



ADMINISTRATION FOR
CHILDREN & FAMILIES

Administration on Children, Youth & Families | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/acyf

December 2, 2024

Eric Miller
Director
Department of Child Services
302 W. Washington
Room E306
Indianapolis, Indiana 46204

Dear Director Miller:

Thank you for submitting Indiana's Child and Family Services Plan (CFSP) for fiscal years (FYs) 2025 – 2029, Final Report for FYs 2020 - 2024, including the annual report on the use of funds under the Child Abuse Prevention and Treatment Act, and the CFS-101 forms requesting funding for fiscal year (FY) 2025 to address the following programs:

- Title IV-B, subpart 1 of the Social Security Act (the Act) – the Stephanie Tubbs Jones Child Welfare Services Program
- Title IV-B, subpart 2 of the Act - the MaryLee Allen Promoting Safe and Stable Families Program and Monthly Caseworker Visit Grant
- Child Abuse Prevention and Treatment Act (CAPTA) State Grant
- Chafee Foster Care Program for Successful Transition to Adulthood (Chafee Program)
- Education and Training Vouchers (ETV) Program

These programs provide important funding to help state child welfare agencies ensure safety, permanency, and well-being for children, youth and their families. The CFSP facilitates continued assessment, development, and implementation of a comprehensive continuum of services for children and families. It provides an opportunity to integrate each state's strategic planning around use of federal funds with its work relating to the Child and Family Services Reviews and continuous program improvement to ensure better, more equitable outcomes for all children, youth and families.

Approval

The Children's Bureau (CB) has reviewed your CFSP, Final Report, and the annual report on the use of CAPTA funds and finds they comply with applicable federal statutory and regulatory requirements. Therefore, we approve FY 2025 funding for the programs listed above. For the Chafee program, your state has elected to serve eligible youth up to age of 23.

Counter-signed copies of the CFS-101 forms are enclosed for your records.

The Administration for Children and Families' Office of Grants Management (OGM) will issue a grant notification award letter with pertinent grant information, which will be sent to the email address listed on the FY 2025 CFS-101 forms. Grant recipients are required to submit additional financial reports, using the form SF-425, at the close of the expenditure period according to the terms and conditions of the award.

Training Plan

The CFSP submitted for review and approval included the state's training plan for titles IV-B and IV-E. Please note that states must assure that training costs included in the training plan and charged to title IV-E of the Act comply with the requirements at 45 CFR 1356.60(b) and (c) and 45 CFR 235.63 through 235.66(a), including properly allocating costs to all benefiting programs in accordance with the state's approved cost allocation plan.

Additional Information Required

Pursuant to Section 424(f) of the Act, states are required to collect and report on caseworker visits with children in foster care. The FY 2024 caseworker visit data must be submitted to the Regional Office by December 16, 2024. States that wish to use a sampling methodology to obtain the required data must obtain prior approval from the Regional Office.

The CB looks forward to working with you and your staff. Should you have any questions or concerns, please contact Cindy Lowder, Child Welfare Regional Program Manager in Region 5, at (312) 886-4918 or by e-mail cindy.lowder@acf.hhs.gov. You also may Charlene Blackmore, Child and Family Program Specialist, at (312) 886-4938 or by e-mail at charlene.blackmore@acf.hhs.gov.

Sincerely,



Rebecca Jones Gaston, MSW
Commissioner
Administration on Children, Youth and Families

Enclosure(s)

cc: Gail Collins, Director; CB, Division of Program Implementation; Washington, DC
Cindy Lowder, Child Welfare Regional Program Manager; CB, Region 5; Chicago, IL
Charlene Blackmore, Children and Families Program Specialist; CB, Region 5; Chicago, IL



Indiana Department of Child Services

INDIANA

CHILD AND FAMILY SERVICES PLAN

2025 – 2029

Submitted to the Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

Table of Contents

TABLE OF CONTENTS	1
INTRODUCTION	3
Agency Information.....	3
Mission, Vision, and Values Statements	5
Ongoing Stakeholder Consultation, Collaboration and Engagement	6
Collaboration with State Courts, Members of the Legal and Judicial Community, and Court Improvement Program	27
Additional Collaborations	33
UPDATE TO THE ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES	35
Child and Family Outcomes: Safety.....	37
Child and Family Outcomes: Permanency	52
Child and Family Outcomes: Well-Being.....	68
CFSR Systemic Factors.....	76
QUALITY ASSURANCE SYSTEM AND CONTINUOUS IMPROVEMENT	139
Continuous Quality Improvement Processes	140
Quality Assurance Processes	143
Stakeholder Input and Feedback Loops.....	155
Technical Assistance with Data and Evaluation (45 CFR 1357.15(t))	156
PLAN FOR ENACTING THE STATE’S VISION	158
Agency Goals	158
Update On Progress Made to Improve Outcomes.....	162
UPDATE ON THE SERVICE DESCRIPTIONS	164
Child and Family Services Continuum	165
Title IV-B Subpart 1	181
Title IV-B Subpart 2	185
Service Coordination Collaborations.....	191
Service Decision-Making Process for Family Support Services (45 CFR 1357.15(r)).....	200
Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)	200
Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits	201
Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)	203
Adoption Savings (473(a)(8)).....	204
Family First Prevention Services Act Transition Grants	205
Family First Transition Act Funding Certainty Grants	205
John H. Chafee Foster Care Program for Successful Transition to Adulthood (The Chafee Program).....	205
Consolidation and Appropriation Act, 2020 Division X: Supporting Foster Youth and Families Through the Pandemic	217
CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES	246
Introductory Information.....	246
Pokagon Band	246
CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) STATE PLAN REQUIREMENTS AND UPDATES	252
Significant Changes in Approved CAPTA State Plan.....	252
Substantive Changes to Law and Regulations Effecting Eligibility for CAPTA	252
Use of CAPTA Funds	252
Update on Services to Substance Exposed Infants.....	253

State Liaison Officer Information.....	257
UPDATES TO TARGETED PLANS WITHIN THE 2025-2029 CFSP.....	258
Foster and Adoptive Parent Diligent Recruitment Plan	258
Health Care Oversight and Coordination Plan.....	258
Disaster/Emergency Operation Plan.....	258
Training Plan.....	258
STATISTICAL AND SUPPORTING INFORMATION	259
Information on Child Protective Service Workforce:	259
Juvenile Justice Transfers	264
Education and Training Vouchers	265
Inter-Country Adoptions	265
FINANCIAL INFORMATION	266
Payment Limitations: Title IV-B, Subpart 1:	266
Payment Limitations: Title IV-B, Subpart 2:	266
FY 2022 Title IV-B Expenditure Report – CFS-101, Part III:	266
ATTACHMENTS.....	267
APPENDIX I	267

For Reference, a list of DCS Acronyms is provided in Appendix Attachments I.

Introduction

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.

The Indiana Department of Child Services (DCS or the Department) is the state administered child welfare services agency responsible for developing the Child and Family Services Plan and administering Title IV-B and title IV-E programs under the plan. The department provides prevention services, child abuse and neglect investigations/assessments, family support, preservation, and reunification services; family foster care and kinship care services; services to promote the safety, permanence and well-being of children with foster and adoption families; adoption promotion and support services; and health care services for children in out-of-home care.

In December 2005, DCS initiated a major shift in how Indiana provided services to children and families called the DCS Practice Model. The DCS Practice Model was founded on five core competency areas: Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI). 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. During the CFSR Round 3 Program Improvement Plan (PIP), DCS relaunched the Practice Model to provide guidance to FCMs on the proper use of the CFTM process to support strong case planning for the family.

In 2018, Gov. Eric Holcomb appointed Terry Stigdon to direct the agency. Since then, DCS has focused on providing the right families with the right services and at the right time. The Family First Prevention Services Act passed in 2018, paving the way for the launch of Indiana Family Preservation Services in June 2020. Family Preservation is a per-diem model which utilizes evidence-based practices to provide concrete supports, meeting families when and where they are in need. Since launch, it has served more than 24,000 children and 12,000 families.

The agency has worked diligently in the past five years to prioritize prevention and keeping children safe with their families, leading to a large reduction of children in care. Since the high point in 2017, the agency has seen a 56% decrease of children in residential care and a 45% decrease of children in foster care. In 2022, DCS received approval from HHS for its Title IV-E Prevention Program 5-Year Plan, allowing the state to use federal funding for the first time to deliver prevention services.

Current director Eric Miller was appointed by Gov. Eric Holcomb in May 2023.

Agency Infrastructure

The Department's central administrative structure includes the following roles/operations that ultimately report to the Department's Director. DCS' infrastructure includes 12 divisions that work together to provide the necessary services and support to families.

- Administrative Services

- Child Support Bureau (CSB)
- Child Welfare Services (CWS)
- Communications
- Field Operations
- Human Resources
- Information Technology
- Juvenile Justice Initiatives and Support (JJIS)
- Legal Operations
- Legislative Services
- Staff Development
- Strategic Solutions and Agency Transformation (SSAT)

Field Operations include:

- 18 regions providing direct services for children and families
- Institutional Child Protection Services (ICPS)
- Kinship, Foster and Adoption Support and Older Youth Case Management
- Indiana Child Abuse and Neglect Hotline
- DCS Investigators
- SafeACT
- Coaching and Mentoring Indiana (CAMI)

Regional Operations

Indiana is a statewide administered agency. Its 92 counties are divided into 18 regions, all of which are responsible for investigation of child abuse and neglect, case management, in home services, out of home services, and permanency planning under a unified practice model.

Mission, Vision, and Values Statements

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.

Vision

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

Values

In 2023, the agency engaged in the process of updating the agency values included in the DCS practice model. The goal was that the agency values included reflect what we envision for the future of Hoosier families and children. With input from all staff, six top values were established.

Values Based on Practice Principles

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:

- Child safety
- Permanency
- Collaborative partnerships with foster and adoptive families
- Diversity, equity, and inclusion
- A culture of safety and transparency
- Continuous improvement

Trust-Based Relationships

The practice model is grounded in four core values:

- Authenticity
- Empathy
- Respect
- Professionalism

Practice Skills

- **Teaming:** to assemble or coordinate a group of individuals with the intent to bring ideas and/or solutions to achieve a common goal.
- **Engaging:** to effectively establish a relationship with essential individuals in a meaningful way for the purpose of sustaining work that is to be accomplished together.

- **Assessing:** to evaluate a series of events or a situation and determine the ability, willingness and availability of resources for achieving an agreed upon goal for the agency.
- **Planning:** to prepare an implementation process that will put in place team-driven decisions that support the agency's mission. The plan will include an evaluation tool for effectiveness, a determined celebration for successes and flexibility for potential setbacks.
- **Intervening:** to intercede with the intent of altering a course of events that would be viewed as a risk to the agency's mission.

Ongoing Stakeholder Consultation, Collaboration and Engagement

Collaboration and communication with stakeholders are 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 2025-2029 Child and Family Services Plan (CFSP) and ongoing evaluation of system functioning through the development of our Child and Family Services Review (CFSR) Round 4 Program Improvement Plan (PIP). 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 prior CFSP and ensure better outcomes for children and families.

DCS is leveraging information from the Round 4 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 CFSR Round 3 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. Indiana formed similar workgroups for CFSR Round 4 while aiming to expand stakeholder engagement further. These teams are comprised of DCS staff at all levels, probation officers, judicial/court employees (judges, administrators, and staff), CASA/GAL, foster and adoptive parents, service providers, and individuals with lived experience. CFSR findings are being used to inform changes and improvements during ongoing communications with state child welfare stakeholders. DCS has also continued the practice of exchanging and discussing the Annual Progress Services Report (APSR) as well as the Child and Family Services Plan (CFSP) with the Pokagon tribe during semi-annual collaboration meetings, as described in more detail in Section VII of this document.

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.

FFPSA

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.

Indiana's title IV-E prevention program five-year plan for FYs 2022-2026 was effective October 1, 2021.

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 as 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.

Regional Service Councils (RSCs) & Biennial Regional Services Strategic Plan (BRSSP)

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 2022-2024. 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 five (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 identified gaps in services and strategies to improve service quality and availability in their respective regions, which were included in the biennial. Regional progress is assessed using state-wide data, reviews, and improvement planning outcomes. Regional teams continue to use their plans to develop services and address existing gaps. Biennial planning for the next two years began in fall 2023 and is ongoing.

Indiana plans to revitalize the Regional Service Councils, incorporating aspects of Indiana's PIP activities and quality assurance system to promote better system coordination. This will be Indiana's focus for the first year of the CFSP.

Indiana aims to steadily provide feedback to community and stakeholders about quality of services and any needs of families not available for the next two years (3-year goal). Indiana will identify additional community partners such as schools, medical professionals and others that could participate in meaningful councils. This will create additional collaborations and RSC members to engage in regular attendance and meaningful input on services coordination locally.

By increasing attendance, diverse membership of the councils, Indiana's 5-year plan is to decrease any gap in available prevention services in communities as well as increase culturally matched services for each region for DCS involved families. The success of the PIP items in year one and additional expansion in year 2 and 3, will lay the foundation to sustain and maintain engagement and attendance over a 5-year period of time.

Community Mental Health Centers (CMHC)

Utilization and goals of this collaboration are included in Indiana CFSR 4 approved PIP and will be monitored and updated through the duration of the CFSP.

Meetings with all CMHCs will continue so agencies may discuss initiatives and current challenges.

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.

Service Specific Collaborations

DCS supports ongoing collaborations to improve the implementation of specific services. Services outlined below are used to support Indiana CFSR 4 approved PIP goals and a five-year vision to expand

diversity of service array, matching of service to each individual family need and maintain fidelity to each service model.

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 Change
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 Juvenile Delinquent, Informal Adjustment, In-home CHINS, or cases that had progressed to Trial Home Visit) 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 DCS 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 (CPCS)

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. Trainings were offered to highlight updates made to the assessment tools used, including the North Carolina Family Assessment Scale (NCFAS) and Protective Factors Survey-2 (PFS-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 Manager's Meeting, the CPCS Database Committee, and CPCS Workgroups meet monthly. The CPCS Database Committee works 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.

Indiana was able to modify service standards in 2023 and 2024 to allow Community Partners to serve prenatal families with no other children in order to fill a gap in services for pregnant women in Indiana. This modification also included a data collection requirement for the Family Resource Centers. Over the next five years, Indiana will focus on evaluating the effectiveness of serving pregnant women and following the primary prevention work with data collection. Indiana seeks to expand opportunities to utilize Community Partners, including exploration of the definition of foster care candidacy.

Family Resource Centers (FRCs)

Family Resource Centers (FRC) are a focal point of DCS and an extension of primary prevention services. Family Resource Centers are a part of the Strengthening Indiana Families (SIF) project. This is a five-year project primarily funded by the Community Collaborations grant from the U.S. Department of Health and Human Services Administration for Children and Families and Firefly Children and Family Alliance. The FRC envisions, "Strong and caring communities throughout Indiana where families have equitable access to the resources they need to be connected and safe." The vision explains they believe all families and communities have strengths, and most parents aim to be good parents, want the best for their children and do better when they have support.

Family Resource Centers are generally community or school-based drop-in centers located in many settings, including schools, libraries, community centers, housing complexes, and faith-based buildings. They offer a safe, strength-based place for family-oriented on-site programs, resources, activities, and classes to strengthen families in their communities.

Family Resource Centers are a warm and welcoming place in the community where family members can access formal and informal supports to promote their health and well-being, not only in times of need but as a regular part of day-to-day life. FRCs provide multiple services and resources to diverse families and children, increase protective factors, and reduce the likelihood of child abuse and neglect. In sum, many consider an FRC to be a hub of support, services, and opportunities for families that:

- Utilizes and approach that is multi-generational, strength-based, and family centered.
- Reflects and is responsive to community needs and interests.
- Provides support at no, or low cost for participants.

Intake data shows that 76% of the caregivers reported food insecurity and 33% utility insecurity in the last 6 months; 35% belong to minoritized communities. SIF improved cross-system collaboration and built buy-in from community agencies, leaders, and policy makers that resulted in increased financial support for prevention efforts.

Neighborhoods with FRCs had **a 26% lower rate of child abuse and neglect investigations** than similar neighborhoods without them.¹

In 2021, the first four FRCs opened in Delaware, Grant, Tipton, and Madison counties. Since then, additional centers have opened in LaPorte, Wayne, Tippecanoe, Elkhart and Clark counties.

An impact profile was compiled for the original four FRCs. As of April 2024, the Strengthening Indiana Families (SIF) project resulted in:

- 29,100+ visits to the SIF Family Resource Center, 8,700+ visits for general resources and 4,200+ visits for child/youth activities.
- 16,000+ visits to Susy's Store for take and make meals, hygiene, and baby safety items.
- 17,000+ visits for Family Fun Events

With the last FRC opening in April 2024 (Clark County), the project has since been focusing on building the required data collection system. The requirements for data collection are housed under the Community Partners for Child Safety service standard. Data for all 9 centers is projected to be available by next year. Indiana has a goal to expand one FRC to each of the 18 regions by 2029.

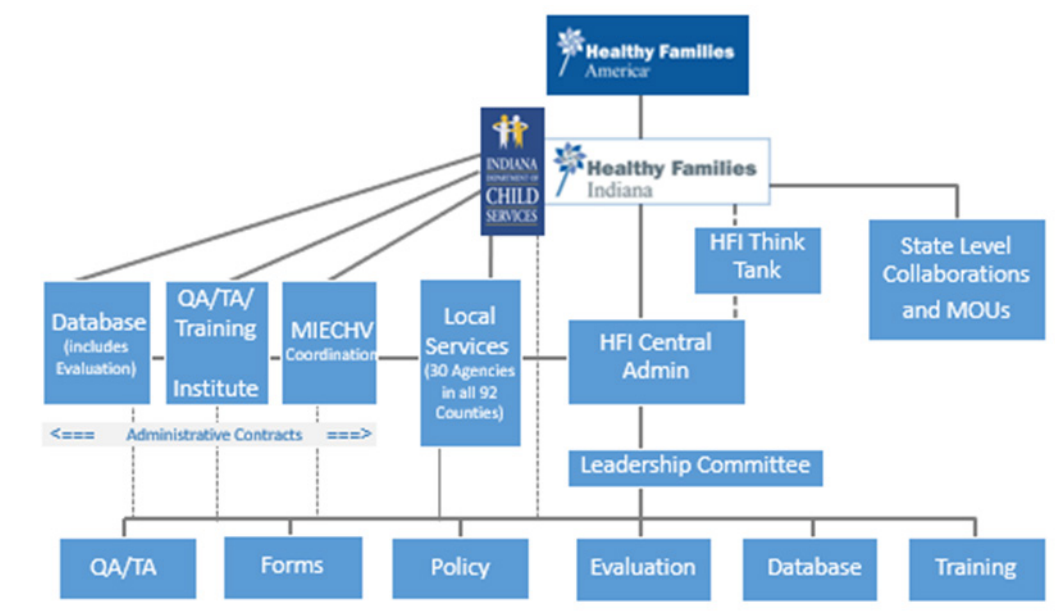
Healthy Families

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, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Grant Coordinator, QA/TA/Training and Database Contractors, as well as the Advisory Committee Facilitator. All 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.

Indiana's vision for this program is to expand awareness and access to these services. This approach stems from groundwork laid in 2024, which has allowed for the availability to provide more written materials in 6-7 additional languages. There is a workgroup that has been creating translated forms for family-facing documents. This engages more families and increases the diversity of those served in Indiana. Expanding outreach over the next 3 years will be a focus point for Indiana. Supporting the goal of diversifying the material and access is matched by allowing reimbursement for translation services. This

¹ University of Chicago Chapin Hall study

will include translation technology like pocket translators, earbuds or video apps. So far, Indiana has seen an increase in families accessing services that do not speak English. In Marion County, 35% do not speak English that have accessed Healthy Families. With the continued outreach, Indiana seeks to see this trend continue across the state over the next 5 years. Indiana plans to monitor and create solutions for the increase in time for visits due to the need to use these translation tools. Currently the unit rate does not capture this. Ideally, a solution will be implemented in the next 3 years for this gap. The system structure is illustrated below:



Family Preservation Services

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 several minority and women-owned businesses who earned contracts. Currently there

are 94 provider agencies contracted for INFPS across the state of Indiana. Each region 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.

Indiana is seeking to add Intercept to its Prevention Plan, in order to meet the needs of all youth receiving services. Intercept is an evidence-based model to serve the family while in-home. This model is particularly effective for probation youth or those with more criminogenic behaviors.

INFPS was submitted in 2023 to the California Clearinghouse, where it was recommended to be approved by the IV-E Clearinghouse. Indiana's goal is to get Family Pres to Promising Practice in the next 3 years and be able to utilize IV-E funding. Indiana is working on a second iteration of its evaluation and aims to continue to push Family Preservation's effectiveness to at least a Supported status within 5 years.

Father Engagement

Father Engagement Services are available in every region in the state to aid and support to fathers whose children are involved with the Department of Child Services. A Regional Service Coordinator plays an essential role in facilitating meetings with Father Engagement providers. The focus of these meetings is to discuss the program's progress, identify any issues that may arise while providing services, and determine the appropriate steps to address them. The coordinator provides an open forum for the providers to network and seek answers to any questions they may have.

Indiana's CFSR4 PIP goals and activities include many components of parent engagement and understanding each individual family's cultural needs. This foundational goal will occur over the next 1 to 3 years. Indiana aims to see an increase in the number of cases with active fathers engaged. In addition, Indiana will be utilizing more paternity establishment tools to seek existing paternity orders or assist in establishing them for children in their care. This will increase the number of known fathers for Indiana DCS children over the next 5 years.

More Information may be found at [DCS: Father Engagement Services \(in.gov\)](#).

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 workforce needs.

This coalition will utilize Indiana's PIP activities to drive similar goals of engagement, safety focus for children in-home, and partnering with DCS for quick and effective service provision over the next 3 to 5 years.

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 Evidence Based Practice (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. Homebuilders will remain available to INFPS providers to supplement INFPS cases that may choose to use this evidence-based service for Indiana families served in-home. While DCS will not be contracting directly with the agency in the next 5 years, each INFPS provider is at liberty to use them.

Organized Collaboration Meetings

The Children's Mental Health Initiative Conference Calls, Multi-Disciplinary Team meetings, State-wide Residential Provider Meetings, State-wide Licensed Placing Agency Meetings, Regional Provider Meetings, State Interagency Collaborations, Home-based Providers, Children's Justice Act Task Force, Older Youth Services Collaboration, PMAC; will all remain in place at the frequency currently set. These meetings and collaborations will utilize information and data from the PIP Task Force to drive talking points and agenda items for the next 2 years. This coincides with the newest service standard being implemented, Intensive Foster Care. This service will assist in reducing placement disruption and follow the child to meet their needs in any home. These collaborations will meet to discuss the state's higher acuity youth and assist macro leadership to create opportunities to better meet their needs, reduce residential stays, and increase family settings for youth, over the next five years.

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)

The Multi-Disciplinary Team (MDT) is a collaboration between DCS, the Division of Mental Health and Addictions, the Bureau of Developmental Disabilities Services (BDDS), and the Division of Aging. This team consists 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 maneuvering 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 at least once per quarter to follow up with providers on any changes discussed during these monthly residential meetings, to ensure the safety of children receiving residential treatment, and to monitor compliance with applicable standards, statutes, and rules.

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.

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.

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 investigative and judicial handling of cases of child abuse/neglect, training of provider staff and the community, and discuss trends in child abuse and neglect in Indiana.

The Task Force has taken multiple steps to align its work with the state's overall goals. The CJA Task Force received information about the goals and strategies of the Program Improvement Plan (PIP) in 2019 and continued to receive updates including case review data, CFSPs, and APSRs. DCS is currently participating in Round 4 of the CFSR and is in the PIP development phase. The Task Force has reviewed the results of the

Statewide Assessment and the CFSR case reviews. Additionally, members of the Task Force have also served on PIP workgroups and the Task Force has been kept informed on the status of PIP development.

The Task Force completed its most recent three-year assessment in 2022, incorporating data and trends from the 2019 three-year assessment, PIP, CFSR, APSR, and Court Improvement Projects, and made the following recommendations, in addition to reapplying for the CJA grant:

- Ongoing training for child welfare stakeholders to increase collaboration between DCS, law enforcement, the judicial system, child fatality review teams and other stakeholders and
- Continued access to pediatric specialists through support of the Pediatric Evaluations and Diagnostic Services (PEDS) program, which provides state of the art medical consultation to DCS in cases of suspected child abuse and neglect.

The Task Force previously funded positions through IDOH, which have enabled all 92 counties in Indiana to form child fatality review teams to enhance an understanding of how and why children in Indiana are dying and create robust plans to prevent future injuries and death. Since these goals have been achieved, the Task Force is allocating most of the funding previously provided to PEDS and IDOH to stakeholders, including members of the Indiana Prosecuting Attorney's Council, to provide local training to improve the investigative and judicial handling of child abuse/neglect cases in a manner that reduces the trauma experienced by victims and their families.

This year, the Task Force/CJA funds have supported ongoing training and collaboration between stakeholders. This includes:

- **Safe Sleep Simulation Kits.** Procurement of 157 safe sleep simulation kits for field staff to use when educating families on safe sleep. These were distributed across all 95 local offices.
- **Human Trafficking training** in partnership with Ascent 121, Inc.:
 - Ascent 121 Inc. will be using CJA funds to build and deliver a virtual Human Trafficking Training Academy, comprised of 12 live-streamed sessions over the course of a year, for DCS staff. These are planned to begin in Q4 2024.
 - Ascent 121 Inc. received CJA funding to support the annual Build Beyond Conference To increase identification of cases of human trafficking and commercial sexual exploitation, improve the investigative and judicial handling of these cases, and reduce the trauma experienced by those involved. 150 participants registered for the conference on May 16-17, 2024, including 45 DCS staff.
- **Critical Incident Stress Management (CISM) Training.** With the goal of increasing retention of experienced workers, CJA funds were allocated to train DCS staff in Critical Incident Stress Management (CISM), an evidence-based model for helping peers process traumatic events and remain in service. Staff trained in CISM volunteer with the agency's Critical Incident Response Team (CIRT). Thirty new responders were trained during this reporting period.

