction (DMHA), pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The PMAC monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS and OMPP.

- Specific responsibilities of the committee include the following:
 - Review the literature on psychotropic medication best practice (e.g., American Academy of Child and Adolescent Psychiatry (AACAP)) and provide guidance to DCS, OMPP, IUSM and prescribing providers.
 - Provide assistance to DCS for oversight of 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.
 - Review DCS policies for requesting and obtaining consent to treat DCS-involved youth with psychotropic medications and make recommendations for change to DCS; and
 - Identify non-pharmacologic, evidence-based mental health treatments for DCS-involved youth.

Home-based Providers

DCS maintains frequent and intentional conversations across our entire provider community—prevention, community-based intervention, foster care, residential, and older youth services which has been essential in our preparation for implementation of FFPSA. Providers have been involved from the beginning of our FFPSA planning, particularly around accreditation, aftercare services, nursing, residential treatment programs, development of candidacy definition, and especially Family Preservation Services which will serve as a “bridge” to FFPSA for the state in its requirement to utilize EBPs with families in which there is a child at imminent risk of removal. We meet monthly with IARCA, the Indiana Coalition of Family-Based Services, and all our Community Mental Health Centers. In addition, leadership from DCS actively participates in the Commission on Improving the Status of Children (David Reed co-chairs the Mental Health and Substance Abuse committee), the Indiana Council of Community Mental Health Centers (who meets quarterly to review policy and legislation), the State Interagency Child Collaborative Group, the Lt. Governor’s Intellectual and Developmental Disabilities Task Force, as well as monthly meetings with the Indiana Division of Mental Health and Addiction.

We have had bi-weekly meetings with all 96 of our Family Preservation Services providers since contracts were awarded in April 2020. We’ve strived to improve our relationship with the provider community and have made meaningful improvements.

Indiana Association of Resources and Child Advocacy (IARCA)

In 2020-2021, DCS, IARCA representative and DCS contracted agencies that are IARCA members met at least quarterly, sometimes more often, with specific focus on issues affecting their agencies, and preparation for implementation of the Family First Prevention Services Act (FFPSA). The collaboration focused on several topics:

- Challenges and changes to the LCPA revocation, home study process, and increased SAFE awareness and support
- Discussion of the Aftercare requirement and Indiana definition
- Timing of FFPSA implementation and process for QRTP designations
- Increasing the capacity of LCPA foster homes to serve higher acuity youth who do not need residential level of care
- The impact of the Centers for Medicaid Services guidance on how QRTP will impact Medicaid utilization for youth placed in PRTT or IMD designated facilities

These meetings have continued in 2021 through virtual contact and are planned in future months. The topics will continue to be surrounding Aftercare, QRTP, LCPA capacity, IMD and audit streamlining. During IARCA meetings, QRTP assessment meeting, Family Preservation Services meetings, visitation services discussions, monthly residential and LCPA meetings, and many other meetings, topics of race, ethnicity and inclusion are commonly discussed and are represented in the RJEI and in the various subgroups, including on the RJEI Executive Team. Discussions include talking about any biases in QRTP evaluations around race, how residential and LCPA providers can ensure they are able to meet the needs of children of color when it comes to their hygiene/hair needs, how our various services impact children and families of color, and how race appears to correlate to placement decisions (we have noted that children of color are more likely to be referred to LCPA-level foster care and congregate-care settings than their white peers).

CANS Steering Committee (DCS and Dr. Betty Walton, Division of Mental Health and Addictions)

The Department of Child Services continues to support field staff in the usage and understanding of CANS. Previously, four (4) CANS Consultants, along with the CANS Program Manager, received training from CANS Creator, Dr. John Lyons, to provide education and support of the CANS Model within the DCS System. In addition, this DCS CANS Training Team continued to collaborate with Dr. Betty Walton to ensure the system and all training materials are current. The DCS CANS Training Team concluded their participation with the Breakthrough Series Collaborative (BSC) with much knowledge gained on how to promote a more trauma informed and family informed assessment and application using CANS. The CANS 101 and CANS 102 training curricula was updated to emphasize more of how DCS Field Staff can more effectively use the CANS with their families. This training is now called CANS: Meaningful Use and is offered monthly virtually throughout the State. In addition to CANS Meaningful Use training, a half (½) day Super User Training is also offered virtually. This training is delivered in collaboration with Dr. Walton for all DCS Super Users who are field staff acting in a

supervisory role. Additional CANS trainings were developed to support supervisors to become more knowledgeable on how to support staff with application and understanding of the CANS tool.

In 2021, management of CANS transitioned to DCS Staff Development. Five members of the DCS Staff Development training team have been trained and are authorized by the Praed Foundation to provide CANS training and support in the integration of the CANS Model into DCS Practice Model. In addition, DCS continues to collaborate with Dr. Betty Walton and the Praed Foundation to ensure the system and all training materials are up to date. The DCS CANS Implementation and Engagement Specialist participates in a quarterly collaborative forum with Child Welfare agencies around the US to promote and improve implementation efforts.

The Meaningful Use of CANS training is offered twice monthly (one in person and one virtually) throughout the State for FCMs and FCM Supervisors with the objective of increasing effective use of the CANS Assessment in identifying strengths and needs, developing skills for meaningful engagement and collaboration, and the development of S.M.A.R.T. Case Plan activities and objectives to address the identified needs.

In addition to the Meaningful Use of CANS training, the CANS in Supervision training is provided monthly to front line Supervisors. The CANS in Supervision training covers the following objectives: The Supervisor's Role as a CANS Implementation Coach, CANS integration into DCS Practice (TEAPI), CANS in Clinical Supervision, CANS Decision Models (algorithms), and where to go for all things CANS. All DCS staff members have access to a 30-minute computer assisted training that provides a high overview of the use of CANS within DCS. Additionally, all DCS staff are able to complete a 3-hour, web-based training through the IU School of Social work on the use of CANS and other TCOM tools in supporting treatment planning and tracking progress. The 9-hour CANS Superuser training is delivered in collaboration with Dr. Walton on a quarterly basis, and a 3-hour Superuser Booster Training is offered monthly for all DCS Super Users. An additional CANS training is being developed to support the process of moving pass the assessment into the development of meaningful interventions based on the CANS assessment.

State Interagency Collaboration

The State Interagency Collaboration meets monthly and is designed to prevent service duplication and share data between state agencies.

Collaborative Communication Committee (CCC)

For the past eight (8) years, DCS has collaborated with the 91 probation departments across Indiana on the implementation of Federal and state statutes, regulations, and guidance. Each Chief Probation Officer is invited to participate in the CCC meeting, which occurs every other month each year. The CCC is utilized as an implementation committee, offering guidance and collaboration to DCS on the issues that affect the juvenile justice population that is served by and through DCS. Since the CCC began having virtual meetings due to COVID,

approximately 25% or more of the counties are represented at the meetings depending upon the agenda items. As a result, the CCC continues to have virtual meetings to allow for participation. In early 2022, the Probation Summary by Month Report was updated to include the “in’s-and-out’s” within each month, allowing each county to see the children that entered, left or was in-and-out of a residential treatment during the month. In addition, the report also now includes columns that identify race, gender and ethnicity so that a county is able to run the REI data if unable to do this within their own case-management system.

This forum has been used on the implementation of Federal Law pertaining to victims of human trafficking (HT), visitation of youth in foster care, and continued implementation of the Program Improvement Plan. This committee serves as the conduit for introducing family-centered services to the field of probation and receives regular feedback regarding the review of cases for the measurement plan relating to the PIP and CFSR. More recently, the CCC has been utilized to introduce FFPSA to the juvenile probation community. This statute will have similar effects on the juvenile justice population as it does on the DCS CHINS population in Indiana.

Consulates from Other Nations

DCS continues to serve children from immigrant families, in which at least one parent or child are foreign born. The International and Cultural Affairs program is responsible for supporting DCS staff and collaborating with various foreign Consulates and Embassies. In the last year, DCS has worked with immigrants from Central America. There is a rise in families from Guatemala, Honduras, and El Salvador. We continue to collaborate with countries on the African continent, South East Asia, and Eastern Europe. DCS also collaborates with other consulates on a case-by-case basis. All of the Consulates provide cultural guidance which supports DCS in the development of culturally responsive protocols and ultimately improves our collaboration.

The International and Cultural Affairs Liaison holds meetings monthly with the Consulate of Mexico in Indianapolis. These meetings are held with an assigned Consular agent of the Protection Department. DCS has a positive working relationship with the Mexican Consulate in Indianapolis and communication is frequent. These meetings focus on the review of relevant cases, including reunification efforts, parental engagement, assessing the services that are either being provided or could be provided in Mexico, relative placement, and preservation of family connections, as well as, developing protocols to regularize our procedures. The Mexican Consulate provides various types of assistance including the following, which are the most frequently used by Indiana DCS and part of our monthly meeting reviews: obtaining a home study for a parent/relative in Mexico who is being considered for placement; repatriation procedures; contacting and verifying location of a parent in Mexico; referring to services in Mexico; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and the verification and issuance of vital records for Mexican Nationals.

The International and Cultural Affairs Liaison has quarterly meetings with the General Consulate of Mexico in Chicago. The objective of these meetings is also the review of cases and the development of protocol for our current processes. The General Consulate of Mexico in Chicago has jurisdiction over the counties of Adams,

Allen, Benton, Cass, Dekalb, Elkhart, Fulton, Huntington, Jasper, Kosciusko, Laporte, Lagrange, Lake, Marshall, Miami, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Wabash, Wells, White, and Whitley. The remaining Indiana counties are under the jurisdiction of the Consulate of Mexico in Indianapolis.

The International and Cultural Affairs Liaison continues to have meetings on an as needed basis with the Consulate General of Guatemala in Chicago. These meetings are held with an assigned Consular agent and/or the vice Consul of Protection Department. DCS has established a positive working relationship with the Consulate General of Guatemala in Chicago and our communication has become frequent. The frequency of communication has increased due to the rise in child migration in 2021. These meetings focus on the review of relevant cases, including reunification efforts, parental engagement, assessing services, relative placement, and preservation of family connections, as well as, developing protocols to regularize our procedures. The Consulate General of Guatemala in Chicago provides various types of assistance which include the verification and issuance of vital records for Guatemalan Nationals, cooperation with repatriation procedures; contacting and verifying location of a parent in Guatemala; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and interpretation services for Guatemalan indigenous languages.

Due to the increase of Honduran and Salvadorian Nationals the International and Cultural Affairs Liaison meets with the Consulate General of Honduras in Chicago and the Consulate General of El Salvador in Chicago on an as needed basis. These meetings are held with an assigned Consular agent of the Protection Department. DCS has a positive working relationship with the Consulate General of Honduras in Chicago and communication is frequent. The frequency of communication has increased due to the rise in child migration in 2021. These meetings focus on the review of relevant cases, including reunification efforts, parental engagement, relative placement, and preservation of family connections. The Honduras Consulate provides various types of assistance including the following, which are the most frequently used by Indiana DCS and part of our monthly meeting reviews: obtaining a home study for a parent/relative in Honduras who is being considered for placement; repatriation procedures; contacting and verifying location of a parent in Honduras, including publishing a notice to communicate in their newspaper and radio station; communication with incarcerated parents under Immigration and Customs Enforcement (ICE) custody and the verification and issuance of vital records for Honduran Nationals.

To promote effective collaboration in cases involving Mexican nationals, DCS and Mexico developed and signed a Memorandum of Understanding in 2011. Per this MOU the parties agree "...to join efforts to treat, with special care, the high number of Children in Need of Services (herein after "CHINS") cases involving Mexican minors located in U.S. territory, through the development of a bilateral mechanism that allows for the early identification of said minors and facilitates the exercise of the consular function referred to in the Vienna Convention and the Bilateral Convention." DCS is in the final phases of an updated MOU and will move to the signing process with the DCS Director and current General Consul in Chicago, as well as the current Consul in the Indianapolis Consulate office. The plan is for the MOU to be finalized by the fourth quarter 2022. Even though

the MOU is not yet finalized, DCS and the Mexican Consulate abide by the terms of the MOU. Meetings held periodically with the Mexican Consulate offices are used to consult on specific cases and develop protocols that are culturally competent and ultimately improve collaboration.

The Consulate General of Guatemala expressed an interest in entering into an MOU with DCS. The first meeting with their Counsel General and various phone conversations were held in 2020. Subsequent meetings were held in 2021 and a meeting is being arranged in 2022 to continue to pursue this MOU.

Indiana Office of Court Services (IOCS)/Court Improvement Program

- Just, Developmentally appropriate, Accountable and Inclusive (JDAI) – DCS collaborates with the IOCS (along with other state agencies) in the implementation and rollout of JDAI statewide. Indiana’s JDAI was implemented in 38 of 92 counties and is currently operational in 32 counties. JDAI’s focus is on juvenile system reform, moving away from the singular purpose of detention reform. JDAI is the new acronym for Just, Developmentally appropriate, Accountable, and Inclusive.
- During the Round 3 CFSR, Angela Reid-Brown, Court Improvement Program Manager, participated as a reviewer and program improvement plan stakeholder. Angela Reid-Brown continued to be involved as a reviewer for the round 3 PIP reviews regarding juvenile probation cases to further understand the population and suggest improvements. Angela will be instrumental in the Round 4 State-led CFSR in Spring of 2023.

Dual System Youth (DSY) – As a certain percentage of youth are identified in both the juvenile delinquency and CHINS systems, DCS has collaborated with IOCS on the implementation of policies, procedures, and best practices for dual status youth. On July 1, 2015, a statute went into effect in Indiana to specifically focus on dual status youth. Upon passage of the statute, the juvenile courts around Indiana in 61 counties participated in implementation training, additional technical assistance has been offered by the IOCS and the DCS, sending staff to counties across Indiana to offer additional resources and expertise on implementation including best practices and “tips and tricks” that have been discovered since implementation. The implementation committee incorporated the “tool” into the preliminary inquiry for both the DCS and probation to ensure completion of the tool. Statistically, state data on the number of youth who have either been determined to be dual status or have been through a dual status assessment team is unavailable. Despite the efforts of the implementation team to develop a process to track data, it was determined that neither the DCS case management system nor the court case management system operated by the Supreme Court had the ability to track data. The DCS CCWIS system being developed will include dual status tracking information to address this issue. During the 2021 legislative session, the Dual Status Statute was modified that allows through specific court findings on individual cases that the Court “may” order the dual status process allowing discretion by the Courts. This was a change to the previous “shall” that was in part of the code and led to inconsistencies in the statute’s implementation. The new 4-year MOAs were sent to the LOD’s in May, 2021 to work with the local Judiciary and Chief Probation Officers for the signatory process. To date, DCS has received approximately 65% (60 of 91 counties) of the MOAs for

Director Stigdon's signature. DCS is continuing to work with the local counties to have those counties who wish to participate in dual status work have the MOA signed by sending additional information to remaining counties. The current focus on data is the improvement in the court and DCS processes which would be more measurable in the short-term. The work of the Dual Status Implementation Committee included redeveloping and publishing the dual status resource guide to help new counties with implementation and developing new training. The team set a 2021 vision for this work, "To achieve consistent system collaboration to better serve the best interests and wellbeing of dual status youth". In December 2021, IOCS in conjunction with the DCS held a state-wide virtual training to address dual status youth. Currently, dual status is covered in juvenile judge orientation, new probation officer trainings, and upon request by counties.

Court Improvement Program Child Welfare Improvement Committee –The following DCS representatives are members of this multidisciplinary committee: Harmony Gist, Deputy Director for Strategic Solutions and Agency Transformation, Don Travis, Deputy Director of for Juvenile Justice Initiatives and Support, David Reed, Deputy Director of Child Welfare Services, Sarah Sailors, Deputy Director of Field, and Terry Stigdon, DCS Director. These DCS members can provide information to the committee around DCS initiatives and relevant updates.

The Indiana Commission to Combat Drug Abuse

The Indiana Commission to Combat Drug Abuse meets quarterly throughout the year to collaborate and discuss actions and ideas to defeat the drug epidemic. The Commission consists of important stakeholders from all sides: prevention, treatment, and enforcement. The commission made up of mainly department heads is focused on directing policy and working with the legislature. DCS Director Terry Stigdon is a member of this important Commission.

Indiana Protection for Abused and Trafficked Humans (IPATH)

DCS is partnering with other Indiana agencies as a part of Indiana Protection for Abused and Trafficked Humans (IPATH) Task Force. DCS continues to work with IPATH on human trafficking awareness efforts throughout the state of Indiana. DCS also works with members of IPATH on individual cases to ensure collaboration regarding interviews and services for victims and to assist in investigations and prosecution. Members of IPATH include various law enforcement agencies, federal agencies, external stakeholders, and service providers. IPATH members have been asked to join the committee that fits their professional role. Indiana DCS is part of the Youth Victim Services Committee (Y-VSC) and the Youth Working Group of the Community Awareness, Prevention and Education (CAPE) Committee. DCS staff also attend meetings with the regional coalitions that are a part of IPATH throughout the state. Currently there are seven (7) regional coalitions, with two (2) new coalitions still in the planning stage. DCS also partners with Indiana Youth Services Association (IYSA) with the Indiana Trafficking Victims Assistance Program (ITVAP) regional coalition coordinators. Over the last year, Focused Needs Director (FND) Moore has developed and implemented the DCS Human Trafficking Response System. Currently, DCS has 73 HT Regional Leads, to include representatives from Field Staff, Foster Care,

SafeACT, Collaborative Care, Institutional Investigators, Hotline, and Investigators, across the state that consult on regional HT cases. Each DCS HT regional lead attends quarterly human trafficking training as well as quarterly meetings. The DCS HT regional leads are also assisting in facilitating the ITVAP/DCS HT 102 training to all regions within the state. The DCS HT regional leads and FND Moore facilitated HT trainings across the state with opportunities for staff to attend in every region.

As of March 2020, FND Moore, Focused Needs Director has been attending the IPATH core meetings. Yvonne Moore is also attending meetings with the commercial sexual exploitation of children (CSEC) committee which is part of the Commission on Improving the Status of Children in Indiana to address the identification and encourage adoption of effective and promising practices for identification, referral, and appropriate services for victims of commercial sexual exploitation of children. The CSEC committee is a collaboration of several state agencies serving juvenile populations in Indiana. Due to Missing/Runaway youth being at a higher risk of becoming a victim of HT, FND Moore created a flowchart to assist field staff in reporting Missing/Runaway youth to the National Center for Missing and Exploited Children. FND Moore also collaborates with the child sex trafficking unit within NCMEC when a youth at risk of HT goes missing or runs away. Upon location of the youth and return to care, the HT screening tool is completed by field staff in accordance to the Missing and Runaway Youth Policy 2.24.

DCS is participating in workgroups through OTIP, The National Compendium for ACF Region 5 focusing on human trafficking. FND Moore is participating in the National Human Trafficking Child Welfare Collaborative Meetings and is working with National Human Trafficking Training and Assistance Center to identify continuing needs of the Indiana Department of Child Services. FND Moore also has collaborated with several agencies locally and nationally within the Anti-Trafficking field to facilitate HT trainings for DCS staff. In 2022, FND Moore will be collaborating with local county offices to establish a Multi-Disciplinary Team response on all HT assessments.

Indiana Adoption Program Council (DCS, SAFY, Firefly Children & Family Alliance (formerly Children’s Bureau), Villages, and Wendy’s Wonderful Kids recruiters)

The Indiana Adoption Program (IAP) schedules and facilitates the Adoption Council monthly, to review presentations of prospective adoptive family home studies to provide a recommendation to adopt a DCS ward available for adoption. In 2021, IAP improved its practice by adding the prospective adoptive families being presented to the council meetings. The families were able to talk directly with the council and both ask and answer direct questions. There were 20 Adoption Council meetings held with families to prepare them for adoption in 2021. In April of 2022, the Adoption Council started meeting weekly and as of June 30, 2022, 17 meetings between the Adoption Council and families have been held.

CCWIS Transition Information

DCS continues to pursue the transition to a CCWIS application amidst the restrictions and challenges associated with COVID-19. The CCWIS system has been named I-KIDS (Indiana Kids Information Data System) and hosted a statewide vote for the branding scheme. The winning graphic was presented to all staff in December 2020.

Our Organizational Design vendor, Change And Innovation Agency (CIA) conducted numerous meetings with a variety of users with DCS throughout the late Winter and Spring of 2020. CIA has collected information related to business process to create user stories within the Atlassian platform via Jira. These user stories are intended to integrate with iGraphix software to create an operations simulation model, and to support the intended development with the I-KIDS application. CIA has also provided recommendations to DCS to improve processes, the most notable being a centralized team to triage and staff those assessments with unsubstantiated allegations and are also rated as safe.

The contract for Indiana's Design, Development, and Implementation (DDI) vendor was awarded to Accenture in March 2020, with contract execution and official start date of August 2020, and is anticipated to be completed over a 23-month period. Indiana has defined the development of CCWIS into 17 modules: Intake, Assessment & Investigation, Risk Management, Person Management, Case Management & Service Delivery, Placement, Provider Management, External User Portal, Court Hearings, Permanency, Reporting & Analytics, Operational Management, Eligibility, Bi-Directional Data Exchanges, Healthy Families, Referral Management, Finance Management and Conversion. These modules are being developed over the course of two phases. Phase 1 is intended to replace existing child welfare functionality in Casebook while utilizing the existing KidTraks financial as a transition system. Phase 2 will conclude with replacing the KidTraks functionality so all DCS child welfare functionality will reside in the same platform, and KidTraks will join Casebook in retirement. User stories are currently being created and tracked via Jira software to measure rate for development and to build a traceability matrix with DCS Policy and utilization of the Jira Service Desk. DCS has established Product Owner teams to meet with Accenture to review the details of the user stories, log items needed for business decisions, and provide any needed analysis for impact for DCS users. Training and organizational change management are being integrated into the development of these user stories to develop curriculum for DCS staff and strategies to prepare for the change from the current DCS applications to I-KIDS.

DCS has engaged a Project Management Office via Computer Aid, Inc. (CAI) who began their work in October 2020 to help facilitate the execution of the CCWIS project via an agile methodology. CAI has come alongside DCS IT to engage with Accenture and CIA to develop a PMO practice within the CCWIS project and DCS IT. CAI will help support the requirements management created by Accenture, provide quality assurance of Accenture deliverables, and ensure I-KIDS will meet all federal and state reporting requirement. The new CCWIS system I-KIDS is scheduled to roll-out in two (2) phases. Phase 1 is scheduled to go live by the end of Quarter 1 2023. The go live for Phase 2 is still to be determined. The project team is assessing the work to be done and will determine an appropriate timeline in the near future. In April 2022, ACF conducted a virtual Technical Assistance (TA) Monitoring Review on I-KIDS which is still currently in development. The focus of the review was

to assess the function and design for the system's Intake Module to determine any potential compliance issues before the system is operational and to provide technical assistance recommendations where necessary. Staff from ACF and DCS participated in the review activities, which included a demonstration of the Intake Module, interviews with intake workers and supervisors, multiple remote meetings to share and clarify information, and review of CCWIS self-assessment tools and technical documentation provided by the state. The feedback received from the review identified strengths and challenges of the CCWIS project and system. DCS received a letter from ACF on June 29, 2022 documenting all the strengths and challenges identified during the review. Many of the challenges that ACF identified were in alignment with the challenges the DCS project team acknowledges and is working to address. For instance, ACF wanted to see more collaboration between the IT project and program teams to ensure that what is being developed in the system aligns with child welfare program business needs. The DCS project team along with the CCWIS PMO and DDI teams have already been working on a detailed plan to increase program engagement and awareness in response to this challenge. ACF also noted a challenge related to data quality since a viable solution to address the merging of duplicate people in the system is still being developed. In addition, there appeared to be some challenges in developing and maintaining system documentation. The teams are working to identify the optimal solution for addressing duplicate people and to implement a process to ensure that system documentation is comprehensive and consistently maintained. Other strengths and challenges identified are also being addressed.

Indiana Family and Social Services Administration (FSSA) Collaboration

Children and families that encounter DCS may be in need of many things, including medical care. DCS regularly collaborates with relevant agencies within FSSA to ensure that children and families are receiving the necessary services. This includes bi-monthly collaboration with DMHA regarding substance-use disorder (SUD) treatment and monthly collaboration with them from CMHI/WRAP services. Other potential services that are available are Medicaid waiver services, transportation, Medicaid Rehab Option and Psychiatric Residential Treatment. DCS will continue to develop a strong relationship with our partners in FSSA as they create new programs and improve existing ones.

Interagency Coordinating Council

The Interagency Coordinating Council for Infants and Toddlers with Disabilities, is the State's federally mandated early intervention council, established in Section 641 of the Individuals with Disabilities Education Act of 2004 and in 34 CFR 303.600 et seq. of its implementing regulations. The ICC is comprised of a group of First Steps parents, providers, and other stakeholders, including the Department of Child Services, appointed by the Governor to represent the early intervention community. First Steps is Indiana's Part C early intervention program under Part C of IDEA. First Steps is a program of the Bureau of Child Development Services, Division of Disability and Rehabilitative Services in the Indiana Family and Social Services Administration.

To learn more about the ICC, click here for the Governor's report https://www.in.gov/fssa/ddrs/files/ICC_Gov_Report_2020.pdf presented November 2020.

II. UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES

In the summer of 2016, the State of Indiana’s Department of Child Services (DCS) participated in a traditional Child and Family Services Review (CFSR), a federal review of 65 randomly selected cases throughout the state to identify strengths and areas needing improvement in child welfare practice.¹ The Onsite Review Instrument (OSRI) used during the CFSR consists of 18 items corresponding to seven outcomes related to specific components related to child welfare practice. During the CFSR, all items were individually rated and then combined to determine performance levels in seven outcomes. Indiana began PIP reviews in 2018, which began being completed biannually with 65 randomly selected cases statewide and maintain a 15% pull of Marion County cases per review period through the spring of 2020. Improvement goals are based on PIP baseline scores and determined by the federal Measurement Assessment Sampling Committee (MASC) following the completion and finalization of the PIP baseline case review.

Indiana finalized its PIP measurement plan in collaboration with the ACF Children’s Bureau Measurement and Sampling Committee (MASC) on February 1, 2018. To measure PIP compliance, Indiana’s PIP measurement plan incorporated the CFSR Onsite Review Instrument (OSRI). Following the spring 2020 review, DCS has successfully passed all nine outstanding items that were found not to be in substantial compliance in the summer of 2016.

¹ *The information in this Child and Family Services Plan is system-wide and general. It was not created to impact, and should not be extrapolated to impact, the merits of any individual case or employee action in pending or future litigation. Each case or action should be reviewed and analyzed on its own specific merits, including peripheral and contextual factors, and independently from this Plan’s information, which is system-wide and general. The Plan’s information is not to be construed or interpreted as an admission to any liability, legal issue, waiver of any defense, or question in pending or future litigation. The Plan’s information does not rely upon or otherwise reflect legal standards used in litigation that are defined in applicable Federal and State case law, common law, and Federal and Indiana Code. The standards that DCS uses in the creation or compilation of the Plan’s information are not intended to and shall not replace any legal standards applicable in pending or future litigation.*

Indicators at a Glance								
% of Cases Scoring Strength								
Item # and Explanation		CFSR 2016	Baseline 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Target %
Item 1	Timely Initiation	31%	41%	51%	70%	63%		50%
Item 3	Safety Assessment	71%	60%	62%	64%	75%		67%
Item 4	Stability	78%	75%	79%	83%	80%	90.5%	83%
Item 5	Establishment of Permanency Plan	60%	63%	64%	63%	63%	83.3%	72%
Item 6	Achievement of Permanency	53%	48%	33%	40%	61%		57%
Item 12	Assessing Services	40%	32%	38%	52%	54%		39%
A	Child	83%	80%	87%	76%	90%		
B	Parents	47%	31%	38%	51%	60%		
C	Resource Parents	56%	66%	66%	78%	79%		
Item 13	Involvement in Case Planning	48%	40%	42%	50%	60%		47%
A	Child	70%	69%	58%	60%	77%		
B	Mother	73%	73%	66%	74%	83%		
C	Father	57%	43%	50%	56%	50%		
Item 14	FCM contact with Child	79%	62%	65%	64%	78%		69%
Item 15	FCM contacts with Parents	32%	29%	35%	40%	47%		36%

As of January 2021, the Department has launched the Practice Model Review (PMR), to replace the previous Quality Service Review (QSR), to ensure continued measurement of the key outcomes related to federal measures as well as including factors that are important for Indiana's practice model. The instrument and the tool that is being utilized, is modeled closely after the OSRI to ensure alignment of strengths and needs to federal outcomes. Indiana piloted this tool in the fall of 2020 and after making minor changes launched it Statewide in January 2021. In 2021, Indiana conducted 19 PMRs (11 Full PMRs and eight (8) mini PMRs) spanning across all 18 regions, including Marion County (review 2x in 2021) in which 64 cases were reviewed. To date in 2022, Indiana has conducted 9 PMRs (four (4) full PMRs and five (5) mini PMRS. By the end of 2022, a PMR will have been conducted in every region in the state. The PMR looks at 20 different items grouped under the tenants of the practice model: Teaming, Engaging, Assessing, Planning, and Intervening. Since the completion of the PIP, Indiana has continued to capture some metrics around the CFSR outcomes through the PMR. Below are current Indicators at a Glance:

Indicators at a Glance Substantial Achievement of Outcomes						
Outcome	Substantially Achieved	Partially Achieved	Not Achieved	% Substantial	% Partial	% Not Achieved
Safety Outcome 1						
Safety Outcome 2	471	57	86	77%	9%	14%
Permanency Outcome 1	195	246	12	43%	54%	3%
Permanency Outcome 2	225	154	74	50%	34%	16%
Well-Being Outcome 1	245	267	102	40%	43%	17%
Well-Being Outcome 2	344	12	40	87%	3%	10%
Well-Being Outcome 3	419	77	65	75%	14%	12%

Indicators at a Glance % of Cases Scoring Strength								
Item # and Explanation	Strength	ANI	NA	Total Applicable	% Cases Scoring Strength	PIP Ending %	% Difference from CFSR	
Safety Outcome 1								
Item 1	Timeliness of Initiating Investigations				74%	63%	17%	
Not scored as part of PMR								
Safety Outcome 2								
Item 2	Services to Prevent Removal	201	26	387	227	89%	90%	-2%
Item 3	Risk and Safety	475	139	0	614	77%	75%	3%
77%								
Permanency Outcome 1								
Item 4	Stability of Foster Placement	386	70	158	456	85%	91%	-7%
Item 5	Permanency Goal for Child	331	125	158	456	73%	83%	-13%
Item 6	Achieving Permanency	264	192	158	456	58%	61%	-5%
43%								
Permanency Outcome 2								
Item 7	Placement with Siblings	303	22	289	325	93%	78%	20%
Item 8	Visiting with Parents, Siblings	231	157	226	388	60%	67%	-11%
Item 9	Preserving Connections						65%	
Item 10	Relative Placement	320	119	175	439	73%	81%	-10%
Item 11	Relationship with Parents						63%	
50%								
Well-Being Outcome 1								
Item 12	Needs of Child/Parent/Foster	293	321	0	614	48%	54%	-12%
12A	Needs of Child	536	78	0	614	87%	90%	-3%
12B	Needs of Parents	254	271	89	525	48%	60%	-19%
12C	Needs of Foster Parents	358	72	184	430	83%	79%	5%
Item 13	Involvement in Case Planning	272	306	36	578	47%	60%	-22%
Item 14	Caseworker Visits with Child	442	172	0	614	72%	78%	-8%
Item 15	Caseworker Visits with Parents	210	315	89	525	40%	45%	-11%
40%								
Well-Being Outcome 2								
Item 16	Educational Needs	344	52	218	396	87%	74%	17%
87%								
Well-Being Outcome 3								
Item 17	Physical Health	429	78	107	507	85%	69%	23%
Item 18	Mental/Behavioral Health	298	87	229	385	77%	68%	14%
75%								

Item 1, Timeliness of initiating investigations of reports of child maltreatment, is captured via Salesforce dashboards and Tableau.

- As of 8/9/22, Tableau shows Indiana has a 73.63% timely initiation rate.
- Approximately 10% of the untimely initiations are due to extenuating circumstances, particularly for linked reports.

- Item 1 closed out at 63% as part of the PIP.

Item 2, Services to family to protect children in the home and prevent removal or re-entry into foster care saw a 2% decrease from the final measurement during the 2016 CFSR. This item was not monitored as part of the PIP.

- In the PMR, 89% of cases that scored this item were strengths.
- The CFSR closed out at 90% strength for cases that scored this item.
- In the PMR, 78% of the cases that scored this question had concerted efforts to provide or arrange for appropriate services for the family to protect the child(ren) and prevent their entry into foster care or return into foster care after reunification.
 - 64% of the cases scored within the PMR were not applicable for this question
- In 69% of the cases that scored this question, removal without services was necessary to ensure child safety
 - 91% of the cases scored within the PMR were not applicable for this question
- For Round 4 CFSR, changes were made to the applicability and scope of this item. Most PMR cases align with the Round 3 scoring.

Item 3, Risk and safety assessment and management saw a 3% increase from the final measurement during the PIP.

- In the PMR, 77% of cases were strengths for this item.
- The CFSR closed out at 75% strengths for this item.
- 87% of the cases opened during the PUR had initial assessments that accurately assessed all risk and safety concerns for the target child in foster care and/or any children in the family remaining in the home.
- 82% of cases had ongoing assessments that accurately assessed all the risk and safety concerns for the target child in foster care and/or any children in the family remaining in the home
- 73% of cases with safety concerns had an appropriate safety plan that was written and known by all parties referenced in the plan
- In 79% of the cases with safety concerns, those safety concerns were appropriately addressed by the agency
- In 85% of the cases with safety concerns related to visitation, the agency appropriately addressed the concerns
- In 86% of the cases with safety concerns related to foster care, the agency appropriately addressed the concerns

Indiana recently completed its AFCARS Improvement Plan (AIP), which served to identify areas for the state to improve AFCARS submission data. The AIP listed findings, tasks, and notes for each element that needed discussion. Errors could be found due to codes, extractions, data dictionaries, information systems, policy, procedure, and/or cross-validation checks. The AIP brought these issues to light to discuss clarifications or changes to the data being pulled. DCS is currently awaiting its final letter. With upcoming changes to AFCARS 2.0 starting in October 2022, DCS is currently on pause until we start sending in the new AFCARS data in May 2023.

DCS goals, objectives, and interventions are discussed in the Update to the Plan for Enacting the state’s vision and progress made to improve outcomes section, which contains a detailed outline of the approved Program Improvement Plan. Tools used to determine DCS’ current performance throughout the Assessment of Performance section include DCS’ performance on the following:

- Round 3 results from the Child and Family Services Review (CFSR);
- Data from DCS’ child welfare information system, MaGIK;
- Indiana’s PIP measurement plan which incorporated the CFSR Onsite Review Instrument (OSRI); and
- Indiana’s quality service review, the Practice Model Review

III. UPDATE TO THE PLAN FOR ENACTING THE STATE’S VISION AND PROGRESS MADE TO IMPROVE OUTCOMES

AGENCY GOALS

The Indiana Department of Child Services has worked as an agency to set forth annual and long-term goals. These goals have been shared amongst all levels of leadership in the agency and Director Stigdon presented the annual goals at a virtual Town Hall meeting held for all DCS staff statewide, staff were able to attend via a live video stream. A recording of the event is made available for staff who missed the live virtual event. Information regarding the agency’s goals for the upcoming year, as well as the progress made annually is in a year in review book that is produced annually and made available electronically to all staff.

1. Long-Term Agency Goals

- Improve employee experience to attract and retain a diverse and high performing workforce in a safe learning culture
- Appropriately identify the right family at the right time and provide the right service to fit the needs of the family while achieving racial equity
- Achieve financial stability with services that match the needs of families

2. 2022 Goals

- Increase capacity for children to live in home settings.
- Decrease Repeat Maltreatment.
- Improve DCS operations and decrease disparities in outcomes for children and families.
- Improve understanding and predictability in spend for services.
- Ensure case management system upgrades meet agency needs.
- Transform employee recruitment efforts.
- Improve divisional alignment, coordination, and communication to proactively and strategically address issues.
- Develop key leaders' skills in continuing improvement, coaching and business management.

AGENCY PROGRESS

The Department, over the past year, has been marked by positive changes. In every region across the state, our service to Hoosier families has improved: from the first call to the hotline to the ultimate placement of children in forever homes where they are safe and loved. We have addressed barriers to permanency, provided timely child support payments, and improved agency processes. DCS has re-submitted the Title IV-E Prevention Plan to ACF for finalization and is getting closer to approval. Annually, all staff are updated on the great work we are doing as a state, as well as, within our own divisions. Notable achievements within each division are as follows:

1. Field Operations

- Kinship Care
 - Increased the licensing of relative caregivers by more than 10% since January 2021. An increase of 10% or more is the 2022 goal. Launched Kinship champions and kinship teams in all regions to improve support to relative caregivers.
- Placement Line
 - The placement line processed more than 4,700 placement referrals and helped 81 youths find step-down options from congregate care.
- Adoption Recruitment
 - 72 children were adopted after adoption recruitment efforts. The average child was 12 years old with 6.4 placements.
- Rapid Permanency Reviews (RPRs)
 - Rapid permanency reviews were conducted for 701 children from all 18 regions. Of these children, 415 (59%) have since been adopted. As of June 2022, 69% have been adopted.
- SafeAct

- 25,866 calls answered from the field.
- More than 24,940+ clearly safe, clearly unsubstantiated assessments closed out.
- Coaching and Mentoring Indiana (CAMI)
 - As of 11/2/2021: 89 FCM Supervisors have graduated from the CAMI program. Since 11/2021, 141 FCM Supervisors graduated.

REGIONAL IMPROVEMENT

Region 1:

- The number of children in care for three years or longer was reduced by 48 over the past year.
- The percentage of DCS youth in residential care has been falling each year, down from 22% in 2009 to less than 5% in 2021.
- Region 1's "absence of repeat maltreatment" statistics were better than national and state averages at 97% for the year.

Region 2:

- Continued focus on the practice model and achieved 97.81% of cases teamed every three months.
- Highest practice model review score, with teaming at 83%, engaging at 50%, assessing at 83%, planning at 83%, intervention at 58%, and an overall case-score strength of 83%.
- Caseloads have been reduced through permanency. Caseloads are down 21%, time since TPR is down by 114 days and repeat maltreatment is at 95.97%.

Region 3:

- As of September 2021, kinship placements were at 53.3%, up 7.6% from the year before.
- "Safely Home, Family First" statistics show a 3.6% increase over the past year. This was achieved by utilizing informal adjustments (IAs), in-home CHINS and kinship care.
- In the second quarter of 2021, 80.33% of cases achieved permanency within 24 months.

Region 4:

- Through October 2021, region 4 closed 91% of assessments in a timely manner, up from 75% the previous year.
- Through September 2021, region 4 achieved permanency for 66 children in care for more than 731 days, also known as "long-stayers."
- The number of CHINS cases was down by 237 from September 2020 to September 2021.

Region 5:

- Roughly 56% of children placed in out-of-home settings in October 2021 were in relative/kinship care.
- There were 526 children in care in October, down from 654 one year earlier.
- As of November 2021, nine children were in residential care, a 64% decrease since January.

Region 6:

- In 2021, 60 children were adopted. Another 29 are in active recruitment, 21 of whom have identified homes.
- There were 526 children in care in October, down from 654 one year earlier.
- As of November, nine children were in residential care, a 64% decrease since January.

Region 7:

- In 2021, 60 children were adopted. Another 29 are in active recruitment, 21 of whom have identified homes.
- Family resource centers were opened in Delaware and Grant counties in January. Through October, there had been more than 1,750 visits by children and families.
- Continued to be a leader in kinshipcare placements, with an average of 55.7%.

Region 8:

- Through October 2021, 68 children achieved permanency through adoption and 80 children achieved permanency through guardianship.
- From January through October 2021, there were 55 fewer children in out-of-home placements and 150 fewer CHINS cases compared to 2020.
- More than half of children in out-of-home placements were in relative/kinship homes.

Region 9:

- Regularly in DCS' top three for initiation rates, assessment closures and relative placements.
- The number of CHINS cases was reduced from 606 to 486 in the first nine months of the year.

Region 10:

- Over a six-month period, the region reduced the number of in-home CHINS cases by approximately 40%.
- A process was implemented to reduce the number of children in emergency shelter care (ESC) and the average length of stay. The number of youth on the residential list went down by roughly 30%.
- Fewest open IA and CHINS cases since 2014. At the end of October, there were 3,228 open cases, down from a high of almost 6,000 in 2016.

Region 11:

- Family resource centers were opened in Tipton and Madison counties.
- The number of children with a child and family team meeting (CFTM) in 90 days increased significantly. Only 6.5% of the caseload has not had a CFTM in the past six months, exceeding 2020 goals.
- The Permanency Outcome Support Team (POST) was created to shorten the time children remain in the DCS system.

Region 12:

- Utilized SafeACT for more than 70% of monthly assessments.
- The average length of stay decreased by more than 100 days.
- 26 children who had been in care for three years or more found permanency.

Region 13:

- Region 13 focused on front-end practice, improving timely initiation of assessments and reducing the time to assessment completion.
- Owen and Brown counties improved their initiation rates to 100%. From February to October, the regional initiation rate improved from 79.4% to 82.5%.
- Early in the year, one county had 47 cases overdue for filing TPR. By summer, the entire region had zero.

Region 14:

- The Jennings County court system's new facilitation process resulted in a 100% success rate of agreed entry during CHINS hearings and a 100-day reduction in the average length of stay.
- Johnson County worked with children in residential care across region 14 to ensure that any youth who longer needed treatment were removed.
- Bartholomew County's Managing for Daily Improvement (MDI) process helped 71 children reach permanency through September 2021.

Region 15:

- CHINS cases were down from 431 in January to 367 in October 2021.
- The percentage of children in residential treatment decreased from 5.5% to 4.9%.
- Through the end of October 2021, 41 children had reached permanency through adoption, with a regional goal of 50 for the year.

Region 16:

- Committed to the concept that children should not be in residential care any longer than necessary.
- The number of children in residential treatment facilities was reduced by 59% from January to October 2021.
- Region 16 set a goal to reduce overall length of stay to under one year. Training was provided and risk management was a primary topic of discussion. The current median length of stay is 319 days.

Region 17:

- A regional newsletter from FCM supervisors was launched to share noteworthy updates with staff.
- Region 17 teamed with the SSAT division for a regional value stream analysis (VSA) on quality teaming. The VSA team will plan up to four regional rapid improvement events (RIEs) or other projects in 2022.
- The number of children in residential treatment facilities was decreased by six from January to October 2021.

Region 18:

- More than 100 children achieved permanency through adoption.
- The total number of CHINS cases is down by 63.
- The number of children living in residential treatment facilities decreased by 34%.

FOSTER, KINSHIP AND COLLABORATIVE CARE

- With a more effective and efficient Interstate Compact on the Placement of Children (ICPC) process, Indiana doubled the number of approvals for placement compared to 2020. The majority were kinship placements, so more youth across the country were reunited with their families.
- At end of October, there were fewer than 60 pending revocations of licenses — a dramatic decrease from 2020. This is the result of efforts to improve licensing processes and demonstrates the efficiency of cross-system collaboration.
- Using data reports, huddles and streamlining the licensing process, we have reduced our pending foster care applications over 120 days by 50%.
- Under the Governors Emergency order, we were able to continue to provide support to approximately 120 young adults in Collaborative Care through all of 2021 and part of 2022.
- We have been able to unify our placement line staff to one database of record that allows for deeper analysis of youth needing care and disruption prevention opportunity.
- In 2021, the initiative to increase relatives that are licensed foster parents was successful in bringing in 100 new families and licenses and that goal was extended to 2022 to find efficiency opportunities and special approaches to support these caregivers.

- Through the DCS collaboration with the Office of Early Learning and Early Childhood Development, there are more than 2500 children in foster homes eligible and receiving child care/early learning funding

CHILD ABUSE AND NEGLECT HOTLINE

- Through October 2021, the child abuse and neglect hotline handled 10,692 more calls than in 2020. The hotline has handled 1,654 fewer calls through July 2022, than in the same time period in 2021.
- The hotline team updated procedures to better identify situations that require intervention, with a goal of reducing assessments in a way that reduced workload without compromising child safety. October assessments were down 9.3% compared to the previous year, and there has been a substantial increase in accurate screen-outs.
- A Lean improvement project to streamline calls by eliminating questions that didn't provide value was such a success that time spent with callers immediately dropped by 11%.

2. Strategic Solutions and Agency Transformation

- There has been 614 cases reviewed through June 2022 by Quality Service and Assurance team using the Practice Model Review (PMR)
- The interactive International Cultural Affairs (ICA) desk guide and language-access service-provider map were updated and released to assist staff in areas involving international issues including immigration, verifying citizenship, international parent search and language access.
- The Safe Systems team reviewed 389 cases. The team identified several system-level improvements opportunities, which led to the roll out of the spaced education initiative, which provides mini-quizzes to staff in hopes of helping with retention of material. Additionally, the team partners with other agencies and divisions to enhance practice.
- The Safe System team expanded the Critical Incident Response Team (CIRT) to include more responders and streamlined the request process.
- The policy team processed and posted 189 new and revised policies effective in 2021. To date in 2022, 101 policies have been developed and or revised.
- The Research and Evaluation team submitted several manuscripts for publication. The most recently published article makes the case for a state Institutional Review Board within state government and was featured in the Journal of Science Policy and Governance.

3. Permanency and Practice Support

- In May 2021, there was a restructure and the programs being offered through the Permanency and Practice Support (PPS) division were realigned under Child Welfare Services, Strategic Solutions and Agency Transformation, and Field Operations.

4. Juvenile Justice Initiatives and Support

- Central Office Background Check Unit (COBCU) conducted the following evaluations 77,860 fingerprint transactions, 470 criminal and/or CPS waivers, 93, 252 CPI checks.
- In response to FBI audit findings, COBCU began the implementation of requirements that DCS staff update their fingerprints and CPI/CPS checks. In addition, all DCS employees were required to complete Criminal Justice Information Services (CJIS) training.
- The Juvenile Justice unit expanded their role with the probation departments, adding the completion of 30-day assessments on top of the implementation of the Family First Preservation Services Act (FFPSA) and Qualified Residential Treatment Programs (QRTPs). The team worked intensely to align their responsibilities under Indiana statute with the new federal law.
- In September 2021, probation service consultants transitioned from the three-day review process to completing 30-day reviews for probation youth in conjunction with the implementation of QRTPs.
- ICPC consultants administered training on ICPC regulations and requirements in all DCS regions, with an eye toward training DCS' legal team next.

5. Administrative Services

- In state fiscal year 2021 (July 2020-June 2021), probation spending was under budget by approximately 3%. The agency's service spend was covered with no additional general fund augmentation for the first time in four fiscal years.
- For state fiscal year 2022, DCS' finance team created the agency's first-ever overall total budget for service-spend inclusive of general and federal revenue sources. Going forward, both revenue and expenditures will be measured against monthly budgetary targets and overall year-to-date performance.
- The eligibility, rate-setting and cost-allocation teams reviewed and revised materials and processes to better align with the Family First Prevention Services Act (FFPSA). The eligibility team's enrollment unit worked toward completing the review and reporting of pre-2009 adoption eligibility cases.
- Financial management efforts collected \$7.38 million in Supplemental Security Income (SSI) to help offset DCS' costs related to children in care, income that then follows the child when they return home.

- In coordination with the Indiana Department of Administration and the State Budget Agency, DCS renewed community-based, family-preservation and community partner contracts for six-year terms instead of the standard our years. This allows better continuity of services for providers and shifts the renewal window to create lower annual volume for staff who prepare and execute contracts.

6. Information Technology

- DCS IT completed 54 projects and 27 forms on the current child support and child welfare applications.
- The support team focused on the PC Refresh project, distributing 2,274 PCs. There are fewer than 500 remaining in this refresh cycle.
- The IT team launched a new self-service portal. It allows users to track help desk tickets while serving as a hub for other services, including account requests, outage reports and password assistance. New features are regularly added to the portal.
- The team opened more than 4,670 tickets to support the agency software, hardware and telephone needs, completing between 20 and 30 tickets per day.

7. Legislative Affairs

- Worked with the General Assembly and the governor's office on successful passage of the DCS agency bill. HEA 1536-2021 amended Indiana Code to provide flexibility for older youth services and foster youth during a future state of emergency.
- Helped prepare and deliver testimony before the newly created legislative Interim Study Committee on Child Services regarding the DCS Annual Report of Child Abuse and Neglect Fatalities in Indiana.
- Responded to 900 constituent and legislative inquires.

8. Human Resources

- DCS' human resources team worked with executive staff to ensure new or updated COVID-19 guidance was put into place. As COVID-19 rates spiked across the state, guidance became a major focus in conversations with local offices.
- Office-specific flyers were created to help several local offices with recruiting. These flyers included QR codes that linked to job postings, state benefit options and a video documenting a day in the life of a DCS family case manager.
- Through mid-November, the HR division held 15 job fairs which resulted in 83 interviews, most of them virtual. The team also visited 23 universities and colleges to speak with students about potential careers with the agency. To date 2022, the HR division has either collaborated and or attended 13 University and College job fairs and 11 community job fairs.

- 804 Full—time staff members hired.
 - Family Case Managers – 612
 - Staff Attorneys - 40

9. Communications

- The communications team focused on making DCS Community, the agency’s information hub, more user-friendly. A special effort was made to highlight DCS’ Lean transformation and educate staff about DCS’ many process improvements in the last year. Employees can now access resources born of rapid improvement events (RIEs), updates on Just Stop Its and more, all in one convenient location.
- When the department returned to the office after more than a year away, the communications team shared regular updates about evolving schedules, guidelines, and policies. The team produced a “Back on Track” guidebook for the transition and has since provided information about vaccines, COVID-19 exposure protocols, the office-tracker tool and more. These efforts were instrumental in allowing staff to work together as safely as possible.
- The communications team interviewed DCS staff and stakeholders from around the state for a 30-minute video that served as the agency’s midyear update in July. Hosted by Director Stigdon, the video featured more than a dozen speakers and was one of the most-viewed videos created by DCS this year.
- To boost recruitment, the communications team produced two “behind the scenes/day in the life” videos, one with FCMs and one focused on the intake specialists for the Child Abuse and Neglect Hotline. The videos were attached to job posts, providing candidates a firsthand look at the work. The team also created graphics and social media posts to highlight DCS’ new sign-on and referral bonus programs.

10. Child Welfare Services

- More than 1,200 children have been served by the voluntary Children’s Mental Health Initiative (CMHI). This program provides intensive wraparound and stabilization services for families with a child who has significant mental health needs.
- Despite a reduced staffing capacity, the education services team handled a 22% increase in referrals. 85% of the reasons for referral were resolved within 30 days, 15% better than the previous year.
- DCS contracted with Maximus to complete objective, evidence-based assessments of children in need of services (CHINS) who may need intensive residential treatment. Hundreds of assessments have been completed since the program launched in April. This helps ensure those who can succeed in family-based settings do not experience unnecessary residential care. The number of CHINS in residential care has fallen from 1,024 in April 2017 to fewer than 500 in November 2021.