- **Race Equity Ambassador Training for DCS Staff.** To reduce racial disparity and increase race equity, CJA funds were awarded to train 103 experienced DCS workers as race equity ambassadors (REA) through the University of South Florida Muma College of Business Diversity, Equity, and Inclusion in the Workplace Certificate Program. The REAs will be responsible for educating other staff, mediating when disparity or inequity is present, and advocating for systemic reform. Sixty-seven staff have completed the certificate program at this time. Since this activity is still in the implementation phase, a formal evaluation has not been conducted at this time.
- **Training to Increase Staff Retention.** The Task Force partnered with Firefly Children and Family Alliance, herein referred to as Firefly, to provide education and skills to prevent burnout and staff turnover. On May 21-22, 2024, fifty-six members of Firefly's leadership team participated in a two-day conference to improve staff retention and prevent burnout. Firefly plans to conduct an internal evaluation of the conference and share their results with the Task Force.
- **Forensic Interview Training.** The Task Force will partner with Zoey's Place Child Advocacy Center, herein referred to as Zoey's Place, to provide Child First Forensic Interview Training to child welfare stakeholders. Five members of the Hancock County Multidisciplinary Team (MDT) will complete the Child First Forensic Interview Training. The next available ChildFirst Training is July 15-19, 2024. The Hancock County MDT has secured commitments from 10 members to attend the training. Participants will complete a training evaluation following the training.
- **Child Fatality Review Team (CFRT) and Multidisciplinary Team (MDT) Training**
 - The Task Force partners with the Indiana Prosecuting Attorneys Council (IPAC) and Zero Abuse Project to provide trauma-informed training for Child Fatality Review Teams (CFRTs) and Multidisciplinary Teams (MDTs) in Indiana. These trainings aim to improve investigative and judicial handling of child abuse/neglect cases while reducing trauma. IPAC, MDTs, and local child welfare stakeholders participate.
 - In 2023, Scott County hosted a two-day Children's Justice Summit with training provided by Zero Abuse Project focusing on child abuse/neglect investigation and judicial handling to nearly 90 participants. Adams County held a similar summit on November 14-15, 2023, for Northern Indiana stakeholders. There were more than 80 participants. Participants found the training beneficial and sought case-specific assistance from Zero Abuse.
 - An Empathy@Work workshop took place in April 2024, aiming to enhance team culture. Twenty (20) of DCS's employees that support this work were able to attend.
 - Other planned trainings include an investigative session in Madison County and a cultural aptitude event in Allen County, and a training in Region 6, all facilitated by Zero Abuse Project. Participants will evaluate these sessions.

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).

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 served 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.

DCS meets monthly with Indiana's Child and Family Welfare Association (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.

DCS maintains regular meetings with all 96 Family Preservation Services providers since contracts were awarded in April 2020. The agency has strived to improve relationships 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 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).

Indiana's one year vision for continued work with IARCA is focused on real-time collaboration and problem solving to ensure the work being done is understood and effective. This work will ideally continue to support the most vulnerable and high acuity youth. Indiana will focus on better applying child-welfare research to the work (expanding EBPs, better supporting **all** caregivers so that kids can be safer and more stable, getting more kids out of congregate care settings into family-based ones), and reducing disproportionality in child-welfare outcomes (removal rates, length of time in care, permanency outcomes, etc.). Indiana wants to continue to work with this critical provider group on child safety, but also ensure that well-being remains a focus for all of Indiana kids.

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, the 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 monthly 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 SMART² Case Plan activities, goals, 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 the DCS Practice Model/Practice Skills (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 can complete a 3-hour, web-based training through the Indiana University School of Social work on the use of CANS and other Transformational Collaborative Outcomes Management (TCOM) tools in supporting treatment planning and tracking progress. An additional CANS training is being developed to support the process of moving past the assessment into the development of meaningful interventions based on the CANS assessment. Additional information can be found in the Attachment I: Indiana Training Plan.

Indiana will continue to learn more about fidelity to the use of the CANS tool and how to apply this to all children in care. This will include the CANS expert within Indiana, attending the national TCOM conference

² Specific, Measurable, Attainable, Relevant, and Timely

to learn more about using the tool effectively. Continued education an application for frontline staff will be the focus over the next 5 years.

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. Over the next 3 years this group will continue to build communication and identify which situations should be escalated to review at the most macro leadership level. This allows the right systems to intervene for children.

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. The CCC continues to have virtual meetings to allow for greater participation.

As examples, the CCC 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.

This committee is highly engaged and involved in the CFSR4 PIP activities. The focus and goal of this committee will be to employ the activities in the PIP that touch probation and DCS and communicate and provide feedback. This group will not only receive PIP updates but will participate as needed in various implementation activities. This group will then help sustain positive changes the next 3-5 years after the PIP is complete.

Consulates from Other Nations

DCS continues to support children from immigrant families, where at least one parent or child is foreign-born, through the International and Cultural Affairs program under the Focused Needs team. DCS collaborates with various foreign Consulates and Embassies to provide cultural guidance and improve collaboration, to reduce the barriers to reunification and permanency. DCS has worked with Consulates from Central America, particularly from Mexico, Guatemala, Honduras and El Salvador. The International and Cultural Affairs Liaison holds monthly meetings with the Consulate of Mexico in Indianapolis to review relevant cases, develop protocols, and obtain assistance, such as repatriation procedures and obtaining vital records. Meetings are held on an as-needed basis with the Consulate General of Honduras and the Consulate General of Guatemala to review cases and provide assistance. DCS is in the final phases of

updating the Memorandum of Understanding (MOU) with Mexico to promote effective collaboration and is pursuing a similar MOU with the Consulate General of Guatemala. In addition to Consulates from Central America, due to the increase in immigrant families from Southeast Asia and Africa, DCS has collaborated on a case-by-case basis with various consulates from these lands.

The agency works to support minors who are foreign-born and in the country without legal status. The Focused Needs team communicates regularly with the Office of Refugee Resettlement (ORR) to ensure the validity of sponsorship and that post-relief services are provided when appropriate. The agency communicates with the United States Committee for Refugees and Immigrants (USCRI) regarding foreign-born minors who have been identified as victims of human trafficking to ensure their services and placements are appropriate. Additionally, the agency communicates with the Office of Trafficking in Persons (OTIP) regarding foreign-born minors who have been victims of human trafficking.

Indiana aims to sustain relationships with other nations and expand the number of opportunities to promote additional resources and positive connections for children that enter DCS care that are foreign born. Over the next 5 years, Indiana will work to create MOUs with countries in Southeast Asia and Africa.

Equity, Inclusion, and Opportunity Advisory Council

In Fall of 2023 a new Strategic Equity Officer was hired and an initial review of the RJEI (Racial Justice Equity and Inclusion) Steering Committee work, and progress took place to determine the appropriate steps to keep the work going. The RJEI Steering Committee was renamed the Equity, Inclusion, and Opportunity Advisory Council (EIO AC) and the mission and vision were updated to further define and elevate the work to be done. The current mission is to continuously improve overall agency effectiveness in family and community advocacy by endeavoring to develop an environment which is equitable, inclusive, accessible, and leverages its diversity to champion an organizational culture and climate which is welcoming, psychologically safe, and provides opportunities for ongoing growth, development, and leadership for its workforce. The current vision is to create and sustain brave, equitable, inclusive, and accessible spaces for team members and those we serve across all levels of the agency which account for psychological safety, the expectation of authenticity, and the groundwork of advocacy in order for each individual to experience success, feel welcome, that their voice is valued and amplified, and they are a culture add necessary for promising practice in partnering with one another in the work we do with children and families.

In 2024, the EIO Advisory Council workgroups and framework rebranded into three (3) pillars, Community Engagement, Workforce Development, and Culture and Climate. Within each pillar, the previous existing workgroups have been reorganized and reimagined to allow for more intentionality and commitment to embedding equity and inclusion work into daily practices, engagement, and collaborations internally and externally. Each work group continues to be chaired by staff who work with a diverse group of internal and external partners. The new framework is as follows:

1. Community Engagement
 - a. Public and Private Partnership
 - b. Services and Resources
 - c. Lived Experience – Birth Parent Advisory Board, Youth Advisory Board, Resource Parent and Adoptive Parent Advisory Board
2. Workforce Development

- a. Hiring and Recruitment
 - i. Veteran Status
 - ii. Marginalized Communities/Community of Color
 - iii. Accessibility
- b. Training and Professional Development
- 3. Culture and Climate
 - a. Employee Relations
 - i. Focus/Affinity Groups
 - ii. Forums
 - iii. Team Support
 - 1. Critical Incident Response Team (CIRT)
 - 2. Employee Assistance Program (EAP)
 - 3. Worker to Worker (W2W)
 - b. Workplace and Accessibility Accommodations
 - c. Policy and Practice
 - d. Practice Equity Champions

These groups will focus on recruitment of a more diverse population, with a focus on those with veteran status in Indiana. This was identified as a goal in the agency's Affirmative Action plan, outlining a lower level of veteran employees per population (1.9%). The first 3 years of this plan will be focused on this recruitment diversifying the workforce through recruitment. The next two years (5-year goals) are to integrate the principles of diversifying workforce to the translation of reducing disproportionality of children of color being removed from homes.

Engagement with Lived Experience

All lived experience groups that are outlined below will be included in a 5-year plan to organize and elevate the work to macro leaders. This work will be in collaboration with the Children's Commission on the Status of Children. This goal is to create organized lists of plans, lists of those engaged in the groups, and coordinate state-wide efforts to leverage their input and voices for decision-making and feedback. These groups are represented in the state's PIP oversight teams and will assist with the implementation of PIP activities.

The agency's Lean transformation reinforced many components of the DCS practice model, including respect for the people and the importance of the "voice of customer". Lean values any customer voice impacted within a process. This could be another division in the agency, a child or family, or any other external stakeholder in the child welfare system depending on the process.

This value greatly aligns with the agency's initiatives to authentically engage and partner with people with lived experience (PWLE). The guiding principles of CFSR Round 4 emphasizes the importance of authentically engaging and partnering with PWLE to inform policy and practice with the goal of creating a child welfare system that is responsive to the needs of the individuals and families it serves.

In preparation for CFSR R4, Indiana received Technical Assistance from the Capacity Building Center for States during the completion of the Statewide Assessment and Stakeholder Interviews. This support plan included consulting with a stakeholder engagement specialist focused on engagement with PWLE. As a result of this

partnership, several unit representatives attended a stakeholder engagement training and began discussions to assess Indiana's current level of engagement and plan engagement strategies for the CFSR and beyond.

The agency has several teams/workgroups who excel at developing and maintaining authentic partnerships with youth/young adults, parents, and resource families. Indiana is excited to spotlight their successes and use the momentum to forge new partnerships across the child welfare system.

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The agency's Older Youth Initiatives (OYI) Team and Older Youth Services program is designed to emphasize authentic youth engagement that includes youth voice and youth-adult partnerships. Each OYS contracted provider must provide services under the OYS service model. To ensure the OYI Team engages youth with lived experience on a system's level youth and young adults are able to participate in Lunch with Leader on a monthly basis. Lunch with Leader provides an opportunity for youth with lived experience to voice their concerns, discuss their achievements, and make recommendations for change. Each month youth and youth adults attend a virtual meeting with the DCS executive level management, and each participant is provided a lunch of their choice through food delivery or take out services. Lunch is organized by the OYI team and the older youth service providers.

The OYI team also engages youth with lived experience during the youth engagement committee. The committee meets monthly. The Youth Engagement Committee works with youth on developing opportunities to engage youth during different events, conferences, and trainings.

Birth Parent Advisory Board (BPAB)

The Birth Parent Advisory Board (BPAB) is an initiative supported by Casey Family Programs within DCS' Permanency Initiatives Team. 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 a 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 is a consistent group of nine 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.

In 2023, the BPAB engaged in 41 events across the agency. Additionally, the BPAB was engaged by the DCS Policy team to serve on multidisciplinary workgroups and provide input on DCS policy. The Permanency Initiative and Policy teams also established a monthly Birth Parent Policy meeting dedicated to reviewing policies in development and debriefing new DCS policies prior to them going into effect. The BPAB's accomplishments in 2023 are as follows:

- In 2023 the Birth Parent Advisory Board has debriefed 25 policies
- In 2023 the Birth Parent Advisory Board has reviewed and provided input on 3 policies.
- In March & April of 2023, we had 2 Birth Parents sit in on interdisciplinary policy workgroup with members of DCS and external stakeholders. That group reviewed and made changes to 2 policies.
- CQI and expansion of invitations to PWLE, External stakeholders in events.
- QSA parent/child voice in reviews
- CFSR Stakeholder Interviews
- 4 Birth parents attended the Strategic Sharing Workshop & Facilitator Training and became trained facilitators.
- In 2023 the Birth Parent Advisory Board did two educational Lunch and Learns for the agency.
- The BPAB joined the 2023 Summer of Recovery Tour and had a traveling Birth Parent resource booth at 10 recovery events across the state.
- The BPAB partnered with Indiana University to provide input on a study focused on Birth Parents.

The BPAB remains active in the agency's improvement efforts. Birth parents have been pivotal members of other advisory boards like the Shared Parent advisory board, PIP Development workgroups, CQI events, and policy reviews.

Indiana hopes to continue to engage birth parents in improvement activities throughout implementation of this CFSP.

Indiana Youth Advisory Board (IYAB)

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. Former agency Director Terry Stigdon hosted monthly "Lunch with the Leader" meetings. These lunch meetings allowed her to hear directly from older youth of the IYAB who have been impacted by DCS services. These meetings will continue. In May of 2023, Eric Miller became the new Director of the Indiana Department of Child Services. Under the new administration, the Lunch with Leader meetings have continued to be held monthly. Many executive staff attend the meetings to engage current and former foster youth.

Indiana Youth gave feedback to promote the youth voice within system improvement for the agency and to close the feedback loop with youth. 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 and its 7 sub-committees
- LGBTQ+ Committee
- Policy Workgroup
- OYS Emerging Adult Workgroup
- Direct Cash Payment Workgroup

Indiana Youth Advisory Board members have been active members of workgroups that evaluated the agency's performance and developed the goals and activities referenced in this plan. Indiana hopes to continue to engage youth in the agency's improvement work through implementation of this CFSP.

Kinship Advisory Council

This is a strategic partnership between Casey Family Programs, The Villages of Indiana and relatives/kin who have experienced the child welfare system. The council was created to improve resources for non-custodial families. Its efforts are reported through the Indiana Commission for Child Safety. These councils are independent from DCS to connect kinship with community resources and meet quarterly.

Citizen Review Panels

Indiana law requires three Citizens Review Panels (CRPs): a Foster Care Advisory Board, a Child Fatality Review Team, and a Child Protection Team. In an effort towards continuous improvement, an annual report out is provided to the DCS executive team by each panel. This allows 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.

The Foster Care Citizens Review Panel or Foster Parent Advisory Council is focused on making recommendations to support foster parent learning and access to information.

These panels have provided recommendations of interventions and focus areas to the DCS leadership team each year. The goal is for them to present these recommendations each year and sustain engagement of membership and expand representation of lived experience over the next 5 years. Goals of the panel are to strengthen efforts for missing youth, reduce time to permanency and expand co-core.

Lived Experience in Prevention

In the Child Welfare Prevention space, several new and ongoing efforts are being made to gain input from those with lived experience. Both the Healthy Families Indiana (HFI) and Community Partners for Child Safety (CPCS) programs gain input from families regarding services through quality assurance surveys and participant satisfaction surveys. Both programs are also encouraged to include parents/caregivers on their local advisory committees.

In addition, the CPCS program's service standard allows the program to hire parent partners as well as counts lived experience as a qualifier for all roles within the program: [2023-Final-CPCS-Service-Standard.pdf](#). The service standard will be updated further in the coming year to provide guidance around compensation for gaining input from individuals with lived experience.

Indiana (IDOH and DCS) is participating in a coordinated state evaluation (CSE) with the focus of family engagement and health equity. Through this evaluation, interviews will be completed with families that have engaged in home visiting services as well as families that have chosen not to engage from several demographic groups. This evaluation iteration will begin October 2024. Indiana will utilize this to create recommendations and interventions in the prevention space to increase available health opportunities.

Indiana's prevention team is also part of the Prevention Mindset Institute (PMI); a parent with lived experience is on the PMI team. The goals of this group include implementation of Indiana's Prevention Framework, expansion of Family Resource Centers (FRC), and the development of a "warmline."

Indiana's prevention team and the prevention programs CPCS and HFI will also be receiving technical assistance from the Friends National Center for CBCAP on building parent leadership. This TA will kick off on October 3, 2023. This kickoff was successful, and the collaboration will continue throughout this CFSP duration. Lived experience in Prevention work, as mentioned above, will partner in organizing efforts at a macro level with the Commission on Improving the Status of Children.

Collaboration with State Courts, Members of the Legal and Judicial Community, and Court Improvement Program

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

DCS and IOCS have partnered closely to develop strategies that cross collaborate initiatives and movement toward similar goals and sharing information. These steps have created a plan to work together over the next five years to achieve goals in unity through the below groups. Each subset of collaboration with courts will be involved in the shorter term (1-3 year) goal of implementing PIP activities and improving measurement in the OSRI scoring. Additionally, creating a quality review process for IOCS, then having DCS and IOCS share each review findings to learn and grow together, is a five-year vision. Outlined below are goals that the collaborations agree to and are invested in together through resources and communication:

In March 2024, the CWIC met to develop strategies to improve Indiana's time to permanency. As a result, the committee made the following recommendations:

1. Objective: Early Permanency Planning
 - a. Assignment of counsel at the earliest stages possible to ensure proper due process for parents.
 - b. Engage parents and youth early in the permanency plan.
 - c. Transparency about timelines and possibility of alternative permanency options besides reunification after certain deadlines pass (i.e., 15/22).
 - d. Sustainability of permanency – connecting families with community-based services
 - e. Completing background checks and waivers of relatives and kinship providers early
 - f. Set review hearing at the initial hearing when setting the initial permanency hearing
2. Objective: Quality Content of Permanency Hearing
 - a. Distinguishing permanency hearing from review hearings
 - b. Language in the order that identifies hearing as a permanency hearing and clarifies how it is different from a review hearing
 - c. Have children at court (suggested age was 12 and older could attend)
 - d. Hybrid court options to promote attendance

- e. Know the statute and prep for the hearing. Read the reports and know what you need to ask at the hearing from the parties
 - f. Know the standard of what happens at the permanency hearing
3. Objective: Data Sharing
- a. Examine local data such as CIP, DCS, and National data.
 - b. Explore data for local cases – such as 6-months in home or repeated maltreatment lists.
 - c. Explore different data available to each agency: DCS, CIP, Courts
 - d. Explore how the data can help guide local practices and policies
 - e. Court Technology – Explore the use of dashboard alerts to better track timelines and upcoming hearings; improve visual management.
4. Objective: Collaboration
- a. Assemble a local multidisciplinary team of stakeholders
 - b. Discuss data and what it means for time to permanency
 - c. Come up with ideas and plans to improve local collaboration and handling of cases
 - d. Explore community sustainability options
 - e. Share what processes look like such as adoption process
 - i. What does DCS process look like?
 - ii. Who is involved in the process?
 - iii. How are negotiations completed?
 - iv. How does the CANS process work and how do they impact the negotiations?
 - v. What can trial courts do to move adoption cases along?
5. Objective: Innovation
- a. Take the recommendations of the multidisciplinary team and create plans to implement them
 - b. Hold mediations or facilitations at various points in the case
 - c. Apply for CIP grant funds to help implement programs or pilots
 - d. Explore how to use existing tools
 - i. Legal CFTMs

Permanency Facilitations

Juvenile Detention Alternatives Initiative (JDAI)

The Juvenile Detention Alternatives Initiative (JDAI) is overseen by Indiana Criminal Justice Institute, Indiana Department of Correction, Indiana Supreme Court, Indiana Department of Child Services, Indiana FSSA: Division of Mental Health & Addiction and Indiana Department of Education. These agencies collaborated in the implementation of JDAI statewide. JDAI is a values-based model for youth legal system improvement that has evolved from a sole focus on detention reform to all decision points of the system. JDAI sites are committed to youth and families experiencing a system that is Just, developmentally appropriate in its responses, accountable to those served, and inclusive. JDAI promotes placement of the right kids, in the right places, for the right reasons, for the right amount of time. 70% of Indiana's youth ages 10-17 reside in a [JDAI county](#). The 8 core strategies of JDAI can be found at the following site: [jdai-8-core-strategies.pdf \(in.gov\)](#)

Child and Family Service Reviews (CFSR) and CFSP Collaboration

The Court Improvement Program Administrator played a critical role in the Round 3 CFSR as both a reviewer and program improvement plan (PIP) stakeholder. Their involvement continued as a reviewer for the round 3 PIP reviews, focusing on juvenile probation cases to gain insight into the population and suggest improvements. The CIP administrator's contributions have continued in Round 4 and that role also serves as Indiana's CFSR Legal Judicial Specialist. This role participated in the Statewide Assessment, Stakeholder Interviews, the Onsite Review, the CFSR Steering Committee, the PIP planning workgroups, and PIP writing/development.

Indiana DCS and court partners have continuously collaborated throughout the planning and development of the PIP. The initial problem exploration workgroups were formed around the themes of Safety, Permanency, Wellbeing, Training, Service Array, and Foster Parent Recruitment, Retention, and Preparation. The following workgroups focused on cross-cutting themes of Workforce Development, Service Array, Foster Parent Recruitment and Retention, and Collaboration with Courts. Workgroup memberships included agency staff across various divisions/subject matters, executive leadership, legal/judicial partners including Indiana Office of Court Services representatives, judges, magistrates, and public defenders, CASA/GAL, probation staff, providers, clinicians, lived experts, and technical assistance providers. These workgroups reviewed case review data, administrative data, and statewide data indicators and outline problem areas, contributing factors, and suggested root causes.

The initial workgroups concluded in December 2023, culminating in two in-person meetings where root cause information and proposed recommendations were organized and linked to relevant CFSR measures/outcomes. This activity was conducted with staff from the Continuous Quality Improvement, Quality Service and Assurance, and Research and Evaluation teams, along with representatives from the Court Improvement Program, Casey Family Programs, and the agency's strategic equity officer. This activity highlighted the most salient cross-cutting themes.

Indiana continues to work closely with IOCS as improvement strategies are developed as part of the CFSR PIP and this CFSP.

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. DCS is continuing to work with the local counties to 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. Indiana is considering additional collaborations and training related to Dual Status youth as part of the upcoming CFSR Round 4 PIP.

Court Improvement Program Child Welfare Improvement Committee

The Child Welfare Improvement Committee brings together stakeholders to examine ways to improve safety, timely permanency, and well-being outcomes for children and families involved in the child welfare system. The following DCS representatives are members of this multidisciplinary committee:

- Tatiana Alvarez, Program Manager, International and Cultural Affairs
- Harmony Gist, Deputy Director of Strategic Solutions & Agency Transformation
- Rachael Hudgins, Permanency Initiatives Program Manager
- Haley Inman, Assistant Director, Continuous Quality Improvement
- Ashley Krumbach, Safe Systems Director
- Joel D. McGormley, General Counsel
- Kris Rhodes, Assistant Deputy Director of Staff Development

These DCS members can provide information to the committee around DCS initiatives and relevant updates.

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, which is comprised of 20 members from the executive, judicial, and legislative branches, along with local government officials. 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. A list of all Commission members, annual reports, meeting agendas, minutes, PowerPoint presentations, handouts, and other resources can be found at <https://www.in.gov/children/>

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, the legislative branch, and stakeholders, and members of the community. 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 DCS Director serves on the CISC Executive Committee and DCS representatives serve on various task forces and sub-committees, presenting information to the CISC when requested. The goals, members, and meeting dates/minutes for all committees and task forces can be found here: [CISC: Committees & Task Forces \(in.gov\)](#).

- [Child Health & Safety Task Force](#)
- [Child Services Oversight Committee](#)
- [Child Trauma & Resilience Committee](#)
- [Communications Committee](#)
- [Data Sharing and Mapping Committee](#)
- [Educational Outcomes Task Force](#)
- [Equity Inclusion & Cultural Competence Committee](#)
- [Juvenile Justice and Cross-System Youth](#)
- [Juvenile Justice Reform Task Force](#)
- [Mental Health and Substance Abuse Task Force](#)

The Indiana Commission to Combat Substance Use Disorder

The Indiana Commission to Combat Substance Use Disorder 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 is made up of mainly department heads, including the DCS Agency Director. The commission is focused on directing policy and working with the legislature.

Indiana Protection for Abused and Trafficked Humans (IPATH)

Indiana has demonstrated substantial, ongoing, and meaningful collaboration in achieving the 2020-2024 CFSP goals and objectives, particularly through the Indiana Protection for Abused and Trafficked Humans (IPATH) Taskforce.

The IPATH Taskforce, with over 150 members from federal, state, and local agencies, has been pivotal in addressing human trafficking in Indiana. Using a survivor-centered, trauma-informed, and culturally sensitive approach, IPATH has effectively coordinated a multi-disciplinary state response. The taskforce includes subcommittees and work groups that focus on various aspects of human trafficking prevention, detection, and prosecution, while also empowering and supporting survivors.³

Key achievements include the formation of the Core Committee, which meets quarterly to discuss statewide trends, resources, and anti-trafficking efforts. This committee comprises regional taskforce chairs, IPATH co-chairs, the ICESAHT Anti-Trafficking Coordinator, and representatives from the US Attorney General's Office and the Department of Child Services (DCS).

The DCS Focused Needs team has played a crucial role in these efforts, forming partnerships with various Indiana agencies to raise human trafficking awareness and collaborate on individual cases. The team leads the Youth Victim Services Committee and the Youth Working Group of the Community Awareness, Prevention, and Education Committee. They have developed and implemented the DCS Human Trafficking Response System, with 76 Human Trafficking Regional Leads providing consultations and training statewide.

In collaboration with the IU School of Public Health and the IU School of Social Work, the Focused Needs team created a Human Trafficking 101 training, which was implemented in March 2024. Additionally, they piloted an updated Human Trafficking 102 training, including new screening tools, in Marion County.