- Through October 2021, the nurses assisted with more than 400 cases through the referral system. To date in 2022, the nurses have assisted on 241 cases through the referral system. This number does not include assistance provided through email request outside of the referral system.
- A quick review process was implemented to allow the Indiana Psychotropic Medication Advisory Committee (PMAC) to review consent prior to a youth being placed on psychotropics. The quick review gives FCMs a response within 24 hours, compared with longer delays under the previous system.
- A new Child-Focused Treatment Review (CFTR) process was rolled out. Clinicians facilitated more than 300 CFTRs and attended more than 400 CFTRs since initiating the process in March 1, 2021. The role of the Clinician shifted in this process for 2022. The role of facilitation is that of Field management. The Clinician’s attendance is requested.
- The clinicians staffed 19 Integrated Care ECHO (Extension for Community Healthcare Outcomes) cases through August and presented the following training topics: attachment, trauma-informed care, anxiety, borderline personality disorder, diagnostic evaluations, evidence-based practice, PMAC, residential 101 and autism. More than 180 DCS staff attended these staffings and trainings. The ECHO staffing program was discontinued and did not continue through 2022 due to a lack of participation. The clinical team continues to staff cases upon request.
- Older Youth Services
 - Nearly 300 Children in Need of Services (CHINS) and CC youths graduated from high school, 57% of whom were enrolled in post-secondary education.
 - Of the 126 individuals who received Voluntary Older Youth Services, 52% were enrolled in post-secondary education.
 - Director Terry Stigdon’s monthly “Lunch with the Leader” meetings allowed her to hear directly from older youth impacted by our services.
 - DCS promoted the voices of older youth by participating in the sixth annual Normalcy Conference and involving older youth in DCS executive meetings, town halls, and the Racial Justice, Equity, and Inclusion Advisory Council.
- Prevention
 - DCS’ prevention efforts have drawn national attention, including a spotlight in the “Visioning for Prevention” series and corresponding podcast and a national webinar from the National Family Support Network.
 - The prevention services team supported and oversaw the creation of a Child Abuse Prevention Framework and Implementation Toolkit. The toolkit is centered on primary prevention efforts and provides a road map for the state and local communities to better support, empower and protect families.
 - Of the families served by DCS’ Community Partners for Child Safety program, 99.69% haven’t had an open child welfare case.

- Similarly, 99.98% of families who participated actively in the Healthy Families Indiana program have not gone on to have an open child welfare case.
- Gov. Eric Holcomb’s “My Healthy Baby” initiative, which seeks to reduce infant mortality, expanded from 17 counties to 42. DCS’ Prevention Team was accepted into the Prevention Mindset Institute and will be receiving Technical Assistance to support implementation of new initiatives including the creation of a warmline, implementation of the Supportive Communities, Resilient Families, Thriving Children Prevention Framework and Toolkit, as well as expansion of the Family Resource Centers through the CPCS program. The Prevention Framework can be downloaded from the [DCS: Prevention \(in.gov\)DCS Prevention page](#).

11. Legal

- Legal operations brought on a new attorney to manage agency risk using a holistic look at DCS. additionally, the division created an Americans with Disabilities Act Coordinator role to help recognize the needs of families and children with disabilities and how best to accommodate those needs.
- In 2021, the contracts team amended contracts for all DCS community-based providers, family preservation services providers, older youth services providers, and licensed child-placing agencies (LCPAs). 481 contracts were amended, ensuring that quality services and placements continued without disruption to children and families.
- 97% of DCS cases on appeal were affirmed by appellate courts as of 12/21/21 and 286 Final Agency Authority decisions were issued from DCS Administrative Appeals
- DCS’ field litigation team took major steps toward permanency improvement by implementing a Managing for Daily Improvement (MDI) framework incorporating data review with regular huddles. Field litigation staff members across the state have been building on that framework to identify trends, barriers and successes that will contribute to the continuous improvement of DCS’ legal practice and case outcomes.

12. Staff Development

- Developed Implicit Bias course for all staff.
- 370 FCMs graduated from cohort training.
- Staff development launched the Emerging Leaders Academy in 2021, and there was a total of 95 graduates from the program.
 - Leadership Academy for Supervisors – 31
 - Leadership Academy for Middle managers – 24
 - Emerging Leaders Academy - 40

- The RAPT team facilitated 832 pre-service trainings to resource parents. The team also held its first virtual RAPT conference for foster, adoptive and relative caretakers, DCS staff and providers.

13. Child Support Bureau

- The INvest project continued rapid development. In June, three pilot counties were chosen, and a training series was launched to help workers feel more comfortable with the transition to a new system.
- Child Support Bureau (CSB) fully implemented the online enrollment form for child support services. Further, this option was expanded to allow for family case managers to enroll DCS foster care cases. Nearly 65% of all new child support service enrollments come from the online option, with a record high average of 1,300 new cases per month.
- Two new units were created to support lean process improvements at Child Support Bureau. Existing talent assisted in the development of a central mail-scanning unit and a central case-intake unit. Additionally, CSB participated in two rapid improvement events (RIEs) related to how it processes financial adjustments and manages annual support fees, which resulted in tremendous lean improvements.
- Increased Child support collections of 68.5%
- The Four Winds Casino in South Bend will now withhold casino winnings from those who owe child support. This is the first time the state of Indiana has entered into an agreement of this type with the Pokagon Band of Potawatomi.
- 30% Increase in casino collections since 2019 (a record \$1.16 million collected)

UPDATE ON THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES

Indiana’s PIP focused on leveraging existing agency strengths to implement interventions that will have a sustainable impact on practice moving forward. Indiana has access to quantitative and qualitative data available from a variety of sources including, but not limited to, a statewide case management system, finance and referral system, Reflective Practice Survey data (“RPS”), qualitative review data through the Practice Model Review (“PMR”) and Key Practice Indicator reports (“KPI”). Indiana continues a data-driven approach that will be used on a consistent basis to inform practice and to determine what is needed to effectuate change on both local and system levels.

Indiana’s PIP maintained a strong focus on enhancing the way we gather, track, and use data. DCS has several projects that have assisted in PIP progress to date to allow Indiana to improve the way we gather and use data. Indiana is currently in the process of building a new case management system to be CCWIS compliant. Indiana has enhanced and relaunched its previous qualitative service review to meet both federal requirements, as well as, ensuring that Indiana’s practice model is being measured and used to fidelity, this was fully launched in 2021 as the Practice Model Review (PMR). Indiana can quickly synthesize regional data on the 20 Items being scored

for the PMR and deliver feedback to the regions within a matter of weeks following a review. The Quality Service and Assurance Team works closely with regional Staff Development employees on ensuring that areas of needed practice development within the regions are met following a review.

In 2020, DCS enhanced its reflective practice survey (RPS) to ensure it was capturing worker level data, as it relates to the practice model to allow for supervisors to provide regular clinical supervision on skill development. The RPS allows leadership to look at training and skill develop needs on a worker, supervisor, local office, region, and statewide level. DCS continues to ensure that continuous quality improvement remain at the forefront of the work that we do and that as we are continuously improving our work and processes that we respect the people who do the work. Indiana continues to progress on its journey in utilizing Lean as the means for continuous quality improvement.

In January of 2021, Indiana DCS was able to successfully close out their PIP as they completed all necessary key activities and step-outs associated with them. This in combination with the success in the spring of 2020 of passing the outstanding items that were found not to be in substantial compliance in the summer of 2016 allows Indiana to focus on future planning outside of the PIP. Indiana was able to complete this successfully and timely with no overlapping year.

For the purposes of the PIP reporting periods the quarters signified below represent the following time frames: Q1: January-March 2019; Q2: April-June 2019; Q3: July-September 2019; Q4: October-December 2019; Q5: January-March 2020; Q6: April-June 2020; Q7: July-September 2020; Q8: October-December 2020.

1. Goal, Strategies, and Objectives Related to Child Safety

GOAL 1: ENSURE THE SAFETY OF CHILDREN THROUGH TIMELY INFORMED DECISION-MAKING BEGINNING AT INITIAL ASSESSMENT AND CONTINUING THROUGHOUT THE LIFE OF THE CASE AND THROUGH THE PROVISION OF APPROPRIATE SERVICES.

DCS' Core Mission is to protect children from abuse and neglect. 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 CFSR identified issues in both the timeliness of initial investigations and ongoing safety monitoring and evaluation. To reflect these issues, the goal has been updated with language to focus on both the timeliness of initial investigations and ongoing monitoring. The activities and progress below reflect the ongoing commitment in improvement of these areas.

OBJECTIVE 1.1 ENSURE TIMELINESS OF FACE-TO-FACE CONTACT BY FORMALIZING AND INSTITUTIONALIZING A SAFETY STAFFING PROCESS AND ESTABLISHING A MONITORING MECHANISM FOR TRACKING TIMELINESS OF FACE-TO-FACE CONTACT.

- a) Ensure timely initiation of assessments by changing practice or policy, as needed.
 - (i) Hotline staff will notify field staff of the time of the report of abuse or neglect according to policy so that field staff can ensure timely initiation.
 - (ii) Hotline staff will correctly identify victims of abuse or neglect based on the actual report of child abuse or neglect that is received so that only alleged victims are required to be initiated timely.
 - (iii) Update and clarify DCS policy on what constitutes face-to-face contact for the timely initiation of an assessment (including applicable exceptions).
 - (iv)

Target Completion Date	Current Status	Progress to Date
Q1	(i) Completed	Policy Revision 7/1/2018 and updated hotline QA review tool. Hotline staff notify the field staff of the time of the report of abuse or neglect according to the policy so that field staff can ensure timely initiation.
Q1	(ii) Completed	
Q1	(iii) Completed	Policy Revision 7/1/2018

- b) Institute daily safety staffings to ensure face to face contact is made timely. Create a new policy to institutionalize safety staffings.
 - (i) Supervisors will meet with assessment workers daily to receive an update on cases where face-to-face contact has not yet occurred, including whether there are barriers or challenges that need to be addressed.
 - (ii) Trends around timeliness identified throughout the state will be addressed at monthly regional manager meetings. Problematic trends that are identified and specific to a region or regions will utilize CQI processes to improve timely face-to-face contact with child.

Target Completion Date	Current Status	Progress to Date
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Q1	(i) Completed	Policy Revision 11/1/2018 (Timely Initiation report will be reviewed by supervisors)
Q1-Q8	(ii) Completed	<p>Q1 & Q2: Continued review of timely initiation report for trends, a timely initiation tracking mechanism has been built for field staff use.</p> <p>Q3 & Q4: The CQI team pulled data from the timely initiation tracker and presented the information to field leadership at the end of quarter 4. The CQI team will be working with field leadership to determine whether the appropriate information is being gathered, trends across the state, and opportunities for improvement projects to move towards more consistent timely initiation.</p> <p>Q5 & Q6: There is a daily auto generated email that goes to the regional managers and field executives to monitor timely initiation data. DCS is working with a change team to look at intake processes to ensure efficiency on the front end of field staff receiving the necessary information to do an assessment. DCS continues to work with Center for States and University of Colorado on a screening threshold analysis to assist in informing the work that Indiana is doing to ensure that appropriate reports are being screened in for assessment purposes.</p> <p>Q7 & Q8: The state will continue to track timely initiation through the</p>

		<p>tracker that was built for field staff use. Along with the tracker, DCS also has access to a Tableau Dashboard to monitor trending data. This data is live and allows for constant monitoring. The ability to watch this data and see trends early on allows us to meet needs as they arise. DCS has embarked on a Lean (continuous quality improvement) journey. One of the large areas of focus, where a value stream steering team has been developed, is within Intake/Assessment. Over the course of the next 15 months, this value stream will continually monitor metrics in regard to the intake/assessment process including timely initiation to identify improvement work in the future.</p>
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OBJECTIVE 1.2 IMPROVE THE QUALITY OF INITIAL AND ONGOING SAFETY AND RISK ASSESSMENTS.

- a) Ensure quantity and quality of safety and risk assessments at each contact with child, family, providers, and caregivers by utilizing clinical supervision to include the following:
 - (i) Utilize clinical supervision in order to ensure that there are specific agenda items included at the unit, LOD, and RM levels that identify strengths and challenges in assessing safety and risk. When challenges are discovered, the RM will address issues with CQI efforts as needed.
 - (ii) FCM Supervisors will continually monitor, coach, and mentor FCMs on the use of safety and risk assessments during clinical supervision with FCMs and ensure the safety and risk assessments are properly documented in the computer system.
 - (iii) Local office directors and FCM Supervisors will receive education on the use of the Reflective Practice Survey (RPS) as a means to support clinical supervision.
 - (iv) Local office directors and FCM Supervisors will complete RPSs as required in order to model excellent social work practice while in the field with their FCMs. RPSs will be completed on a quarterly basis for each FCM by either their FCM supervisor or local office director.
 - (v) Utilize quarterly RPS data to enhance supervision of initial and ongoing safety and

risk assessments. The RPS requires supervisors to review a randomly selected case (once per quarter based on a random pull of cases) for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM’s practice skills, including those related to assessing safety and risk.

- (vi) Leverage child and family team meetings (CFTM) and case conferences to reinforce, document, and implement improved safety and risk assessments through timely review and clinical supervision.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i)Completed	<p>Q1 & Q2: Regional Managers continue to work with LOD’s to ensure these items are addressed at the local office level and work with the CQI team on identified issues.</p> <p>Q3 & Q4: This is an ongoing agenda discussion item at the north, central, south RM meetings. This is then filtered down for the RM to have it as an agenda item regularly at their regional management meetings. These items are then discussed at the local office level as well in order for large issues to trickle back up. Supervisors are required to do daily safety staffings with the case managers until safety is established, this is captured in an electronic safety staffing form.</p> <p>Q5 & Q6: The use of clinical supervision is being reinforced in policies through practice guidance to help supervisors and staff understand the use of clinical supervision throughout all of work that</p>

		<p>is done. DCS is in the process of exploring ways to enhance coaching and mentoring for field staff in regards to safety through morphing the responsibilities of the Rapid Safety Feedback team. The goal of this staff would be to work with supervisors across the state by engaging in a dialogue about current assessments in regards to safety threats. This work will support safe learning and coaching in a safe environment. This is a proactive front-end approach to coaching and mentoring that supports a safe culture to explore and discuss crucial decisions as to the future health and safety of children and families.</p> <p>Q7 & Q8: DCS continues to explore the needs of employees at every level and hosted a rapid improvement event in November 2020 that focused on enhancing the role of the supervisor in the field to better support direct staff. The ratio of FCMs/Supervisor is currently at 4.76 to 1, which allows for supervisors to spend more time with their staff enhancing the opportunities for clinical supervision. The Out of Home value stream has an event that will be focusing on the safety and risk assessment to ensure continued use and fidelity. Both the FFPSA prevention plan and PMR address safety and risk.</p>
Q1- Q8	(ii) Completed	<p>Q1 & Q2: Continued review of reports by the field regarding safety and risk assessment completion.</p> <p>Q3 & Q4: Marion County requires these assessments to be submitted to the court at initial filing, which helps to ensure that in our largest county these assessments are being completed properly and informing decisions.</p>

		<p>The Department is in the process of putting together a case manager and supervisor focus group around the safety and risk assessment tools to gain information on how to help staff better understand the use of the tool.</p> <p>Q5 & Q6: The Department hosted focus groups for both FCM's and Supervisors on February 14th and February 21st of 2020. The purpose of the focus groups was to understand how staff differentiate between risk and safety and how they use the tools in the field. The results showed a conflation of safety and risk and a need to provide ongoing training on utilizing the safety and risk tools in the field to fidelity. The research and evaluation team will be meeting with field leadership and staff training and development to discuss next steps. The research and evaluation team will also be scheduling electronic feedback meetings to the focus groups to discuss the results.</p> <p>DCS is in the process of exploring ways to enhance coaching and mentoring for field staff in regards to safety through morphing the responsibilities of the Rapid Safety Feedback team. The goal of this staff would be to work with supervisors across the state by engaging in a dialogue about current assessments in regards to safety threats. This work will support safe learning and coaching in a safe environment. This is a proactive front-end approach to coaching and mentoring that supports a safe culture to explore and discuss crucial decisions as to the future health and safety of children and families.</p> <p>Q7 & Q8: The enhanced RPS which was launched in July 2020, asks questions regarding safety/risk</p>
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		<p>assessment completion. This provides the supervisor an opportunity on a quarterly basis to discuss with each staff member through clinical supervision any strengths or concerns regarding safety and risk assessments. A part of the RPS tool is ensuring that the safety/risk assessment for each case/assessment has been entered correctly and completed in our electronic system of record.</p> <p>DCS will continue to track this data within the PMR which launched in January 2021. During the pilot in Q4 of 2020 in which 65 cases were reviewed from 3 regions, Item 8 (focuses on safety planning and safety and risk assessments) scored a strength 66% of the time.</p>
Q1- Q8	(iii)Completed	<p>Q1 & Q2: Staff attended quarterly workshops regarding RPS.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. Staff in regions 10, 15, 18, and Collaborative Care have received training. A training plan is currently being developed for staff to have regionally based training in March 2020.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering</p>

		<p>social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>Q7 & Q8: LODs and FCM Supervisors were trained on how to complete the new RPS throughout the month of March 2020. This training included a component on how to deliver feedback to staff during clinical supervision following the completion of the RPS. Supervisors are now able to print the survey from the system and review the results, including the FCM’s areas of strengths and improvement opportunities during clinical supervision.</p>
Q1- Q8	(iv)Completed	<p>Q1 & Q2: Quarterly RPS completion and ongoing monitoring by field leadership.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. Staff in regions 10, 15, 18, and Collaborative Care have received training. A training plan is currently being developed for staff to have regionally based training in March 2020.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p>

		<p>Q7 & Q8: The enhanced RPS tool went live for field use in July 2020, with the first quarter of surveys being completed as of September 2020. DCS has completed its 2nd quarter of reviews as of the end of December 2020.</p>
Q2- Q8	(v)Completed	<p>Q1 & Q2: RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.</p> <p>Q3 & Q4: The pilot was increased to include Region 10 as well. There is a plan to train all leadership in the new tool and usage in the month of March 2020. The state plans to roll out the new tool and process statewide April 2020. In the meantime, regions not involved in the pilot continue to utilize the old RPS.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>Q7 & Q8: The enhanced RPS tool went live for field use in July 2020, with the first quarter of surveys being completed as of September 2020. DCS has completed its 2nd quarter of reviews as of the end of December 2020. Following the completion of the survey the supervisor is</p>

		<p>provided with an opportunity to print out a form and create a feedback sheet to utilize in supervision with the case manager. There are specific questions contained within the survey regarding safety and risk assessments.</p> <p>During the PMR pilots held this year, of the 65 cases that were pulled, DCS scored a strength 66% of the time in Item 8, which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards.</p>
Q1	(vi)Completed	Safety Planning CAT has been created and implemented as of 7/6/2018

OBJECTIVE 1.3 CREATE COMPREHENSIVE AND TIMELY SAFETY PLANS THAT ARE MONITORED AND UPDATED APPROPRIATELY THROUGHOUT THE LIFE OF A CASE.

- a) Provide coaching and guidance to staff via clinical supervision on what needs to be in an individualized safety plan and ensure documentation in the computer system.
 - (i) DCS to create a Computer Assisted Training (“CAT”) with Indiana University Training Partnership (“IU”) in order to provide instructional opportunities to staff on what needs to be in an individualized safety plan.
 - (ii) FCM Supervisors will discuss the CAT through clinical staffings with FCMs in order to support ongoing learning and application of safety planning.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Safety Planning CAT has been created and rolled out to all staff on 7/6/2018
Q1- Q6	(ii)Completed	<p>Q1 & Q2: As new staff complete the training; supervisors discuss safety planning during supervision.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS. The new RPS tool will be rolled out</p>

		<p>statewide as of April 2020. The RPS tool will assist supervisors in clinical supervision with their staff and specifically has questions around safety planning. This will help supervisors have a good understanding of the areas of improvement and how to tailor training with their staff to meet their individual needs.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has a specific module around safety planning and the quality of those plans. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>Supervisors continue to discuss safety planning with their staff during clinical supervision as necessary. Supervisors are able to refresh learning by using the CAT, which was developed on 7/6/2018.</p>
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- b) Utilize clinical staffings and ensure there are specific topic agenda items on the development of safety plans at the unit, local office director, and regional manager levels to more effectively identify strengths and challenges in assessing safety and risk.
 - (i) FCM Supervisors will promote and model, as needed, effective engagement between workers and families in order to develop safety plans that address the needs of children and families and delineate the roles and responsibilities of parents and caregivers in providing a safe environment for their child or children.

- (ii) FCM Supervisors will continuously monitor safety plans and guide FCMs by assessing safety through updated safety plans. Safety plans will assess and address the changing needs of the family and child.

Target Completion Date	Current Status	Progress to Date
Q1- Q6	(i)Completed	<p>Q1 & Q2: Clinical supervision is consistent and documented.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS. The new RPS tool will be rolled out statewide as of April 2020. The RPS tool will assist supervisors in clinical supervision with their staff and allow for them to model areas in which the case manager may need further skill development. Safety planning is a component of the RPS which the supervisor should observe when out with their case manager. The RPS is built around the TEAPI model which has a strong focus on engagement.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a focused module on safety planning. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p>

Q1- Q8	(ii)Completed	<p>Q1 & Q2: Safety Planning CAT has been completed and rolled out. Safety plans are documented and staffed with FCM’s during supervision.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS tool, with a planned statewide roll out of April 2020. An important component in this tool is to ensure that supervisors are monitoring safety planning and discussing those safety plans with their staff.</p> <p>As the Department builds the Practice Model Review, a qualitative case review system, safety planning and ensuring the ongoing assessment of will be included. This will allow the Department to pull trends and do focused improvement work in areas where needs are not being met.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a module focused on safety planning and monitoring the safety plans completed. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>The Department also continues to work on launching the Practice Model Review which will include safety planning and the ongoing assessment of the plan in January 2021.</p>
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		<p>Q7 & Q8: DCS continues to offer the safety planning CAT to staff and expresses the importance of monitoring and adjusting safety plans with families. The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the individual surveys. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending both regionally and statewide.</p> <p>During the PMR pilots held this year, the state scored a strength 66% of the time in Item 8 which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards.</p>
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c) Improve the rate of supervisor review and approval of appropriate safety plans.

- (i) Utilize quarterly Reflective Practice Surveys (RPS) to enhance supervision of safety plans. The RPS requires supervisors to review a randomly selected case for each family case manager (FCM) under their supervision. As part of that review, the supervisor gathers field observations and provides a qualitative assessment of the FCM’s practice skills, including those related to assessing safety planning.
- (ii) Supervisors will review trends related to the quantity and quality of safety plans learned from the RPS and RPS trends will be shared within the unit, among local office directors and regional managers.

Target Completion Date	Current Status	Progress to Date
Q2- Q8	(i)Completed	<p>Q1 & Q2: RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.</p> <p>Q3 & Q4: The tool was piloted in Region 10, 15, 18, and Collaborative Care in the fall of 2019. The tool is currently being built in Indiana’s new CCWIS with an expected launch date of April 2020. Field staff will be trained on the tool in</p>

		<p>March 2020.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a module on safety planning and the quality of those plans. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>Q7 & Q8: The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the surveys they complete. Supervisors are then asked to go over the results during clinical supervision. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending both regionally and statewide.</p>
Q2- Q8	(ii)Completed	<p>Q1 & Q2: RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019.</p> <p>Q3 & Q4: The tool as piloted in Region 10, 15, 18, and Collaborative Care in the fall of 2019. The tool is currently being built in Indiana’s new CCWIS with an expected launch date of April 2020. Field staff will be trained on the tool in March 2020. Reporting analytics to gather trends</p>

		<p>are being built in the system where the tool is being completed.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>Q7 & Q8: The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending within a county, region, and statewide. Supervisors can pull individual survey results to review with their staff and units in regards to safety planning.</p>
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d) Include the safety plan with the case plan and as part of clinical staffings of the case plan. Family case manager supervisors will review the case plan at defined intervals, per policy requirements.

(i) FCM Supervisors will monitor safety plans throughout the life of the case.

Target Completion Date	Current Status	Progress to Date
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Q1- Q8	(i)Completed	<p>Q1 & Q2: Consistent clinical supervision- policy review, safety plan review, and case plan overdue report review.</p> <p>Q3 & Q4: Indiana is currently revamping the RPS tool, with a planned statewide roll out of April 2020. An important component in this tool is to ensure that supervisors are monitoring safety planning and discussing those safety plans with their staff.</p> <p>As the Department builds the Practice Model Review, a qualitative case review system, safety planning and ensuring the ongoing assessment of will be included. This will allow the Department to pull trends and do focused improvement work in areas where needs are not being met.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model with a module focused on safety planning and monitoring the safety plans completed. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision as of July 2020.</p> <p>The Department also continues to work on launching the Practice Model Review which will include safety planning and the ongoing assessment of the plan in January 2021.</p> <p>A workshop was held in Region 7 & 11 in October of 2019, which was intended to increase DCS</p>
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		<p>staff, judicial officers, and stakeholders' knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms, and to help all system participants make more informed recommendations and decisions regarding safety of children. Due to COVID-19 DCS has been unable to expand these trainings to more parts of the state, following the pandemic DCS will reassess.</p> <p>Q7 & Q8: DCS continues to offer the safety planning CAT to staff and expresses the importance of monitoring and adjusting safety plans with families. The RPS launched for use in July 2020 and the state has completed two quarters of reviews as of December 2020. Individual supervisors are asked to review safety plans with staff through the individual surveys. A dashboard has been created in Tableau which allows for the state to see how safety planning is trending both regionally and statewide.</p> <p>During the PMR pilots held this year, the state scored a strength 66% of the time in Item 8 which focuses on Safety planning and safety and risk assessments. DCS will continue to track this data through the PMR and RPS Dashboards.</p> <p>DCS policy dictates that supervisors are to review and sign the approved safety plan developed with families.</p>
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- e) Submit the safety plan with the case plan for review by the court in advance of court hearings.
 - (i) DCS will work with the Court Improvement Program (CIP) to provide online safety workshops to judicial officers so that judicial officers receive similar information provided to family case managers on safety planning.
 - (ii) DCS will ensure that safety plans are completed and submitted to the court during review hearings or at detention hearings when there are child safety concerns.

Target Completion Date	Current Status	Progress to Date
Q5	(i) Completed	<p>Q1 & Q2: Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS staff, and other stakeholders in the fall of 2019.</p> <p>The workshop is intended to increase judicial officers and stakeholders' knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms, and to help all system participants make more informed recommendations and decisions regarding safety of children.</p> <p>Q3 & Q4: The face-to-face training took place in Region 7 and Region 11 on 10/1/19 and 10/2/19. Indiana will continue to work with the CIP to ensure that this training is available electronically for statewide dissemination.</p> <p>Q5 & Q6: The training scheduled in the previous quarters in Clark and Lake County were cancelled due to COVID19 restrictions. The Department will work on the possibility of rescheduling those in the future. As of June 2020, the ABA safety training has been made available to judicial officers online.</p>
Q3- Q6	(ii)Completed	<p>Q1 & Q2: Currently working with CIP and Casey Family Programs to implement a safety training workshop for judicial officers, DCS staff, and other stakeholders in the fall of 2019.</p> <p>The workshop is intended to increase judicial officers and stakeholder's knowledge about the DCS safety planning process, to develop a common understanding of safety planning terms,</p>

		<p>and to help all system participants make more informed recommendations and decisions regarding safety of children.</p> <p>Q3 & Q4: These trainings occurred on 10/1/19 and 10/2/19. There is a meeting scheduled, in conjunction with Casey Family Programs, on 1/8/20 with the public defender’s commission and counsel and on 1/9/20 with DCS legal to discuss lessons learned from the trainings and how we can spread the training and ensure more attendance from multi-disciplinary teams.</p> <p>Q5&Q6: DCS has provided the necessary training to stakeholders to understand the importance of safety planning. In building our CCWIS DCS is considering adding the ability to track what plans/documents (outside of the court report) are submitted to the court, which would allow for future monitoring of safety plans being provided to the court.</p>
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OBJECTIVE 1.4 PARTNER WITH THE SERVICE PROVIDER COMMUNITY TO ENSURE SERVICES ARE PROVIDED TIMELY AND THERE IS ALIGNMENT ON DCS EXPECTATIONS IN ASSESSING SAFETY WHEN PROVIDERS ARE PROVIDING SERVICES, INCLUDING INTEGRATING ONGOING ASSESSING AND MONITORING OF RISK AND SAFETY OF CHILDREN RECEIVING SERVICES.

- a) Ensure contracted services are provided timely and that the family is accessing and participating in services, particularly in informal adjustment (IA) cases.
 - (i) Leverage existing service provider coalition to collaborate on prioritizing and developing solutions with DCS for ensuring safety. Efforts will be focused on making sure providers understand 1) how DCS defines safety and 2) the efficient and orderly transfer of documents (e.g., safety plans, case plans, risk assessments, etc.) between DCS and providers that are critical to making informed and timely safety decisions.
 - (ii) Standardize training/education provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.
 - (iii) Ensure child safety by putting services in place that are individualized for specific

family circumstances. For example, services are provided that are the correct intensity, duration, and are tailored to the child and family.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Better defined guidance on sharing of case history and case plan to inform interventions and common understanding of how to determine safety concerns. All providers participate in uniform training. This is located at: https://www.in.gov/dcs/3493.htm
Q1	(ii)Completed	Better defined training, which is standardized and rolled out to providers and staff via the regional service coordinators. All staff participate in uniform training provided by regional service coordinators to local offices on the appropriateness of services to address underlying needs.
Q1- Q8	(iii)Completed	<p>Q1 & Q2: Supervisors will review safety plans and service referrals to ensure the needs match provided services through clinical staffings with FCMs and referral approval process.</p> <p>Q3 & Q4: Supervisors and regional peer coach consultants support this work through ensuring case managers understand the TEAPI model and purpose behind CFTM’s. Case staffing includes discussing child and family team meetings, which is the opportunity for the family and team to discuss needs and to ensure that the current services are individualized and meeting the needs of the family.</p> <p>As Indiana looks at building a Practice Model Review, a qualitative review of cases, this will be a component that is reviewed with the ability to pull trends around this component to assess needs and improvement opportunities.</p>

		<p>Q5 & Q6: As of June 2020, the Family Preservation Services line will begin to be offered to families in their home. This service is geared at ensuring that children can remain in the home with their family in a safe manner. This service ensures one provider is providing for the individual needs for the specific family they are working with. This service is comprehensive and can include concrete assistance if necessary. This will also for the Department to ensure that family needs are being specifically targeted and met to work towards successful case closure in an efficient and safe manner.</p> <p>Q7 & Q8: DCS service line of Family Preservation has been launched and DCS is currently in the process of doing a program evaluation. Every IA and In-home CHINS receives this service at the same intensity and same reimbursement for every county in our state, however the particular services provided are based on the needs of the child and family. This service line also ensures that children not only have regular contact with their family case manager, but there are weekly safety checks conducted by the provider. DCS is working to ensure that as we leave kids in their homes, with less court intervention, we are able to provide appropriate intensive services to meet the needs of the family.</p>
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OBJECTIVE 1.5 THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND DCS WILL PARTNER TO STRENGTHEN PROBATION PRACTICES FOR ASSESSING THE RISK, SAFETY, AND NEEDS OF SIBLINGS/OTHER CHILDREN IN THE HOME.

- a) The Probation Preliminary Inquiry (PI), Predispositional Report (PDR), and Modification Report forms provides a standardized format for collecting and reporting information regarding a juvenile offender. The primary use of the PI is to provide the court with basic information regarding the

offender. Based on this information, an appropriate decision may be made regarding probable cause and detention/release options. The primary use of the PDR is to provide information to the Court which is essential to the judge in making an appropriate disposition. Complete and accurate information about all aspects of the case, with a recommendation when appropriate, enhances the Court’s ability to order a disposition which represents the best interest of the juvenile, the family, and the community. Both the PI and PDR contain elements that require a probation officer to assess the functioning of the family. The PI, PDR and Modification report instruction manual will be updated to provide explanations for performing child welfare related risk, safety, and needs assessments of siblings/other children and parents in the home; and instructions will be provided on how to document the assessment findings in the PI, PDR and Modification reports. For the manual to be updated, the following steps will need to occur:

- (i) Meet with the Collaborative Communication Committee to propose draft language for the manual update.
- (ii) Present the proposed draft language for the manual update to the Probation Officer Advisory Committee.
- (iii) Present draft language for the manual update to the Juvenile Justice Improvement Committee for possible endorsement.
- (iv) Present endorsement of the manual language to the Probation Committee.
- (v) Present endorsements from the Juvenile Justice Improvement Committee and the Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption.
- (vi) Publish updated standard.
- (vii) New and experienced probation officers will be trained on 1) the updates to the PI, PDR and Modification instructions manual; 2) how to conduct child welfare related risk, safety, and needs assessments; 3) how to document the assessments and findings in the PI, PDR and Modification reports and/or MaGIK; 4) services that may be available and appropriate for siblings/other children in home and parents; 5) how to refer siblings/other children in the home and parents for appropriate services (if needed). This training may be provided live or via CAT.

Target Completion Date	Current Status	Progress to Date
Q2	(i) Completed	Indiana met with the committee on 3/19/19 to draft the language and then met again on 5/14/19 to approve the language.
Q2	(ii) Completed	The proposed draft language, for the manual update, was presented to the Probation Officer Advisory Committee on 7/9/19.

Q4	(iii) Completed	<p>Q1 & Q2: New language was presented on October 4, 2019. Indiana requested to move this activity from Q3 to Q4 due to the state presenting the language in Q4.</p> <p>Q3 & Q4: This was completed on 10/4/2019 at the Juvenile Justice Improvement Committee meeting.</p>
Q6	(iv) Completed	<p>This language was presented and approved on March 17, 2020 by the Probation Committee.</p>
Q7	(v) Completed	<p>Q1 & Q2: Indiana requested to move this activity from Q3 to Q4 due to Indiana reporting that the Board of Directors will not meet to review this information until 12/12/2019.</p> <p>Q3 & Q4: The committee did not approve or endorse the language and requested more information. This information was provided in January 2020. The committee provided a recommendation of a statewide standard and a committee is working on re-written language. The committee meets again in February 2020, the next Board of Directors meetings are in March and June of 2020. Indiana requests a change from Q3 to Q6 for this item.</p> <p>Q5 & Q6: This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020.</p> <p>Q7 & Q8: The endorsements have been presented to the Board of Director's and were approved on September 15th, 2020. Indiana does</p>

		not propose a language revision change for this activity at this time.
Q7	(vi) Completed	<p>Q1 & Q2: Indiana requested to move this activity from Q4 to Q5 as the state reported this change in quarters was requested due to publishing of the manual occurring following all necessary committee's and the board reviewing the proposed changes, making any necessary adjustments, and approving the language to publish the updated manual. Following the meeting held in December the group will be able to move forward with ensuring that the manual is updated and published.</p> <p>Q3 & Q4: Due to a change in quarters requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q5. Indiana requests that this be moved to Q7 to achieve approval from the board prior to updating the manual.</p> <p>The committee requested a change to a probation standard instead of updating the manual. This is reflected in the updated key activity language.</p> <p>Q5 & Q6: This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to COVID-19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020. Following the approval, the standard will be able to be published.</p> <p>Q7 & Q8: Notice to judges and probation officers regarding the amended standards were provided on November 11, 2020. The standards will be published by December 31, 2020. Indiana is not asking for a language revision at this time.</p>

		http://gopopai.org/probation-standards-amendments/
Q8	(vii) Completed	<p>Q1 & Q2: Indiana anticipates receiving all the necessary layers of approval for the new language by Q4 and train new and experienced probation officers during Q5.</p> <p>Q3 & Q4: Since a change in quarters was requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q6, Indiana requests that this activity be moved to Q8 to achieve approval from the board prior to training probation officers on the changed expectations.</p> <p>Q5 & Q6: Since a change in quarters was requested for the presentation of the information to the Board of Directors of the Judicial Conference of Indiana to Q6, Indiana requests that this activity be moved to Q8 to achieve approval from the board prior to training probation officers on the changed expectations. Indiana has also proposed a language revision for the activity to develop a plan which is reflected in the key activity column.</p> <p>Q7 & Q8: Notice to judges and probation officers regarding the amended standards was provided on Wednesday November 11, 2020. The standards will be published by December 31, 2020. The next juvenile probation officer training is scheduled for April 6, 2021, at which time training will be provided on the new standards.</p>

SAFETY MEASURES OF PROGRESS

Through implementation of the Goals, Objectives and Interventions outlined in this section of the APSR, DCS monitors and anticipates improved outcomes related to the current and/or revised federal CFSR safety

outcomes:

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

DCS will also monitor and anticipates improved outcomes related to key performance and practice indicator reports generated from MaGIK and data gathered from Practice Model Reviews.

- Absence of Maltreatment after Involvement.
- Family Case Manager Visits.
- CHINS Placement.
- Safely Home, Families First.
- Absence of Repeat Maltreatment.

DCS continues to develop additional reports and identify ways that technology can further support improved outcomes for children and families. DCS continues to utilize the Assessment Initiation tracking tool to track timeliness, extenuating circumstances, and any linked report method of initiation more accurately for all assessments. DCS continues to utilize this tool to look at areas of improvement to ensure ongoing timely initiation. DCS, in building its new CCWIS is looking at plans to identify strategies to better capture child visits completed by service providers. In addition, DCS continues to identify ways to measure utilization and effectiveness of proven, home-based services, this performance-based work will be utilized in the Indiana Family Preservation Service standard. This service began being offered to families in June of 2020.

In March of 2021, DCS transitioned from utilizing Rapid Safety Feedback to utilizing a model that focuses on coaching to safety. The Coaching and Mentoring Indiana (CAMI) program is a model focused on coaching and mentoring to support development of field supervisors. The program at its core creates a safe environment for supervisors to enhance their skills and develop their coaching styles to better support their staff. This is an 8-week program with a new group of up to 7 supervisors that starts every two weeks. To date two cohorts have completed the program.

In 2019, DCS began an initiative to bring a safety culture to the Department. The goal of this initiative is twofold: improve safety of children within the Department and focus on improving the psychological safety of staff to provide a healthier work environment. DCS has been working with members of the University of Kentucky to implement the use of the Safe Systems Improvement Tool (SSIT), which is designed to review critical incidents such as fatalities and near fatalities, gauge trends within the Department, and quantify areas of systematic opportunities. DCS has a Safe Systems Director who manages a team of reviewers responsible for evaluating critical incidents using the SSIT and collaborating with internal and external stakeholders to improve safety outcomes for staff as well as Indiana's youth. A critical incident will qualify for a safe system review when DCS or a primary prevention partner (Nurse Family Partnership/Healthy Families) was involved with the child victim or an immediate household member within the preceding 12 months. A review consists of an electronic review

of records and interviews, or debriefs, with staff and stakeholders who interacted with the family in the last 12-24 months.

The reviews completed thus far highlighted the need for additional training on a variety of topics. In response, DCS implemented a weekly spaced education program for staff that began in September of 2020. Spaced Education provide staff quick learning opportunities which increases retention of knowledge by providing short, repetitive questions across a timespan. Spaced education allows the mind time to form connections between ideas and concepts allowing for knowledge to be built upon and recalled later.

The Safe Systems team has partnered with other teams; including, practice model consultants, legal, staff development, and services to ensure front line staff have the tools, resources and knowledge needed to best engage families.

In May of 2021, the Safe Systems team, with the support of The University of Kentucky, administered an agency-wide culture and climate survey. Results of the survey was disseminated to management across the state and the team has worked with several regions to develop specific and actionable improvements for implementation to enhance culture within the agency.

In 2020, the Department engaged with Change and Innovation Agency (CIA) in preparation for planning changes to practice and recommendations that can be implemented through the process of transitioning to K-KIDS. During this process DCS participated in a series of Assessment Change Team meetings which resulted in the developed of the Safe Assessment Closure Team (SafeACT) and process. This program and new process began training in April 2021 and will be rolled out throughout the state by June 2021. The SafeACT Team consists of a Program Director, 4 Division Managers, and 37 Supervisors located throughout the state to support each region. The concept of this program will be to support our FCM's in assessment by giving them instant access to a team of experienced supervisors to staff and document our unsubstantiated safe decisions. This program allows FCMs who have completed their working test the opportunity to call SafeACT upon completion of an assessment in which the FCM arrives at a decision of Safe for all children involved. Specially trained SafeACT Supervisors are available to assist with documentation to close the assessment immediately. This is an innovative approach to closing safe assessments timely, so that we all can concentrate on children at high risk, and families who demand more of our attention.

2. Goal, Strategies, and Objectives Related to Permanency

GOAL 2: ENSURE EACH CHILD ACHIEVES SAFE, TIMELY AND STABLE PERMANENCY OPTIONS

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.

Indiana recognizes that improvements in engagement with children, parents/caretakers, and foster parents can address a number of CFSR Items and result in improved outcomes for children and families. Indiana continues to look at a number of ways to better engage families including a renewed focus on the DCS Practice Model. To allow for improved monitoring and analysis in this area going forward, many of these objectives include interventions related to data tracking or analysis and are included in CQI efforts moving forward.

OBJECTIVE 2.1 ENHANCE VISITATION SERVICE STANDARDS AND ATTENTION TO VISITATION PLANS TO IMPROVE QUALITY OF VISITS.

- a) In an effort to improve and capture the quantity and quality of visitation, roll out an updated Visitation Facilitation Service Standard to require service providers that provide visitation to document the quality of face-to-face visits. Ratings will be completed by providers in the Individual Visitation Report to determine how the parent(s)/caregiver(s) did in each of the following areas:
- Demonstrated parental role;
 - Demonstrated knowledge of child’s development;
 - Responded appropriately to child’s verbal/nonverbal signals;
 - Put child’s needs ahead of his/her own;
 - Showed empathy towards child; and
 - Focused on the child when preparing for visits and during interactions
- (i) If the quantity and quality of visits does not improve, CQI staff will work to identify root causes of lack of improvement in visits.

Target Completion Date	Current Status	Progress to Date
Q1	Completed	Policy and provider form updated to capture quality visit elements in October of 2018.
Q4	(i) Completed	Indiana can capture the quantity of the visits between parents and children and is able to capture the quality of those visits via a narrative PDF document. Indiana is currently working on developing the Practice Model Review (PMR) which will be a qualitative review combining both state practice (TEAPI) and federal government benchmarks to continue to ensure that we are tracking and adjusting in regards to quality visitation. The quality of these visits will be reviewed and reported using the PMR Item 18,

		Meaningful and Essential Connections, which explores whether concerted efforts were made to ensure visitation between children and parents was of sufficient frequency and quality.
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- b) Reinforce the importance of the development and/or discussion of visitation plans during child and family team meetings.
- (i) Add the visitation plan to the child and family team meeting template to prompt staff to discuss.
 - (ii) DCS Practice Team will develop training and guidance on the development of the visitation plan at child and family team meetings and improving the culture around visitation.
 - (iii) DCS Practice Consultants receive training and guidance during the biannual meeting.
 - (iv) Training and guidance rolled out to peer consultants (many of which are supervisors).

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Visitation Plan has been added to the child and family team meeting template as of March 2019.
Q3	(ii)Completed	The CAT regarding the development of a visitation plan was completed in July 2019. This was a mandatory training for all field staff and will continue to be a mandatory training for new field staff. The first wave of this training was completed by field staff in September 2019.
Q1	(iii)Completed	DCS Practice Consultants received training and guidance in May 2018.
Q1	(iv)Completed	Peer Consultants received training and guidance in May 2018.

- c) Improve utilization of Fatherhood Engagement Services to increase contact with fathers in order to enhance their engagement in the case.
- (i) Continue CQI efforts initiated following the analysis of quarterly provider surveys that identified DCS/Provider communications as an area of opportunity.
 - (ii) Monitor communication and outcomes metrics for improvement and leverage monthly provider workgroup call to discuss additional opportunities to enhance collaboration. Roll-out individual provider reports to identify strategic areas of

improvement at the provider level.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Survey and report completed, results delivered to DCS and providers in the fall of 2018. There results were also delivered during the Fatherhood Engagement Summit on 5/13/2019.
Q1-Q6	(ii)Completed	<p>Q1 & Q2: Service Standards and reports have been updated. Continued monitoring of reports and subject to ongoing audits.</p> <p>Q3 & Q4: DCS is currently working with providers on a standardized tool for customer satisfaction for better data gathering. DCS continues to work with IARCA on their outcome measurement project and partnering with Chapin Hall on looking at performance-based contracting.</p> <p>DCS released a RFI for family preservation goals for the creation of the service standard and created goals with provider input to keep families together, reduce repeat maltreatment, and ensure concrete assistance is available when needed.</p> <p>DCS is currently working with its residential providers on creating outcomes for after care in building towards FFPSA compliance.</p> <p>Q5 & Q6: Data is provided to services quarterly regarding the rate of referral denials and DCS provides individual documents for any provider who asks. IARCA has launched their outcomes measurement project and DCS will receive quarterly and annual reports.</p>

		<p>Since COVID-19: DCS is currently meeting weekly with all providers to ensure consistent messaging across service lines and an additional meeting is held with the following service groups weekly as well: Residential, LCPA, Family Preservation.</p> <p>Prior to COVID-19 DCS conducted monthly meetings to discuss any information that needs to be shared and work through concerns with IARCA, home-based coalition, CMHCs, LCPAs and Residential providers. DCS has been engaging with LCPAs on serving higher acuity youth in therapeutic foster care and Residential providers on ensuring FFPSA compliance in terms of aftercare outcomes, nursing, accreditation, contracting, and the role of shelter care.</p> <p>As Family Preservation is a new service line that begins in June 2020, DCS will maintain regular calls to monitor implementation and assess problems as they arise.</p>
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- d) Ensure children, parents, families, and resource parents have access to appropriate services to support meaningful and timely visits between children, siblings, and parents.
- (i) DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on meaningful and timely visits between mothers and their children.
 - (ii) DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on meaningful and timely visits between fathers and their children.
 - (iii) DCS will strengthen its formal and informal assessments to better identify the needs of the children and improve on meaningful and timely visits between siblings in an effort to support the needs of resource parents and children.

Target Completion Date	Current Status	Progress to Date
Q2-Q8	(i)Completed	Q1 & Q2: Increase in our assessing and understanding of parents, children, resource
Q2-Q8	(ii)Completed	

		<p>parents in the PIP reviews to reach substantial conformity at 51.5%.</p> <p>Q3 & Q4: Indiana is currently revamping and rebranding its previous qualitative service review (QSR), this review will be called the Practice Model Review (PMR) and will be a case/system review process. Indiana piloted the initial questions in the protocol in October 2019. Indiana will be piloting an improved version of the protocol in February 2020, with an anticipated date of completion in the CCWIS system and full tool roll out and usage in August 2020. DCS will continue to measure its progress in quality assessments and visitation in working with mothers and fathers via this tool.</p> <p>Q5 & Q6: Due to COVID-19 Indiana will launch its Practice Model Review in January 2021, which will ensure ongoing measurement in regards to assessing mothers and ensuring meaningful visits. DCS requires, via all service standards, that assessments are provided to parents to assess the level of needs in regards to services and support.</p> <p>Q7 & Q8: For cases where the child remains in the home, DCS continues to provide Family Preservation services that are geared towards timely assessment of needs and quick access to services by one provider. This continues to help ensure accuracy in the assessment of the needs of parents. DCS continues to track this data through its PMR which will be fully implemented in January 2021.</p> <p>Results of the data collected during the pilot, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in</p>
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		<p>assessing the needs of mothers 74% of the time. A subset in Maintaining Family Connections, which looks at visits between the mother and child(ren) scored a strength 78% of the time during the pilot.</p> <p>Results of the data collected during the pilot, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in assessing the needs of fathers 66% of the time. A subset in Maintaining Family Connections, which looks at visits between the father and child(ren) scored a strength 77% of the time during the pilot.</p>
Q2-Q8	(iii)Completed	<p>Q1 & Q2: Increase in our assessing and understanding of parents, children, resource parents in the PIP reviews to reach substantial conformity at 51.5%; DCS Regions 1 and 4 have been piloting projects to address engagement of parents. DCS is in the process of reviewing and researching safety, risk, and needs assessment tools geared towards improving practice</p> <p>Q3 & Q4: Indiana is currently revamping and rebranding its previous qualitative service review (QSR), this review will be called the Practice Model Review (PMR) and will be a case/system review process. Indiana piloted the initial questions in the protocol in October 2019. Indiana will be piloting an improved version of the protocol in February 2020, with an anticipated date of completion in the CCWIS system and full tool roll out and usage in August 2020. DCS will continue to measure its progress in quality assessments of resource parents and visitation via this tool.</p>

		<p>The Department is also preparing to do focus groups with both family case managers and supervisors to assess current safety, risk, and needs assessment knowledge and use.</p> <p>Q5&Q6: Due to COVID-19 Indiana will launch its Practice Model Review in January 2021, which will ensure ongoing measurement in regards to assessing children and ensuring meaningful visits.</p> <p>In July 2020 the Department will launch a survey for foster parents to assess their needs, this will be offered twice a year and will drive improvement opportunities.</p> <p>The Department hosted focus groups for both FCM's and Supervisors on February 14th and February 21st. The purpose of the focus groups was to understand how staff differentiate between risk and safety and how they use the tools in the field. The results showed a conflation of safety and risk and a need to provide ongoing training on utilizing the safety and risk tools in the field to fidelity. The research and evaluation team will be meeting with field leadership and staff training and development to discuss next steps. The research and evaluation team will also be scheduling electronic feedback meetings to the focus groups to discuss the results.</p> <p>Q7 & Q8: Results of the data collected during the pilot of the PMR, which occurred in 3 regions for a total of 65 cases, showed that DCS scored a strength in assessing the needs of child(ren) 68% of the time and assessing the needs of resource parents scored a strength 80% of the time. A subset in Maintaining Family Connections, which looks at sibling visits scored a strength 75% of the time during the pilot.</p>
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		DCS will continue to track this data through its PMR which will be fully implemented in January 2021.
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OBJECTIVE 2.2 PARTNER WITH THE INDIANA OFFICE OF COURT SERVICES (IOCS) AND JUDICIAL OFFICERS TO PROMOTE MEANINGFUL ENGAGEMENT OF FOSTER/RESOURCE PARENTS AND CAREGIVERS IN COURT PROCEEDINGS AND PROMOTE QUALITY PERMANENCY HEARINGS AND TIMELY TPR FILINGS.

- a) DCS and IOCS will collectively focus on increasing awareness of a foster/resource parent’s opportunity for participation at court hearings.
- (i) IOCS will reinforce to judges during judicial conferences/trainings the foster/resource parents opportunity for participation in court hearings.
 - (ii) DCS will discuss court-related concerns raised by foster parents with the IOCS in an effort to promote understanding among all stakeholders of how to support the sharing of knowledge related to the care of the children in foster homes.
 - (iii) DCS will highlight during foster/resource parent trainings of the foster/resource parent’s right to be heard.
 - (iv) DCS will work with the IOCS, CIP, and the Juvenile Benchbook Committee to revise the CHINS Benchbook to highlight requirements that foster/resource parents have the right to be provided notice of hearings and meaningful opportunity for participation in court hearings for children who are placed with the foster/resource parent.

Target Completion Date	Current Status	Progress to Date
Q4	(i) Completed	This was reinforced at the Juvenile Judges Orientation on 3/28/19 & 3/29/19. This was also reinforced at the annual meeting of Juvenile Court Judicial Officers on 6/20/19 & 6/21/19.
Q1-Q6	(ii)Completed	Q1 & Q2: Meetings occur regularly between DCS and IOCS to address concerns and share issues to improve both systems. Q3 & Q4: DCS continues to have regularly scheduled phone calls with IOCS to discuss any pertinent issues that may arise and/or project

		<p>collaboration. DCS regularly attends and participates in Juvenile Justice Improvement Committee meetings and continues to host MDT trainings which offer an opportunity to discuss area specific issues that may arise. In moving forward with MDT trainings in the future DCS is intentionally partnering with IOCS to increase the court involvement.</p> <p>Q5 & Q6: DCS has meetings scheduled to meet regularly with IOCS to discuss concerns that arise, however due to Covid-19 those meetings have been less frequent. Communication continues to occur in regards to issues related to the court system and the response for COVID-19. In April, DCS and IOCS collaborated to provide necessary communication in regards to COVID-19. IOCS led an initiative in partnership with DCS, PDs, and CASA to respond to questions/concerns for foster parents regarding parenting time and COVID-19.</p>
Q4	(iii) Completed	<p>During the RAPT conference for foster/resource parents there was a specific breakout session on the Foster Parent Bill of Rights. This conference occurred on 8/16/19 & 8/17/19.</p>
Q6	(iv) Completed	<p>In conjunction with IOCS, a foster parent advocacy group, and the Juvenile Bench Book Committee, the foster parent form has been completed. Foster parents are able to locate this form in two places: the foster parent portal website and the DCS website. The link to the DCS website is below:</p> <p>https://www.in.gov/dcs/3332.htm</p>

b) DCS will analyze available data on the median and average length of time in care for cases. For those cases that are more than 20% above the statewide average, DCS will work with local office attorneys and the courts to understand the factors driving the lack of timely permanency.

- (i) DCS will analyze available data on the median and average length of time in care for cases.
- (ii) DCS will communicate the factors driving a lack of timely permanency with the courts and develop strategies that promote collaboration between DCS and the courts to effectively address achieving timely permanency.
- (iii) DCS will work with the CIP to provide online permanency workshops to judicial officers so that judicial officers receive similar information provided to family case managers on the importance of reaching permanency in a timely manner.
- (iv) DCS and IOCS will regularly share data about length of time to permanency with judges and DCS personnel.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Data is available, reviewed, and shared. This data is available on a dashboard and has been discussed with the regional managers.
Q2	(ii)Completed	Common understanding reached between DCS and the courts. There was a presentation at the Juvenile Justice Committee on 2/1/2019, as well as an update of the timely filing of TPR rapid improvement event presented in May of 2019.
Q5	(iii)Completed	<p>Q1 & Q2: Indiana requested a change in quarters for this item as they have been working with CIP and Casey Family Programs to implement a safety and permanency training workshop for judicial officers, DCS staff, and other stakeholders on 10/1/19 & 10/2/19 which will target Regions 7 & 11.</p> <p>Q3 & Q4: Indiana, along with CIP and Case Family Programs hosted a workshop for judicial officers, DCS staff, and other stakeholders on 10/1/19 & 10/2/19 in regions 7 & 11 regarding training on safety and permanency.</p>

		Q5: Indiana DCS in conjunction with CIP will be hosting a webinar on June 19 th for judicial officers in regards to permanency. Staff from DCS will be presenting on the definition of permanency, DCS permanency philosophies and values, and the 4 elements of permanency. The webinar will be recorded and stored in a location where judicial officers will be able to watch it at later date as needed.
Q2	(iv)Completed	Child welfare leaders receive similar data points on permanency rates in their county or region. In June 2019, there was a Court Improvement Performance Measures Report developed.

- c) DCS will design a trial advocacy course that will allow DCS local office attorneys (LOA), family case managers, defense attorneys, and court personnel to work together on trial advocacy skill development in an effort to streamline court processes and trials. This will assist in making court proceedings more efficient and orderly and increase timely permanency.
- (i) In collaboration with court-related partners (defense attorneys, court personnel, etc.), DCS will create a trial advocacy course that will support efficient legal proceedings.
 - (ii) DCS will partner with courts who are interested in participating in the trial advocacy course and who will host the trial advocacy course within their county.
 - (iii) DCS will review the efficiency of the trial advocacy course by using the performance management system to determine whether courtroom skills and competencies are improving. DCS will work with the courts to review the efficiency of the trial advocacy course as well.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	DCS has created a trial advocacy training course in conjunction with its partners. Tippecanoe County hosted this training in April of 2019.
Q4	(ii)Completed	DCS piloted the training in Tippecanoe County in April 2019. DCS plans to replicate this training in the following counties during the remainder of 2019: Monroe, Allen, Vanderburgh, and Grant County. This training will continue into 2020,

		while working closely with IOCS to ensure judicial involvement.
Q6	(iii)Completed	This has been completed twice once in October 2019 to gather a baseline, the second survey just ended in April 2020. DCS found that DCS attorney's rank themselves highly competent in all areas except for cross examination of experts. As attorneys complete more trainings, they rank themselves as more competent. DCS CQI is currently working with the legal department on improvement opportunities in working with expert witnesses.

d) Continue collaborating with IOCS, the Child Welfare Improvement Committee and the Court Improvement Program (CIP) on the ACF Children's Bureau approved (CIP Strategic Plan Priority Area # 2: Timeliness/Permanency) Legal Orphan's project. This project aims to increase the amount and speed at which legal orphans, defined here as children aged 14-18 whose parents' rights have been terminated reach permanency. The entities are collaborating to identify specific solutions that will increase the number of older youth that reach permanency and the rate at which they do so. Data from the CIP Timeliness measures and data from DCS identified this as a need. Data from the CIP timelines measures indicated children whose permanency plan is adoption reached permanency in 987 days. Data from DCS in early 2016 indicated that children 14-18 were the most difficult age group to successfully achieve adoption.

- (i) The project will develop a theory of change and decide on interventions that will fulfill the theory of change. A draft theory of change was developed on March 3, 2017. The theory of change was further refined at the CIP annual meeting on April 10-11, 2017. The revised theory of change and proposed intervention was presented to the Child Welfare Improvement Committee on July 14, 2017. The Theory of Change was finalized on April 13, 2018. The theory of change is "A Permanency Roundtable Plus model will be piloted in one DCS region to enhance engagement of legal orphans in developing youth-driven goals." The requirements for the PRT Plus will be completed and a DCS region will be identified for implementation.
- (ii) PRT Plus Model will be finalized with DCS and the IOCS.
- (iii) PRT Plus Model will be implemented and evaluated in one DCS region.

Target Completion Date	Current Status	Progress to Date
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Q2	(i)Completed	A Theory of Change and implementation plan has been created by the Child Welfare Improvement Committee. This was completed on 4/12/19 and Region 4 was chosen for the pilot.
Q3	(ii)Completed	PRT Plus Model has been developed and an implementation plan has been created. The PRT Plus fidelity document was completed on 2/5/19 and the implementation plan was completed on 3/8/19.
Q4	(iii)Completed	Indiana was able to implement the PRT Plus in Region 4, Allen County in September of 2019, the debrief for this occurred on 9/25/19. There is a meeting scheduled, for 1/24/20 to talk about this concept to see if this will be moved out to other regions. There are five youth that went through the process. The state reported there were some important things that were discovered through this process. The youth will be allowed to bring, as many supports as they choose.

e) Improve the quality of permanency hearings and monitoring for timely TPR filings.

- (i) Include permanency findings on DCS drafted court orders and reports to highlight permanency status.
- (ii) Explore viability of MaGIK enhancements and MaGIK/Quest integration for the monitoring and tracking of court timeliness for permanency and TPR filings, including capturing dismissal reasons and hearing contacts in MaGIK.
- (iii) DCS and IOCS will meet regularly to review relevant child welfare and CIP Timeliness Measures to identify and address any roadblocks to achieving permanency.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	Every court order will contain information that specifically delineates the reasons for the appropriateness of the permanency plan for the child. For permanency hearing orders, the REPP findings are already a required checkbox to complete, however, Indiana will add an instruction box to prompt the attorney to explain

		the reasons and facts in support of the finding. For permanency hearing orders, additional explanations will be required for a permanency plan to be granted or approved, as well as, an “other” box that will allow a narrative form to further capture and explain conversations that occurred in court and were considered a part of the court’s record. These enhancements were completed in December 2019 for DCS generated reports.
Q4	(ii)Completed	MaGIK updates have been explored and future improvements will be included in the new CCWIS. MaGIK does currently capture dismissal reasons. This was completed in April of 2019.
Q4	(iii)Completed	DCS and IOCS meet regularly to review relevant child welfare, and CIP Timeliness Measures to identify, and address any roadblocks to achieving permanency. Indiana reported there are regular meetings in which data is shared. There are also meetings regarding the integration. The meetings have been occurring since the fall of 2018.

f) Probation: DCS and IOCS will review how certain time specific hearings are currently being entered in MaGIK by probation officers to enhance data that can help ensure court hearings can be monitored to ensure they are occurring timely and are sufficient quality. Currently, probation officers add limited hearing dates into the MaGIK/KidTraks system which includes removal from the home and return to the community (trial home visits).

- (i) Review the current data elements for hearings added by probation officers into the MaGIK/KidTraks system.
- (ii) Add hearing types (periodic review hearings, permanency hearings) and add specific outcomes to these hearing.
- (iii) Develop a report that can be accessed as in 5.5(b) below, in addition to DCS administrative staff. These reports will also ensure Federal compliance with timeliness of hearings.

Target Completion Date	Current Status	Progress to Date
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Q4	(i)Completed	KidTraks allows for hearings to be entered by probation officers. This was effective as of October 2018.
Q4	(ii)Completed	KidTraks allows for both periodic review and permanency hearing types to be entered, as well as an outcome added specific to these hearings. This was effective as of October 2018.
Q7	(iii)Completed	<p>Q1 & Q2: KidTraks allows for hearings to be entered. The CCC is looking at developing reports to ensure that permanency and periodic review hearings are entered timely. Also working with Quest and INCite to possibly pull over hearing information entered as well.</p> <p>Q3 & Q4: The Department is in the process of developing a report to track entry of both review and permanency hearings with outcomes. An ad hoc version of this report was sent for review. The report will be completed with access to chief probation officers by the end of January 2020. This will require a change for completion from Q4 to Q5.</p> <p>Q5 & Q6: Currently working with JJIS to ensure that the correct data is in the report that matches the needs of the probation officers and their data entry processes. IT is working to complete this by the end of May 2020. The reports are to be reviewed at a meeting on 9/15/2020 with probation.</p> <p>Q7 & Q8: This report was completed on 8/26/2020 and reviewed with probation officers on 9/15/2020.</p>

OBJECTIVE 2.3 DCS RECOGNIZES REDUCING TIME TO PERMANENCY AS A CRITICAL ELEMENT TO IMPROVING THE STATE’S CHILD WELFARE SYSTEM. DURING THE STATE’S CFSR,

PERMANENCY WAS IDENTIFIED AS A STRENGTH IN ONLY 52.5% OF THE CASES. TO REDUCE TIME TO PERMANENCY DCS WILL IMPLEMENT THE OUTLIER PERMANENCY APPLICATION AND REGIONAL PERMANENCY TEAM PROCESSES STATEWIDE.

- a) Test and evaluate the effectiveness of the permanency application in innovation zones. The permanency application identifies outlier involvements and provides a workflow to prioritize cases for supplemental review in either monthly Regional Permanency Team meetings or quarterly Permanency Round Tables (PRTs). Outlier cases are identified based on current case duration and a set of key characteristics that have been predictive of time to permanency (e.g., placement, age, drug involvement, etc.). Since implementation of the permanency application in innovation zone regions 3, 5 and 9; 2,059 involvements have been processed as outliers (time period of implementation is February 2017 to July 31, 2018). As of July 31, 2018, 60.91% of those involvements have closed in regions 3, 5 and 9.
- (i) Complete an analysis of the permanency outlier application to review for effectiveness in identifying cases and moving cases to case closure.
 - (ii) If the permanency outlier application is deemed to be effective, DCS will roll-out permanency application process in three phases state-wide.
 - (iii) DCS will pilot the Rapid Permanency Review (RPR) process in Region 16 and Region 7 in an effort to gather information and better understand the reasons for delay in permanency for children whose case plan is adoption. DCS will analyze the available data and roll out the RPR process as appropriate.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Analysis has been completed and presented to field leadership. The Department did not find that the tool was being used uniformly therefore impacting the effectiveness of comprehensive use. This occurred in the fall of 2018.
Q4	(ii)Completed	DCS has deemed this was not effective in Q1 of 2019, as there was no more than 10% effectiveness. DCS will not be rolling out this application statewide. DCS will use this as a data touch point in future systems, however through exploring other options with Casey Family Programs and will be piloting Rapid Permanency Reviews.

Q4	(iii)Completed	<p>Q1 & Q2: Permanency and Practice Support will take over the continuation of review and evaluation of this and work with the field in regards to permanency outlier application use and identifying and addressing future needs.</p> <p>Indiana has trained RPR reviewers in region 16 and region 7 on the RPR tool. Initial cases have been reviewed and the P&PS team are reviewing the trends.</p> <p>Q3 & Q4: Indiana has completed its first set of reviews in regions 7 and 16. Data has been reviewed from the initial process. In region 7 there were 46 children reviewed and in region 16 there were 72 children reviewed. The Department plans to spread this process to region 3 in early 2020, with a plan to train in the first quarter of the year and the reviews to occur in quarter 2 of the year.</p>
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- b) Standardize a Regional Permanency Team process and identify best practices for identifying if a case is appropriate for a shorter review in the Regional Permanency Team meeting, or the lengthier discussion at a PRT. Continue to track outcomes by case types and adjust strategy based on results.
 - (i) After reviewing for effectiveness, roll-out standardized Regional Permanency Team process in three phases state-wide.

Target Completion Date	Current Status	Progress to Date
Q4	Completed	<p>The regional permanency team policy was finalized on December 10, 2019. A decision was made to separate information regarding regional permanency team and permanency round table into two separate policies. The policy regarding regional permanency team can be accessed here: Regional Permanency Team.</p> <p>The policy regarding permanency roundtables</p>

		can be accessed here: PRT .
Q4	(i) Completed	Indiana was able to complete the roll out of the regional permanency team policy is one phase verses three phases. Most regions were already conducting a version of permanency meetings to discuss cases. The policy standardizes the work related to regional permanency team meetings.

OBJECTIVE 2.4 FOCUS ON THE ENHANCEMENT OF FOSTER PARENT RECRUITMENT DATA TO ACCURATELY IDENTIFY CHARACTERISTICS PROVEN TO IMPROVE MATCHES AND IMPLEMENT ACTIVITIES THAT STRENGTHEN THE RELATIONSHIP WITH CURRENT FOSTER PARENTS TO FURTHER FACILITATE CONTINUED RECRUITMENT.

- a) Improve the data and reports currently available to DCS staff to better leverage its use for enhanced targeted recruitment efforts. Educate staff and licensed child placing agencies on how to leverage the data in recruitment.
 - (i) Central Office foster care staff and the Office of Data Management will collaborate to study and make recommendations on changes necessary for syncing of the Willingness to Foster Characteristics Report and Foster Parent Recruitment Report to better capture characteristics for improved matching. Recommendations may include adjusting the characteristic data elements captured and/or focusing on data quality issues.
 - (ii) Identify strategy for distributing key data reports to regional DCS teams and licensed child placing agency foster care licensing staff to assist in identifying target needs for their region/county/agency.
 - (iii) DCS will partner with LCPAs, local providers and the faith-based community to align recruitment efforts and support foster parents.

Target Completion Date	Current Status	Progress to Date
Q5	(i) Completed	The new combined report is more detailed regarding who is willing and able to provide care for youth with certain characteristics. This report is in a dashboard format which allows for customization based upon the needs of the user. The worker can filter by region/county and several characteristics (licensed by DCS vs. LCPA; and characteristics based upon the willingness of

		the foster parent), upon doing so the worker receives information regarding potential availability for placement. The report has been developed and went live April 30, 2020.
Q5	(ii)Completed	DCS staff began to have access to the Willingness to Foster Characteristics dashboard in April 2020 to better understand the gaps of what is needed in their community to foster youth. DCS is currently meeting weekly with LCPA's to discuss COVID 19 related issues. DCS is in the process of scheduling a meeting with LCPAs to discuss data sharing. DCS will use the new dashboard built regarding willingness to foster characteristics to target appropriate areas and needed populations. DCS will also continue working with youth in residential facilities and LCPA's to target step down needs and opportunities.
Q8	(iii) Completed	<p>Q7 & Q8: DCS is currently working with Hands of Hope, LCPAs, other local providers and community faith-based organizations to focus on retention and recruitment efforts. These meetings are held quarterly, in super regions across the state. The strategies of these meetings during 2020 have included: shared development of local recruitment plans, efforts to promote foster care and kinship appreciation month, and develop action steps from the results of the foster care survey to better support foster parents.</p> <p>To continue to assist our partners in these efforts, DCS is working to have a better understanding of where inquiries from foster parents through the foster care portal are coming from. This helps DCS have a stronger understanding of where to focus it' recruitment efforts in attaining the knowledge of where the</p>

		referral for the individuals who wants to become a foster parent came from, i.e., church, current foster parent, advertisement on TV, etc. This functionality went live November 1 st but is able to pull the information from March of 2020 to better focus recruitment effort and inform the work that is already being done locally.
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- b) Continue development and use of regional recruitment and retention plans for DCS and private child placing agencies that integrate DCS developed reports.
- (i) Monitor via contract audits the new requirement in licensed child placing agency contracts that require the development and implementation of diligent recruitment plans utilizing available data, including data provided by DCS.
 - (ii) DCS foster care specialists will work with regional leadership to review past regional diligent recruitment plans and create new plans utilizing DCS provided data reports. As specific needs are identified, the regional recruitment plans will include steps for focusing recruitment efforts around those needs and will inform state-wide plan development.
 - (iii) DCS foster care specialists will work with regional leadership to develop retention plans. As specific needs are identified, the regional retention plans will include steps for focusing retention efforts around those needs and will inform state-wide plan development.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	(i)Completed	<p>Q1 & Q2: As contract audits are completed, data is shared between DCS and partners in order to make data driven decisions on needs identified in audits.</p> <p>Q3 & Q4: Recruitment plans are required to be submitted via the contract audits. The language within the contract’s states: The Contractor shall have a plan in place to evaluate the needs of the community or communities the Contractor serves and ensure that the agency’s recruitment efforts are consistent with those needs. Evaluation of the needs of the</p>

		<p>community may include, but is not limited to, a review of demographic information provided by DCS and coordination with the appropriate Regional Services Council(s).</p> <p>As DCS is working on better developing reports around trends and specific areas of needs, for the placement of youth and foster parents, the Department will share that information during the meetings held between the Department and LCPAs.</p> <p>Q5 & Q6: DCS is currently meeting weekly with LCPA's to discuss COVID 19 related issues. DCS is in the process of scheduling a meeting with LCPAs to discuss data sharing. DCS will use the new dashboard built regarding willingness to foster characteristics to target appropriate areas and needed populations. DCS will also continue working with youth in residential facilities and LCPA's to target step down needs and opportunities.</p>
Q1-Q6	(ii)Completed	<p>Q1 & Q2: Data available will be basis for recruitment plans.</p> <p>Q3 & Q4: Recruitment plans are updated regularly regionally and inform the statewide plan. Foster care is now managed under one umbrella of leadership which allows for easier dissemination of information and plan formation. DCS is currently working on ensuring necessary data is being captured and reported to inform efforts in recruitment. Indiana offers events across the state for foster parent recruitment and retention purposes. The foster care division is in the process of requesting several new positions with the purpose of community engagement. This individual will be responsible,</p>

		<p>regionally, to coordinate, establish and connect community resources for both the recruitment and retention of foster parents.</p> <p>The foster care team is working on utilizing a new template for recruitment plans in hopes of incorporating the following information in recruitment purposes: measurable goals, use of existing reports to inform goals, concerted plan monitoring by the management team, and more targeted goals around homes using the willingness to foster characteristics report.</p> <p>Q5 & Q6: DCS has been approved for 7 Community Engagement Specialists who will be located in Northeast and East Central Indiana that start in June of this year. These individuals will receive specialized training and work with local communities on building care communities to help support and recruit potential foster parents. DCS is working on a marketing campaign called Indiana CARES which will have a focus on developing best practices for recruitment efforts while building community involvement. In April 2020 DCS was able to complete development of an interactive dashboard regarding willingness to foster characteristics to assist with matching children with the appropriate families and identifying areas of need within the state for recruitment purposes.</p>
Q1-Q6	(iii)Completed	<p>Q1 & Q2: Data available will be basis for retention plans.</p> <p>Q3 & Q4: Retention plans for foster parents are updated regularly within the region. Many regions focus efforts on retention activities to recognize and celebrate foster parents around the holidays. There are regional/county-based</p>

		<p>support groups for foster parents. The Department has developed a newsletter, a foster parent portal (which will continue to have enhancements) and is working on the foster parent self-assessment to ensure that regional and system-wide issues can be addressed as needed and included in foster parent retention planning.</p> <p>Q5 & Q6: DCS is doing a special edition newsletter for the month of May which is foster care month. DCS is currently in the process of getting a Facebook page specifically for foster parent as another method of information dissemination. The 7 new Community Engagement Specialists slated to start in June will be positioned to assist in retention related activities for the areas in which they will be working. Indiana is developing a community partner coalition (Indiana CARES) to develop programs offering benefits to foster parents, build community involvement, and increase retention. The foster parent needs survey will go live in July 2020 and the Department looks forward to gathering results of the survey to look at opportunities to better meet the needs of its foster parents.</p>
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- c) Improve ongoing communication with foster/resource parents so they are aware of resources available and have a direct line of communication with DCS. Foster Parent Bill of Rights will be drafted and approved to enhance understanding and communication between DCS and foster parents.
 - (i) Although some regions produce a newsletter for foster/resource parents, a state-wide newsletter does not currently exist. Leveraging those regional publications, DCS will produce a state-wide foster/resource parent newsletter to communicate information regarding available resources and services along with important contact information.
 - (ii) Increase participation in the foster/resource parent stakeholder advisory group to

ensure communication and feedback between DCS and foster/resource parents is occurring. Issues identified in the advisory group will be provided to DCS leadership for appropriate action and communicated back to advisory group.

Target Completion Date	Current Status	Progress to Date
Q3	(i) Completed	The first foster parent newsletter was distributed 9/3/2019, the next subsequent newsletter was distributed 12/3/2019. These newsletters will continue to be distributed quarterly with a special edition newsletter in May.
Q1-Q6	(ii)Completed	<p>Q1 & Q2: Report received from the group in March 2018 & February 2019, group has received responses regarding their recommendations.</p> <p>Q3 & Q4: The foster parent advisory group continues to meet quarterly. These meetings involve an update on activities happening within DCS (particularly areas that impact or effect foster parents) and provide input/feedback on a variety of topics pertinent to foster parents. During this calendar year the advisory panel has been instrumental in providing feedback as it relates to the foster care portal. The group is looking to refresh in the upcoming year and add to/change some of its members. The kinship advisory board was created and began meeting in July of 2019.</p> <p>Q5 & Q6: The Foster Care Advisory Board provided recommendations in February to the Department via their role as a Citizen’s Review Panel. The Department is in the process of synthesizing information from the review panels and a meeting is scheduled in May with stakeholders to craft a response. The recommendations from the review panel from 2019 include: development of a foster parent</p>

		peer mentoring program, more training on the foster parent bill of rights, and feedback for continued development of the foster parent self-assessment survey.
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d) DCS' new partnership with the All-Pro Dad initiative will focus on increasing the number of therapeutic licensed foster homes in Indiana, a license that requires an advanced skill set that is in high demand in Indiana. Anticipated benefits of this initiative include a higher trained foster/resource parent population, stabilized placements, and an overall improved willingness to take on youth with higher behavioral needs. The All-Pro Dad activities will include such things as a media campaign/celebrity involvement, foster/resource parent hotline, and on field events with football programs that bring kids and dads together and talk about what it means to be family and foster/adoptive parents. Indiana received grant funding to implement and evaluate the initiative with the intention to continue it moving forward if found to be successful.

(i) Develop and implement deployment plan for state-wide launch of the All-Pro Dad initiative.

Target Completion Date	Current Status	Progress to Date
Q3	Completed	The strategy has been finalized and all 3 events have been planned. The first two events were held on 5/18, 6/8, and the final event will be held on 7/27. The state has garnered more than 900 leads from this partnership.

OBJECTIVE 2.5 ENHANCED MONITORING AND ATTENTION TO DEADLINES WILL BE A FOCUS IN IMPROVING THE TIMELINESS OF ICPC MATTERS.

a) Address the lack of familiarity with the ICPC process for many staff that, due to the time sensitive procedural steps, often contribute to delays in ICPC processing.

(i) DCS will expand and formalize educational resources for FCMs by developing an ICPC checklist and desk guide and providing training on their use.

(ii) Implement standard trainings developed as part of NEICE system rollout. Initial rollout will be focused on counties with highest volume of ICPC processing.

Target Completion Date	Current Status	Progress to Date
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Q4	(i) Completed	The interactive desk guide, checklist, and training has been completed in regards to ICPC information for FCM's. The interactive desk guide was completed on 12/20/2019 and the link to the guide and interactive training went live on 12/27/2019.
Q4	(ii) Completed	Indiana created an interactive desk guide training. This training was completed on 12/20/2019 and went live on 12/27/2019. The interactive desk guide can be found here: ICPC Desk Guide Indiana has restructured the ICPC division, and it is now under new leadership, with two new consultants that will continue to work with the field to educate staff regarding the ICPCs process.

- b) Implement notification reminders in MaGIK to FCMs and supervisors at 30 and 15-day deadline to monitor completion of home studies.

Target Completion Date	Current Status	Progress to Date
Q5	Completed	The Deputy and Assistant Deputy of Juvenile Justice and Initiatives Support (JJIS) manage the ICPC unit. A report has been developed in the case management system to track due dates for the field. Leadership in JJIS has begun providing this information regularly to regional management to ensure ongoing tracking and communication of important due dates. These reports are currently pulled from a dashboard and following the completion of Indiana's CCWIS will be a part of the system for ease of use in access.

- c) Create a monthly report for regional managers to be used to measure compliance. This monitoring will assist the agency in identifying whether the above initiatives improve ICPC compliance or whether other factors need addressed.

Target Completion Date	Current Status	Progress to Date
Q4	Completed	This report has been created and distribution to the regional managers began on 11/7/2019.

OBJECTIVE 2.6 ENSURE REGIONAL MANAGERS ARE AWARE OF PERMANENCY RELATED DATA POINTS AND ARE ABLE TO FACILITATE ROOT CAUSE ANALYSIS WITH EACH LOCAL OFFICE TO IMPROVE PERMANENCY MEASURES.

- a) Regional Managers will be trained and learn about available data points. Regional Managers will understand the various metrics available.

Target Completion Date	Current Status	Progress to Date
Q1	Completed	Regional managers were trained on the available data points and various metrics in the fall of 2018.

- b) When permanency related issues are identified, regional managers will discuss the creation of a CQI project with CQI staff in order to determine underlying causes of permanency related issues at the county level.

Target Completion Date	Current Status	Progress to Date
Q2-Q6	Completed	<p>Q1 & Q2: The CQI division is working with the Permanency and Practice Support division on a value stream steering team to identify issues and direct the work around permanency related issues. The Assistant Deputy of Agency Transformation of Lean Principles and Advanced Lean Practitioners conduct regular check-ins with regional managers to assess any existing and ongoing regional or county-based issues.</p> <p>Q3 & Q4: The CQI team continues to work with regional managers to identify issues within their region. The team will review/collect data as necessary within the region and discuss results to plan for improvement. The CQI team is working in conjunction with the quality service and</p>

		<p>assurance team. The Practice Model Review is slated to go live in August 2020, once the review is completed the CQI team, QSA team, and the regional leadership will work together to review the necessary data to focus improvement efforts. In February 2019 Indiana conducted a rapid improvement event around timely filing of TPR. Indiana has been tracking the data and made significant improvements in this area. The CQI team is working with the internal legal team to spread this improvement project process and solution statewide. As larger system issues are identified in regards to permanency the executive steering team will ensure workgroups are formed to address the needed areas of improvement.</p> <p>Q5 & Q6: The Department continues to take a multi-faceted approach in their work to increase permanency outcomes for kids in care. The Department is currently focusing on several initiatives in hopes of helping youth achieve permanency in a timely manner. DCS continues to use PRT+ for older youth, free from adoption; Rapid Permanency Reviews for youth who are free for adoption and have been in care for at least 2 years, and an increase in adoption consultants to better support field staff and stakeholders through all phases of the adoption process. DCS is evaluating expanding guardianship assistance program (GAP) by increasing the number of kids who are able to benefit by expanding the age parameters of receipt. The Department will continue to monitor permanency related improvement needs through its executive steering team.</p>
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PERMANENCY MEASURES OF PROGRESS

Through implementation of the Goal, Strategies, and Objectives outlined in this section of the APSR, 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 continues to utilize PRT's to support permanency planning for youth in care. There have been 3135 PRT completed since inception in 2011 through June 2022. In 2020-2021, DCS along with many other agencies was impacted by COVID-19. As a result, all permanency related trainings associated with PRT's were moved to a virtual platform and remain there to date. This adjustment did not interrupt permanency efforts. Permanency Values Trainings are now conducted monthly rather than quarterly which has increased participation. In the Fall of 2021, PVT training transitioned to Staff Development from the Permanency Initiatives team in an effort to continue the availability of the training monthly after a decrease in the number of permanency team members. PRT's also pivoted virtually allowing for increased participation from internal stakeholders. In 2022, some PRTs moved back to in-person while others remained virtual or offered a hybrid option. The year 2020 allowed DCS to begin exploring more closely the disproportionately data of children of color and how their permanency may be affected. The Permanency Team has begun to develop presentations for each region to educate all staff on these data points and to begin to think critically regarding the view of permanency through a racial justice lens from case selection, the PRT itself, and PRT Follow-Up.

DCS has developed a PRT Plus fidelity document to assist field staff in understanding the purpose of PRT Plus and ensure consistency with the target population to assist in differentiating the use of PRT and PRT Plus. There have been four (4) PRT Plus meetings facilitated. Of the four (4) completed, two (2) reached the gold standard of permanency closing in an adoption and guardianship. The PRT Plus process is used to develop innovative strategies for achieving permanency for youth 14-17 years old whose parental rights have been terminated, and who has had a prior PRT with either a permanency status rating drop within one quarter (3 months) after the prior PRT or no improvement in the permanency status rating after two quarters (6 months), as determined by the regional permanency team or the regional permanency liaison. The case selection criteria used within regions must have sufficient flexibility to be useful in the field and thereby ensure the adoption by regional leadership while also maintaining standards that meet model fidelity criteria. The regional permanency team is utilized as part of the case selection process to allow for a review by regional specialists using the questions and criteria of the roundtable, which provides a catalyst for more consistent and structured processes within each

permanency team.

DCS continues to monitor the utilization of kinship placement options through the Kinship Navigator Program. The KISS Assessment has been adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being, and permanency of youth in that setting. The pilot was initiated in mid-2019 in one Region and grant monies used to contract for evaluation that began in October 2019 by Indiana University Purdue University Indianapolis (IUPUI). The evaluation was concluded by IUPUI in the fall of 2020. Beginning August 2020, DCS implemented one portion of the program statewide. Staff were trained on the needs assessment portion of the program as well as the questionnaire to target the needs of children within the first 30 days of kinship placement, and staff now implement this portion of the KISS model statewide. In practice, the relative support specialist monitors the family for the initial 30 days after placement to (1) ensure that children's basic needs are being met; (2) address any crucial needs that the family identifies for placement; and (3) assess the changes that have occurred within the household after the child has been placed in the home. During these 30 days, the relative support specialist also works directly with the DCS family case manager to collaboratively understand the family's needs. In January 2021, an abbreviated version of the model deployed statewide with the other regions for uniform crisis response to kinship commiserate with the level of human resources allocated to those areas of the state. As of August 3, 2021, 50.7% of out-of-home CHINS placements are in a kinship home, with 10 out of 18 DCS regions in the state above 50% for kinship placements and one that has 60% of youth placed. Increases in kinship placement continue to rise across the state.

In 2019 DCS in collaboration with Casey Family Programs, began the implementation process of Rapid Permanency Reviews (RPR). Rapid Permanency Reviews are designed to address the functioning of the child welfare system as a whole-executive, legislative, and judicial branches-to achieve system transformation and timely permanency. The target population for RPR's are "long stayers" who are close to adoptions. Case selection criteria are: (1) children/youth who have been in care for two plus years, (2) termination of parent rights (TPR) has been granted in regard to both parents and all appeals have been exhausted, (3) permanency plan of adoption, and (4) in the same family-like setting for the past six months. An essential element with RPRs is the accountability for outcomes process, accountability for outcomes is an essential element of the RPR model that drives system transformation aimed at improving permanency outcomes for children in care. It employs a structured approach to accelerate permanency for all children reviewed by eliminating barriers and replicating bright spots within the agency's locus of control or collaborating with partners external to the agency to address systemic barriers. Data will be updated on the *RPR Tool* monthly to reflect completion dates of key permanency milestone for each child/youth presented at the RPR until the child/youth reach permanency and their case has been closed. The original two counties, from Region's 7 and 16, completed the Accountability for Outcomes process in November of 2020 with permanency being achieved for 84 or 78% of the children included in the cohort. A plan was developed to complete the RPR in all regions of the state and the initial reviews were completed in all regions by June 30, 2021. RPRs were completed for a total of 706 children from all 18 regions.

As of June 2022, 480 (69%) of the applicable children (692) reviewed were adopted within the 12 months of the review. One (1) region, had 100% of the children in the review adopted and a couple other regions were in the high 90% for completed adoptions.

DCS is currently in the process of updating the post adoption services, as well as, developing post guardianship services.

In 2020, the Department increased the number of staff serving as Adoption Consultants from seven (7) to 18. In 2021, another position was added bringing the total to 19. to provide assistance to the field in an effort to reduce time in care for children and increase time to permanency through adoption. This increase in positions allows for a wider range of services to assist and partner with the field. The Department recognizes the need to decrease the time it takes children to reach adoption within the state of Indiana. The following are additional ways this team is working to reduce the time to permanency:

- Serve as subject matter experts on adoption issues to field staff
 - Individual interactions
 - Participation on regional permanency meetings
- Permanency consultation for children with a case plan goal of adoption and/or guardianship
 - Attending CFTMs to assist in the development of viable permanency plans for youth
- Managing general recruitment activities (referrals to the adoption recruitment contractor; preparation for child summaries and photo shoots, scheduling external events, WWK recruiters, scheduling children for recruitment videos, etc.)
- Preparation and approval of adoption only families
- Support and engagement of adoption only families
- Providing training and consultation to field staff adoption policy and procedure.
- Participating in PRTs as permanency experts
- Planning, training, and facilitating Rapid Permanency Reviews for children with a case plan goal of adoption, and maintaining the Accountability for Outcomes process
- Monitoring and providing support to adoption only families to recommend and ensure services are offered and making recommendations to address potential adoption disruptions.
- Participating on regional and multidisciplinary permanency teams.

In 2021, Indiana entered a five (5) year partnership the with Dave Thomas Foundation to scale Wendy's Wonderful Kids (WWK) recruiters in Indiana. Wendy's Wonderful Kids recruiters use an evidence-based, child-focused recruitment model to find the right family for every child. The Villages was selected as the Indiana partner agency to hire and train the recruiters. In 2021, The Villages hired 15 WWK recruiters in 2021 and 23 WWK recruiters by June 30, 2022. In 2021, 74 children were serviced by this program and four (4) of whom were adopted during that same year. During the first six months of 2022, 125 children have received the child-focused adoption recruitment services of a WWK recruiter. Thirty-one (31) children have been matched with prospective adoptive families or are in pre-adoptive placements and two (2) children have been adopted.

3. Goal, Strategies and Objectives Related to Well-Being

GOAL 3: ENGAGEMENT—STRENGTHEN ENGAGEMENT WITH PARENTS, CHILDREN, YOUTH AND RESOURCE FAMILIES (FOSTER/RELATIVE/KINSHIP/ADOPTIVE).

Indiana recognizes the importance of quality engagement with families and access to necessary services to achieve positive results in regards to well-being.

Indiana remains committed to a renewed focus of the DCS Practice Model that would improve key areas such as quality visits, formal and informal assessments, and case planning. DCS continues to promote a focus on regular and effective Child and Family Team Meetings (“CFTM”), which is a cornerstone of the DCS Practice Model, to increase family engagement in their cases. With a re-dedication to the Practice Model, Indiana continues to improve the culture of the agency by focusing on the four (4) core values found in the Practice Model: genuineness, empathy, respect, and professionalism. Having fidelity to the Practice Model will assist children, families, and youth to have better outcomes after their involvement in the child welfare system.

OBJECTIVE 3.1 REDEDICATE ALL LEVELS OF THE AGENCY TO THE USE OF THE DCS PRACTICE MODEL AND USE OF ITS FIVE (5) CORE SKILLS, TEAMING, ENGAGING, ASSESSING, PLANNING, AND INTERVENING (“TEAPI”). THESE ALSO SET THE TONE FOR SUCCESSFUL ENGAGEMENT BY DCS IN DEVELOPING TRUST-BASED RELATIONSHIPS WITH CHILDREN, FAMILIES, AND STAKEHOLDERS. SIMILARLY, DCS FOCUSES ON THESE STANDARDS WHEN ENGAGED WITH CO-WORKERS AS A SIGN OF MUTUAL RESPECT, TRUST AND SUPPORT FOR FELLOW TEAM MEMBERS.

- a) Implement a strategic rollout that clearly defines how each position in the organization plays a vital role in the implementation of the DCS Practice Model.
 - (i) With there being DCS leaders new to the agency, many executives may not be as familiar with the DCS Practice Model. To establish buy-in at the executive level, DCS will initially dedicate an Executive Staff Meeting solely to the practice model. Thereafter, DCS will schedule a retreat/seminar for Executive Staff and Regional Managers.
 - (ii) LODs and Local Office Attorneys (LOAs) will be trained on the importance and consistent use of the DCS Practice Model.
 - (iii) Central Office staff will be trained on the importance and consistent use of the DCS Practice Model. Central office staff must understand the role they play in supporting the agency and enhancing the work of the FCM.
 - (iv) Supervisors will be trained via a Quarterly Supervisor Workshop.
 - (v) Family Case Managers will receive additional support about the importance and use

of the Practice Model. LODs and FCM Supervisors will provide such guidance to FCMs on a continual basis.

- (vi) For employees who are unable to attend the initial face to face trainings, annual trainings will be available, as needed, for employees to attend to receive this important information in person.

Target Completion Date	Current Status	Progress to Date
Q2	(i) Completed	Executive training completed 11/15/18. Regional Managers were trained with Regional Chief Councils on 5/16/19.
Q3	(ii) Completed	All local office directors and local office attorneys were trained on the consistent use of the DCS practice model by August 2019.
Q4	(iii) Completed	Practice Model Trainings within each division of central office were completed as of November 2019.
Q3	(iv)Completed	All Practice Model trainings were completed with local office leadership as of August 2019. The Practice Model will be weaved into ongoing training/workshops.
Q1-Q8	(v)Completed	<p>Q1 & Q2: Practice Model discussions continue to occur at all levels of the organization with a rededication and ongoing communication in many forms (newsletters, trainings, emails, etc.) regarding the use and fidelity of the model.</p> <p>Q3 & Q4: The regionally based peer coach consultants continue to work with local leadership on goal setting around the Indiana Practice Model.</p> <p>Q5 & Q6: Peer coach consultants, in conjunction with members from the Strategic Solutions division, continue to work with regional leadership on identifying specific needs in the region. Since July 2019 the below are some</p>

		<p>practice model related initiatives that have occurred on the regional level:</p> <p>Region 1: Quality of CFTMs in assessments</p> <p>Region 2: Monthly CFTM note scoring by PCC</p> <p>Region 3: Quality and documentation of CFTMs in assessments</p> <p>Region 4: Identifying leaders with practice experience</p> <p>Region 5: Improving quality of CFTMs to decrease repeat maltreatment</p> <p>Region 6: CFTMs in assessments</p> <p>Region 7: Improve engagement with parents and children through meaningful prep</p> <p>Region 8: Improving engagement and prep for CFTMs</p> <p>Region 12: CFTM/Contact note quality project</p> <p>Region 13: CFTM notes quality improvement</p> <p>Region 14: Practice champion team and mentor support team (practice skill enhancement)</p> <p>Region 15: Observation of FCMs throughout the region by a PCC to provide feedback</p> <p>Region 16: Increase quality of CFTMs</p> <p>Region 18: Improving the quality of CFTM notes</p> <p>Q7 & Q8: Staff Development has implemented a process that will allow for ongoing assistance to FCMs in regard to the practice model and will allow the LODs and Supervisors to provide that</p>
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		<p>ongoing support. On a monthly basis, Peer Coach Consultants which are stationed in each region, have a practice discussion with the regional management staff regarding needed practice assistance. This can lead to trainings for staff or practice discussions based on the needs of the region.</p> <p>The practice model continues to be embedded within the trainings for DCS. The Cultural Humility training, which was mandatory for all agency leadership, had practice model principles embedded throughout. This training is also available for front line staff and is continuously offered.</p>
Q1-Q6	(vi)Completed	<p>Q1 & Q2: Staff Development has created and made available a CAT in regards to the Practice Model.</p> <p>Q3 & Q4: The peer coach consultants are currently working with all regions and divisions on scheduling follow-up practice model trainings for 2020.</p> <p>Q5 & Q6: All DCS staff have been initially trained and new employees with the state receive this training in cohort. As DCS updates and creates new trainings now and in the future, we are adding a practice model centered focus.</p>

b) Continue initiative requiring all supervisors in Marion County to be trained as peer coaches. Peer coaches support the FCMs by modeling good practice through teaming and engagement. Peer coaches provide additional practice model resources for FCMs and FCM Supervisors on a regular basis. Field leadership identified two innovation zones to replicate the initiative.

- (i) Begin implementation in medium size county (Clark County).
- (ii) Begin implementation in small size county (Jackson County).
- (iii) Provide peer coach training to FCM supervisors so that there will be trained FCM Supervisors available in each region.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Supervisory staff in Clark County have been trained as Peer Coaches.
Q1	(ii)Completed	Supervisory staff in Jackson County have been trained as Peer Coaches.
Q1-Q6	(iii)Completed	<p>Q1 & Q2: Staff development continues to work with regional/county leadership to certify staff in a strategic manner on the peer coach process throughout the state.</p> <p>Q3 & Q4: There are a pool of supervisors who have successfully completed peer coach training in each region across the state. The Department has added over 100 supervisors over the past year and therefore this training and the plan for training within the regions continues. There are currently 188 supervisors trained as peer coaches statewide and 235 who have not yet been trained. The practice team will work with regional managers on training plans for the supervisors in their regions.</p> <p>Q5 & Q6: There are currently 267 supervisors trained as peer coaches embedded in every local office and region across the state. However, in an effort to train all supervisors as peer coaches there are 218 that still need to be trained. This number will continue to fluctuate due to the influx of adding supervisors to decrease the worker to supervisor ratio.</p>

- c) Partner with Region 13 to review CFTM practice to better understand what was learned during their CFTM improvement CQI process.

Target Completion Date	Current Status	Progress to Date
Q2	Completed	Region 13 focused their project on the frequency of Child and Family Team Meetings. During the time of the Region 13 project implementation,

		Region 18 began work on a project around the quality of child and family team meetings. The results and learning from Region 13 & 18 are being utilized in other regions to focus on enhancing quality and frequency of child and family team meetings.
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- d) Local Office Directors will use feedback gained from the reflective practice survey to enhance clinical supervision. Implement a coaching and feedback mechanism for local office directors to use with supervisors on guidance for providing a quality CFTM.

Target Completion Date	Current Status	Progress to Date
Q8	Completed	<p>Q1 & Q2: RPS workgroup continues to meet with plans to pilot the updated tool in August of 2019. There is ongoing implementation of supervisors being trained as peer coaches across the state with regionally supportive practice model consultants.</p> <p>Q3 & Q4: The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model incorporating the importance of quality team meetings. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is</p>

		<p>built around the Indiana practice model with a focused section on teaming. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.</p> <p>Q7 & Q8: The use of the enhanced RPS tool launched in July 2020. As of December 2020, field staff have completed two quarters worth of surveys. LODs can view trending data in regards to the quality of teaming for their local office and region through a Tableau dashboard to enhance supervision with staff. As concerns around quality teaming arise, local office staff can engage with practice consultants in the region to provide any additional training or guidance around quality child and family team meetings.</p>
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- e) Evaluate the critical case juncture and required frequency of CFTMs to ensure practice alignment. Encourage the use of CFTMs in a more strength based or positive way (i.e., using them more proactively and/or following positive case events).

Target Completion Date	Current Status	Progress to Date
Q4	Completed	<p>Q1 & Q2: Policy has been updated to reflect language and define case junctures which will be effective 7/1/19, however additional revisions from the practice team for this policy around child and family team meetings is currently pending.</p> <p>Indiana updated the critical case juncture language, and the policy was finalized on 7/1/19 to align with best practices. The link to the policy is here: CFTM Policy 5.07</p> <p>Q3 & Q4: Additional changes to the policy</p>

		regarding teaming in situations of domestic violence has been added and finalized as of December 2019.
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OBJECTIVE 3.2 ENSURE THAT CHILDREN AND PARENTS HAVE FREQUENT, HIGH-QUALITY VISITS WITH THEIR FAMILY CASE MANAGER.

- a) The DCS policy on meaningful contacts incorporates the DCS Practice Model to provide staff with guidance to improve the quality of visits.
 - (i) DCS will use quarterly Reflective Practice Surveys (RPS) to review, with a real-time modeling and coaching model, whether the principles of the DCS Practice Model are being utilized to produce quality visits between the FCM and the child and the FCM and the parent.
 - (ii) Results of the RPS will be used to monitor visit quality (for example, are visits with a child occurring one-on-one when possible, are suggested questions being used to attain the status of safety, stability, permanency, and well-being, etc.). Every level of management will review the results of the RPS for specific and general trends in order to improve practice.
 - (iii) Clinical supervision at every management level will be used to provide feedback and strategies for improvement, when necessary.

Target Completion Date	Current Status	Progress to Date
Q7	Completed	<p>Q1 & Q2: Indiana asked that this quarter change to Q6 due to the continuation of the development of the enhanced RPS tool. The tool began its pilot in August 2019, with a plan for a full development of the tool in early 2020.</p> <p>Q3 & Q4: The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model incorporating the importance of quality visits. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date.</p>

		<p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model incorporating the importance of quality visits. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.</p> <p>Q7 & Q8: DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the best social work practice. One of the specific data elements is around the FCM’s interaction with the child and parent. Supervisors shadow staff during a visit, team meeting, or assessment initiation to observe. Following the visit, they complete a survey and provide feedback to the case manager regarding strengths and areas of opportunity during clinical supervision.</p>
Q7	(i) Completed	<p>Q1 & Q2: Indiana asked that this quarter change to Q7 due to the continuation of the development of the enhanced RPS tool. The tool began its pilot in August 2019, with a plan for a full development of the tool in early 2020. By Q7 the Department will have fully launched the tool and will have the ability to work with</p>

		<p>management levels to review and assist in making practice decisions.</p> <p>Q3 & Q4: The new tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date. The tool is being built with analytics to pull trend reports from the supervisor level to statewide.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. The tool has been launched with analytics and the ability to pull trending reports. The reports will continue to be assessed and developed based upon the needs of the field staff. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.</p> <p>Q7 & Q8: DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the practice of family case managers. One of the specific data elements is around the FCM’s interaction with the child and parent. Field management staff can review the trending in this data point on a Tableau dashboard at the county, region, and statewide level.</p>
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Q8	(ii) Completed	<p>Q1 & Q2: Indiana requested a quarter change to Q5 following the implementation of the new RPS tool and in the increased clinical supervision in its use.</p> <p>Q3 & Q4: The new RPS tool will be built in our new system and ready to launch statewide by April 2020. The tool is focused on the practice model. Trainings for all management field staff will occur in March 2020. The pilot group of regions 10, 15, 18 & Collaborative Care will continue to test the tool until the launch date. The rest of field staff continue to utilize the old RPS tool to assist in conversations regarding improvement strategies in clinical supervision.</p> <p>Q5 & Q6: All supervisors were trained on the enhanced RPS tool in the month of March. Following the trainings field staff were provided with a t-chart tool to assist them in ensuring they complete clinical supervision with their staff and provide necessary feedback. The new tool went live for field use on April 17, 2020. The tool is built around the Indiana practice model. Due to restrictions from COVID 19, the Department has delayed implementation of the tool considering social distancing guidelines. Supervisors will resume regular duties of shadowing staff to complete the survey for use of enhancing clinical supervision in July 2020.</p> <p>Q7 & Q8: DCS implemented its revamped RPS statewide in July 2020. The field now has two quarters worth of data as of December 2020 to better assist in growing the practice of family case managers. There is a clinical supervision feedback loop that is a part of the results of the survey and a t-chart was created to assist</p>
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		supervisors in that conversation with their staff. Field management staff at every level can review the trending in this data point on a Tableau dashboard at the county, region, and statewide level to enhance their direct staff clinical supervision.
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OBJECTIVE 3.3 ASSESS THE NEEDS OF KEY PARTICIPANTS IN THE CASE INCLUDING THE CHILD, MOTHER, FATHER, CAREGIVER, AND RESOURCE PARENTS TO HELP ENSURE PROPER SERVICES AND PLACEMENT.

- a) Continue to assess the needs of children with consistent use of the Child and Adolescent Needs and Strengths (CANS) tool.
 - (i) Ensure all staff receive CANS 101/102 training, provide regular clinical supervision to FCMs, and increase use of CANS as a communication tool with service providers.
**CFSR in 2016=83%, March 2018=97%

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	Training and knowledge regarding the CANS tool and its purpose has been provided to staff. All staff received CANS 101/102 training as of September 2018.

- b) Strengthen formal and informal assessments through better engagement and increased teaming to better identify the needs of the father and the mother and improve on the timely delivery of services in order to address the needs of each parent throughout the life of the case.
 - (i) DCS will strengthen its formal and informal assessments to better identify the needs of the father and improve on the timely delivery of services.
 - (ii) In order to enhance Fatherhood Engagement services in an effort to better engage fathers in the care of their child/children, the DCS Research and Evaluation team will work to engage the fatherhood engagement service team to determine what may be needed.
 - (iii) After discussions with the fatherhood engagement service team and providers, DCS will work to address specific concerns as noted in the data.
 - (iv) DCS will strengthen its formal and informal assessments to better identify the needs of the mother and improve on the timely delivery of services.
 - (v) DCS will offer mothers and fathers services as identified in informal and formal assessments and during CFTMs or case conferences.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Accuracy of assessments have been reviewed to ensure that they are reflecting the needs. There is a formal assessment for every service standard.
Q2	(ii)Completed	An enhanced survey has been completed that captures what is needed to improve services. Presentation of the results has been provided to DCS Services and Fatherhood Engagement Providers.
Q2-Q6	(iii)Completed	<p>Q1 & Q2: As concerns are noted DCS will work with providers to address the needs.</p> <p>Q3 & Q4: DCS has worked closely with the Department of Corrections to create a memorandum of understanding in working with incarcerated parents. This will be a specific data sharing agreement to ensure that we are able to identify when parents of children we work with are in the DOC system.</p> <p>DCS continues to provide information on a regular basis to providers in regards to concerns in the data. We currently have 56 providers who offer Fatherhood Engagement Services which is a substantial increase from 26.</p> <p>Q5 & Q6: The MOU with DOC is now in place in regards to incarcerated parents and data is being shared. DCS continues to have quarterly calls with all fatherhood engagement providers statewide to ensure discussions continue to occur around best practices and issues that arise.</p>
Q2	(iv)Completed	Accuracy of assessments have been reviewed to ensure that they are reflecting the needs. There is a formalized assessment that is required as part of the service standard.

Q1-Q6	(v)Completed	<p>Q1 & Q2: Review of rate of service referrals has been completed.</p> <p>Q3 & Q4: The rate of service referrals continues to be tracked and presented quarterly, including a rejection analysis.</p> <p>DCS was able to meet substantial conformity within the PIP review in the spring of 2019 at 50.9% on Item 12B which focuses on assessing parents for service purposes and continued assessing this in the fall of 2019 for an increase to 59.7%. DCS is currently revamping its previous quality service review process and will continue to track this information in the Practice Model Review that is being built to ensure the agency continues to accurately assess the needs and addresses issues whenever necessary.</p> <p>Q5 & Q6: As a part of our service standards all providers are required to do an assessment of the family upon intake for all services lines and should use the assessment to determine the treatment plan. Family Preservation, which goes live in June 2020 will require a protective factors survey in the beginning within 30 days and every 3 months. Services will be provided in-home to the families with an evidence-based model.</p>
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- c) Strengthen formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services in order to support and retain foster/resource parents.
 - (i) DCS will strengthen its formal and informal assessments to better identify the needs of foster/resource parents and improve on the timely delivery of services by developing two tools: 1. foster/resource parent self-assessment and 2. family visit checklist completed by family case managers that assists in the monitoring of ongoing needs. Development of the self-assessment and family visit checklist will

- incorporate foster/resource parent stakeholder advisory feedback.
- (ii) Indiana will require foster parents to complete the self-assessment at least twice per year. Indiana will review the results on a regular basis to determine and address needs of the foster/resource family.
 - (iii) Indiana will continually review the Voluntary Withdrawal of License Reasons Report (i.e., an exit survey for licensed foster/resource parents). Licensing and field staff will review for common trends and develop plans to address issues in an effort to understand why foster parents are voluntarily withdrawing their license.