The Focused Needs Director is a member of the Commercial Sexual Exploitation of Children Committee, which addresses the identification and services for victims of commercial sexual exploitation. The committee addresses the identification and services for victims of commercial sexual exploitation of children and includes several state agencies serving juvenile populations in Indiana. To aid in the accurate and consistent reporting of missing and runaway youth, the team contributed to the development of the new DCS policy on Missing and Runaway Youth (Policy 5.22) and created a flowchart for reporting to the National Center for Missing and Exploited Children (NCMEC). In February 2024, a Rapid Improvement Event (RIE) was held regarding Missing/Runaway youth and appropriate reporting to NCMEC. This project team included agency stakeholders such as probation departments and resulted in creating a standardized work process for reporting missing/runaway youth to NCMEC, a checklist for probation staff, and the development of two pilot projects aimed at increasing timely reporting to NCMEC. As of November 1, 2024, the entire state will begin following the new process. The Focused Needs team has also collaborated with lived experience experts to provide additional training to DCS staff statewide.

Nationally, DCS participates in workgroups through OTIP and the National Compendium for ACF Region 5, focusing on human trafficking. The Focused Needs Director is also a member of the National Child Welfare Anti-Trafficking Collaborative, facilitating training and collaboration with agencies locally and nationally. In 2023, the Focused Needs team set plans to develop a Multi-Disciplinary Team (MDT) response to human

³ [*IPATH - ICESAHT Survivor-centered approach to prevent human trafficking*](#)

trafficking assessments. In 2024, the team collaborated with the IPATH regional coalitions and Child Advocacy Centers to begin the work to train and coordinate the MDT Response. To date this calendar year (2024), there have been 78 Human Trafficking consults, and 172 general consults or inquiries to the Focused Needs team.

Through these collaborative efforts, Indiana has made significant strides in addressing human trafficking, aligning with the CFSP goals and objectives, and contributing to the development of this report.

In 2022, the Focused Needs team received referrals to consult on cases involving 76 trafficked youth. From January 1, 2023, to August 31, 2023, this team received referrals and consulted on cases involving 66 trafficked youth. From January 1, 2024 to August 2024, the team received 273 referrals for Human Trafficking, however there are many of these referrals that do not “officially” come through the system referrals. Instead, these come from emails and contact in the agency.

Additional Collaborations

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 below focus areas and collaborations will seek to increase time to permanency through macro strategies to provide better matching of services to children with high acuity needs, and provide appropriate resources to permanent homes, after system involvement.

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

Indiana Family and Social Services Administration (FSSA) Collaboration

Children and families that encounter DCS may need 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.

DCS and FFSA will work towards increasing available services to meet high acuity youth, reduce residential placement needs and increase monitoring of psychotropic medications for Indiana youth, over the next five years.

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 presented November 2020:

https://www.in.gov/fssa/ddrs/files/ICC_Gov_Report_2020.pdf

Update to the Assessment of Current Performance in Improving Outcomes

The Goals and Objectives established for the 2020-2024 Child and Family Services Plan (CFSP) were based on an assessment of performance of the seven Child and Family Services Review (CFSR) child and family outcomes and the seven CFSR systemic factors. As part of the continuous quality improvement process, Indiana uses qualitative and quantitative data to assess performance and to inform changes. This assessment has been updated to analyze progress towards meeting the state's goals and objectives using the following sources:

- Administrative (MaGIK/Casebook) data
- Child and Family Services Reviews (CFSRs)
- Quarterly Case Reviews
- CFSR Statewide Data Indicators
- NCANDS data
- AFCARS data
- Stakeholder feedback

Child and Family Services Reviews (CFSRs)

CFSR Round 3 Program Improvement Plan Completion

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.⁴

Indiana finalized its Program Improvement Plan (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 successfully passed all nine outstanding items that were found not to be in substantial conformity in the summer of 2016. DCS continues to monitor its performance on these items through its internal quality assurance process.

The table below summarizes Indiana's performance throughout the Round 3 PIP, ending in Spring 2020.

Child and Family Services Review Round 4

Indiana began Round 4 of the CFSRs on October 4, 2022. The state received approval to conduct a state-led review and engaged with various partners to conduct a Statewide Assessment, identifying strengths and areas for improvement in the child welfare system. The assessment was submitted on January 31, 2023. Indiana started the Onsite Review in April 2023, including stakeholder interviews with 21 stakeholder groups. Case reviews were conducted until September 30, 2023. The Final Report was received in January 2024, and Indiana is now in the PIP development phase.

Key findings from the CFSR R4 in Indiana are similar to other states nationwide in that none of the seven outcomes met the 90% or 95% threshold required to be considered in substantial conformity. However, several strengths were observed:

- Safety staffing processes implemented in Round 3 are still in place.
- Statewide performance on the Placement Stability indicator exceeds national performance. Additionally, 73% of cases scored as a strength on this item.
- 93% of cases scored a strength on Item 7, placement with siblings.
- Children’s educational needs were met in 86% of cases reviewed.
- Indiana’s performance on the three statewide indicators for Permanency in 12 months is statistically better than national performance.

Indiana was found to be in substantial conformity with only one key systemic factor:

- Agency Responsiveness to the Community

The table below summarizes the change in performance from CFSR R3 to CFSR R4.

Table 1. Comparison: CFSR R3 (2016) and CFSR R4 (2023)

Outcomes & Items	% Strength		
	CFSR R3 (2016)	CFSR R4 (2023)	
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.	31%	70%	▲
Item 1: Timeliness of initiating investigations of reports of child maltreatment	31%	70%	▲
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	71%	72%	▲
Item 2: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care	90%	80%	▼
Item 3: Risk assessment and safety management	71%	75%	▲
Permanency Outcome 1: Children have permanency and stability in their living situation.	30%	45%	▲
Item 4: Stability of foster care placement	78%	73%	▼
Item 5: Permanency goal for child	60%	79%	▲
Item 6: Achieving reunification, guardianship, adoption, or another permanent planned living arrangement	53%	58%	▲
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	70%	63%	▼

Item 7: Placement with siblings	78%	93%	▲
Item 8: Visiting with parents and siblings in foster care	67%	63%	▼
Item 9: Preserving connections	65%	70%	▲
Item 10: Relative placement	81%	69%	▼
Item 11: Relationship of child in care with parents	63%	52%	▼
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48%	▲
Item 12: Needs and services of child, parents, and foster parents	40%	57%	▲
Sub-Item 12A: Child(ren)	83%	83%	—
Sub-Item 12B: Parent(s)	47%	60%	▲
Sub-Item 12C: Foster Parent(s)	56%	79%	▲
Item 13: Child and family involvement in case planning	48%	56%	▲
Item 14: Caseworker visits with child	78%	66%	▼
Item 15: Caseworker visits with parent(s)	32%	45%	▲
Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.	74%	86%	▲
Item 16: Educational needs of the child	74%	86%	▲
Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.	62%	59%	▼
Item 17: Physical health of the child	69%	74%	▲
Item 18: Mental/behavioral health of the child	68%	61%	▼

Child and Family Outcomes: Safety

Safety outcomes include: (A) children are, first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their homes whenever possible and appropriate.

The Children and Families Services Review (CFSR) Round 4 Final Report identified Safety Outcome 1, Item 1, and Safety Outcome 2, Items 2 and 3 as areas needing improvement. Additionally, Indiana's performance on the Statewide Data Indicators related to safety were statistically worse than national performance.

Improvements and planned activities related to Safety Outcomes 1 and 2 can be found in the Update on Progress Made to Improve Outcomes.

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect

ITEM 1: TIMELINESS OF INITIATING INVESTIGATIONS

Indiana has continued to show vast improvements in the timely initiation of investigations. In CFSR Round 3 (2016), only 31% of cases reviewed (35) scored a strength on Item 1. This increased to 63% of the review sample (n=40) at the time of PIP completion per OSRI data. **In CFSR R4, 70% (n=30) of investigations were**

initiated timely or had extenuating circumstances allowed by policy⁵.

Table 2: OSRI Safety Outcome 1, Item 1—Timeliness of Initiating Investigations – CFSR R3 compared to CFSR R4

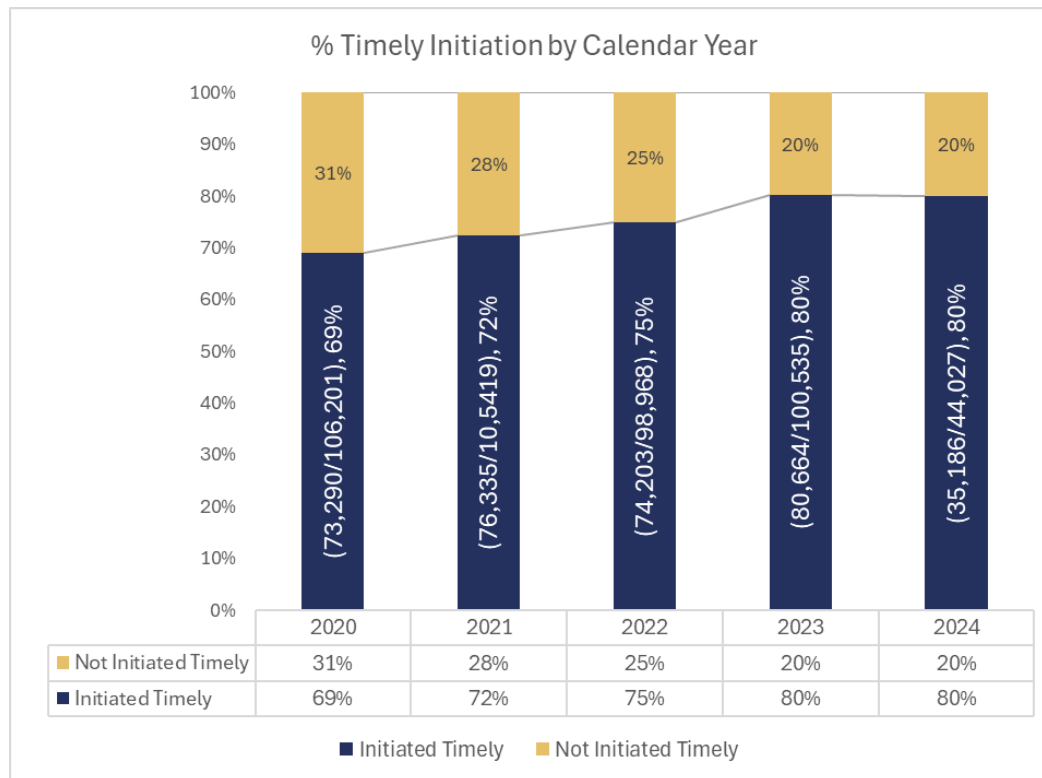
	Denominator (Total Applicable)		Numerator (Strength)		% Strength		
	CFSR R3	CFSR R4	CFSR R3	CFSR R4	CFSR R3	CFSR R4	
Safety Outcome 1					31%	70%	▲
Item 1	35	43	11	30	31%	70%	▲

Though Indiana is not at the 95% threshold established by CB, Indiana has sustained significant improvements in Item 1/Safety Outcome 1 and continues to improve. There is little observed difference between performance for In-Home cases versus Out-of-Home cases. There were differences in timely initiation based on the response time of the report, as 24-hour timeframes were more likely to be missed than 2-hour or 5-day timeframes. This area of improvement is being addressed in the 2025-2029 CFSP.

Administrative data from full calendar year 2023 shows that 8 of Indiana’s 18 regions (Regions 2, 12, 15, 16, 17, 6, 7, 9) performed at or above the federal standard (95%) per agency policy. Four additional regions performed above the state average (Regions 5, 1, 8, 18). Only 6 regions performed below the state average (Regions 13, 4, 3, 14, 11, 10). Region 10, Indiana’s largest metropolitan area, stood out as performing significantly lower (two standard deviations below the mean) than all other regions. Most regions performing below average have child populations in the top 20% and the highest rates of children entering care. Additionally, most of the regions meeting or exceeding the federal standard are made up of mostly rural counties or counties that are considered “mixed” (urban/rural). Region 16 stands out among the highest performing regions, as it is mostly rural but contains one of the state’s largest urban areas with the second-highest child population in the state and the highest percentage of total entries into care.

⁵Indiana DCS Policy Chapter 4, Section 38: Assessment Initiation

Figure 3. OSRI Safety Outcome 1, Item 1 - Timeliness of Initiating Investigations - CY 2020-Current



11

Tipton, Madison, Hamilton & Hancock counties

- Timely assessment initiation improved from 74% to 78.95% and completion from 81.88% to 83.87%.
- The number of children adopted increased from 101 in 2022 to 169 in 2023.

12

Henry, Wayne, Rush, Fayette, Union & Franklin counties

- Region 12 had a 73% SafeACT utilization rate.
- Timely initiation of assessments to ensure child safety for 2023 was 93%, a 5% increase from 2022, with all counties reaching at least 92%.

17

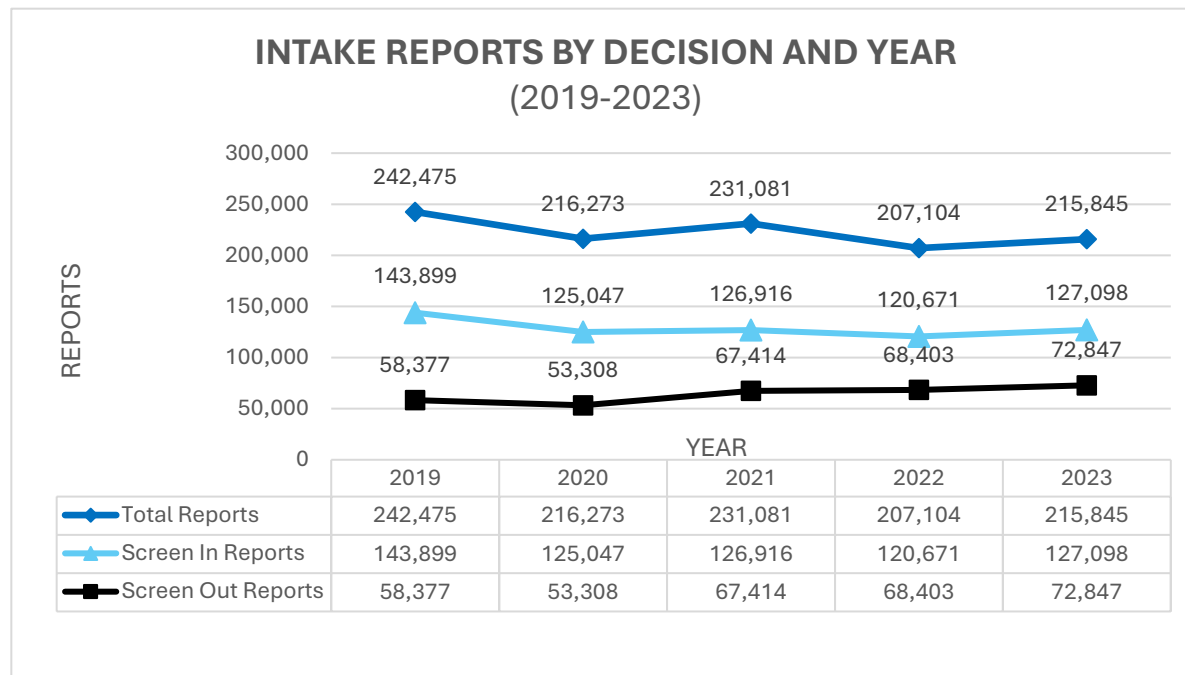
Daviess, Martin, Dubois, Crawford, Orange, Spencer & Perry counties

- Timely initiation of assessments was up to 91%, with two counties consistently ensuring timely initiation at or above 95%.

Intake Volume

Indiana's centralized Child Abuse and Neglect Hotline receives all reports of suspected child abuse and neglect for the state and makes recommendations for local office response (assessment, screen out). Intake volume was steadily increasing until 2020 when COVID-19 shutdowns resulted in a steep drop off in report and assessment volume. Intake volume rebounded in 2021 but has since leveled off.

Figure 6. Intake/Report Volume by Decision (2018-2023)



Equity Considerations

The agency continues to monitor the race/ethnicity of children and families who come into contact with the Department of Child Services to identify disproportionality and disparities in the child welfare system. Currently, preliminary data suggests that multiracial children and black children are more likely to have a report of maltreatment and a substantiated assessment than white children while Hispanic or Latino children are less likely to have a maltreatment report and/or substantiation.

A preliminary analysis of the race/ethnicity breakdown of applicable Out of Home cases reviewed in 2023 suggests disproportionality in scores on Item 1/Safety Outcome 1 for Black or African American children/families (Table 6). When adjusted for the number of household children, 36% (12) of Black or African American children scored ANI on Item 1 despite accounting for only 20% (37) of applicable Out of Home children scored. This disproportionality is less significant when comparing case counts as opposed to child counts (20% ANI cases compared to 19% of case review population). This is likely due to a similar disproportionality in intake reports and resulting assessments.

Table 4. Item 1 by Race (2023 Out of Home Only)

Race	Area Needing Improvement		Strength		Total	
	Child Count	Child %	Child Count	Child %	Total	Total %
Multiracial	1	3%	19	12%	6	11%
Black or African American	12	36%	25	16%	10	19%
White	20	61%	111	72%	38	70%

Maltreatment in Care

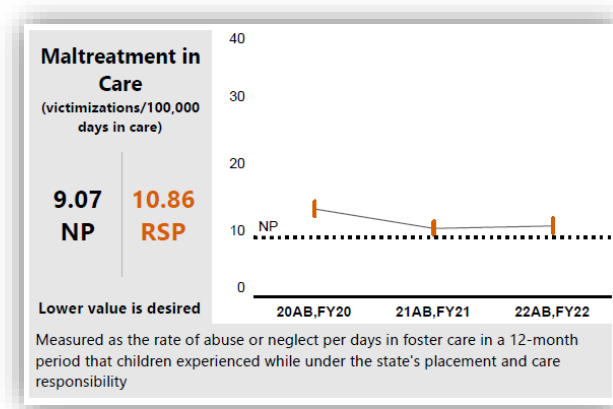
This item is reviewed and accounted for in Indiana’s CFSR 4 approved PIP to be monitored and updated as part of the CFSP.

Observed performance

Maltreatment in care is captured as the rate of victimization (per 100,000 days in care) for children in care during the observed FY.

Indiana’s Risk Standardized Performance (RSP)⁶ for Maltreatment in Care (10.49) was statistically worse than the national performance (9.07) per Indiana’s CFSR R4 February 2024 Data Profile. However, this is an improvement relative to the previous two reporting periods - FY20 (13.4) and FY19 (15.13). In September, Indiana’s August 2024 CFSR Round 4 Data Profile reflected a slight increase in RSP (10.86) in reporting period 22AB, FY22.

Table 5. August 2024 Data Profile—Maltreatment in Care

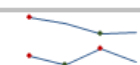


Observed performance identifies how a state performed on a given indicator, without any adjustments.

Indiana’s observed performance has substantially improved since its peak in FY17 (12.3) and implementation of the 2020-2024 CFSP in FY19 (11.35). In Indiana’s February 2024 data profile, observed performance trended downward to 7.8 victimizations per 100,000 days in care and surpassed national performance. The August 2024 data profile showed a slight increase for FY22 (8.08 victimizations per 100,000 days). Indiana continues to monitor progress and make improvements to ensure the safety of children in care.

⁶ RSP is used to assess state performance on the CFSR statewide data indicators compared to national performance. More information can be found at [Risk-Standardized Performance \(RSP\) and Making Comparisons](#)

Table 6. Indiana Observed Performance Maltreatment in Care FY19-FY22 (Source: August 2024 Data Profile)

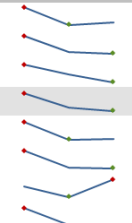
Desired Direction	Victimization/100,000 days					% Total (days in care)	% Total (victimizations)
	19AB,FY19	20AB,FY20	21AB,FY21	22AB,FY22		22AB,FY22	22AB,FY22
▼ Maltreatment in Care	11.35	10.01	7.80	8.08		3.3%	3.0%
National Performance	9.18	8.78	9.58	8.97			

Age at entry

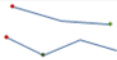
Rates of maltreatment in care reported in FY21 improved for all age groups from the previous reporting period, FY20, but a slight increase was observed in FY22 for youth aged 11-16.

- All age groups except for youth aged 17 years experienced the lowest rate of maltreatment in care in the most recent reporting period (21AB, FY21) relative to the 19AB, FY19 reporting period. In FY22, rates increased for youth aged 11-16 and slightly increased for youth aged 1-5.
- Maltreatment in care for youth entering care at age 17 increased in FY20 (8.5) but is trending back towards the rate reported in FY19 (5.6). This is also impacted by the small sample size of this age group. This hit a recent low point in FY22 (5.4).

Table107. Indiana Observed Performance Maltreatment in Care by Age at Entry FY19-FY22 (Source: August 2024 Data Profile)

Age at entry or on 1st day	Victimization/100,000 days				Percent of total (days in care)	Percent of total (victimizations)
	20AB,FY20	21AB,FY21	22AB,FY22		22AB,FY22	22AB,FY22
Total	10.01	7.80	8.08		100.0%	100.0%
0 - 3 mos	12.31	5.87	5.19		4.4%	2.8%
4 - 11 mos	9.75	8.41	7.37		5.9%	5.4%
< 1 yr subtotal	10.82	7.32	6.44		10.3%	8.2%
1 - 5 yrs	9.38	6.91	7.00		37.1%	32.1%
6 - 10 yrs	10.68	7.90	7.79		23.9%	23.0%
11 - 16 yrs	10.11	9.30	10.70		26.6%	35.2%
17 yrs	8.50	5.79	5.45		2.1%	1.4%

- Indiana's observed performance for maltreatment in care for children under the age of 1 (7.32) is slightly higher in FY21 than the national performance (5.96), but this gap appears to be closing. In FY22, Indiana's observed performance for this age group was 6.44 victimizations per 100,000 days in care compared to the national observed performance (5.57).
Table 119. Indiana Observed Performance Maltreatment in Care FY19-FY221 - Children <1 year (Source: August 2024 Data Profile)

Desired Direction	Maltreatment in Care	Victimization/100,000 days					% Total (days in care)	% Total (victimizations)
		19AB,FY19	20AB,FY20	21AB,FY21	22AB,FY22		22AB,FY22	22AB,FY22
	< 1 yr subtotal							
▼	Indiana Observed performance	9.55	10.82	7.32	6.44		10.3%	8.2%
	National Performance	6.11	5.36	6.00	5.57		11.3%	7.0%

Race/ethnicity

Rates of maltreatment in care for the race/ethnicity groups with the largest populations are below.

- Rates improved for all races/ethnicities except for children reported as Hispanic (of any race).
- Hispanic children and white children are more likely to experience maltreatment in care in Indiana relative to other ethnicities.
- Indiana's observed performance for maltreatment in care for black or African American children (6.5) is significantly less than the national rate (9.38) in FY22.

Table 12. Indiana Observed Performance Maltreatment in Care by Race/Ethnicity FY20-FY22 (Source: August 2024 Data Profile)

Race/ethnicity	Victimization/100,000 days				Percent of total (days in care)	Percent of total (victimizations)
	20AB,FY20	21AB,FY21	22AB,FY22		22AB,FY22	22AB,FY22
White	10.78	8.29	8.36		64.3%	66.5%
Black or African American	8.64	6.50	6.09		17.7%	13.4%
Hispanic (of any race)	9.39	10.50	10.98		7.5%	10.2%
Two or More	8.21	5.16	7.39		9.9%	9.1%

Recurrence of Maltreatment

This item is monitored and reviewed as part of the Indiana CFSR 4 approved PIP and will be updated in the CFSR.

For Recurrence of Maltreatment, overall performance improved between Federal Fiscal Years 2018–19 and 2020–21. The number of children with an initial substantiated or indicated maltreatment report decreased by 12% during that period and the number of children who experienced recurrence of maltreatment within 12 months of that report decreased by 16%.

Per the CFSR Round 4 Data Profile, in February 2024, Indiana's risk-standardized performance (RSP)⁷ for recurrence of maltreatment in FY21-22 was statistically worse at 11.0% than the national performance (NP)

⁷ Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment.

of 9.7%.⁸ However, this indicator is showing improvement as both Indiana's RSP (11.0%) and observed performance (8.2%) for FY21-22 is trending downward. Indiana's observed performance on this indicator fell below the national rate in FY20-21 and FY21-22 for the first time since FY15-16.

In the updated August 2024 data profile, Indiana's RSP for FY22-23 dropped to 9.9%, which is statistically no worse than the national performance (9.7%).

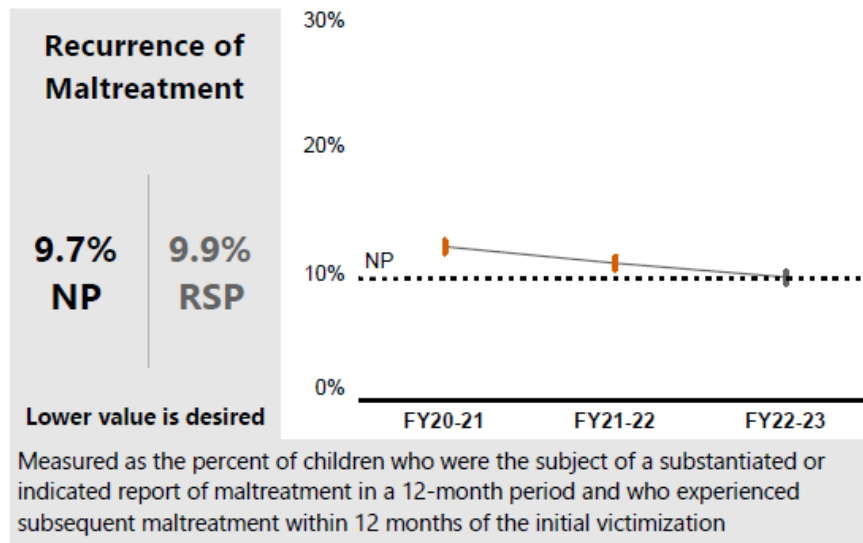


Table 4. Indiana Observed Performance Repeat Maltreatment FY20-FY23

Desired Direction					% Total (initial victims)	% Total (recurring victims)
		FY20-21	FY21-22	FY22-23	FY22-23	FY22-23
▼	Recurrence of Maltreatment	9.2%	8.2%	7.3%	3.4%	2.7%

Since the launch of INFPS on June 1, 2020, Indiana's observed performance for recurrence of maltreatment; percentage of repeat maltreatment averaged 7.2% in 2020 and dropped to 4.9% in Calendar Year 2023.