Target Completion Date	Current Status	Progress to Date
Q6	(i)Completed	<p>Q1 & Q2: Family visit checklist has been created. The development of the self-assessment for foster and resource parents will occur in Q4.</p> <p>Q3 & Q4: The family visit checklist/face to face contact sheet can be located at: https://forms.in.gov/Download.aspx?id=6904</p> <p>The foster/resource parent self-assessment/survey is in the beginning stages of development with an expected completion date in Q6 as a part of Indiana’s newly released foster parent portal.</p> <p>Q5 & Q6: The final version of the survey has been completed and built in survey monkey. The survey will be funneled through the foster parent portal website and offered two times a year. The Department is still working on finalizing the data sharing from casebook. This survey will launch in July 2020.</p>
Q8	(ii)Completed	<p>The self-assessment was deployed to foster families 6/19-7/3. The survey response rate was more than 25% and the data has been converted to a Tableau visual for use long term. This is the baseline data and was shared with RMs and foster care staff in September to assist in</p>

		<p>presenting to all field staff. This data was also shared with LCPAs on 10/28/2020. DCS will continue to provide this feedback opportunity to foster parents on an ongoing basis and adjust as needed.</p>
Q4-Q6	(iii)Completed	<p>Q3 & Q4: The foster care team is working with the Office of Data Management to analyze and ensure that the appropriate data is being gathered. There is currently an “other” category that they are pulling information from. The group is working on creating a standardized and shared understanding with staff regarding how the data is entered. The foster care team is meeting with the supervisors on 1/29 and will discuss the voluntary withdraw process and entering information. Members of the group are also working on amending the voluntary withdraw form.</p> <p>Q5 & Q6: The modified voluntary withdrawal form is in the final stages of becoming an approved state form. This will allow for data to be gathered easier in the future. DCS is currently trying to hand tally the data until the form has been finalized and a better report has been developed. Evaluation in May if the new process is getting us better information. Continue development on the report to understand area and reason withdrawal with a goal to also break down the data by region. In the future, DCS would like to be able to use the voluntary withdrawal data and the foster parent survey to gather trends and actionable information for improvement.</p>

OBJECTIVE 3.4 ENHANCE CASE PLANNING THROUGHOUT THE LIFE OF THE CASE BY ENGAGING THE FAMILY AND CHILDREN IN CASE PLANNING THROUGH CHILD AND FAMILY TEAM MEETINGS OR CASE CONFERENCES, AS APPROPRIATE.

- a) Provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family. Supervisors will model strong practice by attending CFTMs when necessary, to engage workers and families in understanding strong social work practice.
 - (i) Management staff will use clinical supervision and discuss the preparation of all parties for the topics to be addressed at the CFTM and include development or tracking of needed adjustments in the case plan on a regular basis.
 - (ii) Finalize development plan of the case planning module in CCWIS to strengthen the use of CFTMs and engage families in case planning by pulling in identified strengths and needs from CFTM notes, CANS scores, visitation summaries, and any other data points that can be utilized to support comprehensive case planning.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i)Completed	<p>Q1 & Q2: Regional Managers will work with field leadership to ensure that clinical supervision is being completed at all levels. Field staff will utilize regionally based members of the practice team to address issues related to child and family team meetings.</p> <p>Q3 & Q4: The peer coach consultants embedded in the regions continue to offer quarterly trainings in regards to teaming based upon the specific needs of the region. The peer coach consultants, continuous quality improvement team, and quality service and assurance team are working together within each region to help ensure that the needs in the regions are being supported. This collaboration will help ensure that when practice issues arise around ensuring that case plans are developed and tracked appropriately that the region can receive assistance to support continued improvement.</p>

		<p>Q5 & Q6: Every region has received a Practice Model Relaunch and Peer Coach Orientation & Training. Staff development has worked with regional leadership to offer trainings specific to the needs of the staff within specific regions. Some of those trainings geared at enhancing skills in teaming that have been provided are:</p> <ul style="list-style-type: none"> -Engaging Difficult Clients -Building Supports -Case Plan In-Service -10 Tips to Effective Communication -Improving CFTM notes/documentation -Practice Discussions (notes appraisals and review) -Prep Practice Discussion -CFTM Practice Training -Conflict Management -Teaming On-The-Go Review <p>Q7 & Q8: Field staff continue to work with staff development to ensure that all supervisors are trained as peer coaches to better support their staff during clinical supervision. Staff Development has implemented a process that will allow for ongoing assistance to FCMs in regards to the practice model and will allow the LODs and Supervisors to provide that ongoing support. On a monthly basis, Peer Coach Consultants, which are stationed in each region, have a practice discussion with the regional management staff regarding needed practice</p>
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		<p>assistance. This can lead to trainings for staff or practice discussions based on the needs of the region.</p> <p>The practice model continues to be embedded within the trainings for DCS. The Cultural Humility training, which was mandatory for all agency leadership, had practice model principles embedded throughout. This training is also available for front line staff and is continuously offered.</p>
Q8	(ii)Completed	<p>Indiana proposes changing the key activity for this item to read as finalizing the plan development. DCS has partnered with Accenture who is developing this module for our new CCWIS. The finalization of the plan for the case planning module was completed by December 31, 2020.</p>

b) Probation: Case plan and transition plan/planning. In 2015, following the passage of the Preventing Sex Trafficking and Strengthening Families Act, additional work on the DCS case plan and transitional plan/planning matters took place. As a result, new standardized procedures for case plan and transition plan/planning and updated forms were put into practice effective October 1, 2017 for probation youth placed in foster care. The new case plan and transition plan documents will be uploaded into the DCS system of record MaGIK.

(i) Probation - A report will be developed by ODM to ensure case plans and transition plans have been uploaded. Review of the Case Plans and Transition Plans will be measured through the Quality Service Review (QSR) of probation cases. Any identified needs will be addressed by DCS and IOCS.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	<p>Q1 & Q2: Case plan and transition plan documents have been made available in probation case management on 10/1/17. On 6/29/19 change deployed in KidTraks for probation officers to upload the Case Plan uniformly. Case Plan activity report has been</p>

		<p>deployed and captures case plans uploaded within 60 days.</p> <p>Q3 & Q4: The report has been developed which tracks probation's completion of case plans.</p>
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OBJECTIVE 3.5 ENSURE THE DELIVERY OF APPROPRIATE SUBSTANCE USE/ABUSE TREATMENT SERVICES FOR FAMILIES WHERE SUBSTANCE USE/ABUSE IS IDENTIFIED.

- a) Assess statewide client needs for substance use treatment and work with local providers to build capacity in underserved areas.
- (i) Identify scalable Sobriety Treatment and Recovery Teams (START) practices that can be implemented in communities outside of Monroe County (where START has been in use).
 - (ii) Applying lessons learned from START locations by expanding principles of the START Model across Indiana.
 - (iii) DCS will partner with the IOCS to discuss the expansion of Family Recovery Courts in strategic locations throughout the State.
 - (iv) DCS will partner with other state agencies and local providers to enhance substance use treatment by providing more timely access to services.
 - (v) DCS is working to expand treatment and placement options for mothers and children in an effort to keep mothers and babies together during substance use treatment.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	In 2018 DCS identified scalable Sobriety Treatment and Recovery Team (START) practices that can be implemented in communities and created the work plan that will be used for future spread of principles.
Q1-Q6	(ii)Completed	<p>Q1 & Q2: Work plan is in place with Casey Family Programs with specific quarterly measurements.</p> <p>Q3 & Q4: Trainings occurred in Q3 & Q4 in Lawrenceburg (10/31) and Evansville (11/1). The Child Welfare Services division within the Department of Child Services will continue to host these trainings in conjunction with JJIS and</p>

		<p>Staff Development in 2020. They are currently working on the 2020 plan with targeted areas of Vigo County, Wayne County, and Marion County. These trainings are offered for the treatment community, DCS, and judicial partners.</p> <p>Q5 & Q6: Due to COVID 19- the plan for training in different areas per quarter has been put on hold for other parts of the state that have not received them. The services division will be conducting these trainings in the future and will be planning for this roll out following the pandemic.</p>
Q1-Q6	(iii)Completed	<p>Q1 & Q2: Family Recovery Courts are being expanded to identify locations across the state.</p> <p>Q3 & Q4: The below is the status of the Family Recovery Court expansion project:</p> <p>11 Certified (Noble, Allen, Wabash, Grant, Howard, Delaware, Marion, Vigo, Bartholomew, Clark & Vanderburgh)</p> <p>6 Planning Stage (LaPorte, Pulaski, Boone, Wayne, Knox, Floyd)</p> <p>4 Pre-Planning Stage (Kosciusko, Huntington, Madison, Monroe).</p> <p>Q5 & Q6: As of May 2020, there are currently 14 certified FRC's with 6 additional in the planning stages of being certified.</p>
Q1-Q8	(iv)Completed	<p>Q1 & Q2: Partnerships with other state agencies have been established to work together to enhance substance use treatment and access to services.</p>

		<p>Q3 & Q4: This is a large part of the START training that is being provided in different communities across the state. The focus in working with local CMHC's and other substance abuse providers is quick access to treatment for those in need. In some areas of the state, providers of this treatment type are sharing office space with DCS staff.</p> <p>DCS meets regularly with DMHA and the Indiana Council of Mental Health, which is an interagency collaboration on substance use and mental health.</p> <p>Q5 & Q6: DCS, in conjunction with DMHA, has recently joined the state steering committee for the Leadership for Organizational Change Implementation which is funding a pilot of substance use disorder evidence-based practices. This group meets monthly with a goal to ensure quicker access to better treatment with better outcomes. Currently the groups focus is on funding training and ongoing supervision for MI-CBT, there are currently 7 CMHCs participating in this.</p> <p>Q7 & Q8: DCS continues to meet bi-monthly with the DMHA adult substance use treatment team and quarterly with the Juvenile Justice and Substance Use work groups to discuss ongoing services and needs. David Reed, DCS Deputy Director of Services, co-chairs the mental health and substance use task force with Dr. Hulvershorn from DMHA. DCS is working hard to allow families quicker access to substance abuse treatment, one large step towards doing this is through the Family Preservation services line, which serves all families with children remaining</p>
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		in the home. This allows for quick access to care and substance abuse treatment as needed.
Q1-Q6	(v)Completed	<p>Q1 & Q2: Volunteers of America applied for and received the regional partnership grant to expand treatment and support for mothers and children during substance abuse treatment.</p> <p>Q3 & Q4: DCS is working with several providers across the state on access to this service line. Providence Self-Sufficiency Ministry in Floyd County services this population with not only substance abuse needs but those with mental health needs as well. YWCA Hope House in Fort Wayne and Oxford and Recovery House in Indianapolis both accept mothers and children during substance abuse treatment.</p> <p>Q5 & Q6: DCS continues to work with existing providers and engages with any new providers who are interested in providing additional access to these services. DCS regularly speaks with VOA regarding expansion possibilities. DCS has ongoing discussions with DMHA during check-ins regarding this type of treatment. DCS is working on aligning our rates with Medicaid rates to remove barriers to treatment and placement.</p>

OBJECTIVE 3.6 PROBATION: IOCS AND DCS WILL WORK IN PARTNERSHIP TO STRENGTHEN PROBATION PRACTICES ON ENGAGING OF PROBATION YOUTH AND FAMILIES, AND FAMILY CENTERED CASE WORK PRACTICES.

- a) Probation officers will visit all probation youth removed from the home and placed in foster care or residential care every thirty (30) days.
 - (i) DCS and IOCS began collaborating on updating monthly visit requirements starting in Q1 of 2014. The new visitation requirements went into effect October 1, 2014; however, the visitation requirements have not been formally incorporated in the minimum contact standards adopted by the Judicial Conference of Indiana. The monthly visit requirements will be presented to Board of Directors of the Judicial

Conference of Indiana. The Board of Directors meets quarterly.

- (ii) Monthly visit requirements will be tracked through the development and/or enhancement of reports in MaGIK as part of annual monthly caseworker visit reporting requirements. The monitoring of the quality of visits will be included in the juvenile quality assurance process.

Target Completion Date	Current Status	Progress to Date
Q7	(i)Completed	<p>Q1 & Q2: The new visitation language and contact standards were approved by the Community Collaborations Collaborative Committee 5/14/19 and will be presented to probation officer advisory board on 7/9/2019. A new Standard for Probation Supervision of youth in placement was developed and presented to the Probation Officer Advisory Board on 7/9/19, to the Juvenile Justice Improvement Committee on 10/4/19 and will be presented to the Probation Committee on 10/25/19 and to the Board of Directors on 12/12/19 for final adoption.</p> <p>Q3 & Q4: The language has been approved by the other committees in July and October 2019, however Indiana is requesting a change in quarters to Q6 as the Board of Directors of the Judicial Conference of Indiana will not be able to view the information for approval until their meeting in March 2020.</p> <p>Q5 & Q6: This was supposed to be voted on at a scheduled meeting on 3/31 however this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020.</p>

		DCS requests an additional extension on this item to Q7. Q7 & Q8: The endorsements were presented and approved by the Board of Director's on 9/15/2020.
Q5	(ii)Completed	This report was completed in January 2020. This report allows for the tracking of monthly visit requirements for probation cases.

b) Probation officers will be trained on Family Centered practices.

- (i) DCS and IOCS will evaluate current DCS and Probation training curriculums to identify current training topics that can be adopted or modified. (DCS provided the New Worker Participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the New Probation Officer Orientation on October 11-13, 2017).
- (ii) Family Centered Training Program for Juvenile Probation Officers was developed. Training topics will be identified for delivery via on demand distance education (computer assisted training) and for delivery via in-person training. Training topics will focus on assessing risk, safety and needs of a family, case planning, transition planning, termination of parental rights (TPR), adoption, visitation (visitation between probation youth and other siblings/children in home; visitation between probation youth and parents); contacts (between probation officers and probation youth, and between probation officer and parents); documenting visitation/contacts in MaGIK/KidTraks.
- (iii) In person training will be provided to experienced probation officers at the Probation Officer annual meeting May 9-10, 2018.
- (iv) Training curriculum for new probation officers will be piloted in fall/winter 2018.
- (v) Training curriculum for new probation officers will be implemented in 2019.
- (vi) Training on Family-Centered Practices will be measured by recording the names of probation officers that attend each training session and conducting surveys after each training session.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	DCS provided the new worker participant manual to IOCS in March 2017 and the CIP Administrator and an Education Attorney for IOCS audited the

		new probation officer orientation on October 11-13, 2017.
Q1	(ii)Completed	In person training was provided to experienced probation officer on May 9 &10, 2018. The topics covered included: Family Centered Practice (Part 1 & 2), Case Plan and Transition Planning for Juveniles, and recognizing signs of abuse and maltreatment.
Q1	(iii)Completed	In person training was provided to experienced probation officer on May 9 &10, 2018. The topics covered included: Family Centered Practice (Part 1 & 2), Case Plan and Transition Planning for Juveniles, and recognizing signs of abuse and maltreatment.
Q4	(iv)Completed	Training curriculum for new probation officers was piloted in October 2018. Sixty-six probation officers attended this training.
Q4	(v)Completed	Training curriculum for new probation officers was implemented in April 2019. Seventy-five probation officers attended the training.
Q4	(vi)Completed	Names of the probation of officers are recorded following each training session. Surveys are conducted with all the attendees following the session.

WELL-BEING MEASURES OF PROGRESS

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

- Monthly Caseworker Visit with the Child
- Engaging with the Parents
- Child and Family Involvement in Teaming and Case Planning
- Assessing the needs of the child, parents, and resources parents

DCS continues to employ specialized individuals to support our youth, families, and field workers in a number of areas. These specialists have varying expertise levels, including master’s level clinicians, education consultants,

Registered Nurses, Investigators, Policy Analysts and Adoption/Permanency Consultants. These resources serve our clients with years of experience and knowledge in their areas of expertise. With this knowledge, we help guide best-practice interventions while helping to maintain the significant connections the youth and families have established. The connections to close relatives, established teachers and school administrators, and programming/services in close proximity to our clients are key factors to improving social and emotional wellness. The collaboration of these specialists and field allows a holistic approach to each to family and child; combining best practices and interventions to support safe, healthy families in permanency and beyond.

The Birth Parent Advisory Board (BPAB) is an initiative supported by Casey within DCS. The Department is committed to partnering with the BPAB to strengthen and support families, engage the community in child maltreatment prevention strategies and activities, reduce the need for out-of-home placement of children, and decrease the rate of child maltreatment reports. The BPAB serves as strategic partner with DCS to provide guidance about practices, have a greater understanding of family needs, and opportunities for growth for service delivery. The goal of the BPAB is to help bridge the gap between DCS and birth parents and is designed to be an integral component of DCS to plan, implement, monitor, and evaluate policies, practices, and services impacting children and families. Presently there are a consistent group of five birth parents who have had prior DCS involvement and are open to sharing their experiences to assist the agency in better understanding how to support Hoosier families. Meetings happen monthly where the birth parents have a role and voice in agenda setting, as well as input on how they would like to see their own skills utilized in the agency. DCS worked in collaboration with The Children's Trust Fund Alliance and an orientation for the birth parents was provided on April 27, 2021 with five birth parents in attendance. DCS will continue with recruitment efforts in hopes of obtaining more birth parents to join.

To better support parents who have substance use as a factor in involvement in the child welfare system, DCS will partner with the IOCS to determine whether the expansion of Family Recovery Courts will assist in improving engagement for families. Family Recovery Courts ("FRC") apply a non-adversarial, collaborative approach and utilize a multidisciplinary team including a judge, DCS attorney, defense attorneys, case-managers, CASA/GALs, and treatment providers. FRCs specifically target cases of child abuse or neglect wherein the parent or primary caregiver suffers from a substance use disorder and/or co-occurring disorders. On August 1, 2018 the IOCS and DCS, in partnership with the Center for Children and Family Futures and the Office of Juvenile Justice and Delinquency Prevention, sponsored a Family Recovery Court Best Practices Training. Fifteen counties were represented by teams comprised of judges, magistrates, referees, DCS Attorneys, defense counsel representatives, DCS local office directors, treatment providers, probation officers and DCS family case managers. Over the past year, Indiana has continued to increase the number of Family Recovery Courts that have been certified by the Indiana Office of Court Services with more currently in process. Prior to 2018, Indiana had 7 certified FRC's. As of May 2022, Indiana has over 19 certified FRCs with two additional FRCs in the planning stages of being certified.

4. Goal, Strategies, and Objectives Related to Continuous Quality Improvement (CQI)

GOAL 4: ENSURE SAFETY, PERMANENCY & WELL-BEING FOR INDIANA’S FAMILIES BY STRENGTHENING CONTINUOUS QUALITY IMPROVEMENT (CQI) EFFORTS THROUGHOUT THE STATE.

Continuous Quality Improvement (“CQI”), along with Indiana’s modified Onsite Review Instrument (“OSRI”) activities continue to be strengthened in an effort to not only improve outcomes, but also improve the culture and climate of the agency. Indiana uses information gathered through the CQI process and CFSR to work with staff, both executive and field, to note strengths and challenges, thus bringing the information full circle. Indiana recognizes that staff at all levels need to be engaged in CQI efforts on a regular and ongoing basis. DCS supports CQI by educating staff on Lean principles and ensuring their participation and input in Lean projects and events is supported by all levels of the agency.

CQI will continue to be strengthened through meaningfully selected projects and events using both quantitative and qualitative processes involving front line staff at the core of decision-making. CQI projects continue to be tracked through the Division of Strategic Solutions and Agency Transformation, Value Stream Steering Teams, and the Executive Steering Team within DCS.

OBJECTIVE 4.1 INCREASE CAPACITY FOR CQI PROJECTS BY ENHANCING THE SKILL SET OF THE CONTINUOUS QUALITY IMPROVEMENT TEAM MEMBERS AND OTHER EMPLOYEES TO ALLOW FOR AN INTEGRATED QUALITATIVE CASE REVIEW AND PRACTICE IMPROVEMENT PROCESS.

- a) Provide Six Sigma Green Belt training and certification from Purdue University to selected staff wherein they learn the DMAIC (Define, Measure, Analyze, Improve and Control) process, data collection techniques and statistical methods used in Six Sigma projects. Each division will have staff trained in Six Sigma and those staff will be responsible for CQI projects in their respective division on an ongoing basis and as problem statements are developed.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	<p>Q1 & Q2: Each division has staff trained in Six Sigma. CQI staff continue to be trained and receive training upon hire.</p> <p>Q3 & Q4: Each division has participated in sending staff through Green Belt training. The</p>

		<p>last green belt class took place in the fall of 2019 and those participants continue to work on their projects to receive their green belt certification. The Department has 25 staff certified in Six Sigma Green Belt.</p> <p>Q5 & Q6: Since the last update the Department has added 12 more staff who have completed their Green Belt projects and earned their certification. Currently- 13 staff remain in various stages of the process to finish their project for the final certification. One of the DCS Advanced Lean Practitioners continues to provide support to the remaining green belt staff to ensure they can complete their certification.</p>
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- b) Create training with a project driven approach to engage line staff supervisors and management and expand knowledge of CQI and understanding of data.

Target Completion Date	Current Status	Progress to Date
Q5	Completed	<p>Q1 & Q2: Initial training for staff participating in improvement events and workgroups has been created. Currently CQI and staff development are working on creating a training that can be offered to all staff with a project driven approach.</p> <p>Q3 & Q4: The CQI team is in the development stages of an interactive computerized training of a high-level overview of continuous quality improvement and lean principles to provide to all staff in February 2020. The Department has 25 staff certified in Six Sigma Green Belt.</p> <p>Q5 & Q6: The Department has created and launched a mandatory interactive computerized training of a high-level overview of continuous quality improvement and Lean principles that</p>

		<p>was provided to staff in March 2020. In March of 2020 the CQI team began providing 8-week, one hour, training programs to staff to gain an even deeper understanding of CQI principles. The course allows staff to participate with a cohort of 10 people, throughout the course of 8 weeks learning through participating in a mock improvement project. Presently there are 211 staff enrolled in the Lean training series.</p>
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- c) Employees who attend the Six Sigma Green Belt Training will obtain their Green Belt certification by facilitating field driven projects throughout the state.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	<p>Q1 & Q2: All training will be completed by 2019, the DCS Advanced Lean Practitioner is mentoring those who have passed the class to complete their projects to achieve their green belt.</p> <p>Q3 & Q4: Since beginning green belt training, there are 25 individuals who have achieved their green belt through project completion, 23 remain pending completion and continue to work closely with the Advanced Lean Practitioner on their project and charter completion. The Department has 25 staff certified in Six Sigma Green Belt.</p> <p>Q5 & Q6: Since the last update the Department has added 12 more staff who have completed their Green Belt projects and earned their certification. There are a total of 41 individuals who have attained their Green Belt Certification through the Department, 4 of those no longer</p>

		work for DCS. There are currently 13 staff who remain in various stages of the process to finish their project for the final certification. One of the DCS Advanced Lean Practitioners continues to provide support to the remaining green belt staff to ensure they are able to complete their certification.
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OBJECTIVE 4.2 SUPPORT PRACTICE IMPROVEMENTS AT THE REGIONAL LEVEL BY ENGAGING LINE STAFF, SUPERVISORS AND MANAGEMENT IN CQI PROJECTS AND DATA DRIVEN SUPERVISION.

- a) Provide initial training through regionally chosen practice improvement projects.

Target Completion Date	Current Status	Progress to Date
Q1- Q6	Completed	<p>Q1 & Q2: Training is provided prior to CQI project commencement with the selected work group.</p> <p>Q3 & Q4: Training continues to be provided prior to events with the selected work group. The CQI team is in the early development stages of doing a more in-depth training that improvement project participants will attend prior to participating in a workgroup or on an event. The CQI group is also in the early stages of developing an event guide to provide to participants on the first day of the event as a tool guide and training reminder.</p> <p>Q5 & Q6: Training has been developed and will be provided prior to events with the selected work group. The CQI team has developed training and tools to help staff who will be involved in improvement projects. The CQI team created a</p>

		half day hands-on training which will be provided to staff prior to participating in a workgroup or an event to help familiarize themselves with the principles of continuous improvement. The CQI team has also developed a Lean terms cheat sheet and an event guide that participants will receive on the first day of their event as a tool guide and training reminder.
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- b) Continue development and implementation of MaGIK FCM Reporting Dashboard of easy to understand data measures that can be used during supervision and can enhance FCM's ability to see how their successes impact overall agency key performance measures.
- i. Develop and deliver "Coaching with Data" trainings to supervisors on how to effectively coach and develop staff using data and CQI principles that lead to improved outcomes for children and families
 - ii. Survey supervisors after training through random selection to identify effectiveness of training.

Target Completion Date	Current Status	Progress to Date
Q5	Completed	The dashboard, the FCM Companion Tool went into production on 3/31. It contains visuals of data to assist FCMs in using the dashboards to influence the work that they do. DCS will be adding more as the need changes/increases. DCS, IT completed trainings with FCM/FCMS councils, RMs, and provided a survey monkey for the training to gather necessary feedback.
Q3	(i)Completed	This training was completed and provided to all staff on October 16, 2019. This was a mandatory training for field staff. The training gives an overview of the reporting environment, basic data, and how to use data in supervision. There is continued training for supervisors regarding data in Supervisor Core training.
Q5	(ii)Completed	Indiana developed an electronic survey to identify the effectiveness of the training. This survey has been developed and was sent to supervisors on 3/3/2020. As a result of the

		survey the DCS IT department will be conducting regional team meetings to help educate staff on the FCM data companion dashboard, as well as general information and use of Tableau.
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OBJECTIVE 4.3 UTILIZE THE CQI PROCESS TO STRATEGICALLY SUPPORT THE IMPLEMENTATION OF PIP GOALS.

- a) Use PIP monitoring reports and tools (referred to throughout this PIP plan document) to identify regions and practice activities that may benefit from CQI efforts.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	<p>Q1 & Q2: Regular meetings occur with regional leadership and CQI to discuss data driven improvement efforts.</p> <p>Q3 & Q4: The CQI team is currently in the process of partnering with the Quality Service and Assurance team, as well as the regionally based peer coach consultants to work with regional leadership on practice improvement opportunities and goal setting for the region. The CQI team continues to work with regional managers on identified improvement areas.</p> <p>Q5 & Q6: Staff Development and Training in conjunction with Strategic Solutions have worked closely with several regions across the state to identify practice activities, specific to the needs of the regions, to focus continuous quality improvement efforts. Those areas of focus have included: quality CFTMs, timely case plans, CFTMs during the assessment, quality contacts, length of stay, engaging with parents, and CFTM notes review processes.</p> <p>In July, Indiana hosted two rapid improvement events in the spirit of continuous quality</p>

		improvement that focused on subpoenas of expert legal witnesses and employee travel. The teams assigned to investigate these processes did a deep dive to better understand the needs of the respective customers and refine a process that supports the work and the customer.
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- b) Implement Regional CQI projects. Escalate systemic “root causes” to both field leadership and cross functional Strategic Solutions Committee to address with statewide policy and procedure changes where appropriate.
 - i. The Executive Steering Team will meet at least once per month to evaluate root causes of system-wide issues in an effort to quickly assess and address issues within the system.

Target Completion Date	Current Status	Progress to Date
Q1-Q6	Completed	<p>Q1 & Q2: CQI projects at both the regional and statewide level continue to be facilitated.</p> <p>Q3 & Q4: The CQI team continues to work with regional leadership to ensure regional concerns are addressed. The executive steering committee meets weekly and discusses issues that arise that need to inform policy and procedure statewide. Current initiatives are: Case planning (Region 3, 16, & 17), Length of Stay (Region 1), quality engagement with parents (Region 6), Repeat Maltreatment (Region 8), Placement Disruptions (Region 15), quality team meetings (Region 18), teaming in assessments (Region 11), safety staffing’s (Region 14).</p> <p>Q5 & Q6: The Department is currently on a Lean journey and is in the process of launching value streams to focus on specific areas within the work that we do to ensure that our CQI efforts</p>

		<p>are driving the right metrics in the right direction. Improvement projects and opportunities will come out of two places, the value streams that help identify areas where improvement is necessary and the Practice Model Review which will measure state and federal requirements being adhered to at the regional level.</p> <p>The CQI team is currently working (all at varying stages) on the following regionally based projects:</p> <p>Region 2: Quality CFTM teams page and form (special project)</p> <p>Region 3: Timely Case Plans</p> <p>Region 5/11: Special Investigator (special project)</p> <p>Region 10: Employee Engagement & Child Watch (placement)</p> <p>Region 11: CFTMs during assessment</p> <p>Region 14: Eligibility & Quality Contacts</p> <p>Region 15: Placement Disruptions</p> <p>Region 16/17: Quality Case Plans</p> <p>Region 18: Quality CFTMS</p>
Q1-Q6	(i)Completed	<p>Q1 & Q2: The Strategic Solutions Committee meets monthly to act as an executive steering team to help direct the work of the value stream steering teams as they move forward continuous quality improvement work both regionally and statewide.</p> <p>Q3 & Q4: The Strategic Solutions Committee stopped meeting in November 2019. The work</p>

		<p>that this committee was doing was transitioned to the Executive Steering Team which meets weekly with cross divisional representation to discuss current projects and areas of concern that need to be addressed. Indiana will revisit a combined work group in 2020 as the EST deems necessary.</p> <p>Q5 & Q6: The team has been chosen and has met every week since the beginning of Q5. Members of the team include executives from the following divisions: Field, SSAT, Director, Chief of Staff, Staff Development, Fiscal, IT. The group continues to work on the transformation plan of care which will direct goal setting and improvement work within the agency.</p>
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OBJECTIVE 4.4 PROBATION: A JUVENILE PROBATION QUALITY ASSURANCE PROCESS COMPLIANT WITH CFSR STANDARDS WILL BE INSTITUTIONALIZED. THE FRAMEWORK OF THE CFSR/PIP CASE REVIEW PROCESS AND ELEMENTS OF THE OSRI WILL BE UTILIZED.

- a) Representatives from DCS and IOCS will meet with the Collaborative Communication Committee to develop draft updates to Probation Standard 1.21-Case Audits and Quality Assurance to require audits that are CFSR compliant. Currently Probation Standard 1.21 states “Departments shall adopt policies and procedures to conduct case audits and IYAS/IRAS quality assurance. Audit of case files should be conducted at least once year and shall review case files for: properly administered IRAS/IYAS assessments, case plans linked to assessments finding/criminogenic needs, appropriate use of incentives and sanctions, appropriate supervision levels based on assessment, program/services matched to probationer risk levels.”
 - i. The proposed update to Probation Standard 1.2 will be presented to the Probation Officer Advisory Committee
 - ii. The proposed update to Probation Standard 1.2 will be presented to the Juvenile Justice Improvement Committee for possible endorsement.
 - iii. The Juvenile Justice Improvement Committee endorsed update to Probation Standard 1.2 will be presented to the Probation Committee.
 - iv. Present endorsements from the Juvenile Justice Improvement Committee and the Probation Committee to the Board of Directors of the Judicial Conference of Indiana for adoption.

- v. Develop a plan to inform and train probation officers on revised probation standard 1.2
- vi. Develop a plan to implement new probation standard 1.2

Target Completion Date	Current Status	Progress to Date
Q3	(i)Completed	Proposed new language has been developed and approved by the Community Collaborations Committee and the Probation Office Advisory Committee as of 7/9/19.
Q4	(ii) Completed	The proposed standard was presented and approved by the Juvenile Justice Improvement Committee on October 4, 2019.
Q4	(iii)Completed	The proposed standard was approved by the Probation Committee on 10/25/2019.
Q7	(iv) Completed	<p>Q1 & Q2: Indiana requests a change in quarters due to the meeting of the board not occurring until 12/12/19, at which time the standard language will be presented.</p> <p>Q3 & Q4: Indiana requests a change in quarters from Q4 to Q6 for this item as the new language will cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020.</p> <p>Q5 & Q6: This was supposed to be voted on at a scheduled meeting on 3/31 this meeting was cancelled due to Covid 19. The Chief Justice requested that the Probation Committee make a few edits to the proposed standards, this will go for a vote to the Board of Directors in September 2020.</p> <p>Q7 & Q8: The endorsements were presented and approved by the Board of Directors on 9/15/2020.</p>

Q8	(v)Completed	<p>Q1 & Q2: Following approval from the board regarding the new language of the standard in December, training of the standard will roll-out.</p> <p>Q3 & Q4: Indiana requests a change in quarters for this item as the new language cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020. Therefore, probation officers will be unable to be trained and informed until Q8.</p> <p>Q5 & Q6: NA</p> <p>Q7 & Q8: DCS changed the language to develop a plan to train probation officers. Notice of the amended standards were provided to judges and probation officers on November 11, 2020. The standards will be published by December 31, 2020. IOCS has a plan to do a training on the new standards at the next juvenile probation officer training on April 6, 2021.</p>
Q8	(vi)Completed	<p>Q1 & Q2: Following approval from the board regarding the new language and training the standard will be implemented.</p> <p>Q3 & Q4: Indiana requests a change in quarters for this item as the new language will cannot be presented until the Board of Directors of the Judicial Conference of Indiana meets in March of 2020 and therefore probation officers will be unable to be trained and informed until Q8, which delays implementation.</p> <p>Q5 & Q6: NA</p> <p>Q7 & Q8: The language of the key activity has been modified to develop a plan for implementation. The notice regarding the amended standards was provided to judges and</p>

		probation officers on November 11, 2020. The standards will be published by December 31, 2020 and are effective and will be implemented as of January 1, 2021.
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OBJECTIVE 4.5 PROBATION: DEVELOP RECOMMENDATIONS THAT INFORM SHORT AND LONG-TERM STRATEGIES REGARDING DATA NEEDS AND INTEGRATION BETWEEN DCS AND PROBATION’S MULTIPLE DATA SYSTEMS THAT WILL RESULT IN COMPLIANCE WITH FEDERAL GUIDELINES.

- a) A workgroup of subject matter experts on information exchange and practitioners will be tasked with review of: current information structure of probation data being entered in MaGIK and sharing process between agencies; re-evaluating current business rules associated with access to the MaGIK ecosystem; general system limitations and practices; and federally required data elements that will lead to the development of recommendations that inform a short and long-term strategy regarding data needs, integration, and reporting obligations. Workgroup will make recommendations to DCS and Office of Judicial Administration.
- i. Assess the data fields in the DCS case management system entered by probation to determine the required field for the purposes of the CFSR, QSR and AFCARS reporting
 - ii. Determine (in the systems utilized by probation) if similar data fields exist
 - iii. Determine the methodology of plausible data integration

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	DCS assessed the necessary data fields to be entered by probation in meeting with both the QUEST group and the DCS AFCARS team. These meetings were completed by September 2019.
Q4	(ii)Completed	After analyzing the similarities DCS found that similar data fields do exist between the two systems in September 2019.
Q4	(iii)Completed	DCS has determined the methodology of data integration to be API (application program interface) following the Quest and AFCARS meetings in September 2019.

- b) Improve case management process for juvenile probation officers.

- i. Identify a cross-section of Chief Probation Officers, Assistant Chief Probation Officers, Deputy Chief Probation Officers and Juvenile Probation Supervisors to evaluate the effectiveness of current DCS-provided reports to probation departments and explore opportunities for supplementing with other reports that will enhance data quality and compliance with federal requirements. Examples of reports that would enhance probation case practice and provide them the same case management reports as DCS to help meet IV-E requirements include: how many kids a county has in placement, monthly visitation tracking, 15 of 22 months report, and length of stay
- ii. Upon evaluation, identify key reports that can be modified to meet the needs of probation departments
- iii. Modify current DCS reports to assist in case management of probation cases
- iv. Determine the methodology to have probation administrator’s access reports.
- v. Re-convene initial stakeholder group to determine whether the needs and purposes of reports are meeting the needs of probation.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	A Collaborative Communication Committee meeting was held in September 2018 and met with a group of probation administrators and reviewed every report that is available to help case manage and from that developed a list of 17 reports that’s in development for probation administrators.
Q1	(ii)Completed	A list of key reports (17) has been identified by the Collaborative Communication Committee and is currently in the process of being developed.
Q7	(iii)Completed	Q1 & Q2: Currently piloting a case planning report to ensure appropriate access of probation administrators and in the process of building other identified key reports. Q3 & Q4: Indiana has modified the case plan report and 10 th of the month contact report for probation officers. Indiana is currently in the process of modifying other reports related to contacts and court hearings for probation.

		<p>Indiana requests a change in quarters from Q4 to Q7. DCS will continue to modify existing reports as needed for probation.</p> <p>Q5 & Q6: DCS is currently working on 22 reports to be modified for use by probation officers. This will be completed by Q7.</p> <p>Q7 & Q8: DCS had a CCC meeting on 9/15 to discuss reports. To date, 35 Chief probation officers have been trained on how to access these reports. Following feedback from probation, DCS has created 16 reports for probation based upon current DCS reports. There were 6 reports, from the original request, that were unable to be developed due to lack of data points in the DCS case management system for probation.</p>
Q2	(iv)Completed	Probation officers are able to access MaGIK reports through the KidTraks portal.
Q7	(v)Completed	<p>Q1 & Q2: Currently piloting case planning report and creating other identified key reports for probation administrators, evaluation will occur in Q4.</p> <p>Q3 & Q4: NA</p> <p>Q5 & Q6: Reports are still being developed at this time. At the next CCC meetings, scheduled 5/19 they will review reports that have been created and make sure that they have appropriate access to the reports. The test group continues to review reports as they are completed.</p> <p>Indiana requests that this actively be moved to Q7 for completion.</p> <p>Q7 & Q8: DCS held a CCC meeting with probation on 9/15 to discuss reports and ensure</p>

		ongoing training to probation officers in accessing the reports.
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CQI MEASURES OF PROGRESS

DCS continues to measure progress on the CQI goal from a completion perspective and a quantified data analysis method. DCS has successfully made steps implementing CQI into its organizational structure and the agencies commitment to continuous quality improvement is highlighted as it exists as one of the pillars presented by the Director. DCS hopes to continue integration of CQI by capturing additional data, streamlining reports, implementing data modelling, and developing management dashboards to facilitate more real-time decision-making and further analysis of progress on all the CFSP goals and objectives.

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. DCS will continue to monitor effectiveness of the Practice Model through its newly developed tool, which also measures federal requirements. To further support these efforts, DCS has implemented a Continuous Quality Improvement (CQI) process that will serve as the foundation for setting agency priorities, structure for internal and external collaborations, and interventions as well as the continuum of service provision. DCS, through its partnership with Simpler Consulting, is committed to continuing its sustainable CQI approach that will serve as the basis for evaluating and improving child welfare practice and using data analytics to inform targeted and timely interventions for children and families to improve safety, permanency, and well-being outcomes. DCS is focused on a Lean approach in continuous improvement, as well as, having CQI staff and other agency staff trained in Six Sigma.

The Department through its work in setting a True North and completing a Transformation Plan of Care (TPOC) and X-Matrices has provided a road map for the direction of improvement efforts and the metrics by which to measure improvement. DCS staff are introduced to the agency’s True North and TPOC goals in a Lean Introductory training available to everyone on demand. This is further covered in training with the rolling-out of Managing for Daily Improvement (MDI). The goal is to have MDI rolled-out to all divisions by the conclusion of 2022. Throughout the course of 2021, 2022, and 2023 DCS has and will be implementing strategies and projects around continuous quality improvement directed by our True North. DCS is focusing improvement efforts in areas where it can make significant gains towards improving the lives of children and families in the state of Indiana. More information regarding the specifics of the continuous quality improvement work can be found in the CQI section of the APSR.

5. Goal, Strategies, and Objectives related to Workforce Considerations

GOAL 5: WORKFORCE—IMPLEMENT INITIATIVES THAT FOCUS ON IMPROVING CLIMATE AND CULTURE AT ALL LEVELS OF THE AGENCY THAT LEAD TO BETTER OUTCOMES FOR CHILDREN AND FAMILIES AND IMPROVED WORKER RECRUITMENT AND RETENTION.

Indiana understands meaningful improvement is most likely to be successful with a strong and stable workforce. DCS has leveraged the PIP to implement strategies based off data DCS has already accumulated and to put in place activities to improve worker recruitment and retention.

Indiana recognizes FCMs can provide better case management to children and families when they have manageable caseloads and clinical supervision. Indiana’s supervisor to staff ratio goal is 5 staff to 1 supervisor. DCS has significant internal data on workforce, but also has access to exit interviews from the Human Resources Department within the State Personnel Department, along with data from surveys conducted by Indiana University (“IU”). The information from these data points has aided in the improvement and retention of DCS’s workforce. DCS reviews the available sources of data to continuously inform and focus workforce retention efforts.

Indiana recognizes child welfare is challenging and difficult work that can lead to high stress and challenges in balancing work and life. Indiana offers an Employee Assistance Program (EAP) that can help employees in a number of areas (both professionally and personally), including but not limited to, finding childcare or elder care resources, legal aid, and counseling services. Indiana also has a Critical Incident Response Team (“CIRT”) that is available when there are critical incidents that staff are involved in at a local office level. Indiana has created a form to request a CIRT response. Responses can also be coordinated via phone or email. The majority of responses are requested from a staff member’s colleague or supervisor. For example, a CIRT Team can be requested when there are any of the following: death of a child, near-fatality of a child, threat of harm, death of a parent on the caseload, death of a co-workers, or cumulative stress (multiple incidents in several weeks). Indiana will re-visit employee resources with staff to ensure they are encouraged to use these resources and are addressing work-life balance needs. The CIRT team is providing education at local management meetings regarding the history of CIRT, how to request a response as well as the general CIRT model. Indiana has plans to bring Worker 2 Worker to the state to supplement the CIRT responses and ensure employees have support from multiple avenues.

OBJECTIVE 5.1 DCS HAS DEDICATED RESOURCES—BOTH INTERNAL AND EXTERNAL—TO COLLECTING DATA AND PERFORMING ANALYSIS ON STAFF RECRUITMENT AND RETENTION. DCS WILL USE THOSE FINDINGS TO EXECUTE STRATEGIES THAT RESULTS IN IMPROVED RECRUITMENT AND RETENTION.

- a) Recruitment and retention needs vary widely around the state and as such, each DCS region will develop its own workforce recruitment and retention plans.
 - (i) DCS will create and compile the regional recruitment and retention plans developed

by regional field staff (supported by data and information from the regional and local level) to identify where trends or commonalities can be addressed.

- (ii) Once the regional recruitment and retention plans are compiled, DCS HR will review and develop a state-wide plan in order to target workforce needs in order to inform a broader state-wide targeted recruitment and retention strategy.

Target Completion Date	Current Status	Progress to Date
Q2	(i)Completed	Regional Managers completed regional recruitment and retention plans in conjunction with HR in 2018.
Q1-Q6	(ii)Completed	<p>Q1 & Q2: Indiana is utilizing social media and Success Factors, a new hiring management system to help meet recruitment efforts. In regards to retention: DCS adjusted salaries to meet the demands of the job, right size staffing, better aligned case load standards, increase in EAP sessions, development of SAP allows for managers to be involved with those they are hiring sooner, and LinkedIn Learning allows for more ongoing training opportunities. Communications Department has worked at ensuring that people feel connected and creating more targeted newsletters. DCS is working with Chapin Hall on creating a Safety Culture. DCS has created FCM, FCMS, and Local Office Attorney advisory councils to discuss ongoing system change. Weekly updates from the Director and ongoing field visits continue to make staff feel connected and valued.</p> <p>Q3 & Q4: Retention: Increase in attorney salaries in October 2019, nearly 100 supervisors have been added to field with a current supervisor/case manager ration of 4.9, in October 2019 the Department released a BSW/MSW financial incentive program and to date has awarded over 300 individuals salary</p>

		<p>increases as a result, virtual reality pilot to simulate an assessment is being used in staff development and in Region 1 to assist in training, and developing an annual new employee (1 yr. or less), experienced worker (more than a year), 30 & 60 day out of cohort surveys.</p> <p>The Department has an established statewide recruitment plan, it continues to be updated based upon specific needs in specific areas.</p> <p>Recruitment: Virtual reality is being utilized during the interview process in Region 10 as a pilot to give individuals at the onset a realistic preview of an aspect of the job, currently working with both the IUPUI school of social work and Indiana Wesleyan University with students in both social work and criminal justice programs, and future plans to begin targeting school that offer psychology degrees for staff recruitment purposes.</p> <p>Q5 & Q6: Recruitment: Created the under-fill percentage report based on findings from the field staff survey, this report gives a percentage of which offices are currently training and have staff not carrying a caseload to have a better understanding of the percentage of staff that are maintaining the current workload. This is provided to field leadership to have a better understanding of local office impact and employee allocation.</p> <p>Due to COVID-19 DCS has moved to virtual hiring. There have been two virtual events: Madison County on 5/8 (around 13 were selected for hire) and Marion County on 4/27 (31 were selected for hire). Marion County will likely have another event in June and DCS will continue to use</p>
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		<p>current technology to continue hiring in the counties where it is needed most. DCS continues to have a partnership with universities to assist in recruitment. During the pandemic, DCS HR participated in a virtual event with Indiana Tech students and an IU Southeast video advertisement and virtual zoom meeting to speak with candidates</p> <p>Retention: Since the launch of the employee surveys HR and field are analyzing surveys to determine appropriate initiatives for continued retention. HR generalist in region 11 conducted a SWAT analysis to assist in retaining staff for that specific region. Due to COVID-19 DCS has moved what we can virtually for staff to ensure people have access to resources regarding COVID. Since the pandemic employee turnover has dropped dramatically.</p>
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b) DCS HR and the Office of Information Technology will conduct and monitor new FCM cohort surveys to measure engagement of new employees during the employee’s first year in a local office. Sample questions include how many times they have met with their supervisor, relationship with their mentor, have they had the ability to shadow, and their confidence in their decision to become a family case manager.

- (i) A new FCM cohort employee survey will be developed for employees who are in their first year of employment.
- (ii) Survey responses for the New FCM Employee Survey will be captured at defined intervals. An analysis will be provided to executive level staff once per quarter and executive level staff will review and address trends as needed.
- (iii) Survey responses and retention data will be monitored as changes to new hire procedures are made. Based on the findings, examples of changes might include adjustments to procedures/orientation for local offices when new hires begin, improvements to cohort training, and enhancements to job descriptions.
- (iv) The employee exit survey will be improved to better understand the reasons why employees are leaving DCS.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	<p>Q1 & Q2: A new FCM cohort employee survey is currently in development: 30, 60, 90-day surveys will be developed.</p> <p>Q3 & Q4: The development of the survey was completed in December 2019. The state will be launching the annual survey for staff who have been with the agency for less than a year in January 2020, 30-day post cohort survey in January 2020 and the 60-day post cohort survey in February 2020.</p>
Q6	(ii)Completed	<p>Q1 & Q2: The new FCM employee survey will be developed by Q4. Indiana requested a change in quarters for this item to allow for the completion of development and an opportunity for staff to complete the survey and evaluation to occur in Q6.</p> <p>Q3 & Q4: NA</p> <p>Q5 & Q6: The FCM cohort survey was launched in January 2020. The Department is currently working to gather information to provide trending analysis with the executive level staff as of June 2020.</p>
Q7	(iii) Completed	<p>Q1 & Q2: Indiana requests a change in quarters for this item from Q4 to Q7 as it builds off previous items in this section. The survey is projected to be completed by Q4, initial results gathered, and trends presented by Q6, which will then allow for continuous quality improvement based upon the results.</p> <p>Q3 & Q4: NA</p>

		<p>Q5 & Q6: NA</p> <p>Q7 & Q8: Based on the findings from the completed surveys, FCMs reported the amount of paperwork and time constraints for data entry as a main stressor, HR worked to mitigate this with a screening question on the application process to make applicants more aware of the paperwork component of the job. A link has been included to the realistic job preview, within the application, to ensure that applicants can “see/understand” the duties of the position. A screening question in regards to technology platforms that staff are familiar with has also been added. Staff Development has been provided with feedback regarding cohort training to make necessary improvements. The employee experience VSA has targeted an improvement event around the hiring process which will allow for continued utilization of the ongoing survey data gathered to make necessary process improvements. Data will continue to be shared with both field and staff development from the surveys to allow for continuous improvement opportunities.</p>
Q2	(iv)Completed	The updated employee exit survey was completed and rolled out April 1, 2019.

- c) DCS HR and the Office of Information Technology will conduct and monitor surveys to measure engagement of experienced employees at least once per year after their first year of employment.
- (i) An experienced employee survey will be developed for employees who have been with the agency for more than one year.
 - (ii) Survey responses for the Experienced Employee Survey will be captured at least once per year. An analysis will be provided to executive level staff and executive level staff will review and address trends as needed.
 - (iii) Survey responses and retention data will be monitored. Based on the findings, examples of continuous improvement efforts might include adjustments to procedures for local offices, improvements to ongoing FCM training, and

enhancements to job descriptions.

Target Completion Date	Current Status	Progress to Date
Q4	(i)Completed	<p>Q1 & Q2: This is currently in the development phase and will focus on employees who have been with the agency for more than one year. Indiana requested the quarter change as this survey will be developed in December of 2019, with a targeted roll out in January of 2020.</p> <p>Q3 & Q4: The development of the survey was completed in December 2019 and the survey will roll out to experienced employees (those who have been here greater than a year) in January 2020.</p>
Q6	(ii)Completed	<p>Q1 & Q2: Indiana requested this quarter change due to the date of implementation of the experienced employee survey. The survey will be rolling out in January of 2020; therefore, the agency will be able to do an analysis and trending in Q6 following staff completion of the survey.</p> <p>Q3 & Q4: NA</p> <p>Q5 & Q6: These results have been pulled, and information has been provided to executive level staff. The under-fill report was created because of this survey. Staff felt that even though they were considered to be fully staffed by numbers, a large part of their work force was still in training, which left a smaller subset to do all the actual work. DCS is now using this under fill report to better ensure staff allocations and understand the culture in local offices. Another large finding was the disconnect between feeling committed to DCS vs. feeling DCS was committed to them, DCS has responded by ensuring that we continue</p>

		to provide information regularly regarding EAP. These results will continue to be shared with executives to ensure that planning can occur to better retain and understand the needs of staff.
Q7	(iii)Completed	<p>Q1 & Q2: DCS requested a change in quarters for this item. Following the roll out of the survey in early 2020 and the analysis of the results in Q6, the Department will be able to use the information to focus CQI efforts and necessary procedural or training adjustments for staff.</p> <p>Q3 & Q4: NA</p> <p>Q5 & Q6: NA</p> <p>Q7 & Q8: Following the results of the experienced employee survey there were changes made to the job description to make the language more personable to help psychologically put the applicant in the mind of the case manager (ex. Using the word “you” instead of the word “incumbent”). The employee experience VSA will be doing an improvement event around the future hiring process utilizing the survey data gathered to make necessary process improvements. This data is provided to the field and staff development following the survey completion to make any necessary changes and allow for focused improvement. Utilizing this data, HR can work with regions who may be experiencing high turnover. One of the large findings from the survey is that FCMs feel more connected to the agency and agency’s mission vs. the way they perceive the agency supports them. As a result, HR is looking at a way to automate an anniversary certificate for staff and working to push EAP reminders at 9 months to state phones.</p>

OBJECTIVE 5.2 DCS WILL ENCOURAGE AND ASSIST EMPLOYEES TO USE EXISTING PROGRAMS TO SUPPORT WORK-LIFE BALANCE AND ADDRESS SECONDARY-TRAUMA IN EMPLOYEES.

- a) DCS will communicate with staff using a variety of media about the existing programs that will help staff address work-life balance as well as secondary trauma including programs like EAP and CIRT.

Target Completion Date	Current Status	Progress to Date
Q1	Completed	Information continues to be presented to staff in a variety of ways: i.e., newsletters, email blasts

OBJECTIVE 5.3 IMPLEMENT STRATEGIES TO POSITIVELY IMPACT CULTURE AND CLIMATE THAT ARE INFORMED BY ONGOING DATA AND SURVEY COLLECTION.

- a) After focus groups were held, it was determined that Marion County employees did not feel connected and supported by management due to the size of the office. Marion County was split out into four smaller, local offices in order to reduce the functional size of each office in an effort to help employees build relationships with each other.

Target Completion Date	Current Status	Progress to Date
Q1	Completed	Four separate Marion County DCS offices have been created (North, South, East, and West) and all four local office directors were hired as of January 14, 2017.

- b) With the assistance of Indiana University, DCS launched an employee survey for Marion County employees (the agency’s largest office with highest turnover) to measure such engagement topics as employees’ feelings of respect and support, balance of work & personal life, and adequate supervision.

- (i) Continue distribution of surveys to Marion County employees at 6-month intervals (over a total of 18 months) to track progress as initiatives and changes are made to improve culture and climate as part of the Marion County Localization Project.
- (ii) Monitor surveys as changes are made and ensure successful changes that support employee engagement are shared with Marion County staff.

Target Completion Date	Current Status	Progress to Date
Q1-Q8	(i) Completed	Q1 & Q2: The surveys have been distributed and completed.
Q1-Q8	(ii) Completed	

		<p>Q3 & Q4: Indiana University will be conducting a survey in March of 2020 to gather information to compare the results to the baseline data. Indiana University will release another survey in September 2020. Indiana will ensure a feedback loop is instituted to discuss the results of the survey and next steps towards improvement.</p> <p>Q5 & Q6: The initial surveys were distributed and completed. Indiana University put together a new survey in March of 2020 to gather information to compare to the results of the baseline data. This survey was released on April 20, 2020 and will close on May 1st. Indiana will ensure that a feedback loop is instituted to discuss the results of the survey and next steps toward improvement.</p> <p>Q7 & Q8: Following an analysis of the survey, all Marion County staff received a presentation of the results during the month of September. These presentations were first conducted with the leadership team and then each local office was provided with a presentation. This data was utilized in exploring process improvement opportunities in Marion County during a rapid improvement event September 14th- 17th which focused on the employees' voice and right sizing the work within their 4 respective offices. This survey was again distributed on 10/12/2020.</p>
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- c) DCS will continue to expand training on organizational culture and climate throughout all levels of the agency and discussions will continue as part of the re-launching of the DCS Practice Model.
 - (i) All executive staff will participate in practice model discussions with a focus on how utilization of the model throughout the agency impacts culture and climate.
 - (ii) Engage executive staff on the topic of culture and climate and provide guidance on how they can work with their individual divisions to implement strategies for sustaining the practice model.

- (iii) DCS executive staff will model the parallel process through the continued use of the practice model on an ongoing basis with their employees.
- (iv) During a quarterly supervisor’s workshop, include recently developed training on culture and climate and how to enhance supervision.

Target Completion Date	Current Status	Progress to Date
Q1	(i)Completed	A discussion regarding a recommitment to the practice model has been completed with all the executive staff as of 11/15/18.
Q1	(ii)Completed	DCS Mission statement has been revised and delivered. Training of all executive staff occurred 11/15/18.
Q1-Q8	(iii)Completed	<p>Q1 & Q2: Executive staff have established practice model expectations with each of their divisions. Continuous use of the parallel process will continue.</p> <p>Q3 & Q4: In 2020 each division will look at their established practice model expectations to make any necessary changes. Each division will again do a practice model follow-up training in 2020.</p> <p>Q5 & Q6: Due to Covid-19, this remains in the planning stages. Staff Development will be working on a new training regarding the practice model with an incorporation of the Lean, Indiana’s continuous quality improvement framework, for Executive staff.</p> <p>Q7 & Q8: DCS has created divisional practice consultants to continually champion and ensure the practice model is being used within the division they are embedded in. Consultants for each division were identified by the end of October 2020 and the orientation for the consultants was on December 10th.</p> <p>On November 20th, the executive team participated in a mandatory training on lean</p>

		principles and the practice model. This allowed for shared understanding and learning to occur regarding how the Indiana Practice Model and Lean methodology intersect and complement one another.
Q1	(iv)Completed	This was delivered during a supervisor quarterly workshop and completed in December of 2017. This training included information on culture and climate and how to enhance supervision.

6. Implementation Plan and Supports

DCS rolled out trainings and informational sessions throughout the state to communicate the PIP to child welfare stakeholders. DCS also utilized regional trainings, which resulted in DCS management (local office directors, supervisors, etc.) receiving information on how the PIP will be implemented. Furthermore, field management received instruction and was able to communicate with their staff regarding the PIP and implementation. The Indiana Office of Court Services offered a variety of trainings for both new and experienced probation officers on PIP implementation and strategies to improve juvenile justice practice.

Indiana worked closely with the Children Bureau’s Measurement and Sampling Committee to develop a measurement plan that utilizes a thorough case review method and practice appraisal process that uses the OSRI. The practice appraisal process uses a modified version of the OSRI tool to measure practice during the current review year. Indiana allocated the necessary resources to execute a statewide review process and was able to successfully meet substantial conformity as mentioned before regarding all 9 remaining CFSR items that were previously not in compliance. DCS was able to work closely with the ACF Children’s Bureau to successfully complete its remaining CFSR items, as well as successfully complete all of the necessary step-out activities on its PIP for a successful closure of the PIP.

Due to the impact of COVID DCS had to transition many of its processes to a virtual environment. The following processes were moved to a virtual environment and DCS was able to pivot quickly to ensure that there was no disruption to the work being accomplished: staff development and trainings, permanency round tables, court hearings, and practice model reviews.

DCS partners with Casey Family Programs on a number of things to assist in implementing initiatives throughout the state. The list below is the current partnership initiatives for 2022:

- Increase exits to permanency by promotion of assistance that fund kinship and subsidized guardianship.
- Encourage utilization of family finding and other practices that promote relative placement.

- Increase exits to permanency by promotion of assistance that fund kinship and subsidized guardianship. Encourage utilization of family finding and other practices that promote relative placement.
- Promote congregate care reform in jurisdictions to identify and utilize the most appropriate and least restrictive placement that best addresses the child’s needs. Support redirecting funds from bed reduction interventions to community supports for the families historically served by congregate care. Target resources such as wrap-around, therapeutic foster care to ensure safe permanence.
- Promote family preservation in communities of color (including Native American communities) experiencing high rates of maltreatment through institutional analysis to assess policies and practices that lead to disparate outcomes. Train multidisciplinary staff.
- Support engagement of judicial officers, court administrators, CIP leadership, and attorneys, GALs and CASAs to reduce entries and expedite exits to permanency through data-driven strategies, collaboration across branches and implementation of effective practices.
- Technical Assistance and support to inform state and local policy makers, legislators and child welfare system leaders about policies and practices that can contribute to child safety, permanency and well-being through evaluation of the impact of CISC recommendations and development of a continuous quality improvement process for CISC
- Technical assistance via the National Partnership for Child Safety (aka Safety Collaborative) and Safety Science and Safety Culture to support long term systemic goals that enable child serving systems to address the child welfare system reforms from end to end.
- Support for a multi-disciplinary, community approach to family well-being that promotes community engagement with child welfare systems and other child and family stakeholders, building a strong community-based system, led by local leadership, that strengthens families, and creates social connections for families.

IV. CONTINUOUS QUALITY IMPROVEMENT AND QUALITY ASSURANCE SYSTEM

CQI STRUCTURE

DCS has routinely monitored the effectiveness of the Practice Model to establish the goals and direction of the agency, waiver spending, training, and service delivery. DCS has paired with Simpler Consulting to organize agency goals and drive toward common metrics to move the agency forward. In doing so, DCS has set its True North goals. Simpler has worked with DCS executives to set agency priorities, determine goals, and direct where CQI work will be focused. Simpler is also working with the executive level of DCS to drive cultural change within the agency and promote a Lean culture where each employee is empowered to make improvements.



The CQI team works with Simpler Consulting to direct quality improvement work for the agency and facilitate Value Stream Analysis (VSAs), Value Stream Steering Teams (VSSTs), and Rapid improvement Events (RIEs) all geared toward reaching the established goals for the agency. These goals tie into the True North selected by the executive team and impact the operational metrics set forth by the 2022 agency X-matrix.

- Number of staff trained in Bronze training and MDI
- Launch CCC Practice Model Review to all 18 regions by December 31, 2022
- Reduce Employee Turnover by 10%
- Reduce SafeAct call wait times by 10%
- Improve psychological safety metrics in safety culture survey (reduce emotional exhaustion result by 10%)
- Reduce holdover leases by 10%
- Reduce removal of children from homes of origin who are engaged in Family Preservation to 9%
- Reduce length of involvement by 10%
- Reduce length of time from TPR to adoption by 30 days

With these driving goals, DCS utilizes three (3) value streams to impact the above metrics. Value Stream Analysis were completed in the following areas: Employee Experience, Intake and Assessment, and Out of Home CHINS. These value streams continue to create many opportunities for improvement work through the driving force of their VSST.

The Employee Experience VSST conducted a second pass of their VSA in August 2021 and narrowed its focus to the FCMs experience in the First Year. Multiple projects were identified to assist in enhancing an FCMs experience. Through discussion with the VSST and evaluation of agency status, one RIE and seven improvement projects centered on initial and ongoing training, supervision, recognition, and mentoring were conducted. All but one project has been completed to date. A third pass will be conducted in October of 2022 focusing on change management with Regional Managers, Local Office Directors, and Division Managers.

The Intake and Assessment VSST conducted its second pass of the VSA in October of 2021. This event identified eight RIEs and six improvement projects to be completed. At this time, all but two have been conducted focusing on linking and withdrawing, adjustments to the assessment staffing guide, eliminating administrative tasks, defining collateral contacts, and adjusting how reports of abuse and neglect are written. Much of the projects in this pass focused on improvements in the Hotline processes. For their third pass, scheduled for January of 2023, the focus will be on SafeACT and assessments.

The Out of Home VSST finished up the first pass of their VSA at the end of 2021 with projects around supervised visitation and the background check unit. A second pass was completed in January 2022 with a narrowed scope of reducing the time to adoption. This event identified five (5) RIEs and two (2) improvement projects that have worked on issues around the eligibility and negotiation process, adoption preparation, and ensuring cases have met all legal components earlier in the case. With the last event for this pass occurring in October of 2022, the VSST has begun discussions regarding their focus for third pass planned to occur in January of 2023. All three statewide VSAs are driving the agency closer to its True North Goals.

With each VSA project, the CQI team utilizes the A3 problem solving process. The process begins by defining the reason for action, focusing not just on why this is a problem but why do we need to solve it now. It is also important to define the scope of the problem so that the focus will remain on the specific issue. Time is then spent understanding the current and future state. With current state, it is important to accurately describe what is currently occurring in the process and include data that supports that description. Future state defines what the process will look like after improvements have been made and develop a target goal for the metrics.

An analysis is then conducted to determine the gaps between current and future state. Next come solutions and experiments that can be completed to test those solutions. If the experiments prove successful, an implementation plan is developed and completed. Depending on the project, follow-up meetings are held at

regular intervals to view the data. As a final, piece time taken to reflect on the process for lessons that can be utilized in the next improvement cycle.

DCS generally conducts improvement events around the third week of the month. At the conclusion of that week, a live event is held with the entire agency to inform staff of the solutions and improvements of the projects. This broadcast reviews the reason for action and a high-level overview of the solutions developed by the team. A meeting is held soon after with all Regional Managers and Local Office Directors to provide a more detailed account of the solutions and next steps.

In addition to these statewide initiatives to drive metrics, the CQI team has been working with individual regions and divisions through a process called Managing for Daily Improvement (MDI). This is a system that allows us to know daily whether the agency is on track to meeting its goals, take quick corrective action, and check that past actions and improvements are being sustained. The team has currently rolled out MDI to 14 of our 18 regions and has started sustainment phone calls with those regions to ensure continued implementation of MDI. Roll-out to other divisions in DCS has also begun. MDI has currently been rolled out to Legal, Child Support Bureau, and the Hotline. Completion of roll-out to the remaining divisions is set to be completed by the end of quarter 4 2022. The team is now discussing what a second pass of MDI would encompass which will include a roll-out of Leader Standard Work to local management. Leader Standard Work is a philosophy that teaches leaders to focus on the critical work that leaders must do to reinforce and sustain improvement in culture, performance, and practices.

How MDI Works

Improvement Goal

- Setting key areas in each office/unit which are tied to Agency Goals.

Visual Management

- Develop visual boards to display performance on identified goals.

Daily Huddle

- Develop standards for daily huddles which include:
 - Daily check-ins of progress on projects and goals
 - Identifying golden nugget improvement opportunities

Improvement Cycles

- Begin to identify improvement opportunities that include small incremental changes through systematic approaches for daily improvement.

Standard work

- Establish standard work on solutions to include support by leadership of changes, and follow-up to ensure new standards are continued to be followed.



Though similar in nature, the MDI improvement cycle utilizes the Plan, Do, Check, Act (PDCA) methodology. Rather than focusing on large scale process or problems, the PDCA cycle focus on small, local level problem for small incremental changes. This cycle starts with Plan, which is identifying and analyzing the problem or opportunity. A hypothesis is then developed about what the issue may be and decide what experiments can be tested to solve the problem. With Do, the experiment is completed, and, in Check, the results are studied for effectiveness. If the idea was successful, then move into Act to implement the solution on a larger scale. If the idea was not successful, then the PDCA cycle is repeated to determine if the right problem was identified, the right hypothesis was developed, or the right solutions was identified.

All CQI staff have received a Six Sigma Green Belt Certification through Purdue University and training from Simpler Consulting regarding Lean methodology. Lean methodology focuses on the following principles: *the customer defines value, deliver value to the customer on demand, standardize to solve and improve, transformational learning means deep personal experience, and mutual respect and shared responsibility enable higher performance.* Utilizing both methodologies, CQI engages with various divisions to pursue initiatives which seek to create positive and lasting change to outcomes for children and families. These initiatives are based on root cause analysis and use a data-centered approach to identify areas for improvement at the outset and again utilize data to show meaningful change in whatever process change was sought. The project teams are cross-functional consisting of varying levels of responsibility and expertise i.e., Front Line Staff, Supervisor, Division Manager, Local Office Director, etc.

The structure of CQI is such that it lends itself to potential initiatives, measuring current and projected performance, and evaluating impact and outcomes. Along with the CQI team, staff from several other divisions were included for Green Belt Certification. The CQI team continues to offer Lean training for the entire agency consisting of an Introduction video to acquaint the agency with Lean terminology and a series of trainings aimed at vision alignment across the agency, preparing staff members to participate in RIEs, and introducing the idea that continuous quality improvement should be utilized to improve their own everyday processes. The CQI team has developed an advanced Lean training series in conjunction with Staff Development to further enhance the skills and knowledge of staff in Lean methodologies and processes. Fifteen staff have completed the Bronze level training thus far in 2022.

DCS remains focused on improving the effectiveness and efficiency of child welfare services through expanded eligibility and a broader service array. The CQI team consists of an Assistant Deputy Director, CQI DPRTirector, and 8 Lean Improvement Facilitators to coordinate and facilitate CQI efforts, federal compliance needs, and to assist in improving the agency.

CQI STEERING COMMITTEE: EXECUTIVE STEERING TEAM (EST)

DCS established a CQI Steering Committee (named the “Executive Steering Team”), chaired by the Department of Child Services Director, to discuss and review agency priorities, set the True North goals, and oversee implementation and ongoing activities regarding DCS initiatives. The Executive Steering Team is a subset of the overall executive team and is comprised of five Deputy Directors, Chief of Staff, and Director. All executive staff members participated in a weekly group meeting to direct agency goals by utilizing a smaller subset to monitor progress on those goals, the agency can ensure routine conversations and adjustments needed to ensure success of the plan. The Executive Steering team will be involved in directing which Value Stream Analysis will be completed, monitor progress toward achievement of operational metrics, and breaking down barriers that keep the agency from moving forward. The Executive Steering Team will also approve and oversee all continuous improvement work outside of the Value Streams to ensure proper utilization of continuous improvement efforts.

TECHNICAL ASSISTANCE WITH DATA AND EVALUATION (45 CFR 1357.15(T))

DCS has a research and evaluation team to assist with any research needed to help guide goals and objectives. The goal of this team is to analyze data and share knowledge gained with both internal and external stakeholders in child welfare. The division conducts internal agency surveys to measure staff thoughts on policy, resources, and effectiveness. These surveys have sparked discussion on advanced trainings, changes in protocol, and identified areas for improvement. Along with internal surveys the division has also completed several literature reviews that analyze policy, initiatives, and protocols from other states’ CPS agencies to find the best initiatives for Indiana.

The research and evaluation team has partnered with several research universities to produce academic publications. The division has or will submit publications on intake into child welfare, text mining and its use in child welfare narratives, and how acuity impacts caseworker turnover. These academic publications will help inform the greater field of child welfare on policy, data techniques, and improve outcomes for children.

DCS collaborated with Indiana University for the finalization of the evaluation of Indiana's IV-E Waiver program. The internal research and evaluation team is currently conducting several program evaluations for FFPSA. These evaluations are: Indiana Family Preservation Services, TF-CBT, Kinship Navigator, and Concrete Supports.

IMPROVING THE QUALITY ASSURANCE SYSTEM WITH THE PRACTICE MODEL REVIEW (PMR)

The Quality Service and Assurance (QSA) team consists of an Assistant Deputy Director and nine team members: two managers and seven team members. This group completed the Child and Family Service Reviews (CFSR) focused on our program improvement plan (PIP) and revamped the quality service tools used to measure practice across the state. In March 2020, DCS was able to pass the remaining CFSR items which has led to a focus on continual improvement for other DCS programs that monitor quality.

To develop and maintain Indiana's own internal review processes, the QSA team has worked to revamp the quality service tools utilized within the agency. During 2020, the agency overhauled the reflective practice survey (RPS) and the previous quality services tool, which is now the Practice Model Review.

The QSR and RPS have been utilized by the state for many years, however, the agency redeveloped these to focus on adherence to federal standards, by including measures currently captured in the CFSR, in addition to Indiana's practice model. It measures the effectiveness of the overall child welfare system as well as add measurements of the legal system and quality of provided services. Indiana will utilize this tool to help identify why things are or are not occurring in our system rather than focusing on whether it occurred or not as it has in the past. This new review process is called the Practice Model Review (PMR) to keep the emphasis on our Practice Model and how it can be used to achieve positive outcomes for children and families. The full PMR tool is Attachment A.

The PMR is a peer review process that allows trained review teams to interview case participants and review a case file to score the PMR tool. The QSA team pairs with a field partner to complete quality assurance on cases to ensure adherence to the tool and that proper justification is provided to support ratings. Once the review is complete, the reviewers participate in a debrief with the family case manager and management staff. Data from these reviews are presented at the regional level, as well as the executive level on an ongoing basis. This data is shared with staff development to allow for continued partnership with field staff on improvement efforts.

The PMR was intended to be a process that would roll out with interviews and reviews occurring face to face within the regions. Due to COVID 19, the quality assurance team pivoted their process to support doing these reviews virtually. The process now includes team members working together through a virtual platform and interviewing participants via phone or other virtual means. Even though the process had to change its direction the team has been able to gather quality data and information in order to help continuing improving practice in Indiana. In spite of COVID, the QSA team started the 24-month roll-out to review 18 regions by the end of 2022 and to date are on track to have all 18 regions reviewed by October 2022. There have been 614 cases reviewed using the PMR since roll-out in 2021.

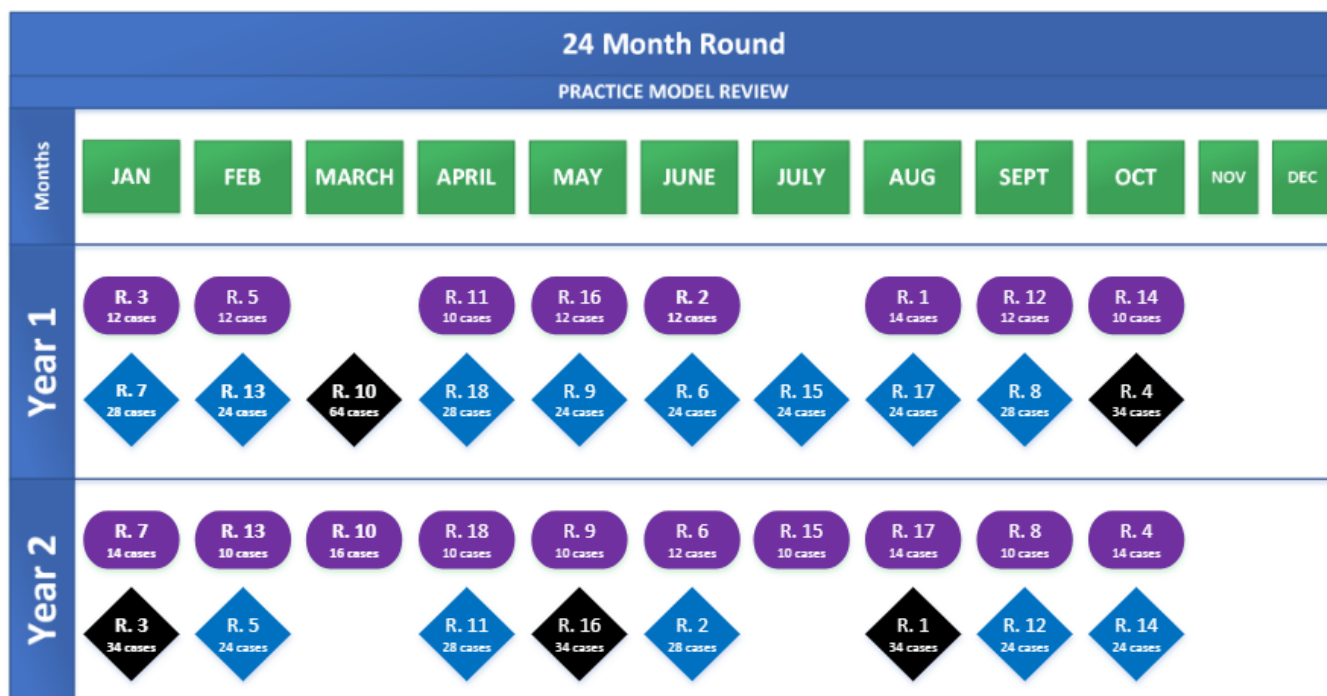
The RPS provides an opportunity for supervisors to go into the field with each staff member each quarter and observe them in action. It was developed as a tool for management to help workers grow in their practice model skill set. The tool defines the components of quality, so standards are consistent across the state. Additionally, the tool provides data from a statewide down to person specific level. The culmination of the RPS is a conversation during clinical supervision that includes feedback on skills, strengths, and areas of opportunity for the FCM. Assessment, Institutional Assessment, Permanency, Older Youth Services (OYS) RPS were rolled out in 2020. Dashboards developed in Tableau continue to allow field staff to easily visualize the data and provide effective feedback to their staff and local office. To date in 2022, there have been 5907 RPS surveys completed of the 6765 possible for an 87% completion rate.

Quarterly reviews are in place for the hotline and institutional unit. The QSA team is provided with a random pull of 100 hotline reports and 85 institutional assessments that are then scored based on a review of documentation in the state's electronic system. The QSA team continues to work with the Collaborative Care team to develop a case review tool and process to track and improve outcomes.

During the launch of the Safe ACT team and process the QSA team assisted in the development of a review tool to do quality assurance in regards to this new program. The QSA team will be working closely with the Safe ACT team to refine the process and ensure that they are able to track outcomes and make necessary improvements. Using the learning from building the Safe ACT tool, the QSA team will be partnering with field staff to create a comprehensive review process for Assessments DCS conducts.

With the information, gathered from the PMR, RPS, and other quality tools, all divisions of the agency will be better prepared to focus their quality improvement efforts allowing for a continuous quality improvement culture of measurement, identification of areas needing improvement, and improvement projects.

The below graphic is a representation of a 24-month round in conducting PMRs:



In 2021, DCS made a decision to complete a State-led CFSR process for Round 4. The CFSR reviews will take place on the 2nd week of the month in April through September 2023. Cases will be selected via statewide, simple, random sample. In preparation for the Round 4 CFSR, Indiana’s QSA team has participated in bi-monthly meetings with federal partners, conversations with Indiana DCS management, and extensive research into the CFSR process. Bi-monthly meetings with federal partners have provided guidance on the steps of the CFSR process, expectations, and encouragement. Meetings with DCS management have generated decisions on the plans leading up to the onsite review in 2023.

Indiana is utilizing a combination of the PMR and Round 4 OSRI, and associated trainings, to prepare for the Round 4 CFSR and completion of cases in the OMS. Alterations have been made to the Practice Model Review (PMR) process to accommodate entering cases into the Online Monitoring System (OMS) to ensure Indiana is ready to participate in a state-led CFSR. The goal is to have a minimum of eight cases entered into the OMS each month. Additional SSAT division staff have volunteered to help during PMRs so the QSA team members can

devote more time to the cases entered into the OMS. Finally, the QSA team is working together to learn, and teach one another, about the CFSR process and the expectations set forth in the Round 4 Onsite Review Instrument (OSRI). During the scheduled PMRs, information is collected in the PMR workbook from all reviewers and, additionally, in the OMS for OSRI reviewers. PMR data and regional feedback sessions continue as they have throughout 2021 and 2022. The information entered into the OMS is transferred into the PMR workbook and then the reviewers have a few additional items to answer that pertain specifically to Indiana's practice expectations. Following the two-day review process, second level QA of the cases in OMS is performed by QSA management and reviewers provide responses and make corrections. Each month, from May through November, QSA will engage, in writing and via a video call, with the federal partners for feedback on the overall use and comprehension of the OSRI as well as case specific feedback. The Round 4 CFSR will be completed within the PMR process. The PMR will continue to operate on a two-year cycle (2023-2024) which will allow statewide reviews as well as a full review of each region of the state. Reviewers will always come from outside of the Region from which a case was pulled. The PMR will utilize a rolling quarterly approach with a statewide, simple, random sample to select cases for small reviews on the 2nd week of the month, January through September. Approximately 33 cases will be reviewed each quarter with around 12 cases reviewed per month. The 4th week of the month, January through October, will review randomly selected cases from a region. Across the two-year cycle, each region will have a full review and a few cases pulled as part of the smaller, statewide reviews.

The PMR will be altered slightly to match the OSRI. Most of the PMR items are answered as part of the OSRI. The additional questions, at this point in our planning, could be answered in the justifications of the OSRI--just some required points for reviewers to write about.

Moving forward a change for the PMR will be that the CFSR-type reviews will replace minis. We will still look at around 12 cases each month on the 2nd week, but they will be selected via statewide, simple, random sample and reviewed by those outside the region where the case resides. We will conduct these reviews January through September to provide ourselves three measurement periods once the PIP comes back. It also aligned us with the CFSR and a way to make that feel as less intrusive as possible.

V. UPDATE ON THE SERVICE DESCRIPTIONS

The pandemic created challenges in how services could be delivered to the families and children that the DCS serves. Virtual interventions were made available, with approval of the Child and Family Teams, to ensure that services were able to continue to be delivered during the pandemic, but Child and Family Teams also were able to find ways to deliver services face-to-face and in homes whenever child safety could not be mitigated through virtual service delivery. All INFPS cases have had to include in-home and face-to-face contacts due to the inherent risks to child safety present with each of those cases.

CHILD AND FAMILY SERVICES CONTINUUM

DCS provides a full continuum of services state-wide. Those services can be categorized in the following manner:



1. 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 and is overseen by a Board of Directors appointed by the State Senate, State House of Representatives, and Indiana Governor. DCS and the Indiana Department of Health also have representatives on the Board. The Board is required to meet at least quarterly. The purpose of the trust fund includes the prevention of child abuse and neglect as well as reducing infant mortality. The Board is supportive of DCS efforts to develop a strategic framework and toolkit on the prevention

of child abuse and neglect. The goal for this project was for the toolkit on prevention to be completed and available by early 2022. The Framework and ToolKit are now complete and PCAI will begin to work on the implementation of the Framework in 2022. Additional information for the Framework and Toolkit will be updated and published to the DCS prevention website as it becomes available in 2022 at [DCS: Prevention \(in.gov\)](https://www.dcs.in.gov).

Youth Service Bureau

Youth Service Bureaus were created by Indiana statute for the purpose of funding delinquency prevention programs through a state-wide network. This fund supports 24 Youth Service Bureaus to provide a range of programs including: Teen Court, Mentoring, Recreation Activities, Skills Training, Counseling, Shelter, School Intervention, and Parent Education.

The Youth Service Bureaus collect data on the four (4) core roles: Delinquency Prevention, Community Education, Information and Referral, and Advocacy.

Delinquency Prevention Programming (July 2021- June 2022):

Total number of Youth Served in Delinquency Prevention Programs: 2,342

YSB Funded Program Youth: 1983

(Reported) Non-YSB Funded Program Youth: 359

YSB-Funded Youth Served by Program:

Case Management: 93

Counseling: 196

Mentoring: 72

Parent Education: 20

Recreation: 188

School Intervention: 192

Shelter: 103

Skills Building: 641

Teen Court: 342

Tutoring: 175

Emergency Counseling/Case Management Services: 44

Community Education:

Youth Educated in FY22: 34,984 (Does not include Safe Place presentations)

Adults Educated in FY22: 24,423

Number of materials distributed in FY22: 48,080

Information and Referral:

Total Number of Referrals Made for FY22: 31,683

Advocacy:

Advocacy for Individual Youth or Families in FY22: 19,790

Project Safe Place

This fund, created by Indiana statute, provides a state-wide network of safe places for children 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. From July 2021 to July 2022, the number of youth accessing Safe Place sites and avoiding a night on the streets was 200 and the number of youth learning how to get help if needed through Safe Place outreach is 107, 599.

Child Abuse Prevention and Treatment Act (CAPTA)

Federal funds available through the Child Abuse Prevention and Treatment Act (CAPTA) via Community Based Child Abuse Prevention (CBCAP) funding 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 to women and children in all 92 counties through contracts with 30 HFI providers. The purpose is to promote healthy families and healthy children through a variety of services including child development, access to health care, and parent education. The program also advocates for positive, nurturing, non-violent discipline of children. See the Healthy Families Indiana web page, <https://www.in.gov/dcs/2459.htm>. HFI served 12,135 families in FFY 2021 and 10,795 families in SFY 2022.

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 continuum builds community support for families identified through self-referral or other community agency referrals to connect families to 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. See the Community Partners for Child Safety web page, <https://www.in.gov/dcs/2455.htm>. CPCS Served 20,692 families and 55,652 individuals in FFY 2021 and 18,236 families and 49,983 individuals in SFY 2022.

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) funds 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 Department of Child Services and the Indiana Department of Health serve as co-lead partnering agencies on the MIECHV project to improve health and development outcomes for children and families who are at risk. This goal will be accomplished through the following objectives:

- Provide appropriate home visiting services to women residing in Indiana (based on need) who are low-income and high-risk, as well as their infants and families;
- Develop a system of coordinated services statewide of existing and newly developed home visiting programs in order to provide appropriate, targeted, and unduplicated services and referrals to all children, mothers, and families who are high-risk throughout Indiana;
- Coordinate necessary services outside of home visiting programs to address needs of participants, which may include: mental health, primary care, dental health, children with special needs, substance use, childhood injury prevention, child abuse/neglect/maltreatment, school readiness, employment training, and adult education programs.

These goals are measured in six Federal benchmark areas:

- **Improve:** maternal and child health;
- **Prevent:** child abuse and neglect;
- **Reduce:** crime and domestic violence;
- **Increase:** family education level and earning potential;
- **Promote:** children's development and readiness to participate in school;
- **Connect:** families to needed community resources and supports.

Indiana's MIECHV grants are currently funding two evidence-based home visiting programs Healthy Families Indiana and Nurse-Family Partnership. Healthy Families Indiana serves MIECHV funded families in Elkhart, Lake, LaPorte, Marion, St. Joseph, and Scott Counties. For more information about MIECHV Indiana visit: <https://www.in.gov/health/mch/home-visiting/maternal-infant-and-early-childhood-home-visiting-miechv/>. MIECHV funding supported 1,914 of the 12,135 families served by HFI in FFY 2021 and 1,691 of the 10,795 families served by HFI in SFY 2022.

Children's Mental Health Initiative

The Children's Mental Health Initiative (CMHI) is collaboration between DCS and Division of Mental Health and Addiction (DMHA) and local Community Mental Health Centers (CMHCs) and other providers who serve as access sites to ensure children are served in the most appropriate system to meet their needs. The purpose of CMHI is to provide families access to needed services so children and youth, age 6 to 17, do not enter the child welfare system or juvenile probation system for the sole purpose of accessing services, to ensure that children are receiving services in the most appropriate system, and to build community collaborations. CMHI is a voluntary service in which caregivers must be engaged in order to access services.

DCS and the CMHC Workgroup continue to focus on the initiatives developed in the priorities document which included the following:

- Planning and implementation of Family Preservation Services
- Planning and implementation of FFPSA
- Effective evidence-based model delivery across the state including active involvement in the Leadership for Organizational and Change Implementation (LOCI) initiative
- Expand membership
- Utilizing Medicaid Rehabilitation Option (MRO)
- Substance Use Disorder Treatment Services
- Creative approaches to services
- Workforce shortages
- Timeliness of access to services
- Engagement & Retention of Clients
- Medication Assisted Treatment (MAT) Education
- Children's Mental Health Initiative/Children's Mental Health Wraparound
- Infant and early childhood mental health

Eligibility for the CMHI can be more flexible than that of Medicaid paid services under the Children's Mental Health Wraparound and includes:

- DSM-IV-TR Diagnosis- Youth meets criteria for two (2) or more diagnoses.
- CANS 4, 5, or 6 and DMHA/DCS Project Algorithm must be a 1
- Child or adolescent age 6 through the age of 17
- Youth who are experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not Medicaid Eligible/Lack funding for service array

- Other children who have been approved by DCS to receive services under the Children’s Mental Health Initiative because they are a danger to themselves or others

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

2. Preservation and Reunification Services

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

- Family Preservation Services
- Comprehensive Home Based Services
- 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
- Intensive Outpatient Treatment
- Residential Services
- Housing with Supportive Services for Addiction
- Sobriety Treatment and Recovery Teams (START)

Domestic Violence Services

- Batterers Intervention Program
- Victims and Child Services

Services for Children

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

Services for Parents

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

Global Services

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

Preservation Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Family Preservation Service	Maximum 12 month	At least 1 weekly, in home contact with the parent and child.	Placement Prevention: All-encompassing referral made to one agency to provide all needed services to a family with a child(ren) that are at imminent risk of being placed into foster care. Provider must use Evidence Based Practices in delivering the services to the family, with the goal of addressing the needs of the family with the child(ren) remaining safely in the home.

- These services are provided according to service standards found at: <http://www.in.gov/dcs/3159.htm>
- Future service enhancements include continued expansion of the home-based service array.

Services currently available under the array include:

Family Preservation Service

The Family Preservation Service standard is a new standard and delivery of services for the state of Indiana. Secondary to the Families First Prevention Service Act that was signed into Federal Law in February of 2018, this standard was being developed to address the need to give families and children available services in their homes to prevent the need of placement in foster care. The service provides a per diem to the referred agency to provide “any and all” needed services to the family to allow the children to remain safely in the family home. The minimum requirements are that the provider agency meet with the focus child(ren), in the child(ren) home at least on a weekly basis. The provider agency will need to utilize Evidence Based Practices and follow the models that they use for frequency, needs, and supervision. The per diem also includes concrete funds to assist the family. This service line was implemented June 1, 2020.

Home Based Services			
Service Standard	Duration	Intensity	Conditions/Service Summary
Home-Based Therapy (HBT) (Master’s Level)	Up to 6 months	1-8 direct face-to face service hrs/week (intensity of service should decrease over the duration of the referral)	Structured, goal-oriented, time-limited therapy in the natural environment to assist in recovering from physical, sexual, emotional abuse, and neglect, mental illness, personality/behavior disorder, developmental disability, dysfunctional family of origin, and current family dysfunction. Service is available 24/7. Some providers have a 1-hour response time for families in crisis. Maximum case load of 12.
Home-Based Casework (HBC) (Bachelor’s Level)	Up to 6 months	direct face-to-face	Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques,

		service hours/week (intensity of service should decrease over the duration of the referral)	managing crisis, navigating services systems and assistance with developing short- and long-term goals. Service is available 24/7. Some providers have a 1-hour response time for families in crisis. Maximum case load of 12.
Homemaker/ Parent Aid (HM/PA) (Para-professional)	Up to 6 months	1-8 direct face-to-face service hours/week	Assistance and support to parents who are unable to appropriately fulfill parenting and/or homemaking functions, by assisting the family through advocating, teaching, demonstrating, monitoring, and/or role modeling new, appropriate skills for coping. Some providers have a 1-hour response time for families in crisis. Maximum case load of 12.
Comprehensive Home-Based Services	Up to 6 months	5-8 direct hours with or on behalf of the family	Utilizing an evidence-based model to assist families with high need for multiple home-based intensive services. Additionally, will provide: supervised visits, transportation, parent education, homemaker/parent aid, and case management. Some evidence-based models require a therapist to provide home based clinical services and treatment. These services are provided by one agency. This is referable through service mapping or the Regional Services Coordinator Maximum case load of 5-8.

Comprehensive Home-Based Services

Comprehensive Home-Based 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 (FCT) is being supported by DCS as a model of Comprehensive Home-Based Services. This service provides intensive therapeutic services to families with children in either the CHINS and/or delinquency system who are either at risk of removal 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.

Within the comprehensive model, conceptually, providers do not only deliver the FCT evidence-based model, but also address other needs in the home, recognizing that prevention of removal or reunification often requires additional services. FCT, as a family based strengthening model has additional benefits with the context of the juvenile justice youth, as the model addresses the family system which not only benefits the parent and child involved in the delinquency proceeding, but also younger siblings who will benefit from the added skill sets developed during FCT.

Services Available Through Comprehensive Home-Based Services		
Service Standard	Target Population	Service Summary
FCT – Family Centered Therapy	<ul style="list-style-type: none"> ● Families that are resistant to services ● Families that have had multiple, unsuccessful attempts at home-based services ● Traditional services that are unable to successfully meet the underlying need ● Families that have experienced family violence ● Families that have previous DCS involvement ● High risk juveniles who are not responding to typical community-based services ● Juveniles who have been found to need residential placement or are returning from incarceration or residential placement 	<p>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.</p>
MI – Motivational Interviewing	<ul style="list-style-type: none"> ● effective in facilitating many types of behavior change ● addictions ● non-compliance and running away of teens ● discipline practices of parents. 	<p>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.</p>

<p>TFCBT – Trauma Focused Cognitive Behavioral Therapy and Trauma Assessments</p>	<ul style="list-style-type: none"> ● Children ages 3-18 who have experienced trauma ● Children who may be experiencing significant emotional problems ● Children with PTSD 	<p>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 to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.</p>
<p>AFCBT – Alternative Family Cognitive Behavioral Therapy</p>	<ul style="list-style-type: none"> ● Children diagnosed with behavior problems ● Children with Conduct Disorder ● Children with Oppositional Defiant Disorder ● Families with a history of physical force and conflict 	<p>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.</p>
<p>ABA – Applied Behavioral Analysis</p>	<ul style="list-style-type: none"> ● Children with a diagnosis on the Autism Spectrum 	<p>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.</p>
<p>CPP – Child Parent Psychotherapy</p>	<ul style="list-style-type: none"> ● Children ages 0-5 who have experienced trauma ● Children who have been victims of maltreatment ● Children who have witnessed DV ● Children with attachment disorders ● Toddlers of depressed mothers 	<p>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.</p>
<p>IN-AJSOP</p>	<p>Children with sexually maladaptive behaviors and their families</p>	<p>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</p>

		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.
CBT- Cognitive Behavioral Therapy	<ul style="list-style-type: none"> • Children and adults • Depression • Anxiety • Cognitive distortions • Unlearn negative emotional and behavioral reactions 	This program offers approaches to assist clients in facilitating many types of behavior change including cognitive distortions which tend to reinforce feelings of anger and self-defeat. CBT is based on the premise that negative emotional and behavioral reactions are learned, and the goal of therapy sessions are to help unlearn these unwanted reactions and learn new ways of reacting. This model has been proven effective with youth and adults who have significant depression or anxiety, those who lack motivation, and those who need mental health treatment to safely change behavior. It can assist parents who appear to be unmotivated in taking initiative on behalf of their children, largely due to history and pattern of being a victim of childhood neglect/abuse, dysfunctional family patterns, domestic violence, or sexual assault. In addition, it can also be effective in addressing inappropriate discipline, and assisting with children who are noncompliant, have learning disabilities, social anxiety, or bullying behaviors

Trauma Assessments, TF-CBT

DCS 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.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a model that is utilized by providers. DCS has trained approximately 500 clinicians throughout the state to provide TF-CBT. These clinicians are employed by Community Mental Health Centers, residential treatment providers (for youth), and community-based providers. This large number of clinicians trained by DCS will expand the availability of TF-CBT and will ensure that TF-CBT is available for children and families in need.

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

Community Based/Prevention providers have clauses in their contract with DCS which contain assurances that include the following mandate:

In order to improve outcomes for LGBTQ youth, service providers will provide a culturally competent, safe, and supportive environment for all youth regardless of sexual orientation. All staff must be sensitive to the sexual and/or gender orientation of the family members, including lesbian, gay, bisexual, transgender, or questioning (LGBTQ) children/youth. Services to youth who identify as LGBTQ must also be provided in accordance with the principles in the Indiana LGBTQ Practice Guidebook.

Staff will use neutral language, facilitate a trust-based environment for disclosure, and will maintain appropriate confidentiality for LGBTQ youth.

Kinship Care

DCS remains 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 currently has designated Relative Support Specialists(RSS) that are charged with supporting crisis need of kinship, stabilizing family systems when the addition of a child is accepted and identifying concrete supports and community networks kin need to improve the conditions of children in their care.

Indiana DCS continues to receive funding from the Kinship Navigator Grant. As DCS utilizes the Kinship Navigator Grant dollars, the Kinship Indiana Support Services (KISS) Assessment has been adopted to ensure that kinship planning can be measured in improvement for safety, stability, well-being, and permanency of youth in that setting. The pilot was initiated in mid-2019 in one Region and grant monies used to contract for evaluation that began in October 2019 by IUPUI. The research and evaluation by IUPUI has concluded. The pilot was expanded to a second Region in 2021 and modified for statewide deployment by summer 2021. During 2022, the KISS program was redesigned to provide a safety and risk tool as well as provide a measurement guide which allows the relative support specialist (RSS) practice guidance. The tool provides staff a way to assess what is working with the family and what they will need moving forward to maintain and address any basic needs they will have once a youth is placed in their home. Further, the tool will assist the relative support specialty to conduct an appraisal and identify action steps allowing the family to move from a crisis initial phase when placement occurs, to a maintain phase once the child has been in the home for a period of time. It also serves as a communication tool between the Family Case Manager and RSS to support the ongoing needs of the relative/kinship placement.

Indiana Department of Child Services will continue to establish standardized methods for working with and offering services to relative and kinship placements via KISS.

The Indiana DCS has developed a website containing community resources for kinship families. This website includes information on state and federal benefits available to kinship families as well as community service providers that families may determine to be useful. This page is included on a site that provides information for licensed foster parents, so kinship caregivers are aware of possible additional resources, should they choose to become licensed. A number is prominently listed on that site that connects families to the Kinship navigator by email or phone so resource connections and referrals can be conducted. The kinship module can be found online here: <https://www.indianafostercare.org/s/kinship-relative-caregiver-resources>

Additionally, Indiana DCS continues its partnership to facilitate the kinship advisory council and improve resources to non-custody families in Indiana. The partnership includes Casey Family Programs and Villages of Indiana along with kinship families that have been involved with DCS and families that have not been involved. Their efforts are also reported through the Indiana Commission for Child Safety to gain strategic benefits of that multi-disciplinary involvement.

The Indiana Family and Social Services Administration (“FSSA”) develops, finances, and administers programs to provide healthcare and social services to individuals in Indiana. DCS is partnering with FSSA to establish a referral system for relative and kinship families utilizing the relative support specialists. The goal of this referral program will be to establish quick and consistent access to government aid for relative and kinship families to utilize. These services include financial, medical, and childcare services that families may be eligible for due to placement of a child in kinship care.

Foster Care

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. 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 163 Regional Foster Care Specialists (RFCS), who are dedicated to recruiting, licensing, and supporting/retaining foster homes. In March 2021, DCS had 2,980 foster homes licensed through a DCS local office (out of the total 5,437 licensed foster

homes in Indiana). As of March 2022, DCS had 2,837 foster homes licensed through a DCS local office (out of the total 4,999 licensed foster homes in Indiana).

- The Department has centralized foster care leadership to ensure continuity of services and best practices by ensuring that the foster care field division is housed under one Assistant Deputy Director. Following additional reorganization the DCS central office foster care consultant group comprised of 10 consultants and 2 managers work to do the following to support foster care specialists in the field: support ongoing training efforts to LCPAs and DCS through data utilization and case audits; provide technical support to LCPA/DCS foster care coalitions; provide recruitment input through best practice strategies, report analysis and stakeholder feedback to contribute to regional recruitment/retention plans; and coordinate the licensing review functions to maintain integrity of decisions making for licensing. There are Division Managers who manage both the foster care and relative care supervisors across the state. There are currently 42 relative support specialists who work to support our relative/kinship placements. The Department has a Foster Care Communication and Support Liaison, Foster Care Local Office Director, and a Kinship Navigator program manager to continue developing better programs and supports in working with our relative/kinship placements. There was some decline in recruitment inquiries for non-relative foster care during 2020 and 2021 and efforts were made to restore some momentum in recruitment activities as well as successful licensing of interested families. Recruitment efforts are detailed in Attachment F Indiana Foster and Adoptive Parent Diligent Recruitment Plan. One of the goals for the kinship team in 2021 was to increase the number of kinship families licensed as foster homes. This allows the kinship caregivers to receive a foster care per diem to support the care of the children placed in their home. During the 2020 year, DCS approved 100 additional relative licenses. To date in 2022, an additional 57 homes have been approved for relative licenses. Licensing relatives will allow for financial support to be available to relative homes during the time of youth placement.

In response to COVID-19 to ensure continued support of our foster parents, DCS issued an Administrative Letter on the Temporary Modification to Foster Care Licensing Requirements effective April 15, 2020. This letter outlines exceptions to the Foster Family Home Licensing policies that are temporarily being implemented during the current public health emergency. These temporary changes include trainings moving from the classroom setting to a virtual format and the issuance of waivers for noncompliance with a specific rule or regulation that may be granted on a case-by-case basis.

Post COVID in April 2022, DCS began returning to some of the original design of fostering while also using some of the lessons learned in COVID to provide higher quality customer service. This includes offering hybrid training that is virtual and also in person. While home contacts have returned to our outlined policy requirements, DCS has found the value of using virtual technologies to connect with families and youth more frequently and

meaningfully.

Group Homes

DCS licenses and contracts with group homes across the state. Group homes serve youth with a variety of needs and allow the youth to have more opportunities for community involvement such as attending school, working, sports, and volunteer opportunities.

Residential Care

DCS licenses and contracts with residential facilities across the state. Residential facilities serve have specific programming and target populations to provide the most appropriate care to meet the individual needs of each youth.

Psychiatric Residential Treatment Facilities (PRTF)

DCS licenses PRTF facilities. DCS contracts with PRTF facilities and pays the placement costs if the youth does not meet medically necessary criteria. While PRTF is funded through Medicaid, DCS has partnered with FSSA and OMP to provide wraparound funding for PRTF facilities to provide the DCS non-medically necessary costs outlined in the DCS contract for DCS involved youth.

Residential Program Service Categories & Basic Standards

Aftercare: As a part of FFPSA implementation, DCS conducted a weeklong rapid improvement event in August 2019. Multiple state agencies, all divisions of DCS, Probation Departments, and Residential Facilities worked to create a definition of aftercare that would meet the requirements in Aftercare and address the needs identified by Probation Officers and Family Case Managers. The definition is that the residential facility will have a case manager that works to implement the discharge plan through securing recommended/needed services, holding monthly team meetings, identifying barriers, and talking to the entire team to ensure that there is a shared understanding of the progress the youth completed in residential treatment. The focus will be to ensure the youth successfully reintegrates into their family, their school, and their community. This service was launched in late 2021. Since launching aftercare, 240 youth have received the service after discharging from residential treatment. DCS is evaluating the percentage of these youth who re-enter residential treatment. The number of CHINS youth has declined 17.7% since launching aftercare services (from 542 in July 2021 to 446 in July 2022).

Developmental and Intellectual Disabilities Services: This program provides highly structured, intensive services, to children with developmental and intellectual disabilities including autism spectrum disorders, designed to facilitate developmental growth and decrease maladaptive behaviors. This service may be provided in a setting licensed as a group home, child caring institution or private secure facility. This service must be in a living unit which houses only this program.

Drug and Alcohol Abuse Services: This program provides, highly structured, intensive substance abuse treatment services that are designed to modify behaviors and/or alleviate causative factors that have attributed to high risk behavior to children who are using, who have a history of using and/or who have a dependence on

illegal substances. This service may be provided in a setting licensed as a group home, child caring institution or private secure facility.

Emergency Shelter Services: This program provides emergency services to children who need short-term placement in which the basic needs for safety, food, clothing, shelter, education, and recreation can be met. There must be access to and the availability for admission to these services 24 hours per day, seven days per week. This program can be provided in a setting licensed as a child caring institution or group home and the maximum length of stay is twenty (20) days pursuant to IC § 31-27-3-10, unless an exception is made in writing by the DCS Director or designee. An exception request must be submitted in writing to ESCExtensions@dcs.in.gov prior to the fifteenth day of placement and will only be granted for exceptional circumstances.

High Acuity Behavior Residential Services: This program provides intensive services to children characterized by their display of excessive and inappropriate aggression combined with other high-risk behaviors. This program is designed to decrease the occurrence of aggression and other behaviors that are a barrier to societal integration and permanency. This program, which is a specialized Secure Treatment Services program, may only be provided in a setting licensed as a private secure facility. This service shall be in a living unit which houses only this program. DCS is still exploring the best ways to develop this programming, including potentially launching an RFP. Enhanced supports and staffing are currently provided for high-acuity youth in residential treatment. A list of Residential Treatment Programs Designated QRTP or QRTP-Exempt can be found at this link: [Programs-Designated-QRTP.pdf \(in.gov\)](#).

Independent Living or Residential Step-Down Services: This program provides services, to older children, designed to assist participants to gain the skills required to live healthy, productive, and responsible lives as self-sufficient adults while still being provided needed supervision. This program may only be operated in a setting with a group home license unless special approval is granted to operate this program in a setting licensed as a child caring institution.

Open Residential Services: This program provides generalized residential services at a moderate level, to a broad unspecialized population of children with moderate need for supervision. This program provides a full range of therapeutic, educational, recreational, and support services. This program may be in a setting licensed as a child caring institution or group home.

Open Residential plus Emergency Shelter Services: This category is applicable when both an open residential and emergency shelter care program are being offered within the same unit and have the same programmatic and cost structure. This program category is most often based in a facility licensed as a group home but may, in certain circumstances, be in setting licensed as a child caring institution.

Secure Treatment Services: This program provides generalized residential services at a secure level, to children with severe and/or chronic needs and who present a significant risk of being a danger to themselves or others. This program provides a full range of therapeutic, educational, recreational, and support services that are the

most intense, which occur with the greatest frequency and for which there is the most intense staffing pattern as compared to other programs in the service continuum. Intense behavioral health and/or behavior management services are also provided within a locked, secure setting. This program can only be operated in a setting that is licensed as a private secure facility.