⁸ CFSR State Data Profile

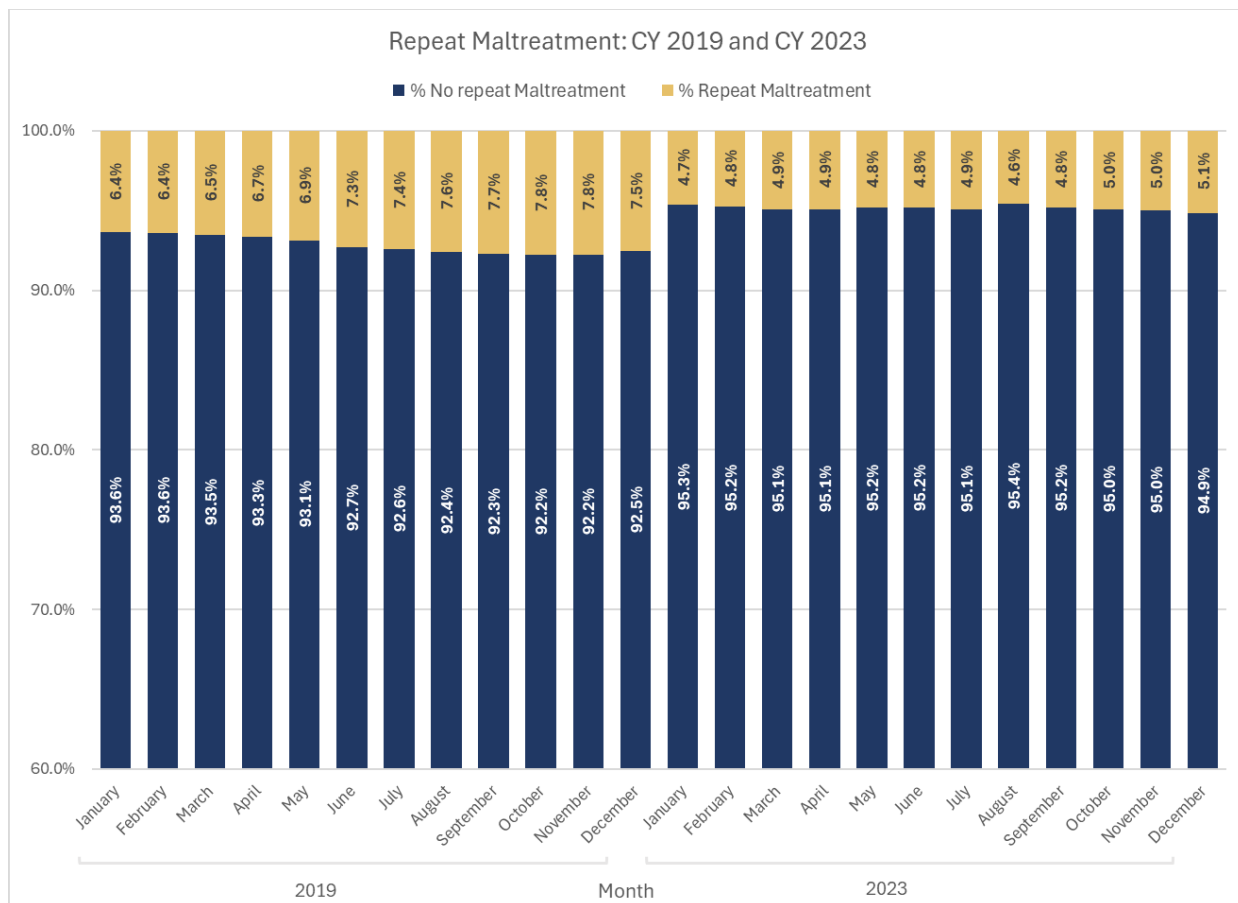


Figure 1. Repeat Maltreatment CY 2019 and CY 2023

Age at entry

The percentage of youth with repeat maltreatment has improved across all age groups between FY20-2 and FY22-23. The number of recurring victims decreased in all age groups.

- Children aged 1-5 years represented 26.5% of all initial victims and 30.7% of recurring victims in FY2022-23. The number of initial victims in this age group has decreased by 18% and the number of recurring victims has decreased by 36% from FY20-21 and FY22-23.
- Children aged less than 1 year saw an improvement in the percentage of recurrence of maltreatment across the last three reporting years.

Table 8. Maltreatment Recurrence by Age Group Source: August 2024 Data Profile

	Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY20-21	FY21-22	FY22-23	FY22-23	FY22-23
Age at initial victimization					
Total	9.2%	8.2%	7.3%	100.0%	100.0%
0 - 3 mos	8.4%	6.5%	6.0%	19.9%	16.1%
4 - 11 mos	10.2%	9.5%	10.6%	3.8%	5.5%
< 1 yr subtotal	8.8%	7.0%	6.7%	23.7%	21.6%
1 - 5 yrs	10.5%	8.8%	8.5%	26.5%	30.7%
6 - 10 yrs	9.5%	9.4%	7.9%	22.5%	24.3%
11 - 16 yrs	8.3%	8.1%	6.7%	25.1%	22.8%
17 yrs	2.0%	1.9%	1.9%	2.2%	0.6%

Race/ethnicity

Rates of maltreatment recurrence for the race/ethnicity groups with the largest populations are below.

- Percentage of maltreatment recurrence improved for all ethnicities representing more than 1% of total and recurring victims except for children reported as two or more races.
- There was an increase in the number of initial victims identified as Asian, Native Hawaiian/Other Pacific Islander, and American Indian/Alaskan Native, but these victims make up less than 0.5% of total initial and recurring victims.

Table 9. Maltreatment Recurrence by Ethnicity Source: August 2024 Data Profile.

	Percentage			Percent of total (initial victims)	Percent of total (recurring victims)
	FY20-21	FY21-22	FY22-23	FY22-23	FY22-23
Race/ethnicity					
American Indian/Alaska Native	20.0%	57.1%	0.0%	0.0%	0.0%
Asian	1.5%	6.4%	0.0%	0.5%	0.0%
Black or African American	7.7%	7.5%	5.8%	17.2%	13.6%
Hispanic (of any race)	7.1%	7.9%	6.7%	9.5%	8.7%
Native Hawaiian/Other Pacific Islander	57.1%	8.3%	25.0%	0.1%	0.2%
White	9.8%	8.5%	7.8%	64.4%	68.3%
Two or More	9.8%	7.9%	8.3%	8.1%	9.2%
Missing Race/Ethnicity Data	4.3%	0.0%	0.0%	0.3%	0.0%



Montgomery, Boone, Putnam, Hendricks & Morgan counties

- Region 9 maintained a high level of absence of repeat maltreatment – 98.31% as of December.
- Timely initiation was over 90% in August and September, the two highest-volume months for children returning to school. Timely completion at the end of the year was 96.7%.

Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

Safety outcome 2 looks at services to families to protect children in the home and prevent removal or re-entry into foster care and risk and safety assessment and management. Indiana was not in substantial conformity with Safety Outcome 2.

Improving the thoroughness of risk/safety and needs assessments will set the foundation for addressing needs through appropriate services. Improvements and planned activities related to Safety Outcome 2 can be found in Update on Progress Made to Improve Outcomes.

Table 10. Safety Outcome 2 – CFSR R3 to CFSR R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.	71%	72% ▲
Item 2: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care	90%	80% ▼
Item 3: Risk assessment and safety management	71%	75% ▲

Item 2: Services to Protect Children in the Home

Indiana has made continued efforts to maintain children safely in their homes whenever possible. This is evidenced by the declining number of children in out of home care and the implementation of FFPSA. Indiana's rate of children entering foster care is at its lowest point since its peak in reporting periods 16A16B and 17A17B.

Table 11. Indiana Supplemental Context – Entry rates per 1000 Source: August 2024 Data Profile

		Entry rates per 1,000					Percent of total (child population)	Percent of total (entries)
Desired Direction		19B20A	20B21A	21B22A	22B23A	23B24A	2024	23B24A
▼	Entry Rates	5.66	4.67	4.27	3.53	4.26	2.2%	4.0%
	National Rate	3.17	2.61	2.55	2.43	2.32		

Performance on Item 2 remained stable from CFSR R3 (71%) and across internal case reviews in Calendar Years 2021 (88%) and 2022 (89%). However, performance declined in CFSR R4 (80%) and Calendar Year 2023 (77%). In-home cases scored better than Foster Care cases.

PMR justifications cited challenges with making timely referrals, inadequate staff to accommodate referrals, and lack of parental engagement by the agency. Rationale statements for In Home cases cited themes around not adequately addressing all areas of safety and risk, not making concerted efforts to engage parents, and inadequate monitoring of safety plans.

Table 9. OSRI Safety Outcome 2, Item 2—Services to Protect Children in the home

		Denominator (Total Applicable)		Numerator (Strength)		% Strength	
		CFSR R3	CFSR R4	CFSR R3	CFSR R4	CFSR R3	CFSR R4
Safety Outcome 2						71%	72%
Item 2		29	50	26	31	90%	80%
	Out of Home	14	25	11	10	79%	40%
	In Home	15	25	15	21	100%	84%



Johnson, Shelby, Bartholomew, Jackson & Jennings counties

- Timely initiation of assessments increased throughout the year.
- Through Family Preservation Services, 23% of families are being served with in-home cases.
- Safe-sleep materials were developed in non-English languages to satisfy a need identified for the region.

Indiana launched Indiana Family Preservation Services (INFPS) on June 1, 2020. Family Preservation Services are designed for families (with a substantiated case of abuse or neglect) that DCS believes could safely care for the children in their home with the assistance of appropriate services. All in-home CHINS and Informal Adjustment (IA) cases qualify for Family Preservation with the approval of the court.

This approach involves a one-time referral process, whereby a single provider conducts an evaluation with the family and delivers all necessary services. To support this shift, the agency employed roundtable discussions and Indiana Family Preservation Services (INFPS) office hours to ensure that frontline staff are informed and updated on family preservation services and understand the rationale behind the required changes. Since the launch of INFPS on June 1, 2020, Indiana has seen a significant reduction of children in foster care, an improvement in Maltreatment Recurrence rates, and a greater than 50% reduction of children in residential or congregate care settings

A preliminary evaluation of INFPS conducted by DCS Research and Evaluation (Goodwin et. al., 2023)⁹ made the following observations:

- Black children made up a higher percentage of in-home cases referred for INFPS, meaning INFPS allowed more Black children to remain at home with their families compared to Black children entering the system pre-INFPS.
- Black children and families experienced more positive outcomes (fewer repeat maltreatment and child removal events) than white children and families receiving INFPS. This suggests that the threshold for removing a child at the investigation phase is lower for Black children than for White children, leading to "riskier" White children and families being placed in the in-home program.
- Black and Multiracial children are removed at the beginning of their DCS involvement (and thus excluded from INFPS eligibility) more frequently than White and Hispanic/Latino children.

Indiana intends to expand its study of family preservation services to evaluate the long-term effects of INFPS on child and family outcomes. More information about INFPS can be found [Item 29: Service Array](#).

Item 3: Risk and Safety Assessment and Management

Assessing and addressing safety and risk has improved since completion of CFSR Round 3. Despite the developments, there is still room for improvement, particularly with in-home cases.

Of the cases that scored ANI on Item 3 in CFSR Round 4, 81% did not have adequate safety planning, 37.5% did not have accurately completed safety/risk assessments, and 37.5% did not adequately assess new reports of maltreatment or had repeat maltreatment. ANI scores were split almost evenly across in-home and out-of-home cases; however, the review sample had a smaller percentage of in-home cases, so a higher percentage of in-home cases reviewed (36%) scored an ANI on Item 3 than out-of-home cases (17.5%).

Following Round 3 CFSRs, Indiana completed internal assessments related to Safety Outcome 2. This identified several contributing factors resulting in targeted improvement efforts specific to safety staffing, high caseloads, and safety and risk assessment practices. Interventions were developed as part of the PIP to address these areas. These safety conversations, the increased awareness and use of data, and the implementation of the Coaching and Mentoring Indiana (CAMI) team helped to increase the focus on safety and safety assessing.

⁹ [*Proving promise and support: Preliminary evaluation of the Indiana Family Preservation Services - ScienceDirect*](#)

Table 12. OSRI Safety Outcome 2, Item 3—Risk and Safety Assessment and Management

	Denominator (Total Applicable)		Numerator (Strength)		% Strength	
	CFSR R3	CFSR R4	CFSR R3	CFSR R4	CFSR R3	CFSR R4
Safety Outcome 2					71%	72%
Item 3	65	65	46	49	71%	75%
Out of Home	40	40	30	33	75%	83%
In Home	25	25	16	16	64%	64%

Several factors influenced the performance displayed in Item 3. The PMR evaluation criteria mandated the inclusion of written and documented safety plans in the case file to be considered a strength. Conversely, the OSRI allowed for plans that were only known by case participants. The PMR scores showed a consistent trend of lower scores related to the frequency and quality of visits with children. This was primarily due to case reviewers noting trends in case managers not speaking alone with children during each visit, which affected informal assessments conducted during home visits.

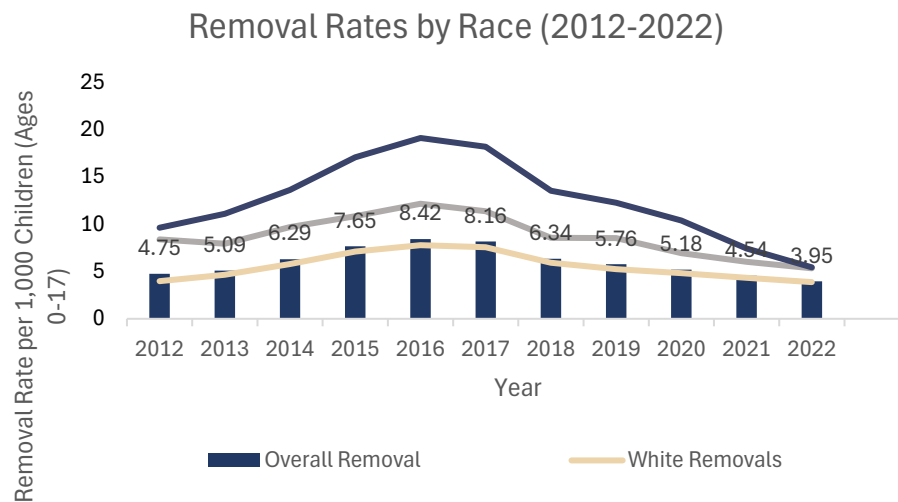
The previously referenced evaluation of INFPS concluded the following about safety assessments and monitoring:

“Results show that children assessed as “unsafe” or “conditionally safe” rather than “safe” were less likely to be removed or experience repeat maltreatment. This implies that FCMs and providers are appropriately monitoring known safety concerns and addressing them before a child removal is necessary. However, results also demonstrate that families with CHINS involvement are more likely to experience a child removal than families with IA involvement. This implies that there are known case factors other than safety which are not being adequately addressed through the case. It is exciting to see that when safety concerns have been identified, FCMs and providers effectively mitigate the safety concern. However, adjustments to the agency's utilization of safety assessments themselves could be needed since they are leading to what we might consider inaccurate safety findings in the case of a child removal. Further research is needed to identify patterns in the failures of these safety tools in identifying safety concerns that ultimately lead to child removals. In doing so, action items can be identified to address the weaknesses of safety assessment tools. Family Preservation Services features could also be adjusted to identify and address common “misses” that are leading to child removals. We also see that cases with more children are at greater odds of experiencing repeat maltreatment, implying the need for additional supports with each additional child. Although there are currently no explicit practice variations for families with multiple children, there would likely be significant benefits for families receiving INFPS.” (Goodwin et. al., 2023).

Eliminating Disparity

The following table shows the removal rate for white children by State Fiscal Year and the related disparity metric for Black children and Multiracial children. The disparity metric reflects **how many more children of that race per 1000 were removed** as compared to white removals. The removal rate for white children per

the 2021 SFY removal rates report was 4.33. Black and Multiracial disparity reached an all-time low at 1.69 and 3.11, respectively. This means that in SFY 2021, Black children were removed at a rate 1.69 times



higher than White children and Multiracial children were removed at a rate 3.11 times higher than White children.

Table 13. Removal by Race with Disparity – Calendar Year 2012 to 2022 (State Administrative Data)

Calendar Year	Removals (Overall)	White Removals	Black/AA Removals	Black/AA Disparity	Multi-Racial	Multi-Racial Disparity
2012	4.75	3.97	8.38	4.41	9.61	5.62
2013	5.09	4.65	7.93	3.29	11.08	6.37
2014	6.29	5.78	9.68	3.93	13.6	7.84
2015	7.65	7.1	10.82	3.76	17.05	9.85
2016	8.42	7.77	12.14	4.38	19.08	11.34
2017	8.16	7.56	11.35	3.82	18.15	10.5
2018	6.34	5.91	8.54	2.63	13.51	7.5
2019	5.76	5.24	8.52	3.28	12.25	6.93
2020	5.18	4.81	6.92	2.13	10.38	5.42
2021	4.54	4.33	6.02	1.69	7.41	3.11
2022	3.95	3.87	5.33	1.46	5.43	1.56

Opportunities

Feedback from case reviews and interviews with employees suggest that staff would benefit from:

- Improved training on use of risk and safety assessment tools
- Improved training/coaching on use of informal and formal assessing skills
- Continued emphasis on quality and timely documentation.

Child and Family Outcomes: Permanency

Performance outcomes include: (A) children have permanency and stability in their living situation; and (B) the continuity of family relationships and connections is preserved for children.

The Children and Families Services Review (CFSR) Round 4 Final Report found that Indiana was not in substantial conformity with Permanency Outcomes 1 and 2. However, Indiana's performance on all Statewide Data Indicators related to permanency were statistically better than national performance.

Improvements and planned activities related to Permanency Outcomes 1 and 2 can be found in the Update on Progress Made to Improve Outcomes.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

Indiana saw improvement in all three items in permanency outcome 1 and exceeded the national performance on all permanency data indicators.

Table 14. CFSR Permanency Outcome 1 (Round 3 to Round 4)

Outcomes & Items	% Strength		
	CFSR R3 (2016)	CFSR R4 (2023)	
Permanency Outcome 1: Children have permanency and stability in their living situation.	30%	45%	▲
Item 4: Stability of foster care placement	78%	73%	▼
Item 5: Permanency goal for child	60%	79%	▲
Item 6: Achieving reunification, guardianship, adoption, or another permanent planned living arrangement	53%	58%	▲

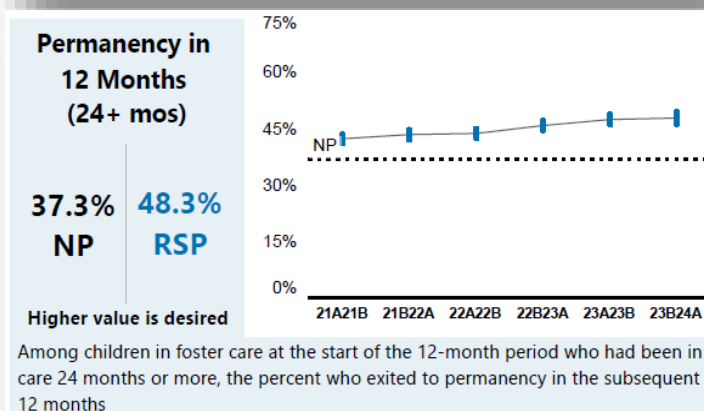
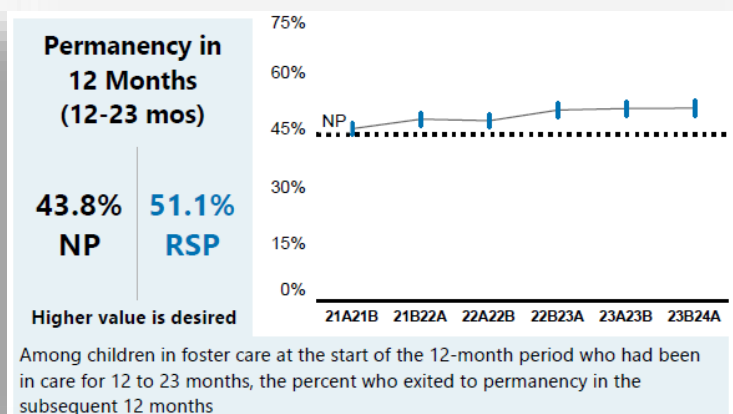
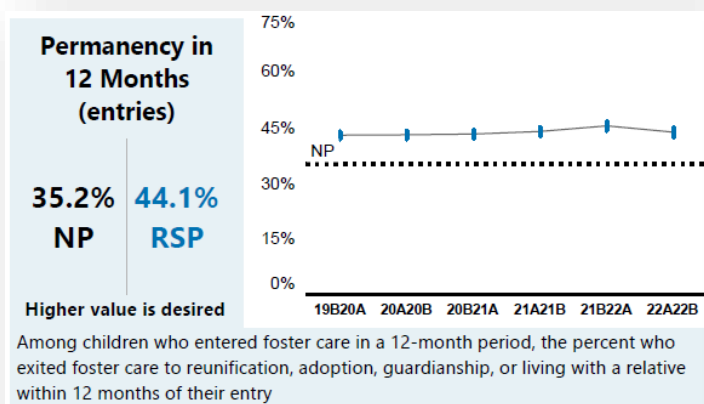
Table 15. Practice Model Review CYs 2021-2023

	% Strength		
	2021	2022	2023
Permanency Outcome 1	43.0%	47.0%	45.2%
Item 4: Stability of Foster Care Placement	85.3%	81.6%	83.0%
Item 5: Permanency Goal for Child	68.3%	76.5%	75.4%
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement	59.7%	62.4%	56.4%

Permanency in 12 Months

Indiana continues to focus on the timely achievement of permanency for children in care. Per Indiana's CFSR R4 February 2024 Data Profile, Indiana's Risk Standardized Performance (RSP) is statistically better than national performance on all permanency in 12 months data indicators.

Figure 2: August 2024 Data Profile Permanency in 12 Months



Observed performance identifies how a state performed on a given indicator, without any adjustments. Indiana's observed performance has improved over the last several reporting periods.

Desired Direction	Percentage						% Total (entries)	% Total (exits)
	15A15B	16A16B	17A17B	19B20A	20B21A	21B22A	21B22A	21B22A
▲ Perm in 12 months (entries)	43.3%	43.1%	45.9%	46.4%	45.2%	47.2%	5.1%	6.8%
▲ Perm in 12 (12-23 mo)	44.4%	46.4%	48.4%	46.7%	48.8%	52.7%	4.4%	5.3%
▲ Perm in 12 (24+mo)	43.8%	44.6%	48.2%	48.1%	49.8%	53.3%	4.2%	5.9%

Age at Entry

Performance has varied across the age groups, especially when considering length of time in care.

- Permanency in 12 Months (Entries):** In FY21, children aged 1-5 still account for the greatest percentage of entries (33.9%) and were most likely to exit to permanency within 1 year (36.2%). Children aged <1 year and 17 years were least likely to exit within 1 year.

- **Permanency in 12 Months (12-23 Months):** In FY23, children aged 1-5 accounted for the greatest percentage of children in care between 12-23 months (50.5%) and were most likely to exit to permanency by the end of the year (54.4% of total exits). Children aged 17 accounted for the lowest percentage of children in care and were the least likely to exit care in this time frame (1.6%). This was also the only age group that had a decline in exits relative to entries.
- **Permanency in 12 Months (24+ Months):** In FY23, children aged 11-16 accounted for the greatest percentage of children in care 24+ months (35.5%), though they are the second least likely to exit care in the year (27.1%). Youth aged 17 years are least likely to exit care in the year (1.9%) while children aged 1-5 years were the most likely (41.6%).

Race/Ethnicity

Black children were over-represented in the proportion of children entering foster care compared to the overall child population. This group had the highest percentage of permanency in 12 months for children entering care while consistently the lowest percentage of permanency in 12 months for children in care longer than 12 months.



Owen, Monroe, Brown, Greene & Lawrence counties

- Timely completion of assessments increased from 87.25% in 2022 to 90% or more for most of 2023.
- Timely permanency was achieved in 79.26% of cases, a 5% increase over the previous year. A total of 270 children received permanency through adoption (56), guardianship (47) and reunification (167).



Knox, Gibson, Pike, Posey, Vanderburgh & Warrick counties

- A regional value-stream analysis focused on reducing the length of involvement in cases through increased parental engagement and more frequent child and family team meetings (CFTMs). Since April, the percentage of cases teamed every 60 days increased from 59% to 66%. Contacts with mothers increased from 60% to 71%; contact with fathers was up from 32% to 48%.
- Length of involvement has decreased from 344 days in December 2022 to 268 days in December 2023. This is believed to be due, in part, to the increased frequency of CFTMs and increased parent engagement.



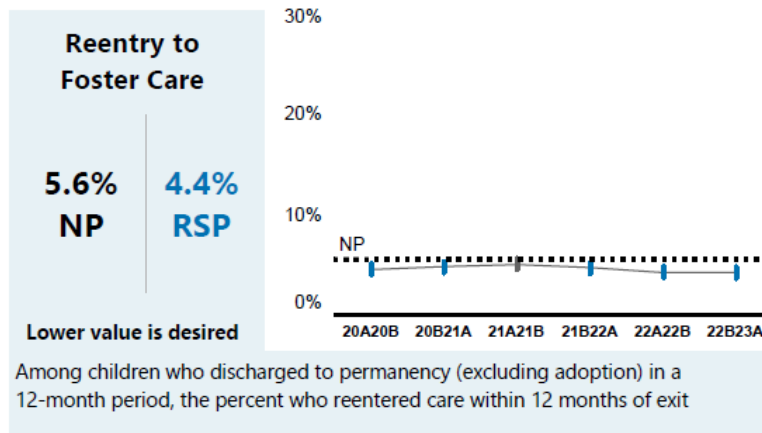
Daviess, Martin, Dubois, Crawford, Orange, Spencer & Perry counties

- Length of stay in out-of-home care decreased from 352.5 days in December 2022 to 243 days in December 2023.

Re-Entry to Foster Care

For children who achieved permanency, the Re-entry to Foster Care data indicator looks at those who reentered care within 12 months of exiting care. Indiana's risk standardized performance (RSP) on this indicator in FY22 (4.4%) is statistically better than national performance (5.6) and has been for the last 6 reporting periods.

Figure 3. February 2024 Data Profile Re-entry to Foster Care



Indiana's observed performance has exceeded national performance over the last several reporting periods as well. In the most recent data profile (August 2024) the observed performance was 4.0% while national performance was 5.0%

Percentage					% Total (exits)	% Total (re-entries)
Desired Direction	20B21A	21B22A	22B23A		22B23A	22B23A
▼ Re-entry to Foster Care	4.5%	4.4%	4.0%		4.8%	3.8%
National Rate	5.7%	5.5%	5.0%		100.0%	100.0%

State performance for children reentering care within 12 months has consistently been better or no different than national performance over the last 6 reporting periods.

- The numbers of children exiting to reunification, living with relatives, and guardianship, and subsequently re-entering care has decreased by approximately 33% over the last 3 reporting years.
- Marion County (metro) reported a 21% decrease in the number of children exiting and a 56% decrease in the number of reentries during the same timeframe.

Age at Entry

For children who exited care to permanency during reporting period 22B23A:

- Children less than 1 year old at exit previously had reentry rates worse than any other age group in the state; however, reporting period 22B23A saw a substantial decrease in children less than 1 re-entering care (4.0% of total re-entries).
- Children aged 1-5 years accounted for the greatest percentage of total exits (38.5%) and re-entries (44.2%)

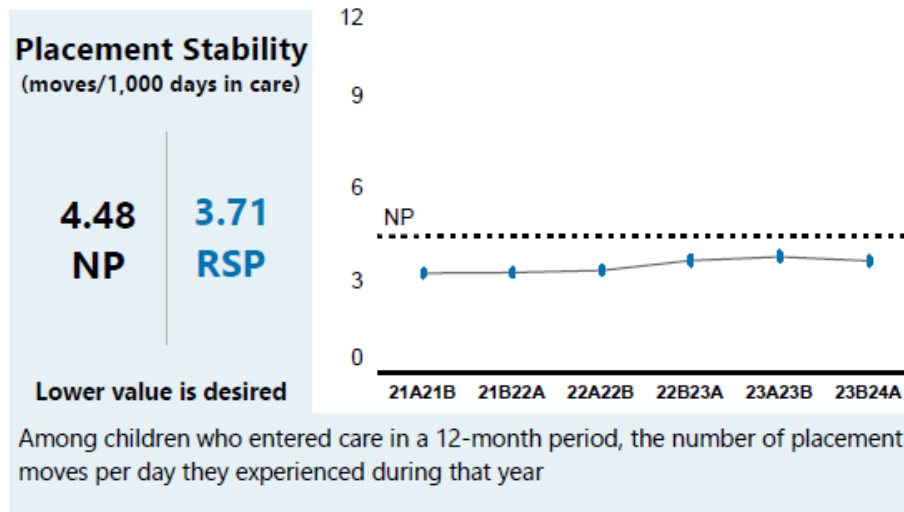
	Denominator (exits)			Percent of total	Percent of total
	20B21A	21B22A	22B23A	(exits)	(reentries)
Age at exit					
Total	6,423	6,186	4,956	100.0%	100.0%
0 - 3 mos	67	59	40	0.8%	2.0%
4 - 11 mos	282	252	217	4.4%	2.5%
< 1 yr subtotal	349	311	257	5.2%	4.6%
1 - 5 yrs	2,586	2,442	1,906	38.5%	44.2%
6 - 10 yrs	1,684	1,648	1,361	27.5%	29.9%
11 - 16 yrs	1,592	1,585	1,259	25.4%	21.3%
17 yrs	212	200	173	3.5%	0.0%

Race/Ethnicity

Rate of re-entry was nearly the same across all race/ethnicities. White and Hispanic percent of total re-entries was slightly higher than the respective exits. Placement Stability

Placement Stability is captured as the number of placement moves (per 1,000 days in care) for children who entered care in the observed FY.

Placement stability is a consistent area of strength for Indiana. Per Indiana's CFSR R4 February 2024 Data Profile, Indiana's Risk Standardized Performance in FY23 (3.81) is statistically better than the National Performance (4.48). Indiana's RSP has been better than National Performance for reporting periods extending back through CFSR R3.



Observed performance identifies how a state performed on a given indicator, without any adjustments. Indiana also exceeds National Performance (NP) on the Placement Stability indicator when considering observed performance. However, the rate of moves per 1000 days in care has increased each reporting period since 18A18B, with the most significant increase recorded in 23A23B.

Table24. Placement Stability FY21-FY23

		Moves/1000 days			% Total (days in care)	% Total (moves)
Desired Direction		21A21B	22A22B	23A23B	23A23B	23A23B
▼	Placement Stability	3.28	3.38	3.79	4.1%	3.1%

Table 16. Placement Stability FY21-24

		Moves/1000 days			% Total (days in care)	% Total (moves)
Desired Direction		21B22A	22B23A	23B24A	23B24A	23B24A
▼	Placement Stability	3.29	3.69	3.71	4.2%	3.2%

Age at entry

Performance on placement stability has remained relatively steady; both the number of total days in care and the number of placement moves have decreased by approximately 31% over the past 6 reporting periods.

- Children aged 11–16 represented approximately 22% of all days in care but 30% of all placement moves; this group had the highest rate of placement moves for all children except for children aged 17 years.
- Of the 10 counties representing half of all days children spent in care across the state, 7 experienced an increase in the rate of placement moves over the last 3 reporting periods.

Table 17. Placement Stability FY21-FY24 by Age

	Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	21B22A	22B23A	23B24A	23B24A	23B24A
Age entry					
Total	3.29	3.69	3.71	100.0%	100.0%
0 - 3 mos	1.79	2.46	2.53	12.5%	8.5%
4 - 11 mos	2.78	2.90	3.08	6.6%	5.5%
< 1 yr subtotal	2.14	2.60	2.72	19.0%	14.0%
1 - 5 yrs	3.08	3.22	3.42	33.7%	31.1%
6 - 10 yrs	3.34	3.62	3.67	23.2%	22.9%
11 - 16 yrs	4.43	5.27	4.93	22.2%	29.5%
17 yrs	5.97	6.08	5.05	1.9%	2.6%

Race/ethnicity

Placement stability rates for the race/ethnicity groups with the largest populations are below.

- The number of placement moves per 1000 days has decreased for all races/ethnicities aside from children entering care who are white or two or more races. White children consistently experienced a lower rate of placement moves compared to state performance, while Hispanic, Black and multi-racial children consistently experienced rates higher than the state. Rates for American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander are inflated due to small sample sizes.

Table 6. Placement Stability FY21-FY24 - Race/Ethnicity

	Moves/1000 days			Percent of total (days in care)	Percent of total (moves)
	21B22A	22B23A	23B24A	23B24A	23B24A
Race/ethnicity					
American Indian/Alaska Native	22.22		4.63	0.0%	0.0%
Asian	4.59	2.89	3.03	0.3%	0.3%
Black or African American	3.70	4.10	3.93	18.3%	19.4%
Hispanic (of any race)	2.96	3.78	3.59	9.1%	8.8%
Native Hawaiian/Other Pacific Islander	1.29	9.17	7.01	0.1%	0.1%
White	3.22	3.58	3.63	62.2%	60.8%
Two or More	3.33	3.68	3.91	9.8%	10.3%
Unknown/Unable to Determine	1.12	4.07	4.83	0.3%	0.3%
Missing Race/Ethnicity Data	0.00			0.0%	0.0%

Regional Performance

The table below lists regions in order from highest to lowest performance in reporting period 23A23B. The statewide rate is provided for reference.

- Regions 1,14, 4, 17, 2, 9, and 16 have better placement stability than the statewide rate.

- Though the statewide rate of placement moves has increased over the last 3 reporting periods, placement stability has improved in regions 1, 4, 17, 9, and 18.

Table 7. Placement Stability FY21-FY23 by Region

Locality	Moves/1000 days			Trend	Percent of total (days in care)		Percent of total (moves)	
	21A21B	22A22B	23A23B		23A23B		23A23B	
Region 01	2.91	2.62	2.60			5.3%		3.6%
Region 14	3.52	2.85	2.89			3.2%		2.5%
Region 04	2.99	3.13	3.04			6.8%		5.5%
Region 17	3.41	4.49	3.17			2.3%		1.9%
Region 02	2.91	2.48	3.33			4.5%		4.0%
Region 09	4.00	3.77	3.70			3.4%		3.4%
Region 16	3.39	3.75	3.76			9.2%		9.2%
Statewide	3.29	3.38	3.78					
Region 10	3.73	3.59	3.83			15.6%		15.8%
Region 07	2.95	3.08	3.86			6.1%		6.3%
Region 18	3.89	4.16	3.97			7.1%		7.5%
Region 06	2.17	2.69	3.97			4.2%		4.4%
Region 13	2.91	2.86	4.03			4.6%		4.9%
Region 15	3.23	3.55	4.06			3.0%		3.3%
Region 03	2.67	3.23	4.13			6.0%		6.6%
Region 11	3.23	3.09	4.15			6.4%		7.0%
Region 05	2.93	3.41	4.39			3.0%		3.5%
Region 08	2.95	3.97	4.54			5.6%		6.7%
Region 12	3.57	4.23	4.65			4.1%		5.0%

Item 4: Stability of Foster Care Placement

The CFSR R4 Final Report cited Indiana's consistently strong performance regarding placement stability. As noted in the previous section, performance has trended slightly downward over the last three measurement periods. In Round 3, Indiana scored a strength on 78% of applicable cases in Item 4; in Round 4, Item 4 scored a strength on 73% of applicable cases.

Table 18. Item 4 - CFSR R3 to R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Item 4: Stability of foster care placement	78%	73% ▼

Internal case reviews conducted in CYs 2021, 2022, and 2023 (Table 23) show a similar trend, though scored higher than CFSR R3 and R4 measurements (82-85%).

The agency monitors placement stability and average number of placements via a Tableau dashboard. State administrative data shows an average of 2.3 placements per child in CYs 2021 through 2023.

One recurring theme in discussions around placement stability and foster parent recruitment/retention is the topic of high acuity youth. With the significant reduction in children in care, the concern is that the population of children remaining in care have greater, more complicated needs, making them more difficult to place and sustain in placements. Indiana's Out of Home value stream and Foster Parent Recruitment and Retention PIP workgroups focused on these topics.

Item 5: Permanency Goal for Child

Item 5 looks at establishing appropriate permanency goals in a timely manner and taking the necessary steps with TPR as needed. Performance on this item significantly improved in CFSR R4 (79%) compared to CFSR R3 (60%) (Table 21). Similar performance for this item is observed in Practice Model Reviews increasing from 68.3% in CY2021 to 75.4% in CY2023 (Table 22). Case reviews conducted in CY2023 suggest that while the agency consistently establishes appropriate permanency goals timely (83%), there were many cases where the permanency goal was not changed timely given the child's age, case circumstances, and need for permanency. Children rarely had a concurrent goal in place, which could contribute to delays when an alternative goal isn't identified until the initial goal is ruled out. Discussions cite practice and court barriers to establishing concurrent plans.

Legislation was recently adopted that would require a plan other than reunification when a child has been in care for 12+ months. More information can be found in the progress to achieve outcomes section.

Item 6: Achieving Permanency

Item 6 considers whether concerted efforts were made, or are being made, to achieve reunification, guardianship, adoption, or another planned permanent living arrangement. Performance on this item improved from CFSR R3 (53%) to CFSR R4 (58%). Performance for this item in Practice Model Reviews is comparable.

Table 19. PMR Item 6 CY21-24

	% Strength			
	2021	2022	2023	2024 YTD
Permanency Outcome 1	43.0%	47.0%	45.2%	48.5%
Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement	59.7%	62.4%	56.4%	63.1%

In CY2023 Practice Model Reviews, concerted efforts to achieve the permanency goal timely varied depending on whether the permanency goal was reunification (74%), adoption (37%), guardianship (25%), or APPLA (100%).

Administrative data shows the average months to permanency by outcome across the last 4 calendar years. The average months to permanency have decreased for each outcome with the most significant improvements in the average months to permanency through adoption.

Table 20. Administrative Data - Average Months to Permanency by CY

	% Strength			
	C2021	2022	2023	2024 YTD
Average Months to Permanency				
Adoption	39.06	36.98	36.09	34.35
Guardianship	18.66	17.27	17.14	15.61
Reunification	13.24	13.13	13.52	12.76

The Indiana Office of Court Services collects court performance measures on all qualifying CHINS and TPR cases. The FFY2023 Court Performance Report includes CHINS cases that closed between October 1, 2022, and September 30, 2023. This report shows an increase in CHINS cases filed for the first time since 2017

REGIONAL AND LOCAL OFFICE HIGHLIGHTS



Lake County

- The average length of stay in out-of-home care is down by 80 days.
- During 2023, Region 1 focused on further strengthening community partnerships through committees, panels and conferences. This assisted in providing timely resources, services and support to children and families.



St. Joseph, Elkhart, Starke, Marshall & Kosciusko counties

- Region 3 staff worked hard to reach their goal of 100% staffing levels.
- The average length of stay in out-of-home placement is down by more than 100 days. Five youths with more than 2,000 days in care were adopted in 2023.



Warren, White, Carroll, Fountain, Tippecanoe & Clinton counties

- Absence of repeat maltreatment rose from 95.01% in March to 98.25% by the end of the year.
- 92.96% of children achieved timely permanency through reunification and guardianship. A 14-year-old boy was adopted in August – seven years after his case was opened and more than 1,400 days after he became free for adoption.



Fulton, Howard, Cass, Miami, Huntington & Wabash counties

- A focus on helping children find permanency led to the state's third-lowest average length of stay at 389 days.
- 61 percent of cases have been open for less than a year, which is second-best in the state; 89 percent have been open for less than two years.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children

Permanency outcome 2 looks at preserving the continuity of family relationships and connections for children in foster care.

In CFSR R4, Indiana was not in substantial conformity with Permanency Outcome 2 as less than 95% of cases were rated as substantially achieved. Indiana's performance in R4 (64%) declined compared to R3 (70%).

Ongoing and planned improvements can be found in the Update on Progress Made to Improve Outcomes section.

Table 1. Permanency Outcome 2 - CFSR R3 to CFSR R4

Outcomes & Items	% Strength		
	CFSR R3 (2016)	CFSR R4 (2023)	
Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.	70%	63%	▼
Item 7: Placement with siblings	78%	93%	▲
Item 8: Visiting with parents and siblings in foster care	67%	63%	▼
Item 9: Preserving connections	65%	70%	▲
Item 10: Relative placement	81%	69%	▼
Item 11: Relationship of child in care with parents	63%	52%	▼

Table 212. Permanency Outcome 2 - PMR CY2021 - CY2024

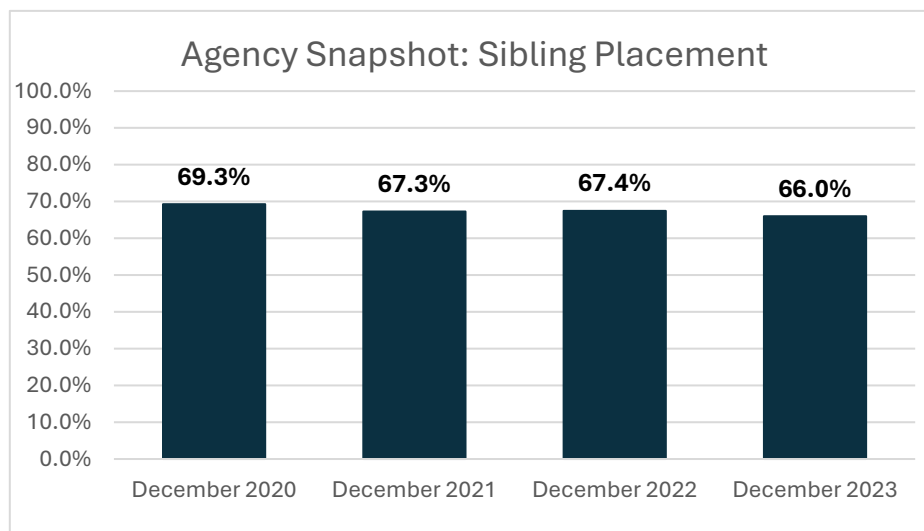
	% Strength			
	2021	2022	2023	2024 YTD
Permanency Outcome 2	51.5%	45.5%	58.0%	55.9%
Item 7: Placement with siblings	93.7%	90.1%	84.3%	86.9%
Item 8: Visiting with parents and siblings in foster care	59.5%	55.0%	65.2%	58.1%
Item 9: Preserving connections	NA	NA	69.7%	72.5%
Item 10: Relative placement	73.1%	75.0%	68.0%	68.9%
Item 11: Relationship of child in care with parents	NA	NA	53.5%	53.1%

Item 7: Placement with Siblings

Indiana's focus on keeping families together whenever possible has continued throughout implementation of this CFSP. Item 7, Placement with siblings, was rated as a strength overall in CFSR R4 as more than 90% of cases were scored as a strength. Performance on Item 7 measured 93% strength in CFSR R4, a significant improvement compared to CFSR R3 (78%).

Statewide administrative data reports for calendar years 2020-2023, shows that Indiana is making efforts to place siblings together in out-of-home care whenever possible. Since 2020, the number of cases with siblings has declined, but the percentage of children placed with all their siblings has remained relatively stable. This report does not capture children who are placed with some siblings when the whole sibling group is not placed together. This administrative data report does not take into consideration the size of the sibling set or any other reasons it may not have been appropriate to place siblings together.

Figure4. Agency Snapshot - Sibling Placement



The OSRI considers situations where it may not be possible, or in the child's best interest, to place siblings together. In internal case reviews conducted in CY 2023, 84% of cases scored a Strength on Item 7: Placement with siblings. Scores on this item have declined over the last 3 measurement periods but are trending up in preliminary 2024.

Item 8: Visiting Parents & Siblings in Foster Care

Item 8, visiting with parents and siblings in foster care, is noted as an area needing improvement. In CFSR R3, 67% of cases scored as a strength on item 8; this declined to 63% in Round 4 CFSR (Table 30). Internal case review data suggests a significant improvement in CY2023 cases (65%) compared to CY2022 (55%).

In CFSR R4, when siblings were in out-of-home care and not placed together, the frequency of visitation was a strength in 75% of cases. Of those visits, 85% were quality interactions. Overall, the frequency and quality of visitation with siblings in care was sufficient to maintain and promote the continuity of the relationship in 75% of cases reviewed (Figure 7).

Figure 5. CFSR R4 Practice Performance Report - Item 8 - Siblings

(Question 8E) Concerted efforts were made to ensure that the frequency of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship.	75% (12 of 16)
(Question 8F) Concerted efforts were made to ensure that the quality of visitation between the child and siblings in foster care was sufficient to maintain or promote the continuity of the relationship.	85.71% (12 of 14)
(Questions 8E and 8F) The frequency and quality of visitation with siblings in foster care was sufficient to maintain and promote the continuity of the relationship.	75% (12 of 16)

Performance on this item is largely driven by the frequency and quality of visits with parents, most notably fathers. In CFSR R3, visitation between children and fathers was sufficient in 88% of applicable cases. In Round 4, concerted efforts to ensure the frequency and quality of visits between the child and father scored as a strength in 71% of applicable cases compared to 79% for mothers.

PMR data shows that for visits with parents, the frequency of visits is more often an issue than the quality. Analysis of justifications from the PMR revealed numerous fathers' whereabouts were unknown and efforts were not made to locate them, there was a lack of attempts to engage with fathers regarding visitation, especially fathers who were incarcerated and unable to visit with their children.

Table 3. CFSR R4 Practice Performance Report - Item 8 - Parents

Item 8: Questions 8A and 8C	2021	2022	2023
(Question 8A) Concerted efforts were made to ensure that the frequency of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship.	79% (173 of 218)	81% (156 of 192)	83% (108 of 130)
(Question 8C) Concerted efforts were made to ensure that the quality of visitation between the mother and child was sufficient to maintain or promote the continuity of the relationship.	88% (171 of 194)	88% (146 of 166)	88% (105 of 119)
Item 8: Questions 8B and 8D	2021	2022	2023
(Question 8B) Concerted efforts were made to ensure that the frequency of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship.	65% (118 of 181)	58% (95 of 163)	83% (108 of 130)
(Question 8D) Concerted efforts were made to ensure that the quality of visitation between the father and child was sufficient to maintain or promote the continuity of the relationship.	88% (107 of 122)	85% (93 of 110)	88% (105 of 119)

Item 9: Preserving Connections

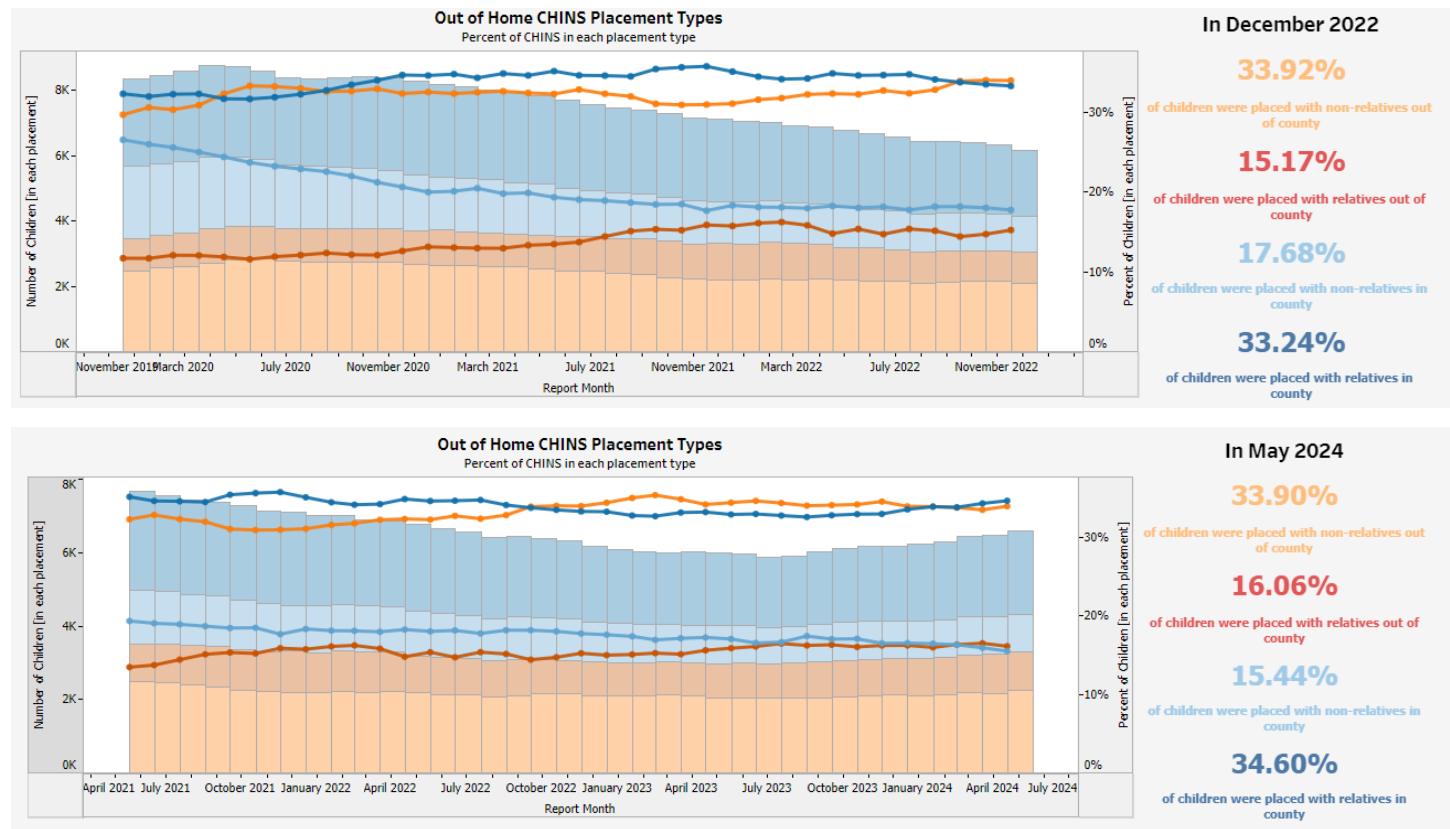
Items 9, 10, and 11 of the OSRI focus on preserving connections, placing with relatives whenever possible, and maintaining and strengthening the relationship between children in care and their parents. Indiana has maintained a consistent level of performance in these three items from the Round 3 CFSR to 2021-2023 PMR results.

Item 9, preserving connections, increased from 65% strength in CFSR R3 to 70% in CFSR R4. Indiana tracks the number and percentage of youth placed in their home county (relative care or non-relative foster care) or outside of their home county (relative care or non-relative care).

While the goal is to keep children with families whenever possible, maintaining relationships and connections via placement location is a metric being tracked across the state. Indiana's recent continuous improvement efforts have focused on improving children's connection with their communities. Improvement efforts resulted in tracking in- and out-of-county placement, development of regional on-call rotations, enhanced relative and kinship searches at initial removal, and foster parent recruitment efforts to bolster the number of licensed foster homes across the state.

As of May 2024, 35% of children were placed with relatives in their home county, 34% with non-relatives out of county, 16% with relatives out of county, and 15% with non-relatives in county. Overall, the percentage of youth placed locally and placed outside of their local county are even, but the percentage of children in relative care continues to grow.

Table 22. Out of Home Placement Type and Location



Item 10: Relative Placement

Administrative data shows that the percentage of children in out of home care who are placed with relatives have gradually increased since 2019. More children have been placed with relatives than in foster homes since 2020.

Table 5. Out of Home Placements (Source: Administrative Data, Tableau Dashboard, by Calendar Year)

Placement	2019	2020	2021	2022	2023	2024	Trend
Residential Care	6%	6%	5%	5%	5%	5%	
Foster Home	48%	47%	44%	43%	42%	41%	
Relative Home	45%	46%	49%	50%	51%	53%	
Other	2%	2%	2%	2%	2%	2%	

Scores on internal case reviews show a decline in performance on item 10 in 2023 (68%) since 2022 (75%). Preliminary data from 2024 case reviews has this trending back upwards (69%). At first glance, this is lower

than expected due to the emphasis on relative/kinship care, the added supports for relatives/kinship care providers with the kinship stipend, and administrative data reports suggest children are placed with relatives at a higher rate. It should be noted that Indiana considers fictive kin as relatives for placement purposes, while the federal tool does not, which is believed to impact this item heavily.