Youth with Sexually Harmful Behavior Services: This program provides highly structured, intensive, sex offender specific treatment, designed to improve public safety by reducing the risk of reoccurring sexually based offenses, to children who have a history of engaging in sexually maladaptive behavior. This service is most often provided in a setting licensed as a child caring institution or a private secure facility, although the service could be provided in a setting licensed as a group home. This service shall be in a living unit which houses only this program.

Short-Term Diagnostic and Evaluation Services: This program provides diagnostic and assessment services to children in need of a comprehensive evaluation. This program implements a process by which the nature and cause of presenting issues are determined, and appropriate services and treatment modalities are identified for each Child and family. The maximum length of stay in this program is thirty (30) days unless an exception is granted in writing by the Deputy Director of Child Welfare Services or designee. An exception request to the 30-day maximum stay shall be submitted in writing prior to the twentieth day of placement and will only be granted for exceptional circumstances. This program may be provided in a setting licensed as a group home, child caring institution, or private secure facility.

Stabilization and Diagnostic Services: This program provides crisis intervention, stabilization, and diagnostic and evaluation services to children for whom the presence of disruptive behavior is a barrier to available alternatives for placement. This program will facilitate the child's achievement of a post crisis level of functioning and identify programs and services which are appropriate to the child's needs. There must be access to and the availability for admission to these services 24 hours per day, seven (7) days per week. The maximum length of stay in this program is sixty (60) days, absent approval of the Deputy Director of Child Welfare Services or designee. An exception request to the 60-day maximum stay shall be submitted in writing prior to the fiftieth day of placement and will only be granted for exceptional circumstances. This program may be provided in a setting licensed as a child caring institution or a private secure facility. This service shall be in a living unit which houses only this program.

Staff Secure Services: This program provides residential services to a broad, unspecialized, population of children who have a more intense need for supervision than children in an open residential setting. This program provides a full range of therapeutic, educational, recreational, and support services that are more intense, occur with greater frequency and for which there is a more intense staffing pattern than those services provided in the open residential setting. This program can only be operated in a setting that is licensed as a child caring institution.

Teen Mom and Baby Services: This program provides comprehensive, specialized services to pregnant or

parenting teens and their children, designed to increase/improve the parenting skills, and increase independent living skills of mothers while they are in a setting that assures the safety of their children. This program may be located within a setting that is licensed as a group home or child caring institution.

Sex Trafficking/Commercial Sexual Exploitation Services: This program provides intensive services to children who have been victims of sexual trafficking, and it addresses the complex needs which are a result of the child having experienced the trauma of being sexually trafficked. This program must be provided in a setting licensed as a private secure facility. This service must be in a living unit which houses only this program.

State Operated Facilities

DCS does not license or contract with state operated facilities. DCS works with FSSA and CMHC's to access this level of care for youth that are in need across the state.

Adoption Services

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 Section XI.

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

Post adoption services provided for children adopted from other countries is the same as services provided to children adopted in the United States. If a child, previously adopted in a foreign country, seeks post adoption services, their eligibility for services would be the same as any other child who comes into the care of DCS.

This is not true as it relates to adoption subsidies as most children adopted from foreign countries are not usually in the care of the Indiana Department of Child Services prior to the adoption, and therefore do not meet eligibility requirements.

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

- The Fatherhood Initiative has focused on engaging Fathers in the case plan and increasing their parenting capacity.
- Indiana Family Preservation Services is geared towards ensuring that children remain in the home safely with their parents while receiving necessary support
- DCS works closely with several organizations that provide substance abuse treatment and placement for mothers with their children to promote sobriety while maintaining the parent/child relationship.

- DCS Comprehensive Service supporting the usage of evidenced based models.
- DCS has enhanced the Diagnostic and Evaluation Service Standard to include an Attachment and Bonding Assessment.
- DCS has been consulting with a psychologist with Riley Hospital for Children about services to address Infant Mental Health. There is an “endorsement” that providers can pursue to better address very young children (called “Infant Mental Health Endorsement”, information can be found at the following link: <https://www.mhai.net/60-subsidiaries/association-for-infant-atoddler-mental-health>). The psychologist will be coming to a monthly Community Mental Health Center (CMHC) meeting to talk with providers about this credential.
- In addition, a number of CMHCs already have training in Parent-Child Interaction Therapy (PCIT), which is also a model to help with bonding and attachment for very young children. DCS is providing more education to explain who has completed this training, which children and families should be referred for it, and how referrals should work for PCIT.

1. 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 to increase cooperation and communication between the parents.

2. Indiana Family Preservation Services

INFPS works to increase permanency for children birth – 5 while improving access and availability to services for the caregiver. This approach allows for DCS to contract with one service provider who assesses the needs for the family in the home, including concrete services, to ensure that all necessary services can be provided timely and coordinated through one provider service referral.

3. Service Mapping

For those families involved in the child welfare system, DCS initiated Service Mapping. Service Mapping utilizes the outputs from 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.

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. It’s important to note the Service Mapping is not required to referrals to Family Preservation Services, as those services with its provision of evidence-based models and concrete supports for families in times of need are available to all Informal Adjustment and In-Home CHINS cases as of June 1, 2020.

EFFORTS TO TRACK AND PREVENT CHILD MALTREATMENT DEATHS AND SOURCES OF DATA FOR CHILD MALTREATMENT DEATHS

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. State law also considers all Indiana citizens “mandatory reporters,” by requiring any citizen who suspects child abuse or neglect to make a report to DCS.

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:

- Information gathered by filling out the Sudden Unexpected Infant Death Investigation forms (only applicable in certain types of deaths)
- Prior DCS history
- Autopsy Report (final report)
- Death Certificate (state issued)
- Law Enforcement Agency records
- Emergency Medical Service records
- Medical records
- Mental Health records for child and/or caregiver (if applicable)
- Drug screens
- Pictures
- Interviews with all appropriate parties (caregivers, witnesses, other children, professionals, etc.)
- Scene investigation
- Scene reenactment
- Any information gained from professional consult (i.e., Pediatric Evaluation and Diagnostic Service (PEDS) referral)

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 because of abuse or neglect. All data gathered by the Family Case Manager during the child fatality assessment is entered into the State’s child welfare information system. 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. DCS pulls data from MaGIK on all substantiated child fatalities to submit for the National Child Abuse and Neglect Data System (NCANDS) child maltreatment fatality measure.

Indiana also has statutory requirements related to creation of Local Child Fatality Review Teams, whose role is to help provide an additional lens to evaluate child fatality trends and help inform future prevention efforts.

The law 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. 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 Department of Health (IDOH). 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, have been 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 more holistic review of trends in child fatalities. The goal of the teams is to help inform future prevention efforts across the State, as well as, making legislative and policy suggestions.

To better understand the driving factors of child maltreatment fatalities, Indiana is reviewing options presented by The Children’s Safety Network (CSN) in conjunction with the Indiana Department of Health (IDOH). The IDOH is launching the first cohort of a new Child Safety Learning Collaborative to reduce fatal and serious injuries among infants, children, and adolescents through the implementation and spread of evidence-based strategies.

DCS is working closely with IDOH via data sharing and matching to achieve a broader system understanding surrounding the issue of child fatalities. The IDOH was awarded a Child Death Review Grant from the Department of Justice. As a result of that grant, DCS and IDOH are partnering on understanding the factors in child fatalities to reduce child fatalities in the future. DCS and IDOH are working on a data mapping initiative that will allow a deeper understanding of child fatalities from the past five years.

DCS has a Safe Systems Director and four (4) Safe Systems Reviewers who will review specific cases and work to identify systemic issues in a psychologically safe manner. The role of this team is to provide systemic or focused trends and enact necessary system changes based on feedback from internal and external stakeholders.

The most recent report of annual Child Abuse and Neglect Fatalities can be found here:

[https://www.in.gov/dcs/files/2019 Annual Report of Child Abuse and Neglect Fatalities in Indiana.pdf](https://www.in.gov/dcs/files/2019%20Annual%20Report%20of%20Child%20Abuse%20and%20Neglect%20Fatalities%20in%20Indiana.pdf)

SUPPLEMENTAL FUNDING TO PREVENT, PREPARE FOR, OR RESPOND TO, CORONAVIRUS DISEASE 2019 (COVID-19)

Indiana successfully utilized all of the IV-B Cares Act funding allocated. It was used to fund personal protective equipment (PPE), cleaning, and modifications of local offices as well as other items necessary for allowing our front-line workers to perform their duties under the COVID restrictions in place.

To support providers who were financially impacted by the COVID-19 pandemic, DCS released two Request for Funding (RFF) opportunities for providers. The first RFF was released on October 9, 2020 and closed on November 5, 2020. This RFF was open to all providers (community based, LCPA, residential, etc.) and covered the period of March 6, 2020 through June 30, 2020. Information on this RFF can be found here:

<https://www.in.gov/dcs/files/DCS%20CARES%20Act%20Boilerplate%20ADD%201.pdf>. The second RFF, at the request of providers, opened on December 1, 2020 and closed on December 15, 2020. Information on this RFF can be found here: <https://www.in.gov/dcs/files/CARES%20Act%20Boilerplate%20Version%202.pdf>.

MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES (PSSF) (TITLE IV-B, SUBPART 2)

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 have been 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. DCS has chosen to spend 20% in each of the Title IV-B subpart 2 service categories. DCS 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.

DCS received emergency funding for the MaryLee Allen Promoting Safe and Stable Families (PSSF) through Division X, supporting youth and families through the pandemic. In order to enhance our ability to maintain employment to support youth and families, DCS used the funds towards administrative costs. Those funds were specifically used to pay for the salaries of our Family Case Managers (FCM). The FCM focuses on establishing meaningful relationships with families and communities to assess primary safety and risk concerns and take action when needed to ensure safety, permanency and well-being to promote healthier and stronger families for our children and communities.

**Family Support:
Prevention**

20%

- Community Partners for Child Safety
- Healthy Families Indiana

Family Preservation

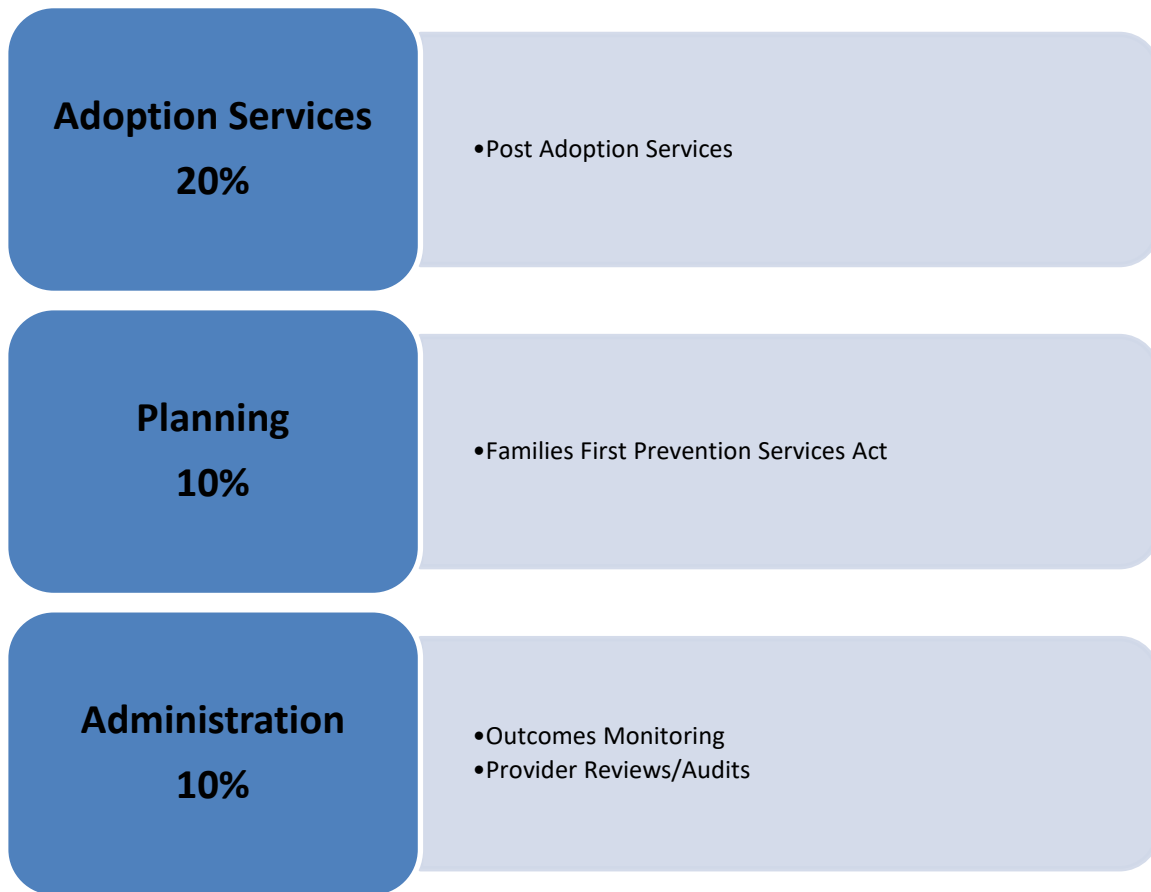
20%

- Family Preservation Services
- 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



1. 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
- Indiana Family Preservation 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.

2. 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 and Healthy Families Indiana. The Service section includes a description of these services.

3. 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 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.

DCS is working to develop comprehensive, per-diem-based Family Reunification Services, and is intentionally soliciting provider input into how these services may look for families. The goal of these evidence-based services is to focus on developing protective factors within families to as quickly and safely as possible reunify children who are in out-of-home care with their families while also ensuring that the placement they are in during the reunification process is safe and stable. These services would provide for concrete supports as well. DCS recognizes the importance of safety and stability for children when they are in out-of-home care. A Request for Information (RFI) opened for these Family Reunification Services on April 29, 2021 and closed on June 10, 2021.

DCS received responses to the RFI, but the RFP has not yet been finalized. DCS continues to review the responses to the RFI to finalize the program's service standards, clarify the target population, establish clear program goals and objectives, and help determine the program's per diem rates.

Reunification cases have different variables that are not present with preservation cases (distance from the child's placement and the targeted caregiver for reunification, siblings potentially in different placements, differing placement types, etc.). DCS does envision having more than one per diem for these services, but is committed to using a per-diem reimbursement model as we believe this allows providers to focus on helping families achieve positive outcomes, rather than on billable time.

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.

4. Adoption Promotion and Support Services (20%)

Services and activities available encourage more adoptions out of the foster care system, when adoptions promote the best interests of children. Services and activities are designed to expedite the adoption process and support adoptive families. Adoption services include-preparing the child for adoption, preparing prospective families for adoption, and supporting families post adoption through community-based services and supports. Child preparation services work to help the child work through loyalty, grief, and loss issues related to their birth family, and family preparation services prepare the prospective adoptive family and make 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 pre-adoptive and adoptive placements.
- 2) Ensure that prospective adoptive families and children free for adoption are adequately prepared for adoption.
- 3) 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.
- 4) Increase the number of adoptive parents available for special needs children.
- 5) Decrease the number of children waiting for adoptive parents.
- 6) 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 have been developed with the goal of creating cross-system coordination and adoptive family-centered care service delivery. Services provided to families include a comprehensive strength-based assessment and upon completion, the provider will work with the family to develop a plan to support the needs of the family. 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. 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. Contractors SAFY, Firefly Children & Family Alliance (formerly Children's Bureau), and The Villages continue to provide post-adoption services to families in the State of Indiana. These three 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.

DCS recently changed the model of post adoption services to one statewide provider through Lifeline that will take effect in July 2022, changing the above model of three contractors. Having one provider will improve the uniformity of service delivery across Indiana, more efficient point of entry to initiate services and allow for more meaningful metrics to determine placement disruption rates. In addition to post adoption services, Indiana has also added post guardianship services to support families through that legal permanency and to prevent child welfare re-entry.

Firefly Children & Family Alliance (formerly Children's Bureau) continues to have an expanded contract to provide adoption recruitment throughout the State of Indiana. Firefly Children & Family Alliance developed, updates, and maintains the Indiana Adoption Program database for recruitment. Firefly Children & Family Alliance also assist with technical assistance and database interfacing with Indiana Children's Museum – Power of Children Gallery, Wednesday's Child segments with a local news station, American's Kids Belong, producing videos and pictures for waiting children, and Adopt US Kids and other recruitment opportunities as they are implemented. The Firefly Children & Family Alliance Adoption Champions support recruitment by performing the following services:

- Feature children at adoption fairs and public events to increase the pool of approved families and aid recruitment
- Network and dialogue with various agencies, professionals, and other states to help recruit families waiting for children
- Conduct child and family recruitment events designed to allow children and families to meet and interact in a not-threatening manner
- Meet and photograph children needing recruitment
- Participate in various educational settings, such as conferences and parent trainings, to promote current adoption practices and thinking

In late 2019, DCS received approval to increase the number of adoption staff servicing the field. The adoption team has increased from 7 to 18 staff member and the addition of two supervisor positions. With the increase, Adoption Consultants can be more proactive in helping to reduce time in care for children and increase time to permanency through adoption by providing increased services to field staff as they work to achieve permanency for children and to families as they prepare to adopt from foster care.

DCS Adoption Consultants support field staff by performing the following services:

- Clarify DCS policy regarding adoption
- Manage referrals for recruitment services, child social summaries, and adoption home studies
- Assist in interviewing and matching families for waiting children.
- Help identify adoption resources available for children and families

- Assist with child and family recruitment events designed to allow children and families to meet and interact in a not-threatening manner
- Prepare and provide support to waiting families
- Provided guidance to families and the children's case managers to facilitate smooth transitions and adoption needs
- Provide training, when needed, and support staff in their adoption work
- Participate in Child and Family Team meetings and other regional meetings relating to permanency
- Participate in Rapid Permanency Reviews and conduct follow up and assist in the development of action plans after the reviews to ensure that positive permanency outcomes are achieved

SERVICE COORDINATION COLLABORATIONS

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.

1. Indiana Department of Health

The Indiana Department of Health (IDOH) 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 IDOH to better coordinate federal and state resources.

Statewide Safe Sleep Program

There is continued forward movement on the coordination of safe sleep education and outreach efforts as well as the formal Memorandum of Understanding (MOU) through which the providers become crib distribution sites for the Safe Sleep program in their local communities. The Indiana Department of Health (IDOH) has several partnerships with community organizations and have increased the distribution sites that cover the entire state.

Program Plans:

The total number of Safe Sleep distribution sites has reached 141 and all 18 DCS regions are represented. The Child Fatality Review team will continue working with the Maternal & Child Health epidemiology team to address racial and economic disparity in sleep related deaths, actively seeking agencies in regions with high SUID (Sudden Unexplained Infant Death) rates to join the program, increase the quality of data collection to link the safe sleep data with the birth and death records, as well as the ongoing evaluation of the Safe Sleep Program. Moving forward, the continuation of this program will be handled solely by IDOH.

My Healthy Baby

The My Healthy Baby, Indiana's OB Navigator Program, is a cross-agency collaboration between the Indiana Department of Health (IDOH), Family and Social Services Administration (FSSA), and the Indiana Department of Child Services (DCS) which has been challenged with developing a strategy to reduce the state's infant mortality rate. The initiative was established by House Enrolled Act 1007, which was signed into law by Governor Holcomb in 2019. My Healthy Baby is building a network of services to support mothers and babies to create healthier outcomes for both. The goal of the Program is to identify women early in their pregnancy and link them to home visiting services that will provide personalized guidance and support during pregnancy and for at least the first 6-12 months after delivery. In the first year of the project the initiative went live in the 22 highest risk counties of the state. The program focuses on outreach to pregnant women on Medicaid and referral into home visiting services. An additional component of the project is to promote a culture that accepts and even expects home visiting services for all pregnant women. The project is tracking both process and outcome measures. To ensure the best possible outcomes, during the project the team will identify and sponsor quality improvement projects.

Key partners will include those organizations that currently provide home visiting or similar services, and to which we will refer pregnant women:

- Nurse Family Partnership
- Healthy Families Indiana
- Organizations with OB Community Health Worker (CHW) programs
- Managed Care Entities

The primary focus of 2020 was the initial build and implementation in the first 22 target communities. The primary focus in 2021 was expansion to additional communities as well as building and implementing enhancements to the program. The primary focus of 2022 is continued expansion to additional communities with the goal to be live statewide by the end of 2023. Additional information regarding My Health Baby can be located at: in.gov/myhealthybaby

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 as DCS Prevention clients and/or those at risk for involvement in DCS intervention services, as outlined in more detail below.

Early Childhood Comprehensive System (ECCS)

The purpose of the ECCS Impact program, which began in August 2016, is to enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) approach. An additional goal of the ECCS Impact grant is the development of collective impact expertise, implementation, and sustainability of efforts at the state, county, and community levels. Additional information regarding this program can be located at <https://www.in.gov/isdh/27274.htm>.

Help Me Grow Indiana

The Indiana Department of Health, in collaboration with the Indiana Department of Child Services, brought the Help Me Grow (HMG) model to Indiana. This model is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral, and linkage to early childhood resources and services. It reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families. It is specifically designed to help states organize and leverage existing resources to best serve families with children at-risk for developmental delay. The model does not change or reinvent these programs and services, rather, it ensures collaboration among multiple systems to ensure access to services and seamless transitions for families. Additional information about Help Me Grow Indiana can be located at <https://www.in.gov/isdh/28521.htm>

Early Learning Advisory Committee (ELAC)

Established by the Indiana General Assembly in 2013, the Early Learning Advisory Committee (ELAC) has membership that is appointed by the governor. The ELAC's responsibilities include:

1. Conducting periodic statewide needs assessments concerning quality and availability of early education programs for children from birth to the age of school entry, including the availability of high-quality prekindergarten education for low-income children in Indiana.
2. Identifying opportunities for and barriers to collaboration and coordination among federally and state funded child development, childcare, and early childhood education programs and services, including governmental agencies that administer programs and services.
3. Assessing capacity and effectiveness of two- and four-year public and private higher education institutions in Indiana for support and development of early educators including professional

- development and career advancement plans and practice or internships with pre-kindergarten programs.
4. Recommending to the Division procedures, policies, and eligibility criteria for the Early Education Matching Grant program.

Additional information regarding ELAC can be located at <http://www.elacindiana.org/>

Maternal Infant Early Childhood Home Visiting (MIECHV)

Maternal Infant Early Childhood Home Visiting (MIECHV) funds 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 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, screenings for developmental concerns, early education, parenting skills, child abuse prevention, and nutrition education or assistance. For more information about MIECHV Indiana visit: <https://www.in.gov/health/mch/home-visiting/maternal-infant-and-early-childhood-home-visiting-miechv/>.

Indiana Home Visiting Advisory Board (INHVAB)

The INHVAB/ECCS/Help me Grow Indiana advisory board continues to meet quarterly. In 2020, a facilitator was engaged to create a more efficient meeting space as well as maximize the value of time for participants. Evaluation of the board membership also took place to ensure that all the right people are currently at or brought to the table. In addition, the board discussed the role of the board and spent time creating a Vision, Mission, and Approach that clearly defined the roles of board members and their commitment to early childhood initiatives. Each meeting includes MIECHV updates, home visiting updates and partner updates as well as engaging content relevant to current early childhood initiatives. In 2021, a survey was provided to members soliciting ideas for re-branding this advisory board to illustrate the broad collaborative focused on home visiting and early childhood initiatives. Board members actively participated in providing feedback on proposed evaluation and other reports. The virtual meetings are consistently well-attended and will continue to occur quarterly.

Local Safe Sleep

At the local level, the Safe Sleep Program Staff will continue to look for opportunities to establish a footprint in communities disproportionately affected by high SUID rates. The DOSETM (Direct On-Scene Education – an

innovative program to help eliminate sleep related infant death due to suffocation, strangulation, or positional asphyxia by using First Responders to identify and remove hazards while delivering education on-scene during emergency and non-emergency runs) training sessions brought in new community partners committed to tackling the high SUID rates in their counties. IDOH will continue to provide strong foundation, consistent safe sleep messages, technical assistance, and resources to those counties.

2. 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 to better coordinate federal and state resources.

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 Community Partners for Child Safety (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 childcare 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.

Prevention Leaders Group

Workgroup established by the Family and Social Services Administration's (FSSA) Division of Mental Health and Addiction (DMHA) housed under the guidance of the Mental Health Planning and Advisory Committee (MHAPAC) reinstated regular meetings in 2020. The group was established to advance the vision of a Healthy Indiana with sustainable environments that nurture, assist, and empower all Indiana citizens to access and experience optimum physical, emotional, and mental health. Goals of the group include defining prevention to drive funding and policies, development of uniform state policy, determining an education process, delivering a comprehensive state prevention plan.

Substance Abuse Prevention Planning

The Division of Mental Health and Addiction (DMHA), with support from and coordination with sister state agencies including DCS, engaged in a needs assessment that yielded an impressive amount of data, expertise and energy from state and local providers, and culminated in a Prevention Congress which provided over half of the actionable items and informed the methods that the State employed to develop a strategic plan. Ultimately

this collaborative effort included concerned individuals, service providers, and governmental agencies. It has shaped and will continue to shape the service delivery of substance abuse prevention in the state.

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.

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.

The IHSCO completed a state-wide needs assessment in 2021, which is located at <https://www.in.gov/fssa/carefinder/files/2021-IN-Head-Start-and-Early-Head-Start-Needs-Assessment-Report.pdf>. It is noted in the assessment that due to COVID some data typically used in the annual report was not available and therefore information in the 2021 report may not always align to or be comparable with previous reports.

Early Intervention Program, Part C of the Individuals with Disabilities Education Act (IDEA)

At the state level, Family and Social Services Administration's Bureau of Child Developmental Services administers the First Steps System. 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 up to their third birthday, who are experiencing developmental delays and/or have a diagnosed condition that has a high probability of resulting in developmental delay. Currently, referral coordination occurs at the state level through a data exchange between DCS for child welfare clients and First Steps. At the local level, Healthy Families Indiana 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 and include First Steps provider staff on their local advisory boards.

Bureau of Child Developmental Services (First Steps)

At the state level, FSSA's Bureau of Child Developmental Services administers the First Steps program 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 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.

Preschool Development Grant (PDG 0-5)

Using funding from the Federal Administration for Children and Families, the FSSA's Office of Early Childhood and Out of School Learning concluded, a needs assessment and strategic plan that involved maximizing parental choice and knowledge around early childhood care and education, and implementation of best practices toolkit in early childhood care and education. The Department of Child Services along with many of our prevention services participated as a member of the Advisory Council as collaborating partners in the strategic planning as well as providing data for the need's assessment. The Strategic plan developed targets four focus areas: Grow High-Quality Birth-5 Programs and Supports, Support Strong Transitions to School and Kindergarten Readiness, Promote Birth-5 Family and Community Engagement, and Increase Collaboration and Coordination in the Birth-5 Service Array. The strategic plan in its entirety can be found at <https://www.in.gov/children/files/Birth-5%20Strategic%20Plan%2009.30.19.pdf>. DCS will continue to be a collaborative partner throughout the implementation of the strategic plan over the next two years.

3. Additional Collaborations

Governor's 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.

Indiana Coalition Against Domestic Violence (ICADV):

The Indiana Coalition Against Domestic Violence is a state-wide 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.

Indiana Perinatal Quality Improvement Collaborative (IPQIC)

The mission of IPQIC is to improve maternal and perinatal outcomes in Indiana through a collaborative effort with the use of evidence-based methods. The Governing Council of IPQIC is co-chaired by the IDOH Commissioner and the President of the Indiana Hospital Association, and is comprised of members across various hospital, medical, state and community health departments and social services organizations from both the state and community levels including participation for DCS Prevention and IDOH MCH Division. The IPQIC serves as an advisory board to the IDOH with the primary goal of improving the health of women and children throughout Indiana. DCS staff participate in the multiple task forces developed by IPQIC around the opioid epidemic. <http://www.in.gov/laboroflove/762.htm>.

Indiana Commission on Improving the Status of Children (CISC)

The Indiana Commission on Improving the Status of Children (CISC) was established under a law is charged with studying and evaluating services for vulnerable youth, promoting information sharing and best practices, and reviewing and making recommendations concerning pending legislation. This broad-based state commission studies and evaluates state agency policy and practice as well as proposes legislation that affects the well-being and best interests of children in Indiana. <http://www.in.gov/children/>

The CISC has formed seven task forces including Child Safety & Services task force and Child Services Oversight Committee. The goal of the Child Safety & Services task force with members from DCS and contracted providers in addition to other state departments and philanthropy is to support the well-being of Hoosier children by promoting a continuum of prevention and protection services for vulnerable youth and their families. There are eight objectives of the Child Safety and Services task force:

- Support efforts to prevent child abuse and neglect
- Support efforts to ensure the safety of children in state care
- Promote programs and services that support older youth with successful transition to independence
- Promote the practice of funding for money follows the family/child
- Study and evaluate barriers to receipt of Medicaid for prevention, early intervention, and treatment
- Promote an improved understanding of the impact of trauma on children and youth and the efficacy of trauma-informed practice
- Coordinate and communicate child safety efforts with Indiana Perinatal Quality Improvement Collaborative (IPQIC)
- Coordinate with the Indiana State Suicide Prevention Advisory Council

National Family Support Network and Strengthening Indiana Families Steering Committee

In June of 2020 Indiana became a member of the NSFN. The Strengthening Indiana Families Project (SIF) funded by the Community Collaborations grant is working to establish family resource centers in four pilot communities, create public awareness and anti-stigma campaigns, and increase cross system collaboration in support of child maltreatment prevention. This project is spearheaded by the Indiana School of Social Work in partnership with the Department of Child Services (DCS), Indiana Department of Health (IDOH), Firefly Children & Family Alliance (formerly Children's Bureau), Prevent Child Abuse Indiana, the Commission on Improving the Status of Children, the Indiana Library Federation, and several other community partners including families and youth with experience in the foster care system.

Strategic Framework for Prevention of Child Abuse and Neglect Statewide Advisory Team

The advisory team was established and began convening in June of 2020 and continued to meet throughout 2021. The purpose of this advisory team is to provide strategic input in the planning and creation of a statewide framework for prevention of child abuse and neglect in Indiana. In planning for this framework, this statewide advisory team identified shared values, identified priority outcomes, identified available data sources and indicators to measure outcomes, identified potential partners, identified available programs and resources that play a role in achieving the established outcomes, and identified a small group of pilot counties or regions. To date in 2022, there are (9) pilot counties or regions utilizing this framework. The Prevention Services utilized funds to support the creation of a Child Abuse Prevention Framework and Implementation Tool Kit and oversaw the development of the framework and tools. This framework and toolkit will help communities increase the effectiveness, alignment, and coordination of existing child maltreatment prevention efforts and identify new opportunities to support the resilience and well-being of all children and families.

Institute for Strengthening Families

The Institute for Strengthening Families is administered by DCS Prevention and offers a unique opportunity to bring together a wide array of providers serving families and parents across multiple systems for high quality, affordable training, and promotion of the vast array of services available to assist in all of our efforts to improve the lives of children and families in the state. DCS Prevention also collaborates with ISDH by participating in the Labor of Love summit as well as shares information from the Labor of Love Summit at the Institute for Strengthening Families. To combat infant mortality in Indiana, the Indiana Department of Health MCH Division, in cooperation with other organizations, initiated a statewide sustained education and outreach effort. This annual summit provides meaningful education and interaction with respected professionals in the field of maternal and child health, including home visitors

Prevention and Diversion Subcommittee

Subcommittee of the Juvenile Justice and Cross- System Youth Task Force established in 2020. The work of the subcommittee focuses on identifying and encouraging adoption of best practices for preventing and diverting youth from entering the juvenile justice system.

Systems of Care

Systems of Care meet within local communities and are composed of community agencies, schools, law enforcement, prosecutors, families, and others who focus on ensuring that services are available in the community to meet the needs of families. Systems of Care play a critical role in implementation of high-fidelity wraparound that is funded through Medicaid or the Children’s Mental Health Initiative. High fidelity wraparound is aimed at preventing youth with high mental and behavioural health needs that may otherwise be placed in residential placement an alternative by providing targeted individual services and family support services. Other services include residential 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 through the 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.

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 2 years but can be extended for 2 additional years. DCS released a Request for Proposals for most Prevention and Community Based services on December 3, 2018 and closed on January 11, 2019 for contracts beginning on July 1, 2019. The winning bidders for service procurement entered into a contract on July 1, 2019 and the contracts will expire on June 30, 2021. These contracts are currently in a period of extension. The CPCS contracts were extended in 2021 for 4 years and now go through SFY25. The HFI contracts will be renewed in October 2022 for two (2) years. Over the past year additional RFPs were released for the following service lines: Family Preservation Services, Health Families Indiana, Child Advocacy Centers, and Community Partners for Child Safety Program. DCS also plans to develop an RFP for future per-diem based comprehensive Family Reunification Services.

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 state-wide 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 or shortly after birth of the target child and fall 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. Referred families are initially screened by HFI assessment staff.

If a family screens positive, the Parent Survey includes 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 and supervisor review the results. Potential HFI clients must score 40 and above to be eligible for HFI services.

If families score 25 to 40 and have any of the risk factors outlined below, 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 13 or above or 3 on question #10 (suicidal) on the Edinburgh 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 witness's physical punishment of the child at visit.

KINSHIP NAVIGATOR FUNDING (TITLE IV-B, SUBPART 2)

Since receiving the Kinship Navigator Grant in 2018, DCS has changed the structure of the foster care program. In the past, relative and kinship care placements were provided programs and services by either a Regional Foster Care Specialist or a Relative Support Specialist—these positions are employed by DCS. These specialists work within their county and region to assist families and kinship caregivers with needs that are directed by the agency's practice within that location. Since the change, DCS has standardized policies and practices across the state to provide consistent and focused services and programs to kinships and relative caregivers.

DCS believes through the kinship navigator program caregivers and families will have a better understanding of what to expect and how to access services and supports. In March 2021, the percentage of youth living with kinship placement was 47.7% for Indiana which is an increase of approximately 3% since November 2019. In March 2022, the percentage of youth living with kinship placement was 50.5% for Indiana which is an increase of approximately 3% since March 2021. Ultimately, as we improve practice and supports for kinship caregivers, we will also improve outcomes for children and families. DCS will continue to evaluate the changed practice and help DCS build an evidence base to continually improve the program. The evaluation period with IU concluded in the fall of 2020 and continued efforts to refine the service delivery are underway.

In June 2019, the kinship navigator program established the Kinship Care Advisory Committee. Members include the DCS kinship navigator program director; kinship caregivers; private partners/businesses; community-based organizations; faith-based organizations; and nonprofits. The purpose of the Kinship Care Advisory Committee is to: (1) identify barriers and gaps in policy and practice; (2) identify strategies and make recommendations to address those challenges; (3) explore creative solutions to improve the well-being and support of kinship caregivers and the children in their care; (4) promote public awareness about the challenges and responsibilities of kinship care; (5) explore outreach and support to informal kinship caregivers; and (6) develop and expand relationships within the community to provide additional support to kinship caregivers.

Additionally, kinship support and navigation were added to the Indiana Commission for Child Safety- Child Health and Safety task force agenda to improve the conditions for family members to engage meaningfully with youth within their families. This partnership has allowed for more robust system advocacy across public sectors and within legislative initiatives.

We continue to cultivate relationships with community and faith-based organizations around the state. These connections will help the kinship navigator program identify outreach challenges, issues faced by kinship families, and ways the community can generate support for the betterment of Hoosier families and children. The

kinship advisory group has been instrumental to helping Indiana identify effective strategies to build non DCS family outreach strategies and continues to be utilized to inform DCS efforts.

Indiana designated a sole kinship placement coordinator position but due to the early focused work and resources generated made it necessary to add a second individual to work in this capacity. Indiana now has two individuals serving as kinship managers, one in northern Indiana and one in the south. This structure permits them to lead efforts across the placement continuum and offer more efficient systems to step down youth into supported kinship families from other placement types. The coordinators will provide a uniform service model for all kinship care providers in the state. These individuals have continued to build a sustainable infrastructure and policies for how every Relative Support Specialist and Regional Foster Care Specialist works with and provides support to kinship and relative placements via the Kinship of Indiana Support Services (KISS) model. The KISS model is used by DCS relative support specialists to assess and plan the placement of a child during the period immediately following removal and throughout the case. The goal of the KISS model is to ensure a smooth transition for children as they enter the home of their new kinship caregiver. An important part of the KISS model is the Kinship of Indiana Support Services (KISS) Assessment. The KISS assessment was developed to identify the underlying, unmet needs of families. This needs assessment will more easily and uniformly identify family needs to route the family to the appropriate services. This assessment has been deployed and is in use in all areas of the state.

VI. 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/visitations may alternate monthly between the home and other locations. The FCM must document the visit and any new information gained (e.g., health, educational services) in MaGIK within three (3) business days following each visit with the child, and parent, guardian, or custodian.

During case junctures involving the child and/or family (e.g., Trial Home Visits, potential placement disruptions, new child abuse and/or neglect (CA/N) allegations, potential runaway situations, pregnancy of the child, lack of parental contact, etc.), face-to-face contact with the child; parent, guardian, or custodian; and resource parent must be made weekly. 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 continued weekly face-to-face contacts, 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.

During the COVID-19 pandemic, the agency adjusted its policies on monthly contact with child(ren) and families. On March 20, 2020 DCS released guidance to field staff regarding monthly contact in a pandemic environment.

DCS began offering monthly visits if anyone in the home or the child has answered yes to the following questions:

1. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
2. Have you had contact with any person for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If a face-to-face visit is planned, the above questions should be asked again when the family case manager arrives, prior to entry into the home. If anyone answers yes to the above questions, cancel the face-to-face meeting, and set up a virtual contact.

If the family insists on a virtual meeting instead of a face-to-face meeting, DCS can accommodate that request. Family case managers can conduct virtual meetings via a number of options including an office WebEx account, Skype, Facetime or WhatsApp. Communicate with the family on their available technology to accommodate virtual visits.

Face-to-face may still occur IF everyone in the home answers no to all the above questions or if there's a presenting child-safety risk in the home that would necessitate an in-person home visit occur. Practicing good hand hygiene and following the CDC prevention practices is important when interacting face to face.

From March 20th to May 1st, 2020, in person face-to-face visits with child(ren) at residential facilities were suspended. FCM's and probation officers were expected to meet virtually with their youth in a private setting that ensures confidentiality.

On May 1, 2020 DCS updated their plan regarding face-to-face contacts with youth who are placed within residential facilities. DCS created a plan to mitigate the risks for staff and youth in care by limiting visitors to residential facilities. DCS developed a dedicated team of staff who are individually assigned to a facility and facilitate all the face-to-face contact with DCS and probation youth who are placed in that facility. Outside of these face-to-face visits, the child's assigned probation officer or FCM will continue to have meaningful virtual contact with the youth on at least a monthly basis. Probation Officers were able to begin visiting with their children placed in residential facilities as of June 1, 2021. A limited number of DCS staff continued to conduct the face-to-face visits at facility through October 2021, while FCMs continued to ensure ongoing virtual contact with their youth. FCMs resumed face-to-face visits with in-state residential youth beginning Nov. 1, 2021.

DCS utilizes the Monthly Caseworker Visit Formula grants in the support of caseworker salaries, training and development of supportive case management practices and outcomes.

FEDERAL MONTHLY CASEMANAGER CONTACTS PROGRESS REPORT

A chart of Monthly Family Case Manager Visits is listed in the report below which is designed to show a running total of Federal standards for FCM contacts for the year-to-date months within the current federal fiscal year. This report is used to determine the progress of FCM 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. In April 2020, Indiana saw a decrease in the percentage of physically visiting with children in their home setting due to COVID-19. As the state has begun to lift stay at home restrictions, Indiana would expect for that number to go back up in the coming months. As evidenced in the chart below, Indiana continues to meet the requirements for federal contacts:

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
June 2021	11451	11523	99.38%		11258	11451	98.31%
July 2021	11225	11345	98.94%		11037	11225	98.33%
August 2021	11084	11172	99.21%		10899	11084	98.33%
September 2021	11011	11135	98.89%		10849	11011	98.53%
October 2021	10950	11040	99.18%		9107	10950	83.17%
November 2021	10717	10836	98.90%		8875	10717	82.81%
December 2021	10571	10670	99.07%		8856	10571	83.78%

January 2022	10494	10569	99.29%		8331	10494	79.39%
February 2022	10393	10516	98.83%		8555	10393	82.32%
March 2022	10211	10276	99.37%		8608	10211	84.30%
April 2022	10256	10380	98.81%		8515	10256	83.02%
May 2022	10092	10171	99.22%		8417	10092	83.40%

VII. ADOPTION AND LEGAL GUARDIANSHIP 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. Most payments are used to pay for adoption and recruitment programs including adoption education events, adoption program development, media events, adoptive parents’ recruitment, and projects to inform the public of children waiting to be adopted.

DCS has worked with Wendy’s Wonderful Kids in Indiana to continue the expansion of the program statewide. DCS partnered with the Dave Thomas Foundation for Adoption (DTFA) to increase the number of adoptive parent recruiters from four (4) to 30 over three (3) years. These recruiters focus on children aged 9 to 17 with either a goal of adoption and no identified permanent plan or children with a plan of APPLA. The growth of this program is focused on ensuring all of these children have access to child-focused recruitment, dramatically increasing their chances of obtaining legal permanency. Utilizing Adoption Incentive funding, DCS entered into a multi-year co-investment agreement with DTFA in which Indiana’s investment will increase over time.

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 Firefly Children & Family Alliance (formerly Children’s Bureau), 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.

Adoption incentive payments are also used to showcase remarkable professional portraits of and stories about foster children in Indiana at the Indiana Children’s Museum through the Power of Children Exhibit. All the foster children featured long for loving and safe homes. The dramatic photos put a face on a sometimes-invisible need and remind families that adoption can change lives.

VIII. ADOPTION SAVINGS (473(A)(8))

Indiana will use adoption savings to fund staff and services that support positive permanent outcomes for children at risk of entering foster care, post-adoption and post-guardianship services.

Adoption Savings will be used to fund additional Adoption Consultants and staff completion of rapid permanency previews. In 2020, the Department increased the number of staff serving as Adoption Consultants from seven to eighteen to provide assistance to the field in an effort to reduce time in care for children and increase time to permanency through adoption. This increase in positions allows for a wider range of services to assist and partner with the field. In 2019 DCS in collaboration with Casey Family Programs, began the implementation process of Rapid Permanency Reviews (RPR). Rapid Permanency Reviews are designed to address the functioning of the child welfare system as a whole-executive, legislative, and judicial branches-to achieve system transformation and timely permanency. The target population for RPR’s are “long stayers” who are close to adoptions. Case selection criteria are: (1) children/youth who have been in care for two plus years, (2) termination of parent rights (TPR) has been granted in regard to both parents and all appeals have been exhausted, (3) permanency plan of adoption, and (4) in the same family-like setting for the past six months.

In the fall of 2021 DCS issued a request for proposal (RFP) for pre- and post- adoption services, as well as, pre- and post- guardianship services. DCS hopes to change and enhance its services for adoption and guardianship through this new RFP and contracts. DCS is added guardianship services, as this is not something that the state previously had in place. The contract process is concluding, and a selection of provider has been completed. Lifeline will begin transitioning state services in July 2022.

Through the relatively new family preservation per-diem, Indiana has been able to spend down the vast majority of our Adoption Savings backlog. This will allow us to focus on the Post Adoption/Post Guardianship requirements more closely in the future.

IX. FAMILY FIRST PREVENTION SERVICES ACT TRANSITION GRANTS

Indiana has spent a portion of this grant on coordination services to acquire a vendor for the QRTP assessment process related to FFPSA. DCS has contracted with Maximus to complete these assessments. The QRTP 30-day assessment launch occurred April 1, 2021 in preparation for the September 29, 2021 implementation of FFPSA. DCS will use this funding for the 30-day assessments.

In order to assist our residential providers in attaining QRTP status, Indiana utilized some of this funding to reimburse nursing services that were not otherwise included in their rates. This allows us to ensure appropriate placement in QRTPs when necessary.

X. FAMILY FIRST TRANSITION ACT FUNDING CERTAINTY GRANTS

Funds will be utilized to cover expenses that were once covered under the Title IV-E waiver in Indiana's foster care program. Indiana is currently utilizing and plans to continue utilizing, the transition act funding certainty grants to cover the cost of Licensed Child Placing Agency (LCPA) expenditures for out of home placements that were previously funded under the title IV-E waiver. Expenditures through LCPA's include administrative costs and per diem to licensed foster parents.

XI. JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

AGENCY ADMINISTERING THE CHAFEE PROGRAM (SECTION 477(B)(2) OF THE ACT)

The Older Youth Initiatives program encompasses Older Youth Services (OYS), Indiana's Extended Foster Care Program - Collaborative Care and Voluntary Services. DCS defines Chafee Independent Living Services as older youth services. OYS and Collaborative Care are sets of services and supports used to assist older youth to successfully achieve their case plan goal. OYS and Collaborative Care are primarily focused on helping those youth who are expected to turn 18 in foster care, but the programs can be implemented concurrently with other goals like reunification and adoption. Voluntary Services are a set of services for youth who have "aged out" of the foster care system. These services are geared to assisting former foster youth in the areas of housing, employment, and education.

The primary purposes of the OYS program are:

1. Identify youth who are expected to remain in foster care until their 18th birthday or after and assist them in the transition to self-sufficiency.
2. Help identified youth receive necessary education, training, and services to overcome potential barriers to gain employment and enhance employment stability.
3. Help youth prepare for and enter post-secondary education and/or training institutions.
4. Provide personal and emotional support for youth aging out of foster care.
5. Assist youth in locating and identifying community resources that will be available to the youth after DCS involvement has ended.
6. Encourage positive personal growth in older youth through "teachable moments."

Older Youth Initiatives is designed as a continuum of care beginning at age 16 with an extension of foster care until the youth turns 21 years of age and voluntary services as a safety net for older youth from age 21 until the youth turns 23.

DCS administers and supervises contracted providers who deliver the Chafee program, including the Education and Training Voucher program, directly to eligible youth. Services are available in all 92 counties across the state. DCS utilizes a fair bid Request for Proposal (RFP) process to award contracts for the Chafee program services which are issued broadly for services every 4 years. When an RFP is issued, information is posted on the DCS website and notification is sent to all DCS contracted agencies. Interested agencies submit proposals for Chafee OYS services and the proposals are evaluated, scored, and agencies are selected by the local DCS Older Youth Initiatives scoring team. The local scoring team submits a recommendation to the DCS Services Deputy Director and Administrative Services Deputy Director for the final decision to issue a contract. The DCS Older Youth Initiatives (OYI) Team provides direct oversight of program, service array and service provision of contracted providers or Older Youth Services (OYS) providers. The DCS OYI Team is made up of key personnel from the Child Welfare Services Division and works cross divisionally with the Collaborative Care Program team which is made up of key personnel from Field Operations. DCS provides program oversight to the Older Youth Services (OYS) Providers that provide the Chafee program services through multiple methods with a focus on experiential learning. Each OYS provider is strategically located throughout the State to ensure all youth are being provided services where they are placed.

DCS released a Request for Proposal (RFP) for older youth services during the 2019 fiscal year. Through the RFP process, DCS local OYI scoring team recommended five (5) agencies to provide Chafee OYS services within the nine (9) service areas. All agencies who submitted proposals received a notification letter of their awarded or non-awarded proposal status. The awarded agencies began providing OYS services during the start of the contract year, July 1, 2020. The awarded OYS Chafee contracted providers are defined in the chart below.

Indiana DCS - Older Youth Services Providers

<i>Service Area</i>	<i>Region</i>	<i>Agency</i>
1	1 & 2	Geminus
2	3 & 4	The Villages
3	5 & 6	Damar
4	8 & 9	The Villages
5	10 & 11	Firefly Children & Family Alliance (formerly Children’s Bureau)
6	7 & 12	Firefly Children & Family Alliance (formerly Children’s Bureau)
7	13 & 14	George Junior Republic
8	16 & 17	George Junior Republic
9	15 & 18	George Junior Republic

The DCS OYI team hosts bi-monthly meetings with the OYS Providers and Collaborative Care (CC) management staff. Program success, challenges, potential improvements, and best practices are discussed during the

meetings. DCS Collaborative Care Case Managers (3CM), Collaborative Care Supervisors, Independent Living Specialist, OYS provider direct staff and Supervisors come together at the DCS local/regional 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 and DCS local office staff 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. Due to COVID and the public health emergency, the provider meetings have been held virtually. The last meeting for this fiscal year was held on May 24th.

2020 OYS Provider Meetings	
Meeting Dates	# of Participants
7/27/21	34
9/22/21	30
11/16/21	34
1/25/22	31
3/22/22	38
5/24/22	30

Indiana’s extended foster care program, Collaborative Care consists of 74 CC Case Managers and 14 Supervisors located throughout the state, one (1) Assistant Deputy Director, and 2 (two) Division Managers.

DCS Older Youth Initiatives requires all OYS providers to submit an annual report documenting their service delivery. The older youth services review is a comprehensive description of how each OYS provider provides service delivery around education, employment, financial and asset management, physical and mental health, housing, activities of daily living, and youth engagement.

To increase wellbeing of youth the OYI team has made improvements to the older youth services system by adapting the Youth Thrive CSSP framework of protective and promotive factors. There are five protective and promotive factors that promote well-being and drive successful outcomes for youth: youth resilience, social connections, knowledge of adolescent development, concrete support in times of needs, and cognitive and social-emotional competence. Adapting the Youth Thrive framework into the DCS older youth system provides structure around ensuring the OYS providers support transition aged youth through promoting interaction with adults and mentors. Contracted OYS providers are provided training on the five (5) protective and promotive factors of Youth Thrive. The trainings provide them with knowledge and understanding of how to utilize the concepts into case management and service delivery.

DESCRIPTION OF PROGRAM DESIGN AND DELIVERY

1. Program Design

The Indiana Department of Child Services has a youth focused program design - service delivery system. The DCS youth focused system is designed to emphasis youth engagement and youth services.

Youth Engagement:

- Youth involved in program development and service delivery
- Youth led program development
- Youth program / service evaluation and feedback

Youth Serving:

- Program targets youth as consumers of services and activities by engaging youth in their case planning, transition planning and making decisions for themselves

By integrating a youth focused system, DCS has improved youth engagement by ensuing youth are informed of services and have an opportunity to engage in strategic planning for agency improvement.

2. Service Delivery

Indiana Department of Child Services / Older Youth Initiatives provides services through the John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program). Older youth services 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. Older Youth Services are services to youth that will help them successfully transition to adulthood, regardless of whether they end up aging out of the foster care system, are adopted, enter a guardianship, or are reunified. Youth's OYS needs are based on the Casey Life Skills Assessment (CLSA) following the youth's referral for services. Youth receiving older youth services must participate directly in designing their program activities, accept personal responsibility for achieving interdependence, and have opportunities to learn from both positive and negative experiences.

Services are provided according to the developmental needs and strengths of each youth. Youth are engaged in activities that are designed to support the youth in attaining a level of self-sufficiency that allows for a productive adult life. Older Youth Programs are designed to assist youth by advocating, teaching, training, demonstrating, monitoring and/or role modeling new, appropriate skills 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.

The OYS providers currently complete the Casey Life Skills Assessment (CLSA) with each youth referred to OYS. The CLSA is a comprehensive assessment designed to assess various life domains that identify the strength and

needs. The tool is used to engage youth in their transition into adulthood by calculating their scores that help drive the SALP. Youth in foster care are required to complete a life skills assessment at age 16 or older.

Completion of the CLSA is as follows:

- The CLSA is to be completed within 30 calendar days of the initial OYS referral.
- The CLSA must be completed with the youth.
- The CLSA must be shared with the youth, caregiver, and the Department within 10 calendar day of completion.
- The CLSA must be completed annually.