While Indiana is reducing the use of foster homes and increasing the use of relative caregivers, PMR data notes an opportunity to explore all maternal and paternal relatives when looking for out-of-home caregivers.

A review of themes in ANI Statements for Item 10 in 2023 highlighted the following themes:

- **Lack of Concerted Effort and Documentation:** This theme addresses the absence of active attempts by the agency to identify, locate, inform, and evaluate potential relatives for the child's placement. It also includes the lack of proper documentation in cases where relatives might have been considered.
- **Delayed or Absent Conversations with Parents:** This refers to the agency not engaging with either or both parents in a timely manner to discuss potential relatives for the child's placement.
- **Children Placed in Non-Relative Foster Homes:** Children, upon removal or otherwise, are directly placed in foster homes rather than with relatives.
- **No Re-evaluation of Previously Considered Relatives:** Relatives who might have been previously considered were not re-engaged or re-evaluated, even when the placement circumstances changed.
- **Absence of Investigative Referrals:** The agency did not make or follow up on investigative referrals that could have helped identify or locate relatives.
- **Specific Relatives Mentioned but Not Explored:** Even when specific relatives or connections were mentioned or known, they weren't actively explored as placement options.



Utilization of relative locate investigators saw incredible growth in 2023. The team processed about 1,070 referrals each week, a 17.6% increase over 2022; 75% of referrals were turned around the same day.



Wells, Adams, Grant, Blackford, Jay, Delaware & Randolph counties

- The region led the state with 58.66% of placements in kinship homes, including three months of more than 60%.
- Region 7 has two Family Resource Centers (FRCs), in Delaware and Grant counties, with more than 4,000 total visits. Community collaboration with a focus on prevention has been hugely successful.



Vermillion, Parke, Vigo, Clay & Sullivan counties

- A child in care since October 2015 was adopted on National Adoption Day.
- Residential placements are down by 35% since December 2021.



Decatur, Ripley, Dearborn, Jefferson, Ohio & Switzerland counties

- Kinship utilization remains higher than the state average, at 54.75%, with the highest counties being Jefferson at 68.8% and Dearborn at 58%.

Item 11: Relationship of Child in Care with Parents

Item 11, furthering the relationship between the child in care and the parents outside of visitation is an area needing improvement. Scores on this item went from a 63% strength in Round 3 CFSR to 52% strength in CFSR R4. Scores were similar across case reviews in 2023 and 2024 (53%). Similar to other items, concerted efforts to promote, support, or maintain a positive parent/child relationship was more likely to occur with mothers (67%) than fathers (60%). As noted in the well-being outcome, an opportunity exists around meaningful engagement with parents. Indiana has made better engagement with families, especially parents, a cornerstone of the R4 PIP.

Child and Family Outcomes: Well-Being

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

While Indiana does not meet the 95% strength threshold required by the Round 4 CFSR for Well-Being Outcomes 1, 2, and 3, Indiana has improved on most well-being items, particularly in outcomes 1 and 2, and remains focused on identifying opportunities to better help families enhance their capacity to provide

Table 6. Wellbeing Outcomes CFSR R3 and R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48% ▲
Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.	74%	86% ▲
Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.	62%	59% ▼

for their children's needs.

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for their Children's Needs

Well-Being Outcome 1 highlighted enhancement opportunities to better serve Indiana's families. Scores on Wellbeing Outcome 1 increased from 38% in CFSR Round 3 to 48% in CFSR Round 4.

Table 7. Wellbeing Outcome 1 Items CFSR R3 and R4

Outcomes & Items	% Strength		
	CFSR R3 (2016)	CFSR R4 (2023)	
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48%	▲
Item 12: Needs and services of child, parents, and foster parents	40%	57%	▲
Sub-Item 12A: Child(ren)	83%	83%	—
Sub-Item 12B: Parent(s)	47%	60%	▲
Sub-Item 12C: Foster Parent(s)	56%	79%	▲
Item 13: Child and family involvement in case planning	48%	56%	▲
Item 14: Caseworker visits with child	78%	66%	▼
Item 15: Caseworker visits with parent(s)	32%	45%	▲

Item 12: Needs and Services of Child, Parents, and Foster Parents

This item examines how needs are identified, what the needs are, and the match between needs and implemented services. Improvements were seen for each category, except for children where performance stayed the same. The biggest improvement was in Item 12C, needs and services of foster parents—the Round 3 CFSR score was at 56% strength compared to 79% in CFSR R4.

Practice model reviews conducted in 2023 noted the following trends:

- The agency conducted formal or informal assessments that accurately assessed the needs of children in 91% (241) of applicable cases (265), but appropriate services to meet children's needs were only provided in 75% (128) of applicable cases (170). Foster care cases (92%) scored higher than In Home cases (88%).
- Item 12 B, Parents, scored significantly lower than children and foster parents. This score was largely impacted by the scores for fathers. Concerted efforts were made to assess and address the needs of mothers in 65% of cases while concerted efforts to assess and address the needs of fathers scored as a strength in only 51% of cases. In home (57%) cases scored higher than foster care cases (47%).

A workgroup tasked with exploring challenges and setting goals related to this item and the service array systemic factor identified root causes in two categories:

- Frontline Workers' Assessment of Family Needs:
 - Frontline workers were not accurately assessing families' underlying needs and primarily focusing on the initial, presenting needs.
 - Lack of family involvement in identifying needs led to disempowerment and resistance to services.
- Insufficient Knowledge About Available Services:
 - Staff lacked awareness of community services.
 - Families couldn't always access timely services if staff did not know how to address service gaps in their area.
 - Underutilization of community support post-case closure.

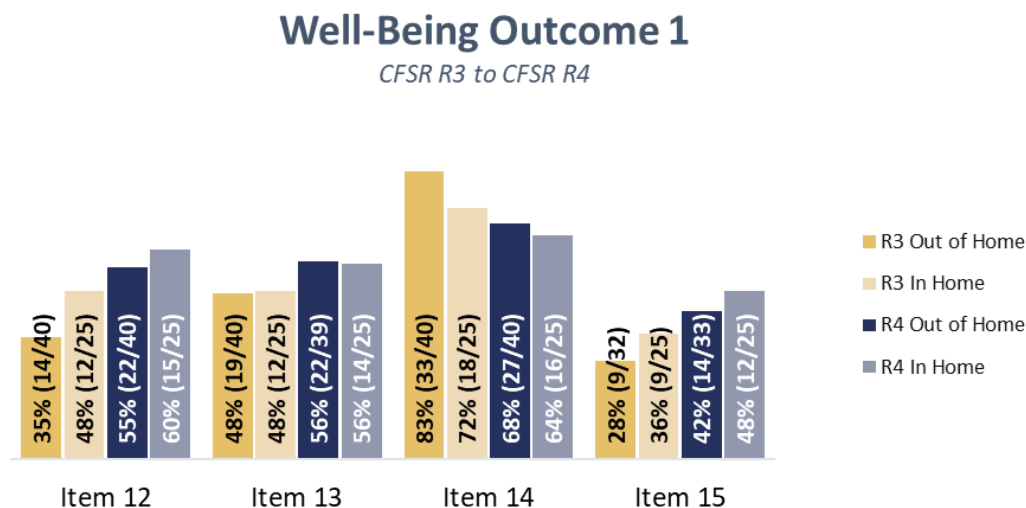
Item 13: Child and Family Involvement in Case Planning

Item 13 is identified as an area needing improvement. Stakeholder interviews and case review data from CFSR R4 shows that while performance has improved on Item 13, the agency still struggles with authentically involving parents and youth in the case planning process.

Across case reviews, reviewers and case participants consistently agree that CFTMs and case plans address the needs of the family (84%) and include an action plan (84%).

Table 8. Item 13 CFSR R3 to CFSR R4

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48%	▲
Item 13: Child and family involvement in case planning	48%	56%	▲



In Calendar Year 2023, there was no significant difference between in-home and out-of- home cases on the item overall. However, the agency continues to struggle with engaging parents, especially fathers in out of home cases (49.6%). In CY2023, internal case reviews, which include interviews with children, parents/caregivers, and stakeholders, **only 55% of cases scored as a strength on Item 13 “Involvement**

in Case Planning”. This is an improvement compared to CFSR R3 (48%). PMR data suggests that this score is driven by **a lack of engagement with Fathers** who were involved in development of the case plan **in only 55% (95) of applicable cases** reviewed (173) compared to mothers who were involved in 73% (156) of applicable cases (214).

There was no observed difference in performance for in home and out of home cases in CFSR R3 and R4. Internal case reviews in CY2023 showed that children are more likely to be actively involved in case planning when they are in out of home care and mothers and fathers are more likely to be involved in case planning in In Home cases.

Indiana has observed variation across time and case type with Item 13: Child and Family Involvement in Case Planning. This item was at 48% strength in the Round 3 CFSR and 56% strength in CFSR R4. There was no difference in performance on this item overall based on case type. Scores vary significantly by case participant.

- Children engaged in case planning (when applicable) more than any other participant (71%). Foster care cases score higher (77%) than in home cases (63%).
- Fathers are least likely to be involved in case planning (65%). Foster care (67%) cases score higher than In-home cases (63%). Scores for fathers were significantly higher in CFSR R4 compared to R3.
- Mothers were significantly more likely to be engaged in case planning as part of in-home cases (79%) than foster care cases (59%).

Item 14: Caseworker visits with Child

Item 14, caseworker visits with child, and Item 15, caseworker visits with parents, are both identified as areas needing improvement.

Table 39. Wellbeing Outcome 1, Item 14, CFSR R3 and R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48% ▲
Item 14: Caseworker visits with child	78%	66% ▼

Caseworker visits with the child decreased from the Round 3 CFSR at 78% strength to 66% strength in CFSR R4. A substantial difference in performance was observed in quantity of visits compared with quality of visits, with 90.77% of all cases reviewed scoring a strength for sufficient pattern of visits (quantity) and only 67.19% of cases scoring a strength for sufficient quality of visits. Through analysis of Round 4 CFSR Item 14 results and stakeholder interviews, a workgroup discovered that statewide, all populations have the potential to be at risk of being affected by this problem and are impacted relatively the same. There was not a significant difference in performance by case type with 67.5% of out-of-home cases scoring a

strength and 64% of in-home cases scoring a strength. However, there were variations in performance by case type regarding quantity and quality. Out-of-home cases had fewer cases scoring strength in quantity of visits (87.5%) than in-home cases (96%) but had more cases scoring strength in quality of visits (69.23%) than in-home cases (64%).

Table 23. Item 14 Frequency and Quality of Visits with Child (CFSR R4 compared to Calendar Year 2023 PMR)

Item 14: Questions 14A and 14B	CFSR R4	2023
(Question 14A) The typical pattern of visits between the caseworker and the child (ren) was sufficient.	90.77% (59 of 65)	91.32% (242 of 265)
(Question 14B) The quality of visits between the caseworker and the child(ren) was sufficient.	67.19% (43 of 64)	74.24% (196 of 264)

The agency has policies related to minimum contact and meaningful contact, but only one of these policies clearly articulates that children should be met with alone to discuss and ensure safety, stability, permanency, and well-being. There is no corresponding requirement for probation staff to meet with children alone. The workgroup exploring this issue noted that missing or inconsistent data entry and documentation may prevent a full understanding of this issue.

The federal monthly caseworker contacts report shows that 99% of children had caseworker contacts in Federal Fiscal Year 2023, with 98% of contacts happening in a home setting.

Table 1. Federal Monthly Caseworker Contacts FY2018-2023

	Federal Monthly Caseworker Contacts						Trend
	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	
Children with Contacts (Percentage)	98.62%	98.96%	99.06%	98.92%	99.19%	99.30%	
Children with Contacts in Home Setting (Percentage)	81.73%	81.50%	98.18%	98.58%	97.78%	97.53%	

Item 15: Caseworker Visits with Parents

Item 15, caseworker visits with parents, is an area needing improvement. Caseworker visits with parents improved from R3 (32%) to R4 (45%). Performance varied for mothers and fathers and depending on case

Table 2. Wellbeing Outcome 1, Item 15

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48% ▲
Item 15: Caseworker visits with parent(s)	32%	45% ▲

type.

- Visit frequency was more likely to be sufficient with mothers (71%) than fathers (60%). Mothers scored significantly higher in In Home cases (83%) than foster care cases (59%). Fathers had less variation between case types.
- Visit quality overall was roughly the same for mothers (64%) and fathers (63%); however, visit quality for mothers within home case types score significantly higher (75%) than fathers (47%).
- Visit frequency AND quality was most likely to be sufficient for mothers (57%) compared to fathers (49%). Scores were significantly higher for mothers in foster care cases (71%) compared to in home cases (44%) and in-home cases for fathers (47%).

Analysis of justifications in the PMR found numerous parents were not spoken to alone during each visit or not in a setting conducive to open and honest communication, discussing case updates but not covering progress in services and steps to reach permanency, use of texting and phone calls over in-person visits, minimal communication with incarcerated parents, and a lack of ongoing concerted efforts to locate parents.

10

Marion County

- Engagement of mothers was up by two-thirds from January to December.
- Over that same period, the average length of an open case went from 709.9 to 552 days, and the median length fell from 553 to 314 days.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet their Educational Needs

DCS believes that children are more likely to be successful in school when planning for safety, stability, well-being, and permanency is fully integrated with the child's educational plan. Therefore, educational services are provided to children as part of the case plan to meet the child's educational goals and needs.

Table43. Wellbeing Outcome 2, Item 16 CFSR R3 and R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Wellbeing Outcome 2: Children receive appropriate services to meet their educational needs.	74%	86% ▲
Item 16: Educational needs of the child	74%	86% ▲

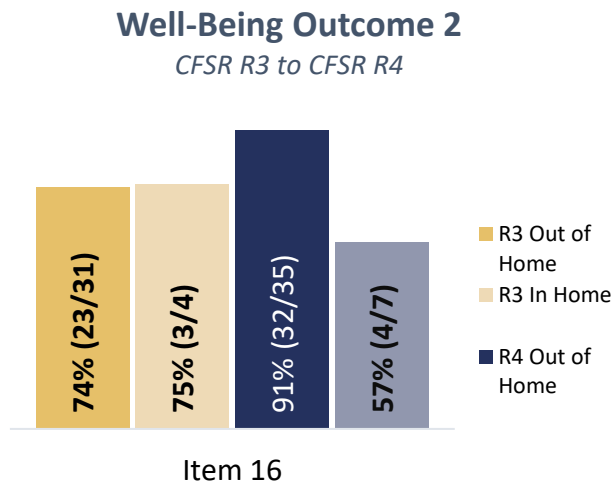
Item 16: Educational Needs of the Child

Indiana demonstrated solid performance in assessing and meeting the educational needs of children. Both assessment and appropriately addressing services for educational needs were rated highly but were much higher for foster care cases than in-home cases. Case reviews also indicated that the state collaborated with schools, supported the development of Individualized Education Plans, and monitored school performance.

Indiana utilizes a team of Education Consultants to ensure the educational needs of children in the agency's care are met and provide a seamless transition for students entering new and unfamiliar school environments. They assist with developing plans to identify and resolve a child's unmet educational needs such as participating with families, case staffing and planning sessions, and school conferences.

FCMs can submit a referral for a variety of educational needs ranging from early childhood issues to post-high school support. The most common referrals are ESSA/POC Enrollment¹⁰, Attendance Concerns, IEP/504 Plan Concerns, Academic Issues, and Behavior Issues. A referral for ESSA/POC Enrollment is required for all children that are placed in out-of-home care.

Item 16 scores on internal case reviews have had consistent performance over the last 4 years.



In 2023, DCS finalized a data-sharing agreement with the Indiana Department of Education (DOE) that will allow DCS to access real-time data from DOE, which is expected to improve educational outcomes for youth in foster care.

Well-Being Outcome 3: Children Receive Adequate Services to Meet their Physical and Mental Health Needs

Well-Being Outcome 3 is identified as an area needing improvement in CFSR R4. Round 3 CFSR found items 17 and 18 to be a strength in 69% and 68%, respectively, of applicable cases. In CFSR R4, Item 17 improved to 74% strength, but Item 18 declined to 61% strength

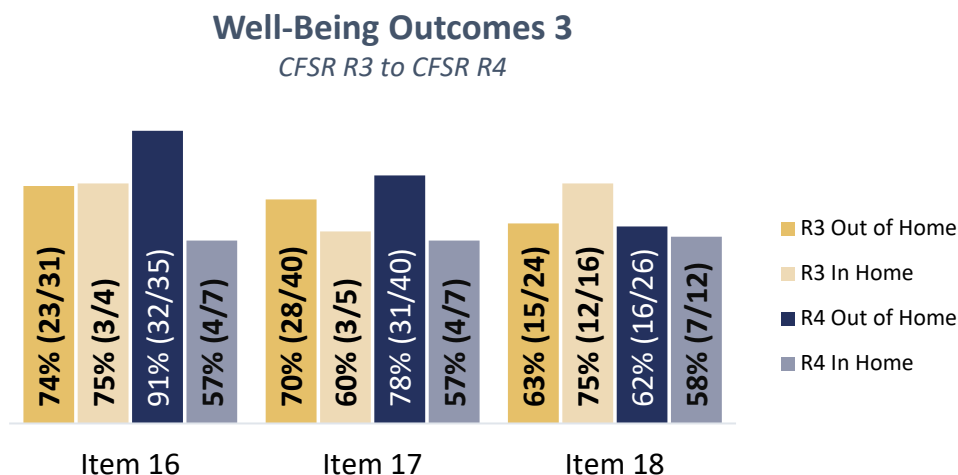
¹⁰ In accordance with Every Student Succeeds Act (ESSA), DCS, the Indiana Department of Education (DOE), and local education agencies must identify State and Local Points of Contact (POC) to collaborate and determine the best educational interests of children in out-of-home care.

Table 25. Wellbeing Outcome 3, CFSR R3 and R4

Outcomes & Items	% Strength	
	CFSR R3 (2016)	CFSR R4 (2023)
Wellbeing Outcome 3: Children receive adequate services to meet their physical and mental health needs.	62%	59% ▼
Item 17: Physical health of the child	69%	74% ▲
Item 18: Mental/behavioral health of the child	68%	61% ▼

Items 17 and 18: Physical Health and Mental/Behavioral Health of the Child

Table 6. PMR 2021-2023 - Wellbeing Outcome 3, Items 17 and 18



In CFSR R4 cases, the agency generally did well at assessing the children’s physical health (83%) and dental health (85%). The agency also ensured that appropriate services were provided to children to address their health needs (81%) and dental health needs (76%). The biggest area of opportunity was in the appropriate oversight of prescription medications for the child’s physical health issues when the child is in foster care (62.5%). Foster care cases generally scored higher on Item 17 than in-home cases, but this is impacted by the small number of applicable in-home cases.

For Item 18, Mental/Behavioral Health of the Child, the agency accurately assessed the children’s mental/behavioral health needs (87%), especially in foster care cases (96%). The agency ensured that appropriate services were provided to children to address all identified mental/behavioral health needs in 66% of cases; foster care cases scored higher (72%) than in home cases (58%). Similar to Item 17, the greatest area of opportunity was in the appropriate oversight of prescription medications for

mental/behavioral health issues of the child in foster care, scoring only 54% strength. Performance on internal case reviews conducted in 2023 and 2024 show a drop in performance on this item as well.

CFSR Systemic Factors

Systemic Factors Addressed through PIP

All systemic factors outlined below were included in Indiana's year-long collaborations and root cause analysis to develop focused goals and strategies for the PIP. These activities and strategies are addressed through the CFSP through each section as they pertain to the upcoming goals of implementing PIP strategies and sustainment of improved system factor outcomes. As part of these strategies, Indiana has developed an oversight committee of all child welfare key stakeholders and macro leaders, in addition to lived experience, that will remain in place post-PIP success and through the duration of the CFSP or long-term sustainment and leveraging collaborations and communications for future planning.

Statewide Information System

Overview

In July 2012, DCS launched a statewide automated child welfare information system (SACWIS), the Management Gateway for Indiana's Kids (MaGIK). MaGIK is based on the core platform of Casebook, developed by Case Commons. The MaGIK system includes:

- Intake management
- Case management
- Foster care provider resource management and licensure
- IV-E eligibility determinations and re-determinations
- Court tracking
- Financial management
- Administration and quality assurance
- Federal reporting, including AFCARS¹¹, NCANDS¹², Monthly Visitation, and NYTD¹³

MaGIK Casebook includes functionality that allows DCS to readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. DCS policy and practice guidance outline the requirements for gathering and verifying child/family information and the requisite timelines. Indiana DCS maintains electronic case files for all children in care in accordance with AFCARS regulations.

MaGIK Casebook supports the timely entry of data/case management information as it is a web-based system that is available to all users 24/7.¹⁴ The system supports functionality across various devices and platforms, allowing staff to use portable devices (phones and tablets). In conjunction with oversight from local office management, MaGIK Casebook utilizes a combination of reports, dashboard/email reminders,

¹¹ Adoption and Foster Care Analysis and Reporting System

¹² National Child Abuse and Neglect Data System

¹³ National Youth in Transition Database

¹⁴ Excluding regularly scheduled maintenance that occur outside of core working hours to ensure minimal impact to operations.

and confirmation messages to encourage the entry of timely and accurate data in accordance with DCS Policy.

Indiana's system has some opportunities for improvement. It can identify case plan goals for children in care, though is less reliable on other attributes for probation-only youth due to manual data entry across multiple systems. There are currently two systems available - Quest or Odyssey. County Probation offices can choose between these two systems. These systems are not managed and supported by DCS. Local probation officers have access to Indiana's KidTraks system and DCS employs probation consultants who work directly with probation officers and aid in data entry, referral entry, etc. The future CCWIS system has a plan to develop an API based interface to interact with Quest and Odyssey for data exchange which will also address dual data entry.

Indiana's information system can identify children/youth in care with diagnosed disabilities/medical conditions, but documentation in the system may be inconsistent or missing lieu of maintaining the required hard copy files. DCS has made improvements to address issues related to case plan goals and medical information.

IN Department of Child Services is not currently operating in a CCWIS system. Efforts are currently underway in our transitional CCWIS system around data quality of IV-E and Probation data with modernization efforts through the CCWIS development. Enhancements to the existing system were halted to support CCWIS development. Indiana utilizes KidTraks/Transitional KidTraks system, which was built by DCS IT to fill any gaps in the Casebook system.

CANS Assessment Updates – SFY 2024

Updates have been made to the CANS Assessment for State Fiscal Year 2024. Several sections of the assessment were removed to streamline the process. Questions and answers have been standardized and renamed to be more sensitive to Sexual Orientation, Gender Identity and Expression (SOGIE). A few new questions have been added. The child/youth form has changed from Age 5-17 to Age 6-17. The system will automatically display the correct form based on the child's age.

CCWIS Development and Transition

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 KidTraks 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.

During phase 1, user stories were created and tracked via Jira software to capture requirements, measure the rate for development, and build a traceability matrix with DCS Policy. DCS also began to utilize Jira Service Desk to manage support for all systems. DCS established Product Owner teams to work 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 have been integrated into developing these user stories to develop a curriculum for DCS staff and strategies to prepare for the change from the current DCS applications to I-KIDS.

In April 2022, ACF conducted a virtual Technical Assistance (TA) Monitoring Review on I-KIDS, which was still in development. The review focused on assessing the function and design of the system's Intake Module to determine any potential compliance issues before the system is operational and 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 a review of CCWIS self-assessment tools and technical documentation provided by the state. The feedback received from the review identified the 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 ACF identified aligned with the challenges the DCS project team acknowledged and had begun working to address.

Following a Product Readiness Evaluation and user acceptance testing of the I-KIDS system in 2023, it was decided that the system was not ready for implementation. DCS then engaged in a Gap 2 Goals effort with Accenture from late 2023 to early 2024 to identify the remaining missing requirements and estimate the level of effort necessary to implement them. After updating the scope and implementation plan, the department determined that to successfully implement a CCWIS, a more holistic assessment of our status was needed. The department leveraged this time to better understand what was needed for successful CCWIS implementation and to educate and increase engagement with other critical decision-makers outside of the formal team. The result of this effort is an updated plan which will include decision points for both DCS and ACF to ensure better communication and ongoing alignment.

DCS will continue to move forward with our CCWIS plans, as documented and shared with ACF. Our primary efforts over the next year will be to validate our CCWIS scope and make the necessary plans and adjustments that allow us to restart development at the appropriate time. To address the pause in development, and ensure the department is positioned to continue using existing systems, the department is entering into a new contract with Casebook that will include opportunities for as-needed enhancements and changes.

CFSR Round 4

Indiana was found not to be in substantial conformity with the Statewide Information System systemic factor. Indiana received an overall rating of Area Needing Improvement for Item 19 based on information from the Statewide Assessment.

The Statewide Assessment in Indiana revealed that their child welfare information system has the capability to collect and report data on children's status, location, demographics, and placement goals. However, the state faces challenges: incomplete, inaccurate, and unreliable data due to errors or gaps in entry. Additionally, the system lacks information to verify its effectiveness for youth on probation. Manual entry of case plan goals exacerbates data entry issues. Demographic data for children with disabilities or medical conditions is also lacking. Furthermore, temporary, non-contracted placements are not recorded, hindering child location accuracy.

As the health and safety of children in the state's care is paramount, Indiana has implemented new tracking mechanisms/processes to monitor the location of youth in temporary placements since this assessment was completed. Additional workgroups and improvement activities have been underway to address medical documentation and data quality.

Progress Update

Non-Placement Tracker: Effective July 31, 2023, any child that is not formally in a placement but is in DCS custody needs to have their location entered into the new Non-Placement Tracker (NPT). The NPT has been created by the DCS IT team to track the location of a child that does not have a current placement. You will have the ability to enter this information in either your laptop/tablet or mobile phone using the NPT app. Training videos have been created for both the Mobile App and Desktop versions. Being able to track this information will assist DCS in gathering trends about what resources are needed, where they are needed and how frequently they are needed.