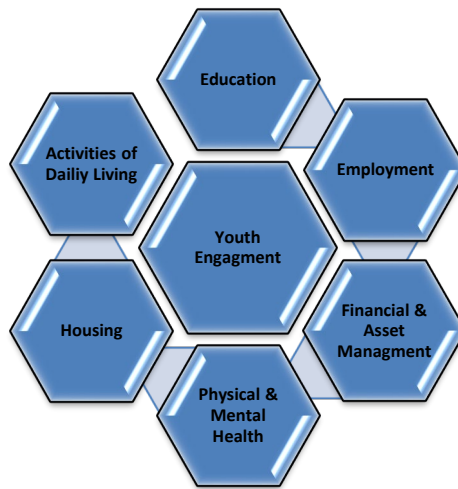
The OYS provider may use supplementary assessments such as career assessments, post-secondary assessment, and parenting assessment to assist youth in developing their SALP.

The Successful Adulthood Learning Plan (Learning Plan) is a written document detailing the goals, objectives, and tasks youth will complete to develop and enhance skills in the outcome areas as they transition into adulthood. Learning plans are individualized and based on the strength and needs of the youth. The OYS providers assist youth with the development of the learning plan, and it is based off the results of the life skills assessment, driven by the youth's input. The learning plan includes information on specific steps that will be taken to ensure that the youth's successful adulthood needs are met, including identifying the youth's need/goal, what activities will be done to help complete that goal, who is responsible for completing specific activities and expected dates of completion for each activity and goal. The learning plan must:

- Be developed with the youth.
- Initially completed within 30 calendar days of the youth's initial OYS referral.
- Be reviewed monthly and during critical junctures within a youth life.
- Be updated annually and upon completion of the CLSA.
- Be signed by the youth and the youth should receive a copy.

The learning plan is used as a tool to help teach older youth the planning and goal making process as well as a tool to document when task have been completed for the youth's individual case record. The learning plans are paper documents and are provided to the youth once signed via text or email, depending on the youth's preference. Youth may also request additional copies of their learning plan. New objectives and task must be developed annually and if need during the review of the plan.

Indiana's Chafee Older Youth Service Outcome Areas



Under the Chafee program, Indiana's OYS program is comprised of Independent Living Services, Extended Foster Care Program - Collaborative Care and Chafee Voluntary Independent Living Services. The focal points of OYS are to increase youth voice, offer the opportunity to practice interdependence as well as gaining the skills to build the youth's own social capitol. OYS is designed as a continuum of care beginning at age 16 with extension of foster care until the youth turns 21 years of age and voluntary services a safety net for older youth 21– 23. However, as a youth focus system, youth shall plan their own pathway to successful adulthood.

Older Youth Services Continuum of Care



Indiana DCS opted to extend IV-E foster care to provide youth the option of voluntarily remain in foster care up to their 21st birthday. Indiana's extended foster care program is known as Collaborative Care (CC) the state moved to a broker of resources model prior to implementation of CC. The CC 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 transition to a 3CM at age 16 with a permanency plan of APPLA. Cases are staffed at the local office level to determine if all efforts have been met to ensure permanency prior to a youth case plan changing to APPLA. The goal of the CC program is to help youth practice living interdependently to gain the skills and knowledge to transition successfully into adulthood, as youth age out of the foster care system. Identified youth move into independent living settings (that are developmentally appropriate) that the youth can continue to live

in once DCS closes the case. The CC program also allows youth to voluntarily return to foster care on or after the age of 18.

DCS helps youth transition to self-sufficiency by initiating a Transition Plan for Successful Adulthood (TPSA) for all youth in out-of-home care beginning at age 14. The TPSA is developed with the youth and identifies the youth individual goals, task, and supports as the youth transition into adulthood. The TPSA can be completed in conjunction with the case plan and is updated every 6 months with the assistance of the Family Case Manager or Collaborative Care Case Manager and member of the youth's CFTM until case closure. With continued utilization of the teaming approach, youth may select two (2) persons of their choosing with approval of DCS to assist in the development of the youth's plan. A Transitional Service Plan is completed 90 days before the youth's 18th birthday. DCS has also incorporated the term successful adulthood to mean services for youth under the age of eighteen (18).

Youth are empowered and have a strong voice in choosing who is a part of their team. The youth's team meets 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 the youth in achieving the goal.

To ensure that children who are likely to remain in foster care until age 18 have ongoing opportunities to engage in age or developmentally appropriate activities, DCS has adopted the reasonable and prudent parent standard which is characterized by careful and sensible parental decisions that maintain the health, safety, and best interest of a child. The reasonable and prudent parent standard promotes normalcy and increases well-being. A resource parent shall use the reasonable and prudent parent standard when determining whether to allow a youth in foster care to participate in extracurricular, enrichment, cultural, and social activities.

DCS engages the child's resource parent(s) in a discussion regarding the youth's participation in extracurricular activities, which include, but are not limited to school, community, and/or cultural activities. DCS ensures that the activities are age-appropriate, reasonably safe, and appropriately supervised. DCS requires the resource parent(s) to notify the youth's FCM in writing or by phone of any extracurricular activities in which the youth may participate.

Youth have an opportunity to participate in other older youth initiatives programming such as specialized youth career training and the Indiana Youth Advisory Board (IYAB). IYAB hosts a year normalcy conference to ensure youth have knowledge of their rights through informing and educating youth on state, local, and national policies.

The DCS OYI team developed an official COVID-19 response to ensure current and former foster youth have their essential needs met. DCS and the OYS service providers will continue to provide support to transition aged youth by offering and connecting youth to emergency resources and support. The DCS OYI team has given direct guidance to OYS service providers to offer service and support to displaced youth due to dorm closure, moving

services, housing issues, and financial loss. Other types of support and guidance that has been provided are food assistance, mental health services, and virtual youth engagement. These services will remain fluid during the pandemic to ensure youth's essential needs are being met. As new services and resources become available within the state the OYS providers will ensure youth are connected.

DETERMINING ELIGIBILITY FOR BENEFITS AND SERVICES (SECTION 477(B)(2) OF THE ACT)

Determining eligibility for the Chafee Program older youth services begins at age 16 and the youth's placement drives who provides services. Youth in out of home care are eligible for OYS beginning at age 16 up to the day before their 23rd birthday. 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 older youth services, according to the OYS Service Standards. DCS has determined the following youth meet the eligibility requirements for older youth services:

- Youth age **16 up to the day before the youth's 23rd birthday who are in foster care** as a Child in Need of Services (CHINS) or Juvenile Delinquent/Juvenile Status (JD/JS). Referral for Older Youth Services (OYS) is based on the type of placement of the youth as afore mentioned;
- Youth age **18 up to the day before the youth's 23rd birthday who were formerly in foster care** for a minimum of six (6) months as a CHINS or JD/JS after age 16 under the supervision of DCS and were a ward or in the custody of another state if there is a verification of wardship and all eligibility criteria is met from the state of jurisdiction; or
- Youth age **16 up to the day before the youth's 23rd birthday who were formerly in foster care** for a minimum of six (6) months and have obtained guardianship or adoption on or after the youth's 16th birthday.

Youth who meet eligibility requirements two (2) and three (3) are eligible for Voluntary OYS services. Youth who participate in Voluntary Services may receive Room and Board assistance. DCS has determined the following former foster youth meet the eligibility requirements for 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.

1. Indiana's Extended Foster Care Program – Collaborative Care

DCS opted into all eligibility criteria outlined in the Fostering Connections Act for extending Title IV-E Foster Care. Collaborative Care (CC) is Indiana's extended foster care program. In addition, DCS 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 can remain in care until age 21. 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 21 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 care, 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 their 21st birthday.

Candidates for Collaborative Care are current or former DCS wards that age out of foster care at age 18 and who meet at least one of the following conditions:

- Enrolled in a secondary education institution or a program leading to an equivalent credential, e.g., a youth age 18 and older is finishing high school or taking classes in preparation for a High School Equivalency (HSE) exam. OR enrolled in an institution which provides post-secondary or vocational education, e.g., a youth could be enrolled full-time or part-time in a university or college or enrolled in a vocational or trade school.
- Participating in a program or activity designed to promote, or remove barriers to employment, e.g., a youth could be in Job Corps, attending classes on resume writing and interview skills, or working with an OYS provider on skills for Successful Adulthood.
- Employed for at least 80 hours per month, e.g., a youth could be employed part-time or full-time, at one or more places of employment.
- Incapable of performing any of the activities described above due to a medical condition documented in the youth's case plan.

Services are provided based on the described service delivery with an increase focus on the brokerage of service model. These placements are either directly supervised by DCS or the Older Youth Services Provider, as outlined below. Traditional foster care placements, licensed child placement agencies, group homes and residential facilities are placement options under Collaborative Care. Additional Collaborative Care Placements include:

- Supervised by DCS
 - Host Home
 - College Dorms
- Supervised by Older Youth Services Provider
 - Shared Housing
 - Supervised Apartments

In addition, the Collaborative Care program uses authentic youth engagement to provide personal and emotional support to youth aging out of foster care. The programmatic foundations are based on authentic youth-adult partnerships, relational permanency, and supporting building positive social network. In efforts to increase the wellbeing of youth DCS has implemented an age requirement.

Older Youth Services	Collaborative Care	Voluntary Services
<ul style="list-style-type: none"> •Referral for services at age 16 •Youth Driven CFTM at age 14 •TPSA begins at age 14 •Youth Bill of Right provided at age 14 •Youth prepare thier own court report beginning at age 14 •Ends at age 21 	<ul style="list-style-type: none"> •Eligible at age 18 •Must meet eligiblty requirements for extended foster care •Permanency plan is APPLA •Continued foster care placement with additional placement options •Continued services and planning •Ends at 21 	<ul style="list-style-type: none"> •Former foster youth •Aged out of foster care at age 18 or CC case closed. •Case Management Services •Emancipation of Goods & Services funding •Room & Board Funding •Ends at age 23

2. Voluntary Services

Youth 18 through 23 may voluntarily agree to participate in voluntary older youth services as needed. A referral is made to an the OYS provider contracted to provide services where the young adult lives. A voluntary agreement is signed by the youth and service provider for case management services. This agreement outlines the services to be provided, the length of time expected for the service, and the plan for the youth’s contribution. This level of participation does not require a current open DCS case. The provider completes the CLSA, SALP, and provides guidance on financial issues, housing, health care, counselling, employment, education opportunities, and other support services that are unique for the development of self-sufficiency and stability. Services are provided based on the youth’s level of engagement. The goal is to ensure the young adult can assume responsibility and understand how to use their community resources once services have ended. Voluntary Services are delivered within 3 levels, each level has increased support provided to assist the youth.

The voluntary level of services is determined by the youth eligibility status which is determined by the age of the youth and how the youth exited foster care due to their legal permanency plan.

- Level 1: Case Management only
- Level 2: Case Management and Emancipation of Goods and Services
- Level 3: Case Management, Emancipation of Goods and Services, Room and Board

Voluntary Services offer the following additional supports:

- Room and Board

Room and Board (R&B) expenses are categorized as start-up assistance, ongoing assistance, and emergency assistance. These funds are contingent upon availability as well as verification of the youth's eligibility for voluntary services by the Independent Living Specialist. R&B payments include a maximum lifetime cap of \$3,000 for assistance up to age 23. Youth may access this assistance as long as they continue to participate in case management services and receive Supplemental Security Income (SSI) or participate in a full or part time schedule of work (or are actively seeking employment) until the \$3,000 limit is exhausted.

Start-Up Assistance: Start-up costs are expected to be a one-time payment and are made available when youth move into their first apartment. The start-up cost covers application fees, security deposit, first month's rent, and utility installation fees. Utilities are limited to electric, gas, water, and sewage.

Ongoing Assistance: Ongoing costs are identified as ongoing monthly rental assistance and is tailored to the need to the youth. Youth who need the maximum assistance may access these funds using the payment guide below. While receiving R&B 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. 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. R&B payments will only be made through a contracted service provider who is providing older youth case management services to the youth.

Payment Guide:

- Deposit and 1st and 2nd month's rent can be paid for youth
- Youth pays 25% of the rent the 3rd month
- Youth pays 50% of the rent the 4th month
- Youth pays 75% of the rent the 5th month
- Youth pays all the rent the 6th month

Emergency Assistance: Emergency assistance is a one-time payment to youth who present in an emergency or crisis. These situations are temporary or extenuating. Youth receiving emergency assistance will need to develop a crisis plan and agree to be placed in an alternative setting as available. Emergency Assistance must be approved by the Older Youth Initiative Manager or designee.

- Emancipation of Goods & Services

All youth ages 18 – 23 who are eligible to receive Chafee Voluntary Older Youth Services are also eligible to access Emancipation of Goods & Services (EG&S) funding. EG&S is a funding source not to exceed \$1500 and are for goods and services youth may need as they become independent while making a safe and successful transition into adulthood. The OYS provider requests EG&S funds on behalf of the youth based on the youths' needs. EG&S funds must be approved by the IL Specialist on a dollar-for-dollar basis. Requests for additional funds will be considered on a case-by-case basis by the Older Youth Initiatives Manager or IL Specialist and based on availability of funds.

Each OYS provider has developed a service array to help youth transition to self-sufficiency. The OYS Service Standards and OYS Protocol provide guidance of how services should be implemented. Through providing instruction, experiential learning and coaching providers assist youth in housing, education, employment, financial and asset management, physical and mental health, activities of daily living and youth engagement. OYS providers provide monthly report detailing the youth goals as defined in their SALP and their progress. The monthly reports provide information on what services and resources were provided to assist the youth in reaching their goals and how barriers have been addressed. The OYS providers also report the type of services and the amount of time services are provided in the NYTD service logs database.

Potential housing options for youth accessing Voluntary 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 who wish to leave care at or after the age of 18 and are eligible can access R&B through voluntary services as described above. DCS supports supportive housing programs throughout the state to ensure current and former foster youth have safe and affordable housing. Eligible former foster youth can access the HUD Family Unification Program Youth Voucher (FUPY) and the Foster Youth to Independence (FYI) program.

CONSOLIDATION AND APPROPRIATION ACT, 2020 DIVISION X: SUPPORTING FOSTER YOUTH AND FAMILIES THROUGH THE PANDEMIC

During the initial onset of COVID 19 and the Indiana public health emergency, Governor Holcomb issued an executive order to extend Collaborative Care services through the public health emergency. This has allowed young adults to continue services, placement, and supervision past the age requirement. In December 2020 the Consolidation and Appropriation Act was signed into law which required states to

- provide youth who would otherwise “age out” of foster care during the public health emergency period with the option of remaining in care;
- permit youth to voluntarily re-enter care and request states to notify former foster youth of this option;
- lift certain educational and work requirements associated with remaining in extended foster care;
- ensure protections for youth in foster care, including continued services to ensure the safety and well-being of youth, and transition plans.

This federal requirement is extended through age 22 or September 30, 2021. Indiana will continue to monitor and both the state and federal policies and will provide services under both to ensure young adults participating in CC have their needs met through the public health emergency.

The Indiana Department of Child Services in collaboration with the Indiana Youth Advisory Board worked together to develop plans to ensure the provisions of the act are being executed with the guidance of youth voice. On January 29th, the OYI team and IYAB met as a work group to discuss the Chafee provisions of the act. With the assistance of IYAB the OYI team developed the Division X – Supporting Foster Youth and Families through the Pandemic: Indiana Chafee Plan. As part of the plan DCS will roll out direct payment to youth, increase transportation services, increase room, and board, and provide additional services and support as needed. The OYI team, IYAB and the OYS providers continue to strategize on how DCS can best service youth through the pandemic. To ensure youth are being informed about the Chafee Provision, IYAB hosted a Town Hall and the OYI scheduled an informational training for the Collaborative Care team and the OYS providers. The OYS providers rolled out a marketing campaign within their service area and Firefly Children & Family Alliance (formerly Children’s Bureau) developed a Division X webpage on their website to provide access to information, resources, and services. The NYTD provider informed all eligible NYTD youth and connected the youth to the OYS service provider within their community. To ensure youth and young adults were connected to Division X services, the OYI team collaborated with Think of Us; a national foster youth advocacy group who provided a national platform for Indiana youth and young adults to apply for Division X. Indiana received approximately 100 referrals through Think of Us. The DCS Indiana Chafee Plan is Attachment B.

YEAR 1 DIVISION X MAJOR ACCOMPLISHMENTS

- During the 2021 legislative session, Indiana enacted House Bill 1536, that “if the Governor declares a state of disaster emergency, the department of child services (department) may: (1) allow older youth who are receiving collaborative care services at the time of the declaration to continue to receive collaborative care services for the duration of the state of disaster emergency; and (2) modify or suspend enforcement of a statute or rule specifying a time within which a foster parent must provide for a child to be examined by a physician, physician assistant, or advanced practice registered nurse after the child's placement in the foster parent's home.” (<https://openstates.org/in/bills/2021/HB1536/>) On October 1, 2021, Indiana extended the public health emergency. Due to the extension, the DCS Director issued an administrative letter to extend CC placement and care through the public health emergency. On March 4th, 2022, the Indiana public health emergency ended which conclude the end of the CC extension. Indiana provided extended placement and supervision during COVID pandemic and public health emergency to a total of **1971** young adults.
- Indiana increased the utilization of transportation of financial services and support due to the \$4000 per youth flexibility. Due to the increase of funding youth were provided access to additional assistance to help alleviate their barriers to independent living services such as education, housing, and employment. OYS providers provided the following enhanced services under transportation:
 - Car Insurance
 - Minor Car repairs
 - Increased Driver’s education w/ full driving hours
 - Assist with purchasing of a vehicle or bicycle
 - Pre-Paid Transportation Support
 - Gas cards
 - Bus pass
 - Uber / Lyft
- DCS provided Direct Cash payments to youth and young adults that provided additional financial assistance. DCS was about to provide direct cash payments to approximately 5000 youth and young adults.
- DCS was an early adopter of the Division X flexibilities by working with IYAB and work through the DCS internal processes and procedures to ensure funding was allocated to the OYS providers and services would begin by June 2021.

DCS will continue to provide Division X Chafee services under the Year 2 requirements. New contracts are being implemented due to the ending of the year 1 Division X service flexibilities ending on September 30, 2021. Provider are receiving additional funding allocation to provide continued Division X services to youth and young adults eligible for Chafee pandemic services. A year 2 Division X service manual was developed to provide guidance and updates to the OYS providers and DCS staff. On April 8, 2022, a virtual meeting was held to present

year 2 guidance and updates to the OYS provider and DCS staff. On May 10th IYAB will host a townhall to update youth on year 2 service updates.

The DCS OYI team submitted a Division X Technical Assistance Program (TAP) application to initiate a project identified by IYAB. Indiana was selected to move forward with an exploratory conversation that was held on April 28, 2022. The Indiana team discussed two project options for the TAP program:

1. Placement services and supports for LGBTQ + youth and young adults
2. Peer Youth Navigator Program

The Division X project TAP team hired three (3) youth with lived experience to assist with the strategic planning of the two (2) projects through September 30, 2022. IYAB will present the projects to the DCS executive team for implementation recommendations in November 2022. The DCS OYI team will continue to work with IYAB and will assess the ability to continue with the Division X fellows.

SERVING YOUTH ACROSS THE STATE

Medicaid

Under Indiana current Medicaid eligibility requirements, coverage for individuals who aged out of foster care between the ages of 18 and 21 should be maintained until the former foster care recipient reaches age 26; without the young adult having to act, submit additional information or verify income. Former foster care children as an eligibility group went into effect on January 1, 2014. The program covers all former foster care children 18, 19, or 20 years of age and have been a ward in foster care on their 18th birthday in a state other than Indiana. To ensure Medicaid benefits continue for former foster youth 18 year or older, Indiana passed Senate Bill (SB) 497 which became effective July 1, 2017. SB 497 makes Medicaid eligibility for individuals who: (1) are at least 18 years of age or emancipated; (2) received foster care in Indiana and in other states before residing in Indiana for at least six months; and (3) are less than 26 years of age. SB 497 also requires the following:

- The Office of the Secretary of Family and Social Services to verify an individual's status as a foster care recipient with another state if the individual received foster care in the other state.
- DCS in cooperation with the Office of Medicaid Policy and Planning, to enrol individuals, who received foster care in Indiana and are turning 18 years of age, in the Medicaid program as part of the individuals' transitional services plan.
- Prohibits the Office of Medicaid Policy and Planning from requiring the individual to submit eligibility information after enrolling in the Medicaid program during the individual's Medicaid eligibility as a former foster child.
- DCS to provide information concerning the individual's Medicaid enrolment to the individual.

A former foster care recipient can apply for Medicaid and be approved up to age 26. An individual must have been in foster care and enrolled in Indiana Medicaid on his/her 18th birthday and must be 18 - 26 years old. This includes coverage for individuals that were in the care of relatives if their relatives were registered as an official foster care home. There are no income standards or resource requirements for this eligibility group. To streamline the process of enrolling current and former foster youth between the ages of 18 through 26 in the appropriate Medicaid category and to ensure continued coverage, DCS has an electronic system that automatically enrolls and renews Medicaid unless information is presented that indicates the individual is no longer eligible (e.g., youth has moved out of state). This is consistent with existing federal law. DCS MEU tracks youth who age out of foster care with an identifier selected in the system. Once the youth ages out of foster care, DCS MEU sends the electronic record to DFR (Medicaid); the foster care identifier stays with the individuals' electronic record within the Medicaid system.

Credit Reporting

DCS conducts credit checks for CHINS and JD/JS youth age 14 through 17 who are in out of home placement. Youth will receive a credit report from each of the three (3) Credit Reporting Agencies (CRA) each year until the youth is discharged from care (TransUnion, Experian, and Equifax). The youth will receive assistance in interpreting and resolving any inaccuracies in the credit report. DCS will utilize the electronic batch reporting process monthly. This will capture all youth during their birthday month and/or the month of the youths' initial removal. Youth/young adults in foster care, 3CM/CHINS, and Collaborative Care older youth ages 18 to 21 who are in a foster home placement or an independent living placement will receive a credit report from each of the three (3) CRA's each year until the older youth is discharged from care. The OYS providers will assist the young adult in obtaining his or her credit report for free through the Annual Credit Report resource. The youth will receive assistance in obtaining, interpreting, and resolving any inaccuracies in the credit report from Indian's older youth services service providers.

The OYI team has developed a Credit Reporting Committee to review the DCS process of batch reporting. This committee has oversight of the reporting process to ensure DCS is in compliance with the Child and Family Services Improvement and Innovation Act of 2011 [P.L. 112-34, Section 475(5)(I)] and Preventing Sex Trafficking and Strengthening Families Act of 2014 [P.L.113-183]. After review of the batch reporting DCS has developed a Credit Report Verification form to verify when a youth's report has been pulled from each credit reporting agency and to ensure DCS staff are discussing the credit report with the youth. The Credit Reporting Committee is finalizing the development of the DCS Credit Reporting Protocol to ensure consistency in training and communication of the credit reporting process.

Family Unification Program Youth Voucher

DCS has partnered with Indiana Housing and Community Development Authority (IHCDA) and the Corporation for Supportive Housing (CSH) in their goal to administer the FUPY voucher state-wide. In this partnership, IHCDA agrees to ensure former foster youth between the ages of 18 – 24 are provided rental and housing assistance through the FUPY voucher. FUPY is a program under which Housing Choice Vouchers (HCVs) are provided to:

- Youth at least 18 years old and not more than 24 years old who:
 - Left foster care at age 16 or older or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
 - Are homeless; or
 - Are at risk of homelessness.

FUP vouchers used by youth are limited, by statute, to 36 months of housing assistance. DCS has a direct contact with IHCDA and all FUPY referral applications are submitted via email to the IHCDA Family Unification Program email address. Identified youth FUPY applications are reviewed and approved by the Housing Choice Programs Senior Analyst. A FUP committee has been formed to review the voucher process, address barriers, and improve housing outcomes. The committee members consist of DCS OYI Manager, DCS Leadership, IHCDA Housing Choice Program Specialist and CSH staff. The committee meets monthly. To date, 10 youth have applied for FUPY. Six (6) young adults have received the FUPY vouchers.

Foster Youth Independence Voucher Program

DCS has increased its partnership with HUD and has entered into Memorandum of Agreements (MOA) with 14 Public Housing Authority (PHA) across the state to provide rental and housing assistance through the FYI voucher. This program provides Housing Choice Vouchers (HCV's) to eligible former foster youth. Eligible youth must:

- Be at least 18 years and not more than 24 years of age.
- Have left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
- Be homeless or is at risk of becoming homeless at age 16 or older

In each city, DCS and the PHA are developing housing committees with local community partners to develop the FYI enrolment process and create strategies to increase housing stability. There have been 63 vouchers issued and 35 youth housed through the program.

Two state-wide strategies have been identified:

- Increase awareness of the FYI program within the foster youth population.
 - DCS is working in conjunction with the Indiana Youth Advisory Board (IYAB), FYI partners, and other community stakeholder to increase awareness of the FYI program within selected cities.
- Landlord Engagement

- Continue to engage landlords with support from the public housing authority and the OYS service providers.

Pregnant & Parenting Youth Prevention

The 3CMs provide case management to young adults who are pregnant and parenting. DCS ensures that all services are managed with a family-centred, two generation approach as outlined here:

- All services are coordinated with one team,
- Case planning is used to support the family unit

Pregnant and parenting young adults are provided information and planning on appropriate prenatal/postnatal care and shall be supported through referrals to services which address the individual youth's pregnant and/or parenting need. Such services may include but are not limited to: Women, Infants and Children (WIC), The Father's Forever Coalition, Healthy Families, First Steps, Early Head Start, Nursing Family Partner or Child Care Developmental Vouchers program. Equal support shall be given to expecting and parenting mothers and fathers. When possible, the father and mother are encouraged to work together to share responsibility for the child's health, development, wellbeing, and support. As appropriate, OYS providers help the youth in coordinating visitation between the child(ren) and the other parent.

The service providers collaborate between programs and individual community providers to offer effective, comprehensive support to enhance protective factors for youth in care who are pregnant or parenting. Financial support may be provided, via state funding and/or community resources to the custodial parenting youth based on the needs of the youth and child.

Each provider is responsible for developing a committee to plan and coordinate a pregnant, parenting, and prevention event. The events may include a provider fair and workshops on parenting and prevention. Providers collaborate with youth, community stakeholders, and DCS to ensure their events met the needs of the youth within their service area. As COVID-19 restrictions are lifted in Indiana the committees will assess the option to host the events in person or virtually. There are currently events scheduled in June, July, and August.

Youth with Histories of Substance Abuse

DCS has identified programs within local communities that provide 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. DCS ensures services are implemented through individualized case planning. All 3CMs and OYS providers have received training in working with youth who are suffering from Substance Use/Abuse. DCS will continue to explore training materials and opportunities via SAMSHA as well as the Indiana Department of Mental Health and Addictions.

Youth with Mental Health and/or Trafficking Histories

DCS provides individualized case planning for youth with histories of mental health or human trafficking. Youth are provided services through contracted mental health providers. DCS and the mental health provider explore transitional services for youth on the case-by-case bases. Youth are a part of the decision-making process as it pertains to their mental health services. FCMs / 3CMs ensure youth mental health needs have been addressed on the 90-day Transitional Plan for Successful Adulthood have their medical records prior to case closure. The OYS provider provides continued support to young adults by assisting with gathering medical records and connecting youth to mental health services.

Due to COVID youth and young adults have been connected to Telehealth services and counselling. The OYI team is providing resources and training to the DCS staff and OYS providers to ensure updated information has been made available that will enhance the case management and service delivery.

Per DCS Human Trafficking policy 2.21, DCS will identify and/or assess allegations of suspected human trafficking as a part of a comprehensive assessment of Child Abuse and/or Neglect (CA/N). In 2021, FND Moore collaborated with the National Human Trafficking Training and Technical Assistance Center (NHTTAC) to create two (2) new HT screening tools. The tools were peer-reviewed by NHTTAC. Due to DCS' CCWIS development, there is a delay in the roll-out of the two (2) new HT screening tools. DCS will coordinate with the local Law Enforcement Agency (LEA) and federal agencies when completing an assessment regarding a child who is an alleged victim of CA/N and is suspected to be a victim. If it is determined that a human trafficking forensic interview is appropriate, the interview will be completed by federal agency partners or the local CAC and LEA agencies when federal partners are not involved. The FCM will follow all human trafficking procedures as stated in policy. Youth who have a history of trafficking are provided specialized services around trafficking. The Indiana Trafficking Victim Assistance Program works to identify and provide comprehensive services to victims (24 and under) of trafficking or sexual exploitation. There are regional and state-wide service providers and resources for victims of trafficking or who were identified as high risk, as well as, to provide older youth that have been identified as a trafficking victim who chose to leave DCS care upon turning 18. DCS continues to track human trafficking cases and the DCS OYI team continues to provide training on best practices for intervention services, service coordination/management, placement, and aftercare services for this group of older youth. DCS will continue to work to gain an understanding of the needs of youth who have experienced trafficking and identify best practices. To increase efforts and supports DCS created a Focused Need Director. The Focused Needs Director has worked with the Collaborative Care/OYS team to provide specific HT training regarding working with older youth. There are currently have three (3) members of the collaborative care team with the DCS HT Response System as HT regional leads.

Juvenile Probation Involved Youth

The OYS array does not differ for juvenile probation involved youth. All youth in foster care experience circumstances that warrant individualized service delivery. 3CMs have been trained on how to assist youth with expungement of their criminal records. Youth who have a criminal history can experience barriers to education, housing, and employment. 3CMs assist the youth with the expungement process which help them overcome these barriers. Youth with juvenile delinquent status (JD) who were placed in foster care under their JD case can re-enter foster care through Indiana's extended foster care program – Collaborative Care at the age of 18 or older upon closure of the JD case. The youth must meet the extended foster care eligibility requirements. These youth may also participate in voluntary services. Youth with criminal histories are eligible to receive ETV funding upon meeting the eligibility requirements. Due to the Consolidation's Appropriation's Act of 2020 JD youth have the option to re-enter foster care based on the pandemic requirements.

Youth with Disabilities

Per the Americans with Disabilities Act and Rehabilitation Act, DCS helps ensure youth with disabilities have an opportunity to benefit from older youth services that meet their developmental needs. In addition, foster youth who have a disability or developmental needs receive additional services and information that meet their specific needs. Services include but are not limited to reviewing eligibility for continued SSI benefits based on disability rules for adults and helping youth apply for SSI and other special needs adult benefits a youth may be eligible for. 3CMs and OYS providers help youth develop and increase support, build social capital, and link youth to other supportive agencies such as the Bureau of Developmental Disabilities, local mental health agencies, vocational rehabilitation, and other local providers.

The Collaborative Care management team meets with the Bureau of Developmental Disabilities to staff cases of youth who will require long-term BDDS services. This meeting monitors and ensures youth will receive the appropriate BDD's placement and services upon aging out of foster care.

3CMs continue to receive on-going training on the process to help youth apply for the Bureau of Developmental Disability Services (BDDS). In addition, on-going training consist of available resources in each DCS Region/County including BDDS, Vocational Rehabilitation, Community Mental Health Centres, Children's Mental Health Wraparound Services, and housing for youth who struggle with mental health issues. DCS and BDDS have a formalized partnership that allows DCS youth to enter the BDDS system at age 21, if not before.

Transportation

Indiana provides an opportunity for foster youth who are at least 16 or older, under the care and supervision of the department, the ability to participate in driver's education as well as receive their driver's license. Per state law, the Indiana Bureau of Motor Vehicles (BMV) is required to waive the following fees: Initial Driver's Permit, Initial Driver's License, and Indiana State Identification Card. Indiana continues to increase the service delivery

under transportation to include driver's insurance, pre-paid transportation services such as Uber, LYFT, bus passes, and gas cards. OYS provider, DAMAR has collaborated with a local taxi service in their contracted region to provide transportation support to youth and young adults.

During the 2022 legislative session, Indiana enacted Senate Bill 246 that amended the Indiana Code concerning motor vehicles. Section 2 IC 31-26-4.5 was added as new Chapter 4.5. Insuring Foster Youth Trust Program; effective July 1, 2022. In summary, the Foster Youth Trust Program recognizes foster youth have limitations to transportation services and supports; therefore, establishing additional supports to alleviate transportation barriers.

Youth Connections Program

DCS continues to support the Youth Connections Program (YCP). The goal of YCP is to ensure that all youth aging out of foster care have a permanent family, or a permanent connection with at least one committed, caring adult who provides guidance and support to the youth as they make their way into adulthood. Although the program goal states that each youth have at least one permanent connection the YCP specialists work to find multiple connections for each youth in the program. Once connections have been identified the YCP Specialist works with the connection and youth to define the level of support and certifies the connection with a Certificate of Connection. The YCP currently serves youth ages 14-21 who have no identified supports; however, younger children can be referred as needed. There are currently four YCP Specialist who work within their regions in partnership with the youth, FCM/3CM, supervisors and Independent Living Specialist to identify youth for the program, find committed adults, and solidify supports. Once a connection is made between the youth and a committed, caring adult, the YCP specialist can provide resources and supports to that relationship for 3 to 6 months, and then works with the FCM to ensure that the relationship is supported beyond that time.

OLDER YOUTH INITIATIVE PROGRAMS

DCS older youth initiatives has additional supportive services through contracted providers to help enhance the growth and development of youth in care. Many of these services are provided through a contracted provider. DCS utilized a fair bid Request for Proposal (RFP) process to award contracts or services. These services provide experiential learning and support acquisition of successful adulthood skills that assist youth as they transition into adulthood.

Youth Specialized Career Training Program

Youth Specialized Career Training Program (YSCT): YSCT provides life skills and career development services to at-risk youth by combining the best hands-on experiential learning and community resources. YSCT gives youth the tools and the opportunity to use skills needed to build a successful and sustainable future. Services focus on youth who are likely to age out of foster care by providing interactive learning and skill building to help prepare youth for a career and their transition into adulthood. YSCT provides specialized skills services consisting of boot

camp programming, which is characterized by intensive experiential learning and hands-on lessons in culinary Arts, ServSafe certification, building trades, car maintenance, life skills and other unique programs. During 2020 YSCT hosted 60 virtual camps to meet the needs of youth across the state. During 2021, YSCT hosted 87 camps to meet the needs of youth across the state.

Indiana Youth Advisory Board

Indiana Youth Advisory Board (IYAB) is Indiana’s youth leadership board which is designed to give youth ages 14-23 the opportunity to practice leadership skills and learn to be advocates for themselves and their peers. Youth age 14 are given special consideration upon meeting the IYAB eligibility requirements. There are five (5) regional boards and one (1) state-wide advisory board. Youth from each regional board are selected to participate on the state-wide advisory board. The goals of IYAB are to provide an avenue whereby youth in care can inform DCS staff, placement facilities, foster parents, policy makers, and the public on the issues that impact teens and young adults in the foster care system. Fostering IYAB development and youth participation will also further enhance collaboration, cultural competence and permanent connections with other youth and adults as they engage in the IYAB process. This program also assists with preparing youth as they transition from adolescence to adulthood by recognizing and accepting personal responsibility, increasing well-being, and developing leadership skills. Due to COVID-19 and the public health emergency The IYAB meetings have been facilitated using a virtual platform which included the fall, winter, and spring regional meeting. As a part of the meetings a comprehensive strategic plan has been developed. This plan was finalized by the IYAB leadership team. IYAB has also created a [youth newsletter](#) and the first addition was issued in April. The IYAB website is <https://fostersuccess.org/youth-engagement/iyab/>.

IYAB Regional Meetings		
Regions	Dates	# Of Attendees
IYAB Northwest Regional meeting	11/17/21	18
IYAB Central Regional Meeting	12/1/21	12
IYAB Southern Regional Meeting	12/6//21	7
IYAB Northeast Regional Meeting	12/28/21	6
IYAB Northwest Regional meeting	11/17/21	18
IYAB Northwest Regional meeting	3/31/22	19
IYAB Central Regional Meeting	3/23/22	10
IYAB Southern Regional Meeting	3/10/22	9
IYAB Northeast Regional Meeting	3/14/22	8
IYAB All Region Meeting	3/30/22	10

State-wide Leadership Board Meetings	
Dates	# Of Attendees

1/15/22	6
2/5/22	5
2/19/22	5
3/5/22	5
3/19/22	6
4/2/22	6

The leadership board meeting is for youth and young adults who have applied and received a IYAB leadership position. The board consist of various members throughout the State. State-wide representation is ensured by the contracted vender’s Director of Youth Engagement. The attendance at IYAB meetings has varied with the virtual option; however, it has elevated the transportation issue for youth. The IYAB board is planning to have in-person regional events for recruitment during the next year and quarterly state-wide meetings virtually that would include bringing all the regions together.

IYAB is hosting two future events.

- Youth Townhall scheduled for May 10th to discuss the Year 2 Division X service delivery.

The 7th annual conference scheduled for June 16, 2022. The theme is “The New Normal: Building Our Foundation”. Registration opened April 1st and will close June 6th. The keynote speaker is Sixto Cancel and youth will have an option to attend virtually or in-person. Indiana youth gave feedback to increase youth voice within system improvement for the department and closing the feedback loop. As a result, many IYAB members are now participating in various state agency workgroups or committees for agency development and planning in system change. The following is a list of the current committees:

- Indiana Youth Engagement Workgroup
- DCS Racial Justice Equity and Inclusion Advisory Council
 - Racial Justice, Equity, and Inclusion: Policy and practice
 - Racial Justice, Equity, and Inclusion: Services and Resources
 - Racial Justice, Equity, and Inclusion: Hiring and Employee Retention
 - Racial Justice, Equity, and Inclusion: Training and Professional Development
 - Racial Justice, Equity, and Inclusion: Private and Public Partnership
 - Racial Justice, Equity, and Inclusion: Culture and Climate
 - Racial Justice, Equity, and Inclusion: Youth with Lived Experience
- LGBTQ+ Committee
- Policy Workgroup
- OYS Emerging Adult Workgroup
- Direct Cash Payment Workgroup
- Older Youth Permanency Workgroup

Casey Youth Opportunity Passport

Casey Youth Opportunity Passport (OPP) is a trademarked program of the Jim Casey Youth Opportunities Initiative (JCYOI), which is under the umbrella of the Annie E. Casey Foundation. OPP is a program designed to organize resources to create opportunities: financial, educational, vocational, health care, entrepreneurial, and recreational for alumni of the foster care system and youth still in foster care. The goals of the project are to help youth leaving foster care become financially literate, gain experience with the banking system, and gain experience with asset purchasing. Youth are eligible to participate in OPP between the ages of 14-25. The primary component of OPP is an Individual Development Account (IDA) or a match savings account. Indiana Foster Success is a co-investment site for JCYOI which allows Foster Success to serve as the exclusive provider of the OPP curriculum, Keys to your Financial Future. In addition to the support from JCYOI, Foster Success leverages support from the Indiana Department of Child Services, Nina Mason Pulliam Charitable Trust and our banking partners, PNC Bank, and the National Bank of Indianapolis to deliver this program. Due to COVID and the public health emergency these classes were held virtually.

College Dorm Placement Program

The College Dorm Placement Program provides financial assistance to youth who are placed in a college dorm setting through Indiana's extended foster care program, Collaborative Care. Collaborative Care Case Managers monitor the college dorm placement/attendance to assist youth with support and services and to ensure youth meet the program eligibility requirement. All college dorm participants must be placed in a college dorm setting as a placement through DCS. Financial assistance is paid as a reimbursement; starting the first day the youth move into the dorm. The dorm per diem is \$25.27 per day and funds are disbursed via an ADP Aline Card. Funding is transferred to the youths Aline card the second and fourth Monday of each month. To receive financial assistance through the dorm program, youth must complete the dorm enrolment form with their Collaborative Care Case Manager and submit to the contracted provider. The contracted provider monitors the reimbursement and helps ensure youth receive their disbursements timely. The OYI team collaborates with the CC team to monitor the dorm and youth eligibility status. Due to COVID and the universities policies on residing in college dorms many youths have had to locate alternative housing, however, some youth opted to remain in the dorm while pursuing their post-secondary education. There are currently 38 youth participating in the college dorm program.

Catalyst

Catalyst is a summer bridge program designed to provide Indiana's foster youth an opportunity to prepare for their post-secondary education and experience. Catalyst provides experiential learning for youth who may lack the necessary skills to be successful in college through hands on support. Participating youth attend 6-week summer sessions while living in a college dorm setting. Youth earn 6 college credits to jumpstart their college career while building their communication skills, social and cultural awareness, gaining emotional supports, and

information on how to access student services within their college campuses. The Catalyst program hires former or current foster youth who are receiving ETV as student supports mentors. Catalyst 2020 hosted 25 youth, June 29th – August 7th. Catalyst 2021 hosted 11 youth, June 23rd – August 6th. The Catalyst 2022 program accepted applications through May 7th and the program will begin June 21st – August 5th.

NATIONAL YOUTH IN TRANSITION DATABASE

DCS conducts NYTD outcomes surveys throughout the State for 17-, 19- and 21-year-olds who are a part of the baseline and follow-up population. DCS contracts with a vendor who oversees the administration of the Indiana specific NYTD outcomes survey for 19- and 21-year-old youth who are in the follow up population, distribute incentives to youth who participated in the 17-, 19- and 21-year-old survey and follow up survey; and actively engage youth 17 through 21 years of age who are in the survey and follow up population through outreach to meet the NYTD reporting requirements.

Incentives

- 17-year-old Baseline population: \$25
- 19-year-old Follow up population: \$50
- 21-year-old Follow up population: \$75

The NYTD DCS team was established to inform the implementation and sustainability of the federal National Youth in Transition Database, which include: the NYTD surveys, NYTD service outcomes, and completion of the NYTD Quality Improvement Plan. In recognition of NYTD as the system to track the independent living services states provide to youth and develop outcome measures that may be used to assess States' performance in operating their independent living programs the Indiana NYTD DCS team has integrated, as a standing team to ensure Indiana Department of Child Services is in federal compliance with the Administration of Children and Families (ACF). The key deliverables of the Indiana NYTD team include the following:

- Report to NYTD the four types of information about youth: services provided to youth, youth characteristics, outcomes, and basic demographics.
- Coordinate NYTD survey process of data collection and reporting outcome information on a new 17-year-old baseline population cohort every three years,
- Coordinate NYTD survey process of data collection and reporting outcome information on the follow up population of each cohort at age 19 and again at age 21.
- Review the progress of technical NYTD enhancements to KidTraks database system as relates to the following:
 - NYTD Survey
 - NYTD Maintenance Screen
 - NYTD Portal

- NYTD Survey Logs
- NYTD Quality Improvement Plan (QIP)
- Review of all NYTD information and process

The NYTD team meets bi-weekly to address issues during the current survey period, prepare for the upcoming survey period, and implement strategic plan to design a better NYTD practices and processes within the DCS OYI system. The OYS team shares this information during quarterly meetings with providers and field staff. The team also shares this information with the youth via the NYTD Ambassadors and during youth engagement events.

DCS issued an RFP for NYTD services on September 10, 2021, in an intent to contract with a vendor that is competent in research and evaluation, data collection, administration & disbursement of incentives, survey development and administration, youth engagement, child welfare systems and Indiana’s older youth services program. DCS’s need is to award to a qualified respondent of this RFP the services for the administration of the Indiana specific NYTD survey for 19- and 21-year-old youth who are in the follow up population and actively engage youth 17 through 21 years of age who are in the survey baseline and follow up population through outreach services and engagement activities. DCS also requires the provision of Outreach Services and engagement activities to the youth as needed. Outreach Services and engagement activities are described as activities designed by the contractor to maintain contact with youth and young adults utilizing:

- NYTD Youth Ambassador’s Program
- Social Media: Twitter, Face Book, and Instagram
- Monthly Contact with youth via email, mail and to maintain accurate address and contact information and keep youth engaged in the NYTD process.
- Face to Face Contact with youth to promote NYTD participation and engagement.
- NYTD webpage development and updates
- NYTD app development and update
- Incentives

On December 10, 2021, DCS awarded the NYTD contract to a new vendor. The new contract began February 1, 2022. Due to the new contract beginning close to the end of Cohort 4 19-year-old population A, the previous vendor continued to provide services under the continuity clause and to support the transition to the new provider. The continuity of services ended March 31, 2022.

NYTD Outcomes Survey

- NYTD Cohort 4
 - 17-year-old Outcome Surveys (baseline population)

Survey Population	Date of Submission	Total Served	Total Population
Population A	May 12, 2020	2432	357
Population B	November 10, 2020	2370	403

The NYTD data collection for Cohort 4 – 17-year-old baseline survey population B began April 1, 2020 and ended September 30, 2020. There have not been issues identified related to COVID-19 because of the “stay at home” order as the NYTD team has been able to engage youth and FCMs virtually to ensure surveys are completed timely and incentives are requested. The file submission was submitted within the required timeframe by November 15, 2020.

- 19-Year-Old Outcome Survey (follow-up population)

The Cohort 4 19-year-old follow up outcomes survey will begin October 1, 2021. In May 2021, the NYTD team started preparation with review of tasks that need to occur prior to beginning the survey. The team also reviewed technical issues to improve the NYTD database system for survey notification and completion. The NYTD provider has engaged youth in Cohort 4 through their NYTD Facebook page as well as the YouNYTD website to ensure contact information has been maintained. The provider is hosting a Contact Campaign to ensure all contact information is up to date. The “Contract Campaign” is in collaboration with DCS and the OYS service providers.

- NYTD Cohort 3
 - 21-year-old Outcome Surveys (follow-up population)

Survey Population	Total Served	Total Population Reported
Population A	2297	122
Population B	2335	133
Full Survey Population	4632	255

The NYTD data collection for Cohort 3– 21-year-old follow-up survey population B began April 1, 2021 and ended September 30, 2021. There have not been issues identified related to COVID-19 in administering and engaging youth to ensure surveys are completed timely and incentives are requested. The file submission was submitted within the required timeframe by November 15, 2021.

- NYTD Cohort 4
 - 19-Year-Old Outcome Survey (follow-up population)

The Cohort 4 19-year-old follow up outcomes survey population A began October 1, 2021 and ended March 31, 2022. The file will be submitted within the required timeframe; May 15, 2022. Population B began April 1st. Youth participating in the cohort 4 19-year-old follow up population receive \$50 incentive.

- NYTD Cohort 5

In May 2022, the NYTD team will start preparation for the cohort five 17-year-old baseline population beginning October 1st, 2022. The team will review the 17-year-old preparation check list to ensure the 17-year-old NYTD outcome survey and process is ready by October 1st.

- Review of Outcomes Survey and Informed Consent
- Translate survey and consent form to Spanish
- Developing Username and ID
- Development of internal marketing campaign

NYTD Service Logs

Indiana uses service logs as an internal data collection process to verify older youth services provided to youth. The OYS provider and placement contracted providers are required to enter documentation on specific NYTD service elements and the OYS outcome area. Services provided must adhere to federal definitions and DCS Service Standards. NYTD data is also used to inform practice, enhance services delivery, and initiate CQI projects.

NYTD Program Improvement

The Department has implemented several strategies for program improvement regarding NYTD. The following are identified areas of improvement: DCS older youth service system, information gathering/locating youth, communication, youth engagement, and training. For these identified areas of improvement, the Department has created goals and necessary tasks to achieve a successful outcome. DCS and the NYTD team completed the goals of the previous NYTD improvement plan and will continue to follow through with the task. The NYTD team will and will update the plan to address current NYTD needs.

Goal 1: Improve NYTD within the DCS OYS Service System- **This has been completed.** The OYI team has incorporated NYTD into the child welfare system. DCS has contracted with a vendor to locate and engage discharged youth. The DCS NYTD team has developed a charter and protocol and meets bi-weekly to review NYTD. NYTD language has been written into OYS service standards for the new contract year starting July 1, 2020, providing guidance to OYS providers on giving information to youth regarding the NYTD outcomes survey as well as gathering contact information on NYTD youth.

Goal 2: Improve Information Gathering and Locating Youth- **This has been completed but is ongoing** The NYTD team has implemented the task within goal 2 by developing ways to gather and locate youth. The provider has created a private NYTD Facebook page: NYTD Surveys & Resource Group as well as the YouNYTD website: <https://younytd.com/> to improve information gathering and locating youth. There are about 96 youth who are members of the Facebook group. The provider has started planning a “Contact Campaign” to gather information on Cohort 4 youth to ensure they have contact information for the 19-year-old follow up population.

Goal 3: Improve the Communication of NYTD to Internal and External Stakeholders- **This has been completed but is ongoing.** DCS and the NYTD provider have developed communication tools such as flyers, fact sheets, a power point slideshow, and video. These tools will be used as an ongoing method to ensure there is continuous communication. The NYTD team has also meet with the DCS communications team to develop a NYTD communication plan for the agency as a strategy for ongoing communication to agency staff. The tools that have been created continue to be used in communicating and training DCS staff.

Goal 4: Continued Youth Engagement Throughout and Between the Report Periods per Cohort- **This has been completed but will remain ongoing under the new NYTD provider.** The NYTD provider is maintaining contact with cohort youth through a private NYTD Facebook page as well as the NYTD website. The provider continues to make improvements on their website to make it youth friendly and to provide resources. The provider has created a NYTD newsletter called “UpBeats” that is sent out quarterly to all NYTD survey participants. The provider has rolled out the NYTD Youth Ambassadors. The NYTD Youth Ambassadors were fully trained on NYTD and hosted NYTD Youth Impact Day face to face for their peers on October 24, 2020. During Youth Impact Day, the NYTD Ambassadors conducted a data walk using the Indiana NYTD Data Snapshots and facilitated conversation around the data. There were 25 youth in attendance at Youth Impact Day, 20 youth participants and 5 NYTD Youth Ambassador’s. The NYTD Youth Ambassadors are also conducting a CQI process with the DCS CQI team using LEAN. The NYTD provider hosts other events with youth to continue engagement. The NYTD Youth Ambassador is a year commitment. The provider will begin accepting applications in June 2021, for the 2022 fiscal year.

Goal 5: Educate Internal and External Stakeholders on NYTD- **This has been completed but is ongoing.** The OYI team has provided education about NYTD during the provider meetings. There will be further in-depth training provided to the OYS provider. The NYTD team has provided NYTD updates and information during each provider meeting. A NYTD training was conduct for the NYTD Ambassador’s as part of their learning process. The NYTD Youth Ambassador’s hosted NYTD “Youth Impact Day” to provide information about NYTD to their peers. The NYTD provider has hosted other events such as “Family Dinners” to have NYTD data discussions with youth.

THE CHAFEE PROGRAM IMPROVEMENT EFFORTS AND INVOLVEMENT

The OYI team conducts state-wide site visits with each older youth services contracted providers on an annual basis. The purpose of the Older Youth Services site visits is to review adherence to Indiana’s older youth services

service standards and protocol. The Department of Child Services seeks to understand the strength and needs of the Older Youth Services – service provider and what is needed to improve the overall service array in each service area; to meet the needs of the older youth service population. We will review resources to understand whether those resources are being used in the most effective and efficient manner to fulfill the DCS’s older youth initiatives objectives. Specifically, the site visit will:

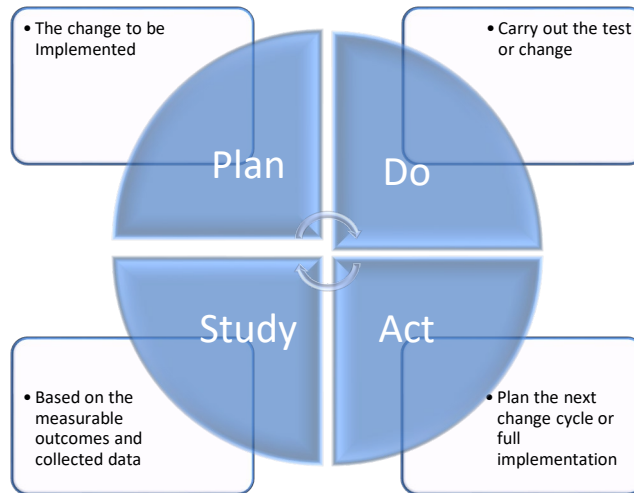
- Focus on continuous quality improvement
- Ensure each agency is complying with Older Youth Services service standards and protocol
- Identify areas of strength and best practices
- Identify gaps and/or areas needing improvement
- Provide recommendations or program improvements/enhancements

The OYS site visit is an assessment of how each OYS provider assists and services youth in their transition to self-sufficiency and to determine what is needed to improve the overall service delivery in each service area. The OYI team reviews the service delivery, NYTD service logs, outcomes data, case file documentation, and continuous quality improvement efforts. During the site visit the OYI team completes an agency and systems review, which includes an employee interview and CQI process. After the site visits each provider receives a review summary of the visit and their service log data. OYS providers are to use the information and recommendations to identify service delivery gaps and areas of improvement to enhance and increase service delivery and outcomes for youth. DCS continues to evaluate the older youth services outcome measures, service standards, and policies to ensure Indiana continues to meet federal compliance and is improving outcomes for foster youth transitioning into adulthood. During the current contract year, the OYI team conducted site visits for each OYS provider, Education and Training Voucher and College Dorm provider (ETV/Dorm), Opportunity Passport provider (OPP), National Youth in Transition Database provider (NYTD) and the Youth Career Training provider (YCT). These visits will be completed by June 30, 2022.

2020 Site Visits	
OYS Program & Contracted Provider	Date
OYS Services – Firefly Children & Family Alliance (formerly Children’s Bureau)	4/06/22
OYS Services – George Junior Republic	6/22/21
OYS Services – Damar	4/27/22
OYS Services – Geminus	4/20/22
OYS Services Villages	6/01/22
ETV / Dorm, IYAB, OPP – Foster Success	5/12/22
NYTD, YCT – Pink Leaf	5/2/22

The DCS OYS providers address service gaps, through implementing a continuous quality improvement (CQI) cycle. Each provider is responsible for completing one (1) CQI project per fiscal year. The OYS providers utilize

the Plan–Do–Study–Act (PDSA) Model. The PDSA model is a framework for developing, testing, and implementing changes.



Using the PDSA cycle allows the OYS providers to test changes on a small scale and provide an opportunity to learn from the cycle of what does and does not work. The OYS providers designate a CQI champion to oversee PDSA. Each provider forms CQI teams that consist of their agency staff, a youth, DCS staff, and community stakeholders. Each team develops a team charter, identifies an aim statement, and begins the PDSA cycle. The OYS providers continually track and monitor the activities of their CQI projects which includes collecting data and reviewing their plan. The DCS OYI team monitors the CQI process by reviewing each provider's CQI projects during site visits and having the providers report out on their projects during bi-monthly provider meetings. CQI has been added to the OYS service standards to ensure we are removing barriers and gaps in services by taking a data-driven approach to improving outcomes.

DCS continues to build upon the foundations of the Older Youth Initiatives practice model, improve individualized services to the various special need's 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 care and those transitioning out of foster care.

DCS has worked with youth, DCS staff, and OYS providers to assess the current state of OYS services by hosting two workgroups: Emerging Adulthood and Direct Cash Payment. Both workgroups reviewed NYTD service outcomes data and reviewed other state programs to assess the needs of youth and recommend service enhancements. Based on the information and recommendations from both workgroups the OYI team developed the Older Youth Services 3.0 strategic plan. The plan was designed to provide better guidance to the OYS

providers on service delivery based on the NYTD service elements and appropriate documentation. The following updates will be applied to the next contract year.

- Updated Older Youth Service Standards
- Updated Older Youth Services Protocol
- Chafee Funding Guidelines
- Enhanced Transportation Services and Guidance
- Quarterly NYTD Data Service Element Reviews and In - Services
- Older Youth Services Onboarding for youth
- Placement Provider Symposium

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 (DWD), Indiana Foster Success, One Simple Wish, Coalition for Homelessness Intervention & Prevention (CHIP), Indiana Commission of Higher Education/Twenty-First Century Scholars Program, 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 and DCS works closely with DWD Jobs for American Graduates (JAG) program to identify foster youth in their junior and senior year of high school. Partnering with JAG to specifically recruit foster youth for their program builds better resources for and increases foster youth preparedness for post-secondary education and/or employment. The OYI team is also represented on the older youth DWD committee to address older youth employment and education.

DCS has partnered with CHIP to collaborate in the implementation of the Indianapolis Youth Homelessness Demonstration Program (YHDP). As recipients of the YHDP grant the Indianapolis community will receive housing and service programs that will address the needs of homeless youth and minors. In addressing youth homelessness, service projects must assess the needs of special populations; this includes youth involved in the foster care system. The committee has developed a coordinated community plan approved by HUD and has issued an RFP for community agencies to propose innovative projects to address youth homelessness. Also, as part of this collaboration, DCS participates on the homeless youth taskforce. DCS will continue to collaborate with CHIP to enhance housing for homeless foster youth through implementing the HUD Foster Youth Initiatives voucher.

DCS is collaborating with several housing authorities across the State to issue the foster youth independence voucher as well as the Dream Center. The Dream Center is a faith-based organization that serves as a resource center; focused on providing support to those affected by homelessness, hunger, and the lack of education

through residential and community outreach programs. The Dream Center has brought their resources to Indiana to provide community housing to older youth in foster care to prevent homelessness.

DCS continues to partner with One Simple Wish (OSW), 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, furniture and tickets to a theme park or concert.

DCS continues to partner with the Twenty-First Century Scholars program, which is a program supervised by the Indiana Commission for Higher Education (ICHE). ICHE's vision is to provide every Hoosier with clearer and more direct paths to timely college completion, quality competency-based credentials that deliver the learning outcomes students need and employers expect, and purposeful career preparation that equips graduates for fulfilling employment and lifelong learning. ICHE promotes awareness of Indiana financial assistance programs through its website, guidance counsellor workshops, financial aid nights, college fairs, community forums and other state-wide events such as College Goal Sunday.

With the continued partnership, DCS and ICHE entered a memorandum of understanding to share outcome data and to improve the application and systems process for ensuring all foster youth have applied to the 21st Century Scholarship program. At this time, DCS and the 21st Century scholarship database work to auto enrol all youth who enter foster care who fit the eligibility requirements of the 21st Century scholars' program. With the new enrolment process, DCS will continue to increase the enrolment and verification process for foster youth. DCS has enrolled 2750 youth in the 21 Century Scholars program.

DCS continues partnering with the Indianapolis Colts and Cargo Services to focus on providing resources to young adults in foster care graduating from high school that may not otherwise be available. Youth selected to participate in Project Open House exemplified excellence in their schools and community or have overcome challenges and barriers while obtaining their high school diploma. This program recognizes the accomplishments of foster youth by providing an opportunity for foster youth to share their success with friends and family. Since the program's inception the number of youth participants has continued to grow. The next Open House is scheduled for June 21, 2022.

DCS partners with Job Corps to ensure youth have knowledge and access to their programs. Through this collaboration DCS and Job Corp have enhanced the system to overcome barriers to ensure youth success.

The OYS providers, are expected to collaborate with public and private partners within their service area. Providers collaborate with various agencies and business to provide services to youth. This includes the following:

- B and W Plumbing – Corporate that provides employment opportunities.
- Women’s Auxiliary – Firefly Children & Family Alliance (formerly Children’s Bureau) Women’s Auxiliary has provided funding in multiple situations for holiday parties, graduation events, or college dorm needs.
- Public Allies – A resource intended to focus on the mentoring of employment relationships. Positions are specific to the youth’s interest and they can receive a stipend for the 9-month internship.
- Resource Fairs - Provider’s sponsor resource fairs to provide information and awareness to youth of their community resources such as housing, employment, education, physical health, mental health, and family planning.
- Agape Equine Therapy – Improving trust and building relationships through interactive drills from certified equine instructors.
- RESPECT event – Specific to Region 7, 11, and 12 regarding prevention, healthy decision making, and family planning for parenting clients.
- Faith Based Organizations – Many faith-based organizations provide gifts and sponsor events such as graduation or holiday parties across the state.

The OY I team has also partnered with other agencies that may have services that youth can access concurrently or in replacement of the Chafee program services. The Older Youth Initiatives team and the Collaborative Care team make themselves available to give presentations to agencies, departments, and companies that interact with youth on a regular basis. These presentations provide updated information about Indiana’s Chafee program services.

1. 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 petition (assuming the youth is under age 18). Therefore, the youth is eligible to access the Chafee program services. DCS meets with local youth shelters to inform and educate about extended foster care services for former foster youth who aged out of foster care at age 18.

2. Plan to Coordinate Services with Local Youth Shelters and Other Programs Serving Young Adults at Risk of Homelessness

Through participation with the homeless youth taskforce extended foster care has been added in the homeless youth coordinated entry process. This strategy provides information to former foster youth experiencing homelessness on Collaborative Care and direct contact to re-entry. DCS continues to provide OYI programs and services information to local youth shelters by providing education material on extended foster care and access

to voluntary services. The OYS providers have formed relationships with local youth shelters in their service area to build better partnerships to serve youth who may face homelessness. Through DCS investment in rolling out the FYI program in various cities across the state, DCS has increased its relationships with several CoC's across the state. Through these partnerships, the OYS providers have strengthened their ability to serve youth in an emergency.

DCS has developed 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.

EDUCATION AND TRAINING VOUCHER PROGRAM

DCS provides Education and Training Voucher (ETV) funding to eligible students to support post-secondary education training goals. The ETV program is a federally funded, state-administered program designed to provide financial and academic support to youth who have aged out of the foster care system and who are enrolled in an accredited college, university, or vocational training program. Current and former foster youth must have been in foster care on their 18th birthday and youth who were adopted or placed in a kinship guardianship from foster care on or after their 16th birthday are eligible for ETV. Students may receive up to \$5000 per academic year based on the cost of attendance. Youth must enrol between the ages of 18 up to their 21st birthday. Students may continue to receive ETV support until the age of 26 or 5 consecutive years of schooling. Foster youth, who graduate high school at age 16 and will be attending a post-secondary institution can apply for ETV. DCS verifies the eligibility of all ETV applicants prior to approval for funding. In addition, to meet federal requirement, applicants must submit all required documentation which includes the following:

- Verification of high school diploma or high school equivalency
- Complete FAFSA
- Financial aid award package
- Verification of maintaining a 2.0 GPA or higher - college transcript
- Verification of foster care status

DCS utilized a fair bid Request for Proposal (RFP) process to award the ETV contract. There is one vendor awarded to administer the ETV program state-wide. 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 grades, 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 students 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 with 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.

ETV staff work closely with The Commissioner of Higher Education (CHE) to ensure all parties are updated on all financial aid rules, regulations, changes, and supports. The ETV vendor monitors and participates in 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 the ETV vendor encourages and has leveraged the institutions to designate a key person to work with ETV students on 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. The ETV vendor tracks all student aid dollars by category and student demographic. The ETV staff, CHE, and DCS co-facilitated a workshop during the National College Access Network Conference held September 18, 2019 in Indianapolis, which focused on working with foster youth in a post-secondary setting.

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

DCS works closely with the ETV vendor to improve and strengthen Indiana's postsecondary educational assistance program. The ETV support model is in place at nine state colleges/universities. The model allows the ETV Regional Specialist to work in collaboration with the campus support services. The campuses listed below offer office space to the ETV Regional Specialist, campus staff assigned in the financial aid, and Student Accounts/Bursar office to work with ETV students, and a streamlined enrolment process for student support services.

- Ball State University
- Indiana State University
- Indiana University- Bloomington
- Indiana University- Southwest

- Indiana University Purdue University (IUPUI)
- Ivy Tech Community College- Fort Wayne
- Ivy Tech Community College- Indianapolis
- Purdue Northwest
- Vincennes University

The ETV Regional Specialists referred students to numerous college student support service programs and community resources. Students were referred to TRiO, 21st Century Scholar Campus Support Disability Services, tutoring and basic need resources. ETV Specialists were trained on the education case management, Foster Success model developed by Western Michigan University. ETV Specialist were able to support students in learning how to reach a decision after looking at all options. The model helps the student develop a voice and learn about advocacy. The current ETV vendor has collaborated with IV-Tech Community College, Indianapolis branch to hire an Engagement Coach who will work on behalf of Ivy Tech Community College in partnership with Indiana Foster Success, the Indiana Department of Child Services, the Indiana Commission for Higher Education to increase the number of individuals with a post-secondary degree or certificate. The Engagement Coach’s responsibility is to actively recruit former ETV students and students, statewide, who may be eligible for ETV funds for enrollment in a post-secondary program. The Engagement Coach works as a champion for current and former foster youth, providing resources and assisting youth to overcome barriers in persistence and attainment of a post-secondary degree or certificate.

Finally, Indiana offers the Nina Scholars program/scholarship for residents who face barriers to obtaining higher education. Foster Success’ ETV program manager works closely with the Nina Scholars program board and submits student names for the program.

Academic Year 2020 – 2021

Status	Number	Percent
New Student	114	41%
Returning Students	165	59%
Total	279	100%

Academic Mid – Year 2021 – 2022

Status	Number	Percent
New Students	112	50%
Returning Students	113	50%
Total	225	100%

DIVISION X CHAFEE ETV

The ETV provider, Foster Success, began assisting youth during the beginning of the COVID-19 pandemic by coordinating with DCS and OYS providers to ensure displaced dorm youth had housing. This included advocating for youth who needed to remain in the dorm setting. The ETV specialist maintained virtual contact with youth to ensure the youth had a reliable internet connection and assisted in preparing them for online learning. ETV meetings were held virtually, which allowed students to continue to receive academic support, remain connected to resources in their local communities, and maintain/regain connection to older youth services. Foster Success hosted a virtual graduation celebration for graduates due to ceremonies being cancelled.

DCS has ensured the ETV provider has been provided information on the Consolidation Appropriation’s Act, 2020; Division X – Supporting Foster Youth and Families Through the Pandemic. IYAB and DCS have worked to develop strategies to implement the provisions that effect Chafee ETV. DCS has increased the maximum Chafee ETV award amount from \$5,000 up to \$12,000 per youth - per year for post-secondary education for eligible foster youth. (This change is effective through 9/30/22).

- Process Distribution of Funds:
 - ETV funded youth who are not receiving additional services
 - Youth who are receiving Voluntary Services
 - Collaborative Care Youth who are need of additional support not offered under current services
 - Note: pregnant and parenting youth will be given priority.

DCS has temporarily suspend the ETV SAP (Satisfactory Academic Progress) program requirements for youth who are unable to achieve it due to the pandemic. Youth who do not meet their post-secondary SAP school requirement will continue to receive ETV funding to remain in their post-secondary program. These youth will continue to receive support from their ETV Specialist and complete an academic success plan. DCS has also permitted the use of the ETV voucher for expenses that are not a part of the cost of attendance to allow

flexibilities for eligible current and former foster youth to allow the youth to remain enrolled in a post-secondary institution through September 30, 2021.

THE CHAFEE PROGRAM TRAINING

The OYI team facilitates quarterly trainings for internal DCS staff in the local offices on the Chafee program and OYS. The OYI team also facilitates a bi-monthly training for 3CMs and trains the OYS provider staff twice a year. 3CM and OYS Provider Trainings:

Training Topic	# Of Attendees	Date of Training
Ways to Effectively Communicate with Youth	68	11/17/22
Youth Engagement – Generation X and NYTD Service Elements	135	3/23/22
Mental Health	95	5/25/22

The OYI team continues to provide training to external stakeholders and Licensed Child Care Placement Agency's on older youth services and authentic youth engagement when requested. During the OYS provider meetings, training goals are identified that focus on best practices in working with older youth. IYAB facilitates case management training for DCS staff and providers 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 youth on developing the trainings, explore methods of training the youth as professional trainers, and support youth as trainers. The Independent living Specialist facilitate regional trainings for their assigned service area. Regional trainings are provided to the DCS family case manager. The training is providing information on Chafee services and federal requirements. Regional Trainings:

Regions	# Of Attendees	Date of Training
Region 16 & 17 - Virtual	46	11/19/22
Region 1 & 2 – Virtual	210	2/24/22
Regions 11 - Virtual	51	3/8/22
Region 7 - Virtual	60	3/29/22
Region 5- Virtual	41	4/21/22
Region 4 - Virtual	123	4/13/22
Region 6 – Virtual	83	4/19/22
Region 10 – Virtual	172	4/26/22

The OYI team has several regional trainings scheduled through the end 2022.

To adjust to COVID-19, the OYI team developed a plan to provide virtual trainings which began June 2020. All trainings have been conducted via Microsoft teams. Trainings continue to be conducted virtually.

Foster parents receive training on fostering older youth and preparing them for independence. Training includes identifying the different phases of independent living development (Phase I: Informal learning, Phase 2: Formal Learning, Phase III: Practice, and Phase IV: Self-sufficiency), the challenges foster youth face in the transition to independence, and practices foster parents can put in place to help in the transition, including outside resources that are available, as well as the availability of ETV funds to help with different phases of development. Additional Trainings:

Type of Training	Audience	Date of Training	Number of Attendees
Foster Youth Initiatives Housing Symposium	Foster Youth	7/13/21	17
NYTD Youth Engagement - Growing Pains Conference	State Child Welfare Workers	8/31/21	20
NYTD OYS Training	OYS Providers	3/15/22	35
Year 2 Division Overview	–OYS Providers & 3CM	4/6/22	100
Year 2 Division X Youth Lead Townhall	Foster Youth, OYS Providers, 3 CMS	5/10/22	55
Education Training	DCS Education Liaison	5/26/22	14
OYS In-Services	OYS Providers and 3CM	6/30/22	Pending

CONSULTATION WITH TRIBES (SECTION 477(B)(3)G))

The Pokagon Band of Potawatomi Indians is Indiana’s only federally recognized tribe. When the Pokagon Band intervenes in an Indiana DCS case and assumes jurisdiction, they request that all IV-E benefits be terminated. The Pokagon Band provides income and services for the family and youth as part of their tribal benefits and has indicated that they do 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 Band is aware that DCS will assist them if this changes in the future and DCS continues to inform them of new benefits and programs during meetings.

Additionally, although they do not currently operate education and training voucher and independent living program, the Pokagon Band is aware that should they request it, DCS would work with them to arrange for the Chafee program funds to be made available for youth in the tribe’s care.

XII. CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

A. INTRODUCTORY INFORMATION

The Pokagon Band of Potawatomi Indians (hereinafter Pokagon Band) maintains their headquarters in Dowagiac, Michigan, however members of this Pokagon Band have lived in the lower Great Lakes area for hundreds of years and the Pokagon Band's homeland covers six northern Indiana counties including LaPorte, St. Joseph, Elkhart, Starke, Marshall, and Kosciusko. The Pokagon Band also maintains sovereign (self-governing) land within St. Joseph County, South Bend, Indiana. DCS recognizes the Pokagon Band as their federally recognized tribe. Pokagon Band has jurisdiction for any incident which occurs on their sovereign land within St. Joseph Co. in Indiana.

DCS has also worked with other tribes as Native American children have come into the DCS system to ensure that the heritage of children with tribal connections is maintained. DCS remains committed to continually working to expand the knowledge of staff regarding native culture and ensuring collaboration and coordination with tribes, their tribal courts, and families of children with tribal connections.

B. POKAGON BAND

DCS has established partnership/collaboration semi-annual meetings with representatives from the Pokagon Band.

On October 26, 2018, DCS experts along with the Pokagon Band experts, gathered to develop specific protocols addressing the disposition of child abuse/neglects reports, and advise on the language to include in a DCS Tool to be utilized by child welfare field staff. The DCS Tool 2.B and policy was in effect as of March 1, 2021. Policy 3.1 Hotline Receiving Calls was updated to include current information on allegations of CA/N occurring on tribal land of the Pokagon Band of Potawatomi Indians in St. Joseph County. This provides guidance and protocol on how to proceed with reports of abuse or neglect occurring on Pokagon Band tribal land in St. Joseph County. Specific questions related to Pokagon Band have been included to general ICWA questions in the DCS Hotline Intake Guidance Tool.

DCS has continued to provide education to its staff for improved identification of ICWA eligible children/cases which will result in more accurate and consistent feedback for data/statistics. DCS is collaborating with legal staff and the Pokagon Band's child welfare staff to develop and facilitate a training in 2022.

1. Ongoing Coordination and Collaboration with Tribes

The state currently meets with the Pokagon Band of Potawatomi semi-annually to collaborate, share ideas, provide feedback, and address any concerns regarding ICWA cases involving their members, as well as other

ICWA and tribal related information. Both social services director Mark Pompey and family services supervisor Karen Mikosz have utilized the DCS ICWA Coordinator as their point person to contact at any other time throughout the year to discuss any challenges or needs regarding specific cases.

The Department continues to ensure meetings with the tribe twice a year and/or as needed. A virtual meeting between Mark Pompey, social services director and Karen Mikosz, family services supervisor for the Pokagon Band occurred on October 9, 2020. Continued discussions occurred around training and recruitment of foster care parents. Furthermore, DCS assisted Mark Pompey and Karen Mikosz in attending a DCS regional managers meeting virtually to provide information and allow for a dialogue with field leadership.

DCS met virtually on February 19, 2021 with Mark Pompey, social services director and Karen Mikosz, family services supervisor to discuss Indiana's IV-E Prevention Plan. DCS also met with Mark and Karen on March 12, 2021 to discuss entering into a Tribal-State IV-E agreement. The Pokagon Band would like to enter into an agreement with Indiana DCS. DCS continues to maintain regular contact with The Pokagon Band. DCS met with Mark and Karen on June 10, 2022 to continue these discussions. Another meeting is planned in October or November 2022. If approved 2022 APSR and all the attachments will be provided at that time.

2. Child Welfare Services and Protections for Tribal Children

The state's International and Cultural Affairs (ICA) page on the DCS Internet site is available to the public. Updates and resource information are posted for public use. Contact information is posted on the site for questions and requests regarding entering into IV-E agreements for tribes who are interested in entering into an IV-E agreement with DCS. DCS policy (2.12) outlines this information and is also available to the public through our public website.

DCS Staff Attorneys continue to be responsible for providing proper and timely notifications to the tribe(s) about DCS involvement, per DCS policy 2.12. Accompanying the policy were updates in MaGIK in early 2017 that included new fields and validations. These new fields and validations require users to answer a set of questions regarding if the person is a member of Native American (American Indian or Alaskan Native tribe). If Native American is chosen, the user is required to choose the tribe (from a list of both federally recognized, and not recognized) as well as answer questions and document if verification is pending, ineligibility confirmation letter from tribe, membership confirmation letter from tribe or verified Tribal membership ID card.

DCS ICWA policy 2.12 provides clarification for the FCM's responsibility. In policy there is a form 'Indian Status Identification' that the FCM completes with the family when determining potential ICWA eligibility. The local staff attorney utilizes this information to complete proper notification. DCS policy 2.12 related to ICWA was updated effective 06/01/2021 to continue to be in alignment with ICWA regulations.

The FCM completes a referral in KidTraks under International and Cultural Affairs (ICA) for each potential or identified ICWA child for tracking purposes, per Policy 2.12

3. Assessment of Ongoing Compliance with ICWA

DCS continues to make every effort to remain compliant with all ICWA requirements in 25 USC 1900 et seq., 25 CFR 23 et seq, and 45 CFR 1355-1357.

DCS continues to notify Indian parents, tribes, federal partners and Indian custodians of state proceedings and their right to intervene. The notification responsibility remains with each local staff attorney for a timelier notification process and the above-mentioned enhancements to MaGIK are aimed at improving ICWA identification by FCMs and producing data that can better track compliance.

DCS staff 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 DCS' referral system is utilized as one method for ICWA tracking within Indiana. In the calendar year of 2020, there were 30 referrals received for potential ICWA eligible children and four (4) referrals for verified ICWA eligible children. In calendar year 2021, there were 32 referrals received for potential ICWA eligible children and three (3) verified ICWA eligible children. Furthermore, with the updated policy 2.12 DCS continues to attempt to identify Indian status from the first point of contact, at the hotline and continuously throughout the life of the case by utilizing the Indian Status Identification form. DCS continues to strive and create new ways of tracking ICWA cases to improve the accuracy of our data.

4. Notification of State Proceedings

The state continues to notify Indian parents, tribes, and Indian custodians of state proceedings and their right to intervene. This responsibility was given to each local staff attorney to expedite and provide a timely notification process.

5. Tribal Right to Intervene

The Pokagon Band and their attorney, judges and social services personnel are aware of their right to intervene in Indiana juvenile court proceedings involving children in their tribe and of their ability to request a transfer of proceedings to their tribal court. Indiana juvenile court judges are also aware of these rights.

Indiana’s ICWA Notification Form is served on tribes by the DCS local staff attorneys and includes language informing the tribe of their right to intervene, and/or have the proceedings transferred to the Tribal Court.

The ICWA Tribal Transfer of Jurisdiction Tool is included in the DCS Child Welfare Policy Manual, Chapter 2.12, for DCS staff’s guidance.

6. Continued ICWA Compliance

DCS will make every effort to 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 all tribes and specifically with the Pokagon Band of Potawatomi Indians. DCS will continue to maintain ongoing communication and meetings with tribal officers and members. DCS will also continue to coordinate information regarding services and other information that may be of assistance to a tribe. DCS will continue its integration of meaningful supports for improved identification of ICWA eligible children and will continue to refine and improve interactions with American Native tribes to ensure that tribal heritage is maintained.

DCS is utilizing already existing Permanency Roundtables (PRTs) for identifying and reviewing ICWA cases and as a means of checks and balances for identification, compliance, and services. Ongoing presentations, training and education will continue to occur for DCS staff, which includes, verbal, written, computer assisted, and face-to-face delivery.

Indiana is currently in the beginning stages of developing CCWIS, there will continue to be fields in the case management system related to ICWA reporting requirements.

7. Discussions regarding Chafee Program

The Pokagon Band cares for their youth and they are not interested in the Chafee Program. DCS will continue to discuss the Chafee Program with the Pokagon Band as collaborative meetings take place throughout the year.

8. Exchange of CFSP and APSR

Approved copies of the CFSP and subsequent APSRs will be made available to officials of the Pokagon Band. This information was last provided in November 2021. Social Services Director Mark Pompey reviews these and will continue to receive subsequent APSRs annually.

The 2020-2024 CFSP was authored by Heather Kestian, former Deputy Director of Strategic Solutions and Agency Transformation. The 2022 APSR update is authored by Sonya Rush, Assistant Deputy Director of Strategic

Solutions and Agency Transformation with the collaboration of internal and external stakeholders. Sonya Rush may be contacted at (317) 234.5087 or by email at sonya.rush@dcs.in.gov.

The current 2020-2024 CFSP and prior approved CFSPS and APSRs can be reviewed on the DCS website at <https://www.in.gov/dcs/reports-and-statistics/>. Once approved, the 2022-2023 APSR will also be added to the website for review.

9. 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. Policies explaining this procedure can be found in DCS Child Welfare Policy Manual, Chapter 2.12 and the ICWA Tribal Transfer of Jurisdiction Tool, which is currently under revision, can be found within that same policy. DCS is prepared to enter negotiations with any federally recognized tribe to share IV-E benefits. DCS is currently in the initial phase of establishing a Title IV-E agreement with the Pokagon Band.

XIII. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS

SUBSTANTIVE CHANGES TO LAW AND REGULATIONS EFFECTING ELIGIBILITY FOR CAPTA

There have been no substantive changes in Indiana law or regulations that would affect Indiana’s eligibility for CAPTA, create any complications in complying with CAPTA regulations, or require changes to Indiana’s State Plan. DCS outsources the work of Administrative Law Judges however the department will retain final agency authority.

SIGNIFICANT CHANGES IN APPROVED CAPTA STATE PLAN

The State of Indiana has not made any significant changes from the State’s previously approved CAPTA plan in how the State proposes to use funds to support the 14 program areas.

USE OF CAPTA FUNDS

CAPTA funds were utilized in conjunction with Title IV-E Foster Care, Title IV-E Adoption, and Title IV-B, Subpart 2 to support Case Management (case workers and data management) and material assistance payments for concrete services.

CAPTA supplemental funding awarded from the American Rescue Plan will be used to increase funding for the Community Partners for Child Safety (CPCS) program. The CPCS program provides individual case management services to families to connect them to resources to strengthen the family and prevent child abuse and neglect or provide direct service such as parent education. In addition, each CPCS agency collaborates with other

partners, both private nonprofits and public sector services, in local communities and builds resources to ensure there is a coordinated prevention network throughout each region. Indiana currently contracts with 5 agencies to provide the program statewide. Additional information about the CPCS program and the service standard can be located at: <https://www.in.gov/dcs/prevention/community-partners-for-child-safety/>. Increased investment in existing statewide prevention programming that is successful in keeping children and families out of the child welfare system is part of Indiana’s upstream approach. Additional funding for the CPCS program may support expansion of Family Resource Centers or marketing of the *Helpline* which is the prompt added to our DCS hotline allowing callers to connect directly with a CPCS agency if they or a family that they are calling about, needs information or connection to resources for things such as food, clothing, shelter, children’s behavior, etc.

CITIZEN REVIEW PANEL ANNUAL REPORTS

Indiana Law requires three Citizens Review Panels (CRP): a Foster Care Advisory Board, a Child Fatality Review Team, and a Child Protection Team. Each panel serves a 3-year term. The foster care advisory board is the only panel that can extend the length of their term beyond three years. DCS requires Citizen Review Panels to submit their reports on an annual basis which ensures inclusion in the APSR. DCS established two new teams in 2020 to meet the fatality review and child protection team requirement. The child fatality team representation will be from Madison County, which is led by the DCS local office director in the county in conjunction with the prosecutor. The CPT acting as a CRP for the next three years will be Randolph County. In an effort towards continuous improvement, an annual report out was provided to the DCS executive team by members of each panel. This allowed for the panel members to explain what they did over the course of the year, as well as provide their recommendations and answer any questions the executive team has. This format was met with positive feedback. The annual report has been implemented and continues to receive positive feedback.

1. Foster Care Advisory Board

A Foster parent advisory council (the Foster Care Citizens Review Panel) continues to function as the citizen review panel and is focused on making recommendations on supporting foster parent learning and access to information. The 2021 Foster Care Citizens Review Panel CRP annual report is attached as Attachment C.

2. Child Fatality Team

The 2021 Madison County Child Fatality Team CRP annual report is attached as Attachment D.

3. Child Protection Team

The 2021 Randolph County Child Protection Team CRP annual report is attached as Attachment E.

UPDATE ON SERVICES TO SUBSTANCE EXPOSED INFANTS

Substance-exposed newborns is an issue of concern for the state of Indiana. The traumatic effects of substance abuse during pregnancy on a newborn and at many stages later in life is being seen more often by our community. Data from Safe System Reviews has revealed that of child fatalities and near fatalities where DCS or a primary prevention agency had history in the previous 12 months, in 25% of those cases, the infant had a prior assessment as a drug exposed infant. Additionally, in 74% of the reviews completed, the parents either had a history of drug use or were currently using substances.

Pursuant to Indiana's mandatory reporting law, all hospital employees are mandatorily required to report instances of child abuse and neglect. Indiana Code 31-33-5-1 contains Indiana's mandatory reporting requirement and reads "in addition to any other duty to report arising under this article, an individual who had reason to believe that a child is a victim of child abuse or neglect shall make a report as required by this article." Per IC 31-33-5-2, if an individual is required to make a report in the individual's capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, facility, or agency or the designated agent of the individual in charge of the institution, school, facility, or agency and the that individual shall report or cause a report to be made." The issue of hospital reporting is an ongoing topic with the Neonatal Abstinence Syndrome Subcommittee (a description of this subcommittee can be found below).

In addition to the State law for mandatory reporting, Indiana Code 31-34-1-10 reads that "a child is a child in need of services if: (1) the child is born with : (A) fetal alcohol syndrome; or (B) any amount, including a trace amount, of a controlled substance or a legend drug in the child's body; and (2) the child needs care, treatment, or rehabilitation that: (A) the child is not receiving; or (B) is unlikely to be provided or accepted without the coercive intervention of the court." Indiana Code 31-34-1-11 reads that "a child is a child in need of services if: (1) the child: (A) has an injury; (B) had abnormal physical or psychological development; or (C) is at a substantial risk of a life threatening condition; that arises or is substantially aggravated because the child's mother used alcohol, a controlled substance, or a legend drug during pregnancy; and (2) the child needs care, treatment, or rehabilitation that: (A) the child is not receiving; or (B) is unlikely to be provided or accepted without the coercive intervention of the court."

Legislation was passed that went into effect on July 1, 2017 that amends IC 31-34-1-10 to include Neonatal Abstinence Syndrome (NAS) and clarify testing mechanisms. The updated statute states that infants born with NAS or controlled substances in their bodies, including positive tests of the blood, meconium, and urine, are considered a child in need of services.

Indiana Codes 31-34-1-12 and 31-34-1-13 provide an "exception for mother's good faith use of a legend drug and use of a controlled substance according to prescription."

Each DCS local office has established a relationship and protocol with their local hospitals to ensure a Plan of Safe Care that provides for proper referrals and services being put in place when necessary. Furthermore, local DCS staff provide training on child abuse and neglect to local hospitals. Regional Child Protection Plans also

include agreements between hospitals and DCS on reporting child abuse and neglect. While the policies and procedures mentioned herein are currently in effect, DCS Executive and Field Staff will continue to monitor and evaluate the agency's response to substance exposed newborns to ensure the Plan of Safe Care includes the most up-to-date best practices. DCS monitors service utilization reports along with risk and safety assessments and safety plans to monitor Plans of Safe Care and identify frequency of use. Reports and data are continuing to be enhanced to better capture the services and Plans of Safe Care that are put in place and to meet the data element requirements that are required to be provided in NCANDS submittals.

DCS Field Management provides regular guidance to regional and local field staff on this issue as well, such as:

- If a newborn and/or mom test positive, a DCS assessment (investigation) and a substance abuse screen of the mother *must* be completed;
- If the mom tests positive at delivery, a drug screen must be performed after discharge from the hospital;
- If a drug positive newborn assessment is going to be unsubstantiated, the Regional Manager must be notified and receive the Assessment Report before any decision is finalized.

DCS performed public service campaigns to remind the public of their mandatory duty to report. Examples include developing a website that has been setup with training information (<https://reportchildabuse.dcs.in.gov/>), social media campaigns (including YouTube videos and Twitter) and partnering with local media outlets to inform the public.

Indiana recognizes that this issue is not just isolated to the child welfare system but has significant impact on other state systems. There are many task forces at the local levels as well as the state level working to address these issues. DCS has programs in place to assist pregnant mothers involved in the child welfare system who have been identified as having addiction issues. Furthermore, DCS is increasing its support of providers by:

- Providing technical assistance through a consultant from Child and Family Futures, the National Center for Substance Abuse and Child Welfare. This service is supported by Casey Family Programs.
- Supporting Evidence Based Practices.
- Contracting for Residential services for mothers and young children
- Contracting for Transitional Housing programs
- Working with the Perinatal Network on development of Plans of Safe Care prenatally

In 2014, the Indiana legislature, in Senate Enrolled Act 408, brought Neonatal Abstinence Syndrome to the forefront. SEA 408 established a clinical definition of Neonatal Abstinence Syndrome and directed the Indiana Department of Health to meet with medical and pediatric stakeholders to develop recommendations regarding diagnosis, screening, and reporting of NAS. The Task Force made the following recommendations for a uniform process for both pregnant women and newborns for the purpose of correctly identifying pregnant women at risk for delivering a baby with NAS.

The Obstetric Protocol focuses on two points in time:

- The first prenatal visit; and

- Presentation at the hospital/birthing center for delivery.

First Prenatal Visit

At the initial prenatal visit, as part of routine prenatal screening, the primary care provider will conduct a standardized and validated verbal screening process and a urine toxicology screen. The toxicology screen is voluntary, and the pregnant woman can opt out of the toxicology screen. At the discretion of the primary care provider, INSPECT and/or repeat verbal and toxicology screenings may be performed at any visit. The toxicology screen is always voluntary on the part of the pregnant woman.

Presentation at the hospital/birthing center for delivery.

When the pregnant woman arrives at the hospital for delivery, hospital personnel will conduct a standardized and validated verbal screening on all women. Medical staff will request that the woman consent to a urine toxicology screening for anyone with a positive screening result at any point during her pregnancy including presentation for delivery. Babies whose mothers had a positive verbal screen or positive toxicology screening results or babies whose mothers did not consent to the toxicology screen will be screened using urine, cord, or meconium.

The Neonatal Protocol focuses on three cohorts of babies:

- Newborns with **no identifiable risk**;
- Newborns **at risk** for NAS; and
- Newborns with **unknown risk**.

Mother's Status	Level of Risk for Infant	Suggested Action
Negative verbal and toxicology screens	Newborn with no identifiable risk	No testing recommended at birth
Positive verbal screen and/or positive toxicology screen at any time	Newborn at risk for NAS	<ul style="list-style-type: none"> • Perform urine and meconium or cord toxicology screening at birth • Perform Modified Finnegan scoring • Evaluate maternal support resources
<ul style="list-style-type: none"> • No known verbal or toxicology screen during 	Newborns with unknown risk	<ul style="list-style-type: none"> • Perform urine and meconium or cord

<p>pregnancy</p> <ul style="list-style-type: none"> Negative verbal screen but no known toxicology screen 		<p>toxicology screening at birth.</p> <ul style="list-style-type: none"> Perform Modified Finnegan scoring or use the Eat, Sleep, Console method.
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Further Initiatives for Plans of Safe Care

After submission of the NAS Report, the Task Force reformed as a subcommittee of the Indiana Prenatal Quality Improvement Collaborative (IPQIC). DCS Executive and Field Staff are continuing to examine the issue and work with fellow state stakeholders to develop a comprehensive plan to combat this epidemic. Specifically, DCS has been partnering on the following:

- Full Committee and Sub-Committees for IPQIC (Indiana Perinatal Quality Improvement Collaborative Perinatal Substance Use Task Force)
 - Focus on keeping the infant with women- developed a pamphlet for discharge to inform the mother of what Neonatal Abstinence Syndrome is what symptoms the infant may show post-discharge etc.
 - Developed a pamphlet for the woman to inform about possible involvement with DCS- goal is to present DCS and Hospitals as collaborative & assisting mom in building a team of supports, specifically to find a way to get a sober caregiver in the home.
 - Created the letter/guidance for pediatricians and provided protocols on how to handle drug exposed infants consistently throughout the State.
 - Pharmacologic Protocol
 - Non-pharmacologic Protocol
 - Transfer Protocol
 - The IPQIC Subcommittee developed a toolkit for hospitals and medical providers to use in assisting women and caregivers before, during and after the birth of a child who is born substance exposed. DCS aided in the development of these tools.
 - Partnering with the Pregnancy Promise Program to pilot pre-natal plans of safe care to be completed on mother’s affected by substance use disorder and have used opioids while pregnant.
- Some regions have partnered with the CMHCs to bring a clinician into the office to complete substance use disorder assessments to lessen the time to get someone assessed and into treatment
- Effective May 1, 2019, DCS issued a Policy (4.42) regarding Plans of Safe Care, along with a Plan of Safe Care form that staff can utilize when working with families. This plan was developed to meet the federal requirement that a Plan of Safe Care must be developed for each infant under the age of one (1) year who is identified as being born affected by or exposed in utero to substance use (the drugs may be legal

or illegal), experiencing symptoms of withdrawal, diagnosed with Neonatal Abstinence Syndrome, and/or diagnosed with Fetal Alcohol Spectrum Disorder (FASD). Each Plan of Safe Care developed will address the mental and physical health and substance use treatment needs of the infant, parent(s), household members, and the infant's caregiver(s). A Plan of Safe Care will be developed for identified infants regardless of the decision to substantiate or unsubstantiate the assessment. DCS created an informational podcast that was released to all staff regarding when and how to use the Plan of Safe Care and understand the policy to ensure staff were able to begin utilizing it immediately. This has subsequently been followed up with developed spaced education for ongoing understanding for staff and it is covered in new and experienced worker training.

- Throughout 2021, DCS was included as a member of the Practice and Policy Academy along with representatives from FSSA, IDOH, and other experts on substance exposed newborns. Through this Practice and Policy Academy, Indiana decided to further develop and support Plans of Safe Care as part of a broader public health approach to supporting Plans of Safe Care to improve outcomes for infants, their parents, and caregivers. There is a new focus and recognition that Plans of Safe Care are better when used to support the needs of the infant and caregivers as opposed to only being used when child welfare is involved with a family. This public health approach will continue to be supported and implemented with DCS and IPQIC. IPQIC has created a draft Indiana Plan of Safe Care that will utilize a public health approach for plans of safe care for women, children and caregivers in Indiana. This work will continue throughout 2021 and 2022.

STATE LIAISON OFFICER INFORMATION

The State Liaison Officer is Harmony Gist, Indiana Department of Child Services, 302 W. Washington St. Room E306, Indianapolis, IN 46204: Harmony.Gist@dcs.in.gov. Information regarding CAPTA can be found on the DCS website at www.in.gov/dcs/2329.htm. A link to DCS Administrative Policies and CAPTA forms can be found at www.in.gov/dcs/2539.htm.

XIV. UPDATES TO TARGETED PLANS WITHIN THE 2020-2024 CFSP

FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

The 2020-2024 Foster and Adoptive Parent Diligent Recruitment Plan has been updated and is Attachment F.

HEALTH CARE OVERSIGHT AND COORDINATION PLAN

Indiana, like the nation, was impacted by the COVID-19 pandemic and national public emergency. Indiana was able to pivot with the rest of the nation to ensure that appropriate health care was provided to children in care. The pandemic prompted Indiana to make changes to the ways that we ensure that youth receive appropriate health care. DCS worked closely with our resource parents to ensure that children had primary care providers identified and were able to access health care either through telehealth or in person, when warranted. Hospitals remained viable options for our children in care to receive the necessary emergency health care. Indiana like

many other states has moved to having more in-person access to all necessary health care related appointments in the past six months. The updated Health Care Oversight and Coordination Plan is Attachment G.

DISASTER/EMERGENCY OPERATION PLAN

DCS developed a Continuity of Operations Plan (COOP) in 2020 as part of a continuous improvement effort and learning about COVID-19. DCS was not affected by any natural disaster in the past year, however, the Department was impacted by the COVID-19 global pandemic and public health emergency disaster declaration. DCS pivoted to doing virtual work with our children and families, when appropriate, to ensure that the health of our staff, children, and families were considered. DCS used prescreening questions through the hotline to determine the level of potential exposure in a home prior to an assessment worker initiating an assessment. The Department moved many CFTM's and visits to a virtual platform when the needs of the families were able to be safely met. The Department employed a group of individuals who would visit with youth in residential treatment. This model allowed for one or a small group of people to do face to face visits with all youth placed at a facility to ensure that someone was seeing them in person, along with virtual contact with their assigned family case manager. This approach allowed for the facilities to safely house youth with less potential exposure due to limiting the number of people coming in and out of the facility. The COOP replaces the Emergency Operation Plan submitted with CFSP and is Attachment H.

TRAINING PLAN

Due to the global pandemic the DCS Training Plan was updated to reflect the pivot to a virtual training environment. The updated DCS Training Plan is Attachment I.

XV. STATISTICAL AND SUPPORTING INFORMATION

INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE:

FCM Preferred Experience:

- Bachelor's degree from an accredited college/university required.
- At least 15 semester hours or 21 quarter hours in child development; criminology; criminal justice; education; healthcare; home economics; psychology; guidance and counseling; social work; or sociology required (copy of transcript must accompany the application or must be submitted at the time of interview if granted).

FCM Supervisor Preferred Experience:

- Bachelor's degree from an accredited college/university in Child Development, Criminology, Criminal Justice, Education, Healthcare, Home Economics, Psychology, Guidance and Counseling, Social Work, or Sociology or a related field.

- Two (2) years of experience in the provision of education or social services to children and/or families. One (1) year of the experience in an administrative, managerial, or supervisory capacity is preferred or accredited graduate training in Social Work.

Local Office Director Preferred Experience – Varies

E7: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional three (3) years of supervisory experience in these areas.
- Education: Bachelor’s degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

E6: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional four (4) years of supervisory experience in these areas.
- Education: Bachelor’s degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered.

E5: Experience:

- Four (4) years of experience in public welfare, education, public administration, business administration, or social services; plus
- An additional five (5) years of supervisory experience in these areas.
- Education: Bachelor’s degree from an accredited four-year college. (Concentration in Business Administration, Child Development, Counseling and Guidance, Economics, Education, Health Care, Home Economics, Law, Psychology, Public Administration, Social Sciences, Social Work, or Sociology preferred.)
- A combination of experience and accredited graduate training in any of the above areas may be considered

Regional Manager Preferred Experience:

- Four (4) years full time professional experience in public welfare; education; public administration or

- social services; plus
- Six (6) years full time experience in an administration or supervisor capacity in the above areas or as a state-level public welfare consultant.
 - Graduation from an accredited four-year college.
 - Fifteen (15) semester hours in public administration; business administration; or social science; economic; law; child development; education; counseling and guidance; social work; home economics; sociology; psychology; or health care required.
 - Substitutions: accredited graduate training in any of the above areas may be substituted for the required experience with a maximum substitution of two (2) years, except for the administration, supervisor, or consultative experience.
 - Full time experience in state social services as a state PAT 1, SAMPAT 4 or higher may sub for the required experience and specialized education on a year for year basis.

Data on the education, qualifications, and training of such personnel

DCS does not track the number of child welfare workers with a Bachelor (BSW) and/or Masters (MSW) of Social Work degree; however, DCS does keep track of the number of staff with Title IV-E Supported Bachelor and Master of Social Work degrees. DCS in partnership with IU continues to offer the IV-E BSW and MSW programs. Participation in the BSW program is as follows:

In 2019:

- 42 BSW Scholars started the program, with 34 finishing and accepting employment with DCS.
- As of 4/1/2021, 25 remain employed with DCS.

In 2020:

- 38 BSW Scholars started the program, with 34 finishing and accepting employment with DCS.
- As of 4/1/2021, 34 remain employed with DCS.

In 2021:

- 37 BSW Scholars started the program, with 29 moving forward with the hiring process.
- As of 4/1/2022, 22 remain employed with DCS.

In 2022:

- 29 BSW Scholars started the program, with 25 moving forward with the hiring process.

DCS does not have information available related to the number of years of child welfare experience or other

related experience working with children and families.

Child Protective Services Demographics – Age - As of 6/06/2022

Family Case Managers & Family Case Manager Trainees

<22	22-25	26-30	31-40	41-50	51+	Total
2	281	465	649	424	301	2122
0.09%	13.24%	21.91%	30.58%	19.98%	14.18%	100%

FCM Supervisors & Division Managers

22-25	26-30	31-40	41-50	51+	Total
0	44	270	132	87	533
0%	8%	51%	25%	16%	100%

Local Office Directors

26-30	31-40	41-50	51+	Total
0	24	40	31	95
0%	25%	42%	33%	100%

Executives

26-30	31-40	41-50	51+	Total
0	4	8	12	24

0%	17%	33%	50%	100%
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Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).

Pursuant to IC 31-25-2-5, amended in July 2019 by P.L. 198-2019, SEC. 2, DCS is required to ensure that Family Case Manager staffing levels are maintained so that each county has enough FCMs to allow caseloads to be at not more than: (1) twelve active cases relating to initial assessments, including investigations of an allegation of child abuse or neglect; or (2) twelve families monitored and supervised in active cases relating to ongoing in-home services; or (3) thirteen children monitored and supervised in active cases relating to ongoing services who are in out-of-home placements.

As currently set out in statute, DCS must comply with standards that include 12 new investigations, 12 families for in-home services or 13 ongoing children in out-of-home placement being supervised by a case manager. Following this change in standards, DCS continues to work with local leadership to ensure that cases can be weighted appropriately to meet the standards for each case manager set out in statute.

Using existing monthly data reports, as well as a dashboard for caseloads, Regional Managers monitor these regionally and locally to allocate staff as needed in individual counties.

Reports are generated monthly to monitor the timely completion of new assessments within 40 days as well as periodic detailed reports which help managers track the length of time various case types remain open. This allows managers to further analyse how to provide permanency more consistently for those children and thereby close the case. All Regions have formed Regional Permanency Teams (RPTs) to review and provide recommendations to local offices for those cases where traditional measures have failed to achieve permanency. Each region participates in Permanency Roundtables i to gain a deeper understanding and garner ideas for youth who have been difficult to achieve permanency for.

JUVENILE JUSTICE TRANSFERS

This information is available as a part of the Indiana Probation Report prepared by the Indiana Supreme Court Division of State Court Administration at [2020 Indiana Probation Report](https://www.in.gov/courts/iocs/files/rpts-ijs-2020-probation.pdf) <https://www.in.gov/courts/iocs/files/rpts-ijs-2020-probation.pdf>.

Listed below are the page numbers within the 2020 Indiana Probation Report where specific data can be found for juvenile justice transfers. The 2021 juvenile justice transfer data is not yet available.

Juvenile Probation	16
Juvenile Probation Referrals (2020)	16
Juvenile Probation Supervisions (2020)	18
Juvenile Probation Supervisions Method of Disposition (2020)	20
Juvenile Supervision Levels 2020	22
Juvenile Supervision as a Result of Substance Abuse Offenses (2020)	22
Juvenile Supervisions as a Result of Sex Offenses (2020)	23
Completed Predisposition (PDR) and Progress Reports for Juvenile Supervisions (2020)	23
Juvenile Law Services Report (2020)	24
2019 Juvenile Law Services Financial Report (2020)	28

EDUCATION AND TRAINING VOUCHERS

The number of ETV applicants including all semesters: fall, spring, and summer was received via the ETV report that was submitted to DCS in September 2021 and April 2022. The table below is a replica of Attachment D in the Program Instruction from ACYF-CB-PI-20-02.

	Total ETVs Awarded	Number of New ETVs
Final Number: 2020-2021 School Year (July 1, 2020 to June 30, 2021vsst)	279	114
2021-2022 School Year* (July 1, 2021 to June 30, 2022) Note: Not including summer semester	241	86

INTER-COUNTRY ADOPTIONS

During April 2020 – March 2021, records indicate there were no children who were adopted from another country entered into DCS custody due to a disruption. However, records indicate that during April 2021 – March 2022 there was one (1) child who was adopted from another country in region 18 enter DCS custody due to an international adoption disruption.

XVI. FINANCIAL INFORMATION

PAYMENT LIMITATIONS: TITLE IV-B, SUBPART 1:

During FY 2005, Indiana did not utilize any title IV-B funds for child care, foster care maintenance or adoption assistance payments.

PAYMENT LIMITATIONS: TITLE IV-B, SUBPART 2:

Indiana will spend 20% of the title IV-B, subpart 2 PSSF grant award on each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services during the FFY 23 grant period. See Attachment K for CFS-101, Parts I and II.

Below is a comparison chart of the FY 2020 and the state’s baseline year 1992 for the purposes of title IV-B, subpart 2 state and local share expenditure amounts for comparison, as required to meet the non-supplantation requirements in section 432(a)(7)(A) of the Act.

	1992	2020
Federal Share	0	5,078,428
State Match	0	1,692,809.33
Other State Expenditures on Service Categories	3,246,083	408,194,425.78
Total Expenditures	3,246,083	414,965,663.11

FY 2020 TITLE IV-B EXPENDITURE REPORT – CFS-101, PART III:

Indiana’s actual expenditures for the FFY 2020 were:

- Family Preservation Services \$997,393
- Family Support Services \$1,158,605
- Family Reunification Services \$997,393
- Adoption Promotion and Support Services \$927,644.00

The actual 20% threshold is \$1,040,000. Indiana came in slightly under that threshold for three (3) of the categories and slightly over for the other. The expenditures are allocated to the categories based on the actual service delivery by our Family Case Managers (FCMs). During FY 2020, there was slightly more expenditures allocated to Family Support Services in response to need.

XVII. ATTACHMENTS

- A. Practice Model Review Protocol
- B. Indiana Chafee Plan
- C. 2021 Citizen Review Panel Annual Report and Response — Foster Care
- D. 2021 Citizen Review Panel Annual Report and Response — Fatality Review Team
- E. 2021 Citizen Review Panel Annual Report and Response — Child Protection Team
- F. Foster and Adoptive Parent Diligent Recruitment Plan
- G. Health Care Oversight and Coordination Plan
- H. Emergency Operations Plan
- I. Indiana Training Plan
- J. Annual Reporting of ETV Awarded- Attachment D
- K. CFS-101, Part I, II, and III (signed PDF)