Approach to improve data quality, integrity, and reliability

AFCARS

Data quality and AFCARS submissions will be addressed through Indiana's CFSR 4 PIP for the duration of this CFSP.

Indiana has a layered process for ensuring data is accurate and timely in the statewide information system from initial intake to case closure. AFCARS data elements are monitored through error progression visualizations. The team performs multiple extractions during a reporting period (A) and a subsequent correction period (B). The error rates may decrease across extractions due to changes in the population (as pulls are completed prior to the official end of the reporting period) or due to staff using the AFCARS checklist tool and revising errors in case data.

Indiana's overall error percentage for Foster Care (FC) data elements has been less than 0.65% in every reporting period from 17A-22B. Error percentages are generally higher on Adoption (AD) elements, though overall error percentage has been consistently under 2% since reporting period 17A and consistently under 1% since period 21A. An AFCARS pull is also completed for probation data elements and all elements are within acceptable range (<5%).

The CFSR Round 4 Data Profile¹⁵ for Indiana reported a 0% error rate in nearly all quality areas in reporting periods 20A through 22A including date of birth, dates of entering/exiting care, removal date, and placement settings. Similarly, NCANDS Data Quality Checks highlighted no significant data quality issues across 2018-2022 reporting periods.

DCS is now submitting data under AFCARS 2020, though the agency's SACWIS is not yet AFCARS 2020 compliant. The agency has continued to use manual data clean-up efforts and utilizes data clean-up dashboards for ongoing field use through Tableau.

Data Governance

DCS currently has a data governance policy (DGP) and framework. See Appendix A below. The purpose of DGP is to ensure adherence to established best practices for data entry, data validation etc.

Currently, the efforts are underway to make necessary updates/improvements to the existing data governance policies & framework to ensure it includes the following areas. This effort is managed through

¹⁵ Appendix I: CFSR R4 Data Profile

established data governance meetings on a regular cadence led by Master Data Management team which includes representation from IT, Strategic Solutions and Agency Transformation (SSAT), DCS Legal and Communications.

In addition, DCS IT Master Data Management team is also working on collaborating with Indiana Office of Technology (IOT) to leverage IOT's enterprise data management strategy and framework to benefit from State's enterprise-wide strategy on data governance.

Rationale for planned improvements:

Data Completeness	Data fields that are missing information or incomplete can lead to the reduced effectiveness of service delivery, decision making and, in the most extreme examples, lead to denial or lack of services for children and families in need.
Timely Data/Information Entry	Timeliness when entering information ensures data is available when needed for internal purposes (case monitoring/management, decision making, service delivery, funding, etc.) and external purposes (federal reviews, FOIA, legislative data requests, etc.)
Accuracy of Data/Information	Inaccurate information can lead to inappropriate decisions, create confusion and in extreme cases, lead to misrepresentation of information to courts, service providers and auditing partners/federal agencies.

To ensure the agency continues to improve, goals related to data governance, policies, processes, and framework have been established. These include:

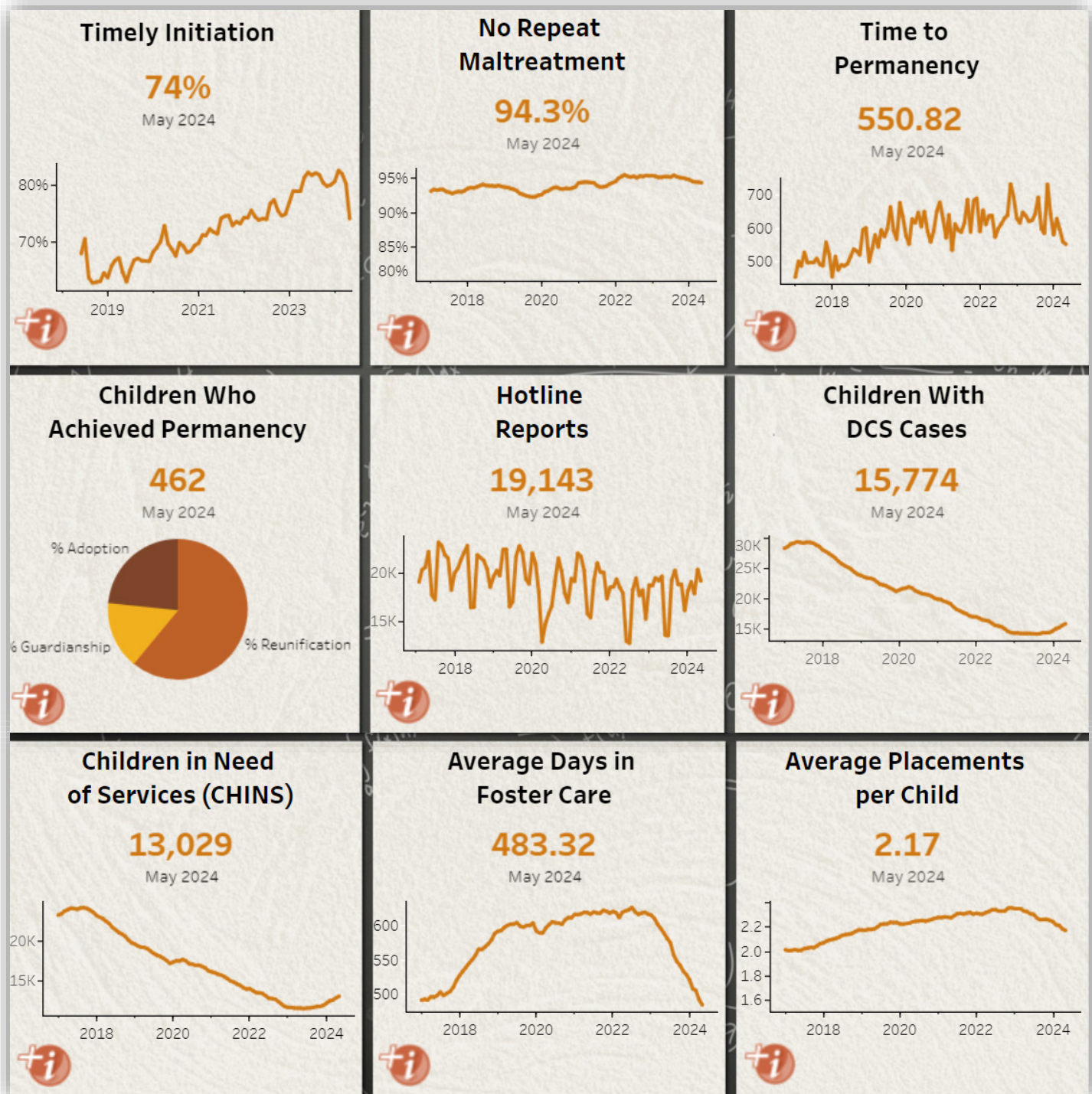
- Expand Indiana's data governance committee with representatives from various divisions.
- Establish/refine data governance policies and framework with defined roles and responsibilities.
- Develop/establish data quality metrics and goals.
- Establish an ongoing process for assessing and monitoring data quality using defined metrics.
- Establish internal cadence for data quality audits.
- Refine and improve upon established data quality tools (e.g., Tableau dashboards).
 - Reports that display missing AFCARS elements (Adoption and Foster Care) are available in our current system of record (MaGIK). These are available at the FCM, Supervisor, and Local Office Director level.
 - For ongoing data integrity issues, tableau dashboards have been created to ensure compliance. (Examples of these dashboards include: TPR, health exams, and education data).
- Automated/Semi-automated data validation, cleansing, and enrichment process.
- Enhance collaboration and communication by setting/establishing a cadence of meetings or forums with engaged stakeholders.
- Share data quality success and challenges with the Agency to foster data driven culture.
- Include data quality and governance topics in onboarding process for new staff members across all Agency departments/units.

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Information Technology

- DCS established the Data Champions group, which includes key DCS business stakeholders, to ensure comprehensive review of data and dashboards for I-KIDS.
- Public-facing dashboards were published. This tool effectively shows the change in data over time and provides users flexibility in how they view and filter child-welfare data.

DCS has worked to provide additional public-facing dashboards and focused capacity and efforts towards



increasing data availability. Data integrity and accuracy will be addressed in the CFSR 4 PIP Public-Facing Dashboards – Key Performance Indicators

Case Review System

Based on information from the CFSR Round 4 Statewide Assessment, Stakeholder Interviews, and case reviews, Indiana was found not to be in substantial conformity with this systemic factor.

Indiana acknowledges that strong collaboration between the agency and legal and judicial system partners and authentic engagement with children and families are essential for moving children and families toward timely and appropriate permanency.

Looking forward DCS Legal Operations has set goals within the agency’s lean framework focusing on system and case management options to better track matters and outcomes relevant to this systemic factor. Ongoing and planned improvements can be found in the Update on Progress Made to Improve Outcomes section.

Written Case Plan

Indiana has a strong Practice Model that emphasizes teaming and engaging with families to plan for case progression. As part of the CFSR R4 Statewide Assessment, the following strengths and opportunities were identified.

- Data supports that case plans are consistently developed and recorded in the statewide information system, updated for the court at periodic reviews, and are generally completed <60 days.
- Case plan documents address all federally required areas.
- The theory behind the practice model and use of CFTMs is sound and CFTMs are occurring with families with sufficient frequency to update case plans every 6 months, statewide.
- Across case reviews, reviewers and case participants consistently agree that CFTMs and case plans address the needs of the family (84%) and include an action plan (84%).

Stakeholder interviews and case review data from CFSR R4 shows that while performance has improved on Item 13, the agency still struggles with authentically involving parents and youth in the case planning process.

Table 26. Item 13 CFSR R3 to CFSR R4

Wellbeing Outcome 1: Families have enhanced capacity to provide for their children's needs.	38%	48%	
Item 13: Child and family involvement in case planning	48%	56%	

In CY 2023, there was no significant difference between in home and out of home cases on the item overall. However, the agency continues to struggle with engaging parents, especially fathers in out of home cases (49.6%). In CY2023, internal case reviews, which include interviews with children, parents/caregivers, and stakeholders, **only 55% of cases scored as a strength on Item 13 “Involvement in Case Planning”**. This is an improvement compared to CFSR R3 (48%). PMR data suggests that this score is driven by **a lack of engagement with Fathers** who were involved in development of the case plan in **only 55% (95) of**

applicable cases reviewed (173) compared to mothers who were involved in 73% (156) of applicable cases (214).

There was no observed difference in performance for in home and out of home cases in CFSR R3 and R4.

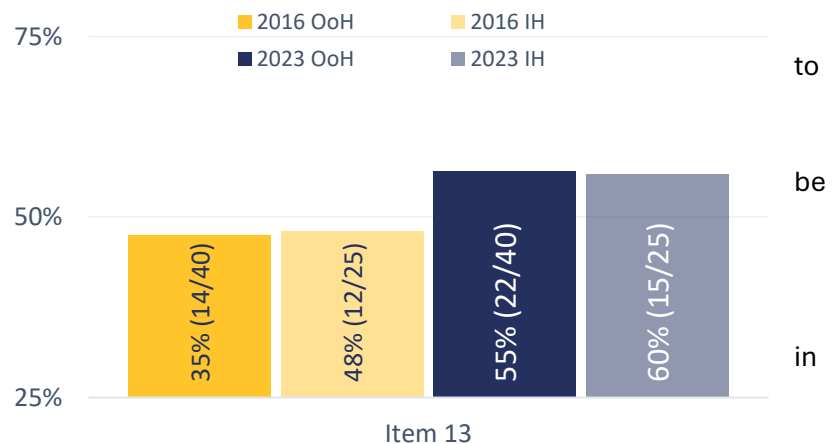
Internal case reviews in CY2023 showed that children are more likely be actively involved in case planning when they are in out of home care and mothers and fathers are more likely to involved in case planning in In Home cases

The Previous CFSP focused heavily on teaching staff how to engage a family developing a case plan and ensuring safety is addressed in each discussion. While these initiatives

were successful in improving this measure from CFSR R3 to R4, areas of improvement include:

- Ensuring case managers and probation officers (when dually involved) are visiting with parents, especially fathers, with sufficient frequency and quality.
- Ensuring CFTM prep meetings are occurring.
- Improving FCMs skills in developing a specific and coherent plan with the family and that the plans are adjusted based on child/family input or progress.

Well-Being Outcome 1



Improvement Efforts and Progress Made

- **Region 4 Value Stream Analysis – Administrative Tasks at the start of a Case**
This VSA began in May 2023 and is Focusing on fostering a more collaborative relationship with birth parents early in the case to get a good understanding of their needs and any required interventions. It also aims to improve the skills and knowledge of DCS staff and partners to better assess needs of a family rather than providing a standard collection of services/interventions This Value stream held several events in 2023 that improved frontline’s ability to track needs of families and include lived experience voices. This resulted in Strategic Sharing training through Casey to rollout to this region first. This also assisted DCS in gaining more birth parents that are committed to the advisory board.
- **Region 6 – Parent Engagement**
This region is targeting MDI/huddles as a framework for weekly discussions on parent engagement. There has been a significant increase (over 30%) for one specific county for seeing fathers.
- **Region 13 – Data Warehousing/Documentation**
This region is doing improvements around data warehousing or ensuring all required

documentation is collected and, in the file, appropriately. The office is experimenting with best practices for workflow to create standard work.

Periodic Reviews

This item determines whether the case review system is functioning statewide to ensure that a periodic review for each child occurs no less frequently than every 6 months.

In CFSR Round 4, Item 21 was rated as an Area Needing Improvement based on information in the CFSR Statewide Assessment, stakeholder interviews, internal case review interviews, and conversations in PIP development workgroups.

The purpose of the periodic case review is to ensure that the child is receiving needed care and treatment to move the case forward to parent-child reunification or to an alternative court approved permanency plan. Indiana Code 31-34-21-2 requires a periodic case review hearing on each CHINS case at least once every 6 months from the date the child is removed from the home or the date of the dispositional decree, whichever comes first. Periodic Case Review Hearings held in Indiana correspond with all items outlined in § 475(5)(B) of the Social Security Act¹⁶. These requirements are defined in **DCS Policy 6.09 – Periodic Case Review Hearing**.¹⁷

Indiana DCS collaborates with the Indiana Office of Court Services to prepare bench book forms for judges to use in the periodic hearings to ensure that all the necessary findings are addressed at hearings and included in court orders. Indicators of a Quality Hearing are also made available to court staff.

The R4 Final Report emphasized a need for the agency and the legal and judicial systems to clearly identify practices that address the ability to monitor and ensure the timeliness of periodic reviews, permanency hearings, and TPR hearings. Workgroups exploring these problems identified a need for more transparent information sharing, enhanced data visualizations, incorporation of continuous quality improvement mechanisms, and improved local relationships between the agency and legal/judicial partners to support shared decision-making.

Data Enhancements

When hearings are not held timely, timely achievement of permanency is negatively impacted. Without appropriate data, DCS and partners cannot sufficiently identify issues across the state or target improvement plans. Goals to support the collaboration between IOCS and DCS to enhance available reports and improve data quality will be included in the agency's R4 PIP and 2025-2029 CFSP. There is not currently a sufficient mechanism to monitor/track all key performance indicators related to legal processes and hearing timeliness for active DCS cases. While IOCS has accurate data for hearing timeliness, these metrics only capture exit cohort data.

¹⁶ For more information, see SSA § 475(5)(B).

Since the Statewide Assessment, DCS has developed additional reports and visuals in Tableau using administrative data, though local offices still maintain some local tracking to account for issues caused by data entry errors or delays in the case management system.

Initial analyses conducted through the Statewide Assessment reported court hearing timeliness data that did not accurately capture hearing timeliness and suggested that hearing timeliness was a significant issue. **Updated analyses show that initial periodic review hearings were held timely 95% of the time in Report Years 2022 and 2023.**

Indiana's Research and Evaluation team produced a report to identify all children in a specific report year who should have had a periodic review. In report year 2023, of children in out of home care 6+ months (N=13,094), **95% (12,432) had an initial periodic review hearing that was held timely.** Late hearings had a median delay of 35 days.

The challenges with timeliness are more likely to happen with the second review hearing. In 2023, of children in out of home care 6+ months who would be eligible for a second periodic review (N=12,606), 75% (9,458) were held timely.

This will be targeted in Indiana's R4 approved PIP through the duration of the CFSP..

Table 27. Periodic Review Hearing Timeliness CYs 2022 and 2023

Report Year	% Timeliness			
	1st Periodic Review	2nd Periodic Review	3rd Periodic Review	4th Periodic Review
2022	94.6%	75.9%	91.2%	91.3%
2023	94.9%	75.0%	86.9%	94.1%

Permanency Hearings

The Indiana Department of Child Services (DCS) believes children have the right to permanency. Therefore, a Permanency Plan and a Permanency Hearing are required for every child adjudicated as a Child in Need of Services (CHINS) to identify a permanent or long-term arrangement for the care and custody of the child.

In CFSR R3, Item 22 was an area needing improvement as Indiana could not speak to the quality of permanency hearings for probation cases. Indiana has made improvements to how probation cases are monitored and engaged in several partnerships and improvement activities with Court Services targeting these cases. These efforts are documented in past APSRs.

The most recent CFSR R4 final report also identified item 22 as an area needing improvement due to the lack of standardized practice and tracking to monitor the timeliness of hearings and the variation in quality of data entry.

The Department tracks Permanency Hearings and Periodic Reviews through court orders and events captured within MaGIK. The Child Data Summary report includes a field for the date of the last review/permanency hearing, along with a field for the next scheduled hearing. The Child Event Log report

also allows for the option to sort by court hearing events for ease of access in tracking this information. Indiana identifies that there is room for improvement in its existing data reports and visualizations related to this metric and this is an improvement that is in progress.

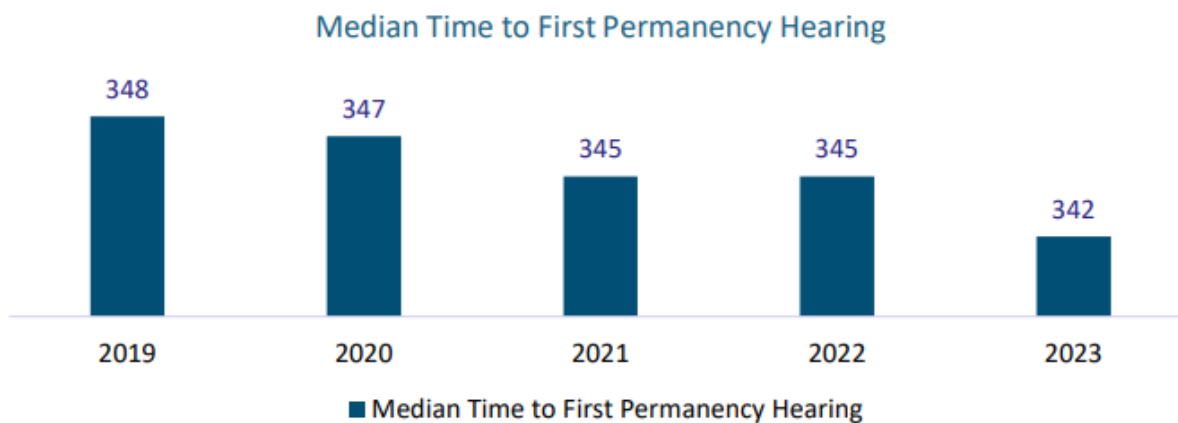
The report developed by DCS Research and Evaluation reported in CY 2023, 90% of initial permanency hearings were timely.

Table 28. Timeliness of Permanency Hearings CYs 22-23

Report Year	% Timeliness		
	1st Permanency Hearing	2nd Permanency Hearing	3rd Permanency Hearing
2022	92.7%	87.3%	89.3%
2023	90.1%	85.7%	93.8%

Court Performance Measures indicate that the median days to the first permanency hearing **has been consistently below the statutory requirement of 1 year**. In FFY 2023 the median time to the first permanency hearing was 342 days.

Figure 4. FFY 23 Court Performance Measures - Median Time to First Permanency Hearing



Stakeholder Interviews

Stakeholder interviews were conducted in April 2023 across 21 stakeholder groups including judiciary, service providers, probation staff, and people with lived experience. Interview participants consistently noted that there do not appear to be significant issues with holding review or permanency hearings in a timely manner. Some participants noted challenges or variability in scheduling depending on the location and case circumstances.

Stakeholder interviews confirmed that court staff and local office attorneys track timeliness in all 92 counties using various tools such as Odyssey, Quest, and Court Performance Measures. Most probation involvement does not extend beyond 1 year when permanency hearings would be required, and when

permanency hearings occur, they happen early. While participant experiences varied, no one mentioned delays or cancellations specific to periodic reviews or permanency hearings.

Various factors contribute to delays in the timeliness of court proceedings in child welfare cases when delays do occur. Stakeholders referenced delays caused by negotiations for continuances, delayed orders, and staff turnover. Data integrity and errors in data entry also play a role. Additionally, factors such as parent incarceration and regional limitations further hinder the process. Improving communication and consistency across the board, as well as ensuring timely permanency hearings, can help move children to permanency more quickly.

Overall, participants felt permanency hearings are generally considered effective in moving cases along and ensuring children's needs are met. DCS staff and leadership monitor data closely to identify gaps and opportunities, and families generally have a voice. Concurrent planning and parental awareness of responsibilities are emphasized. However, there are local differences in effectiveness and some caregivers and parents with lived experience experienced delays or mental anguish due to the hearings.

Communication about reunification plans may also be lacking.

This item is being addressed and reviewed in Indiana's CFSR 4 PIP, for the duration of this CFSP.

Timely TPR Filing

Item 23 assesses whether the system is functioning statewide to ensure that TPR is filed for children who have been in foster care for at least 15 of the most recent 22 months or who meet the other ASFA provisions (aggravated circumstance) and are not subject to an exception for filing for TPR.

Item 23 was an Area Needing Improvement during CFSR Round 3 (2016) as the state was unable to demonstrate the number of eligible children with no TPR filed or monitor the performance of this metric over time. This item was again identified as an Area Needing Improvement in Indiana's CFSR Round 4 (2023), primarily due to challenges related to data entry/data quality and the state's practice around managing exceptions and documenting compelling reasons.

Termination of Parental Rights proceedings are captured in court orders and the MaGIK system. Following CFSR R3, Indiana made several improvements through its R3 PIP to develop better data reports, visuals, and tracking processes related to TPR filings. Staff now have access to an array of dashboards/reports.

The incorporation of Managing for Daily Improvement (MDI) and lean principles in DCS legal staff's process has been noted as a driver of this metric. Legal staff have more improvements planned to enhance their data/tracking to identify children earlier who are at risk of exceeding 15 out of 22 requirements earlier. For example, 15 out of 22 reports now include youths in out-of-home care for at least 12 months.

Monitoring of Timelines

Termination of Parental Rights Hearings where Involuntary TPR is granted. This page tracks the agency's timeliness for TPR court hearings according to policy using the following metrics.

- Days to TPR Initial Hearing: The average number of days between the TPR Petition being filed and the initial TPR hearing. Next to the title of the graph is an indicator that shows whether DCS meets policy for timeliness.

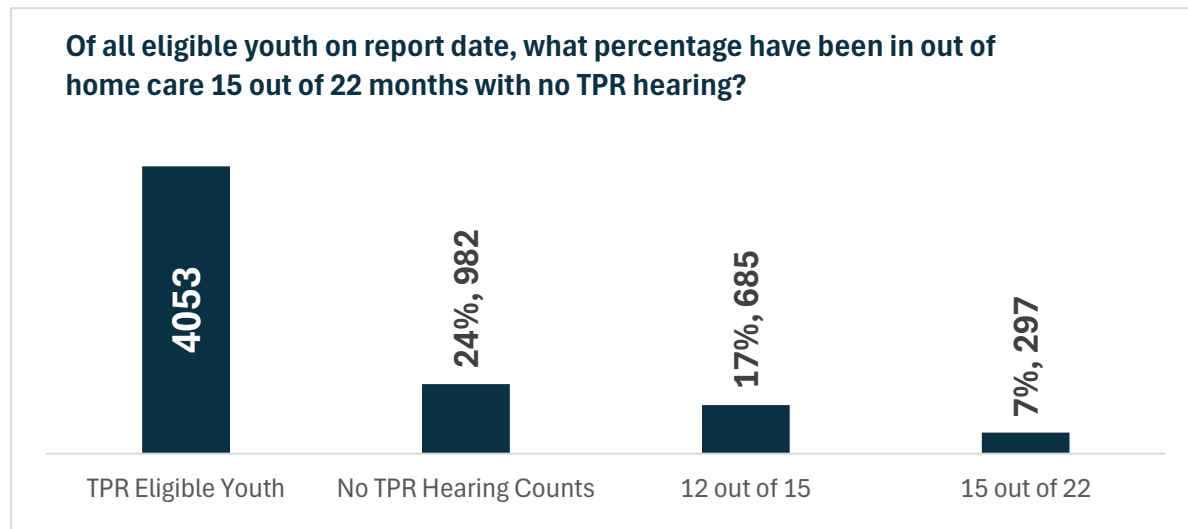
- Waiting for Initial TPR: Shows the number of children in an open case who have had TPR Petition filed but have not had an initial TPR hearing and TPR has not been dismissed broken up by the days since the Petition was filed and today's date.
- Days to TPR Final Hearing: Displays the average number of days between the TPR Petition being filed and the final TPR hearing where involuntary TPR was granted. Next to the title of the graph is an indicator that shows whether DCS meets policy for timeliness.
- Waiting for Final TPR: Shows the number of children in an open case who have had TPR Petition filed but have not had TPR granted or dismissed broken up by the days since the Petition was filed and today's date. This page can be filtered by region and county.

Children Out of Home with No TPR Hearings. This page tracks the number of children that have been out of home 12+ months and have not had TPR hearings or outcomes over time which comes from the MaGIK report CHINS Children Out of Home 15 Out of 22 Months with No TPR Hearing Weekly Report available in Case Management. This page can be filtered by region, county, months out of home, and permanency goal.

- Number of Children Out of Home 12 or more Months: Displays the count of distinct children that have been placed out of home for 12 or more months and have not had TPR hearings or outcomes per report week over time.

Indiana administrative data shows, on average, 95% of eligible children have TPR filed by the 15 out of 22 months. An administrative report from September 2024 showed that on the date of the report, 4,053 youth were eligible for a TPR hearing (out of home at least 15 out of 22 months). Of these youth, 982 or 24% had no TPR hearing on file, though 17% have only been in care 12 out of the last 15 months. Of all eligible youth, 297 or 7% had no TPR hearing recorded.

Table 29. 15 out of 22 with no TPR as of September 2024 (Source: Tableau)



Per the Federal Fiscal Year 2023 Court Performance Measures Report, the Court Improvement Program recently added a field to their system of record to capture the final TPR hearing. This will allow them to add a measure in future reports to show the average and median time from TPR petition to final TPR hearing.

Timely filing of TPR and legal barriers to permanency are assessed in Indiana’s Practice Model Reviews (PMR) via a review of the case file and interviews with DCS staff, parents/caregivers, children (when appropriate), resource parents, providers, and other key case participants. These cases are scored using the CFSR Onsite Review Instrument (OSRI).

Performance on Item 5, Questions 5F and 5G, timely filing/joining a TPR petition, has improved over the last 4 years.

	% Strength			
	2021	2022	2023	2024 YTD
Item 5: Question 5F and 5G				
The agency filed or joined a TPR petition before the period under review (PUR) or in a timely manner during the PUR or an exception applied.	82.0%	89.0%	88.7%	91.9%

The department dismissed the filed petition for TPR in 99 reviewed cases; 73% (72) were due to a documented, compelling reason that TPR was not in the best interest of the child, 31% (31) were due to the child being cared for by a specified relative, and only 5% (5) cases were due to the family not being provided adequate services.

Improvement Efforts and Progress Made

Timely filing of TPR, and subsequently timely permanency, was identified as part of Indiana’s CFSR R3 Program Improvement Plan (Section 2 c, d, e). In February of 2019, the DCS Continuous Quality Improvement (CQI) team facilitated a three-day Rapid Improvement Event (RIE), to do a root cause analysis on the timely filing of TPR. The project team included DCS executive staff, field staff, legal staff, a CASA director, and a representative from court services.

This event resulted in several improvements including detailed process maps of the legal processes¹⁸, greater partnership between DCS legal and field staff (legal involvement in field and safety), enhanced data reports and dashboards, TPR training for judges and future joint DCS/legal/courts trainings, and data entry training/guides for clerks. Improvements were piloted in four counties¹⁹ to prove their effectiveness before wider implementation. By the end of the pilot, all four pilot counties met the target state with reductions in the percentage of children without TPR filings at 15 out of 22 months by 15%-27%.

- In 2023, DCS Field Litigation implemented statewide tracking of mandatory TPR petitions that have been dismissed to monitor progress; this is incorporated into their MDI. The corresponding time to

¹⁹ Allen, Delaware, Floyd, Madison

permanency is being tracked for those cases to monitor impact on time to permanency with the enhanced focus on dismissed termination petitions.

- Through MDI, the Field Litigation team has continued to monitor the list of cases on the 15/22 TPR list for cases needing mandatory petitions filed. Each month field litigation reviews the 15/22 TPR list to determine if the requirement to file a mandatory petition has already been satisfied and the case should not be on the list. There is continued opportunity to explore accuracy of termination petition filing information in the system, but this tracking method shows that the 15/22 report is inflated and actual performance is higher.
- The legal division has monitored and continues to monitor appellate outcomes on CHINS and Termination matters. Through the end of May 2023, the appellate success rate was 100%, with no reversals or remands.
- A current and future goal for all DCS field divisions is to reduce the time from Termination of Parental Rights to Adoption. Field Litigation is developing new metrics to better understand field litigation impact and ways to advance cases to permanency. In addition to identifying data-related approaches, other approaches such as legislative and collaboration with court services are being considered to assist in achieving improvement in this area.
- New/enhanced dashboards allow legal staff to monitor case progression. For example, the post dispositional hearing report/dashboard helps legal staff gauge if a case is ready for a permanency plan/TPR change based on the status of open cases after a dispositional hearing.



Washington, Scott, Clark, Harrison & Floyd counties

- More than 100 children achieved permanency through adoption for the third year in a row.
- Region 18's average length of involvement after termination of parental rights is the lowest in the state at 316 days.
- Scott County assisted counties with staffing shortages eight times throughout the year.

Notice of Hearings

Indiana Department of Child Services policy **6.04: Providing Notice of Hearings**²⁰ defines the policy, practice, and statutory requirements of providing notice of hearings and reviews to caregivers engaged with the child welfare or juvenile justice systems. Written notice of Child in Need of Services (CHINS) and Termination of Parental Rights (TPR) hearings are sent in a manner consistent with the Indiana Trial Rules to permit CHINS and TPR cases to proceed in a timely manner.

Providing notice is a shared responsibility among family case managers (FCMs) and DCS Staff Attorneys as described in the policy.

The results from CFSR Round 3 identified this item as an Area Needing Improvement based on information from the statewide assessment and stakeholder interviews. Round 3 highlighted that notice was not consistently provided to the required individuals and there was no uniform process in place to ensure notification occurred. Foster Parents and relative caregivers (resource parents) also noted that they were not given an opportunity to be heard during hearings.

As a result of these findings, DCS included a related goal in Permanency Section 2 (a) of the Program Improvement Plan (PIP), which focuses on working with the Indiana Office of Court Services (IOCS) to increase resource parents' opportunity for participation at court hearings. DCS worked closely with resource parents and the legislature in ensuring the development of a [Foster Parent Bill of Rights](#) ²¹ to advise resource parents of their right to timely notification and provide their input.

The results from CFSR Round 4 identified this item as an Area Needing Improvement. Information in the Statewide Assessment indicated that the state does not have a method to track whether foster parents, pre-adoptive parents, and relative caregivers were given notice of periodic reviews and permanency hearings, and whether the notice included the caregivers' right to be heard. This item will be addressed and reviewed in the Indiana CFSR 4 PIP.

Stakeholder Feedback

Interviews conducted with DCS legal staff reflected the policies and practices described above. Additionally, legal staff confirmed the description provided in the CFSR Round 3 Statewide Assessment was still reflective of practice today. DCS acknowledges that staff are required to notify all required parties in accordance with policy. FCMs make a point to remind parties of hearings during their contacts and Child and Family Team Meetings (CFTMs). These interviews with DCS staff re-emphasized that there are local differences in the process of providing notice of hearings and whether this information is tracked internally.

CFSR R4 Stakeholder Interviews provided additional evidence that case participants are consistently provided verbal notice during the hearing as courts frequently schedule hearings during other proceedings and notify attendees of the next hearing date at that time. Commentary from case participants suggests this may not be an effective way of communicating this information.

In addition to formal written notification, courts also require Notice of Service at some hearings and inquire as to the reason for non-attendance of parents or other key participants in the case. This information is subsequently included in hearing orders. Court representatives confirmed that notices are automatically sent to parties in a case using a distribution list for court orders and hearing notices²²; however, resource parents are not parties in a case unless they petition the court for, and are granted, party status.

²¹ [Foster Parent Bill of Rights'](#)

²² Courts using the Odyssey Case Management System send electronic notices automatically to all parties who have an email on file. For parties represented by an attorney, the attorney receives a notice as well. If unrepresented, the party receives the email directly. For parties with no email address on file, the county prints and mails the notice to the address on record for the attorney or party (if not represented).

Quality Assurance System

This item was an area needing improvement in CFSR R3. Since then, Indiana began a Lean transformation journey. Indiana now boasts a robust and multi-faceted quality assurance and continuous quality improvement (CQI) system that effectively drives program improvements. Indiana conducts Practice Model Reviews, Child and Family Service Reviews, and other internal quality assurance tools in all regions and uses results to drive program and practice improvements. Indiana's Lean transformation has resulted in a dedicated CQI team to facilitate improvement events and activities and trains all staff on Lean principles/tools to incorporate in their local offices. Indiana has several engagements across stakeholder groups and individuals with lived experience and continues to look for opportunities to include their voice in process improvements.

In January 2023, DCS completed the CFSR Round 4 Statewide Assessment. Key findings are outlined below.

1. Indiana has standards and quality assurance processes (PMR) to evaluate the quality of services provided to children and families statewide. The QA system generates and uses reliable data to identify the strengths and needs of the system.
2. Indiana's Lean transformation has established an effective continuous quality improvement system that engages staff in process improvement activities.
3. Indiana has significantly enhanced its data reporting, has reports and dashboards readily accessible to staff and encourages the use of data to monitor daily performance and drive improvements (MDI).

The PMR Protocol is designed to mirror the federal Onsite Review Instrument (OSRI) to measure compliance with federal standards while incorporating Indiana-specific items to measure the fidelity to the DCS Practice Model during a specific Period Under Review (PUR). Beginning in 2023, DCS adjusted the PMR process to incorporate the use of the OSRI and OMS in its internal reviews.

PMR results measure the region's performance as a percentage of the number of cases **rated as a strength** out of the total applicable cases reviewed in the region. Results may be viewed as high level such as federal measures (Safety, Permanency, and Well-Being Outcomes), measures of the five practice skills – Teaming, Engaging, Assessing, Planning, and Intervening – or as granular as by individual question in the PMR Protocol²³ or OSRI.²⁴

Additional information can be found in **Section 4 – Quality Assurance System and Continuous Improvement**.

Progress Towards Improving the Systemic Factor

- The residential licensing team implemented new policies to closely monitor all residential providers for safety and quality. Every provider is visited at least quarterly, with providers on referral holds

²³ Practice Model Review Protocol

²⁴ Onsite Review Instrument

receiving unannounced visits at least once per week.

- The data dashboard page on the DCS website had more than 20,000 views. Developing the dashboards was a multi-year project to promote transparency. The final seven dashboards, listed below, launched in November 2023:
 - Children With DCS Cases
 - Children Who Achieved Permanency
 - Children in Need of Services (CHINS)
 - Hotline Reports
 - Average Days in Foster Care
 - No Repeat Maltreatment
 - Average Placements per Child
- Juvenile Justice Initiatives and Support completed 1,337 reviews of probation cases for DCS-paid services. A decline in 30-day assessments was noted, but a significant increase in reviews for services resulted from the introduction of Family Preservation to the juvenile-justice population. The probation service consultants completed 603 30-day assessments, 55 statutory assessments (for youths who meet the exclusionary category for the QRTP) and 679 reviews for per diem-based services (comprehensive services).
- The fraud investigation unit conducted a statewide review for 2018 through 2020, investigating 492 providers, 33,480 employees and all DCS cases within the three-year time frame. This represents a 1,016% increase in workload. The fraud line accepted 137 fraud reports from the DCS website in 2022; of those cases, 31 are still open and under active investigation.
- During calendar year 2023, the admin team implemented quarterly financial-performance meetings via Teams to enhance communication between admin services, regional managers, regional finance, programs and operations. Each meeting consists of a joint presentation on financial benchmarks and operational issues. This meeting gives each region easy access to key stakeholders in programs, operations and admin services.

Staff and Provider Training

In 2006, DCS began a partnership with Indiana University School of Social Work to develop and maintain relevant curricula for all incoming and existing DCS employees. The Indiana Child Welfare Education and Training Partnership supports high quality, consolidated and intensive child welfare learning, and a professional development system required to meet the workforce development needs of the DCS. Indiana's professional development and training system is competency based, regionally delivered, when possible, outcome measured, distance technology-supported and fiscally accountable. The partnership helps DCS accomplish its vision and mission to enhance the health, safety and well-being of all children and families in Indiana. The Partnership includes Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff, and records management personnel. It provides services in the following areas:

- Training Delivery and Curriculum Development
- Production and Training Support
- Training Records Management
- Training Evaluation²⁵

Additionally, partnership staff aid in the development and training of DCS and the delivery of training and consultation with local offices and external stakeholders.

This item was rated as an Area Needing Improvement in CFSR Round 3 despite the initial training being of good quality because probation workers serving children in foster care were not similarly trained and new probation officers received no training with respect to child welfare. Subsequent improvements focused on collaboration and cross training efforts between DCS and probation departments to create and maintain a shared understanding of the child welfare system. Today, both probation and DCS have a well-developed curriculum for initial hiring of case managers and tracking the skills needed to do their work after graduating.

The Indiana Office of Court Services (IOCS) provides training and technical assistance to juvenile probation departments and oversees the certification requirements for probation officers on behalf of the Judicial Conference of Indiana. The IOCS administers the application process, examination, and orientation program for new probation officers. IOCS provides ongoing education opportunities throughout the year which includes in-person and virtual training options by request. Training dates are built in throughout the year that offer both virtual and in-person options. Additionally, IOCS provides continuing education opportunities through the Annual Justice Services Conference. The Justice Services Conference combines probation, problem solving court, court alcohol and drug program, and pretrial.

The IU Partnership continues to collect information on the quality and effectiveness of each training course and provide that to the DCS training division for review each quarter.

DCS has an RFP open for curriculum development for Indiana. This systemic factor is being addressed in Indiana's CFSR4 PIP during this CFSP.

New Worker Schedule and Curriculum

Indiana requires that all new family case managers complete New Hire Cohort Training **prior to managing a caseload** and working intensely with families. New FCMs begin New Worker Cohort Training immediately after completing the agency's onboarding training and "graduate" from New Worker Cohort upon completing the required coursework. New Worker Cohort is an intensive, multi-week training that is a combination of classroom, online course work, and experiential learning. Experiential learning, referred to as "Transfer of Learning" days, occur in the FCMs county of employment and are interspersed among classroom days.

As noted in previous sections, the required coursework consists of curriculum written with the resources of research and best practice leveraged from the Indiana University School of Social Work Partnership. Coursework is divided into units.

²⁵ [*About: Indiana Child Welfare Education and Training Partnership: Indiana University \(iu.edu\)*](#)

- **Essential Training** includes the foundational skills of Indiana’s Practice Model - Teaming, Engaging, Assessing, and Planning – in addition to core skills pertaining to interviewing and navigating the legal roles and responsibilities of the agency.
- **Intermediate Training** includes coursework around trauma, culture and diversity, critical thinking, more advanced interviewing skills, and the next level of engagement skills.
- **Advanced Training** is focused on supporting the wellness and longevity of FCM and includes topics around resilience, stress management, self-care, and professional development. The full list of courses is attached.²⁶

It’s important to note that specific training focused on Diversity, Equity, and Inclusion is interspersed throughout the units (Culture & Diversity I, Culture & Diversity II, and Cultural Humility). More information can be found in the **attached Indiana Training Plan**.

This item is being developed and addressed in Indiana’s CFSR 4 PIP activities the duration of this CFSP.

Probation Training

The Indiana Probation Standards require new probation officers attend an orientation program conducted by Indiana Office of Court Services (IOCS) within one year from the date the officer is employed; however, IOCS recommends that a new officer attend within the first 6 months of employment. The Probation Officer Orientation Program includes presentations on adult and juvenile supervision, Interviewing and report writing and a segment on CHINS, TPR, and Dual Status youth. Supplemental training and workshops are available to probation staff via conferences that address current initiatives/areas of interest and special populations such as youth who have engaged in problematic sexual behaviors. New Probation Officer Orientation offers on-demand sessions for the following topics:

- Adult Probation
- Court Communications
- Drug Testing
- Ethics for court staff
- Intro to DCS
- IOCS overview
- Juvenile Probation
- Mental Health & Criminal Justice Involvement
- Motivational Interviewing
- Officer Safety and Security
- Probation Ethics and QPR - Suicide Prevention Training
- Pre-Dispositional Report (PDR)

- Diversity, Equity, and Inclusion (DEI)

In addition to on-demand sessions, live sessions include an additional ethics overview, probation supervision, and interviewing skills.

Probation Officers are required to take an exam to become certified. Anyone already serving in the position of a probation officer must take and pass the examination within six (6) months after his/her appointment.²⁷ Additionally, probation officers must obtain at least twelve hours of continuing education in each calendar year after certification as a probation officer. Completion of certifications and continuing education is tracked locally by each Chief Probation Officer (CPO) in each county. The CPO and the supervising judge shall certify to the Indiana Office of Court Services, no later than March 1 of each year, those juvenile probation officers who have complied with the requirements during the previous year.

As of January 2023, there are 657 total probation officers in Indiana that handle juvenile cases. The table below shows the attendance for Probation Orientations completed for 2019-2023 and 2024 year to date. .

Table 30. Probation Orientation Training Attendance (2019 to 2024 YTD)

Calendar Year	Number of Juvenile Probation Officers
2019	135
2020	119
2021	103
2022	145
2023	145
2024	58

**Data reflects 2019-2024 and there are 68 probation officers scheduled for October 2024 Orientation.*

Probation officers are asked to complete a post-training evaluation on each section of the initial certification training. Trainees may rate the courses on a scale of 1 to 5, with one being the lowest and 5 being the highest. These ratings are designed to capture the usefulness to daily practice and knowledge to perform their job duties. Evaluation ratings for 2020-2024 showed a relatively high average score year over year and there were no significant changes in the scores overall.

Table 4. Probation Training Evaluation Ratings (Calendar year 2020 to 2024 year to date)

Training Topic	2020 (N=119)	2021 (N=103)	2022 (N=145)	2023 N=145
IOCS Overview	4.42	4.34	4.24	N/A
Ethics	4.38	4.43	4.23	4.43
Probation Supervision	4.39	4.31	4.26	4.36

In addition, these trainings and cross trainings are being reviewed and updated as part of Indiana's CFSR 4 approved PIP for the duration of this CFSP.

Contracted Provider Training

DCS contracts with the provider community for case work services in the home. To ensure continuity of best practice and a shared understanding of skills required for child welfare work in the home, DCS has established a curriculum targeted to providers, depending on the services they provide to DCS clients:

- **Module I** is required for all staff who do not provide direct service but have any contact with DCS clients on a regular and continuing basis, and/or have electronic or physical access to DCS client records.
- **Module II** is required for all staff who provide direct service to DCS clients within a DCS service standard. This includes staff who provide services in an office or clinic setting, as well as community, home, and field-based staff.
- **Module III** is required for all staff who work with DCS clients outside of the clinic or office setting within a DCS service standard. This includes work in the client's home or community.
- **Module IV** is required for all staff who transport DCS clients.

Resource Guide for Training Requirements ²⁸ is a detailed overview of the training topics and curriculum. Timelines for the completion of each training competency is detailed in a comprehensive outline. Modules III and IV specifically must be completed **before** work occurs with clients. Minimal trainings, such as car seat safety, safe sleep and a DCS 101 Overview are required **prior to contact with families**. Other trainings are outlined in Checklist for Providers, ²⁹ with all trainings and amount of time until completion is required.

Training completion is monitored by the supervisor and a copy is kept in each employee's files. DCS audits every contracted provider at least once during their contract period, which averages 2 years. This audit is an on-site process in which 100% of employee files are reviewed and checked for compliance with training requirements. Additionally, residential and LCPA providers are closely monitored through the residential licensing unit's quality assurance process. See Item 25: Quality Assurance System for more details.

Provider training is being reviewed and updated as part of Indiana's CFSR 4 approved PIP for the duration of this CFSP. Experienced Worker Training

As referenced previously, Indiana DCS partners with the IU School of Social Work via the Indiana Child Welfare Education and Training Partnership to support the ongoing development and maintenance of child welfare learning and professional development. This includes ongoing or experienced worker trainings for existing DCS employees. These trainings are offered for any employee within DCS who has graduated from New Worker Cohort training, including management staff. These trainings

- Vary by levels of difficulty to accommodate different employee skill levels
- Are diverse and relevant to current trends and cultural considerations for Indiana
- Available online or in hybrid platforms.

²⁸ [*Resource Guide for Training Providers*](#)

²⁹ [*Contract Provider Training Checklist*](#)

Experienced worker trainings developed and hosted by the Partnership provide enough opportunities for staff to meet their ongoing training credit requirements per calendar year as outlined in DCS Administrative Policy GA-10³⁰. Additionally, State of Indiana employees have access to thousands of trainings through LinkedIn Learning accounts. Staff may also attend and receive credit for supplemental, external trainings to improve their skills, enhance their professional development, and better serve the families and children of Indiana.³¹

In CFSR Round 3, ongoing staff training was rated as an Area Needing Improvement due to the lack of ongoing training relevant to child welfare best practices offered to juvenile probation officers. Indiana Office of Court Services has worked in partnership with DCS to develop new trainings and ensure opportunities for child welfare education are provided on an ongoing basis. Probation staff also have access to external training and conferences to enhance family-centered practice

1. There are over 30 experienced worker trainings to choose from after initial training completion.
2. 100% of DCS employees have full access to LinkedIn Learning to compete specialized and tailored trainings to meet ongoing educational requirements.
3. Each employee is required to complete 24 education hours per year if they manage cases, and 32 hours if they supervise staff. These hours are monitored through Learning Management systems (LMS), individual supervision, and reporting via paper copy.
4. Currently, the system is not capable of tracking and monitoring all employees' ongoing training hours at an aggregate level.

The opportunities for DCS employees to engage in quality and relevant training as an experienced caseworker or manager are vast. These include instructor-led courses throughout the calendar year or on demand virtually in the learning management system. There are over 30 Experienced Worker trainings developed by the Partnership to choose from through the learning management system.³²

DCS has tailored trainings to speak to social issues that impact both, the individuals engaged with the child welfare system and child welfare workers, in Indiana. This ensures DCS employees remain current on best practices and serve families in a way that is culturally competent, and trauma informed, while also understanding their own needs as it relates to secondary trauma.

In addition to this menu of training opportunities, DCS auto-enrolls anyone who is promoted to Family Case Manager (FCMS) to the Supervisor CORE series - a program designed to onboard and prepare them for supervision of Family Case Managers. This program is designed similarly to the New Worker Cohort training in that it is a scheduled timeline of courses provided to the employee matched with experiential learning and activities. Supervisor CORE spans a 5-month period, allowing trainees to balance their supervisory roles any specific local office training with classroom time and education. Like Cohort, the Supervisor CORE series is mandatory and must be completed by all onboarding supervisors. The auto-enrolling process ensures 100% of employees promoted to a supervisor role are enrolled and aware of the requirement to complete the series.

³⁰ Administrative Policy GA-10 [Internal Training](#)

³¹ Administrative Policy GA-11 [External Training](#)

³² 27.1 Experienced Worker Training Catalog

The table below outlines how many supervisors graduated from CORE training for the last 3 years. The completion rate represents supervisors that maintained employment. These numbers do not include employees that left the agency during Supervisor CORE. The 100% completion rate means all supervisors who were promoted to supervisor *and remained with the agency* completed Supervisor CORE as required.

The significant dip in numbers from 2020 to 2022 reflect the agency's staff turnover. Along with returning to the office in 2021, DCS saw many employees exit the agency, including supervisors.

Table 5. Supervisor CORE Training Graduation rate 2020-2023

YEAR	GRADUATES	COMPLETION RATE*
2020	100	100%
2021	30	100%
2022	26	100%
2023	33	100%
<i>*Does not reflect staff who exited the agency during training.</i>		

Policy states that all FCMs will complete 24 training credit hours in a calendar year. Supervisors and management staff must complete 32 training credit hours.

Supplemental training hours may be prescribed by an employee's manager to address performance. Part of the supervisor's role is to observe each case manager's skills in the field at least once quarterly and provide feedback and coaching on opportunities and strengths. These observations and feedback direct which types of trainings the case worker enrolls in to increase their effectiveness in the field. In the instance of supervisors, monitoring of training completion and matching training to skillset development is the responsibility of the supervisor's Division Manager or Local Director, depending on the size of the office.

Stakeholder Feedback

Stakeholder interviews conducted as part of CFSR R4 revealed that while initial training provides core conceptual information for new staff to be successful, the most important learning happens in the field with hands-on application/experiential learning. The improvements made to new worker cohort (outlined previously) have been well-received, but it was noted that some skills cannot be taught in a classroom. Most FCMs feel that in-office, hands-on learning is most impactful and need more training on services and service standards. Trainers have identified gaps in legal concept application and peer lead training, while judicial officers feel probation officers are more adequately trained than FCMs, especially on dual status. Opportunities for improvement include more training on various topics and better access to virtual training in staff offices.

Stakeholder interviews revealed important themes for new hire FCM training, including the need for hands-on experiential learning, a mix of theoretical and practical application, and immersion in local offices. FCMs require more training on services and service standards and acknowledge the importance of their support system. Trainers identified gaps in drug screen training, practical application of legal concepts, and peer lead training. Judicial officers expressed concern over turnover and inconsistent quality control among inexperienced FCM supervisors. Opportunities for improvement include more training on dual status youth, ICWA, and other areas, as well as addressing barriers to virtual training attendance.

Stakeholders interviewed about new probation officer training highlighted several common themes, including the variability of training across counties, a lack of awareness about child-welfare specific training, and the need for more training on dual status youth. Opportunities and barriers to training were also discussed, with limited training on child welfare and dual status being a major barrier. Concerns were raised about probation officers receiving a case load before completing training, the lack of a unified certification process across counties, and inadequate assessment of training effectiveness.

Overall, Indiana is addressing and reviewing experienced staff training through a variety of activities in the Indiana CFSR 4 approved PIP for the duration of this CFSP.

Foster and Adoptive Parent Training

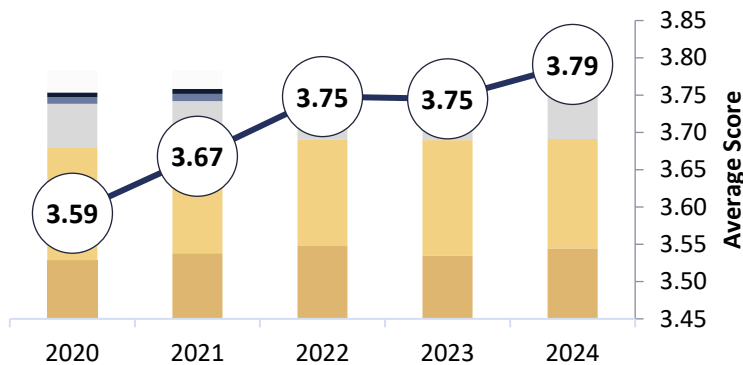
Indiana provides initial and ongoing training for all prospective foster parents, adoptive parents, and other licensed caregivers with the skills and knowledge needed to carry out their duties. The DCS and IU Partnership builds and sustains a strong curriculum for foster and adoptive parent training that remains up to date and culturally competent. DCS foster care specialists and licensing staff have access to reports to monitor training hour completion and compliance

Indiana licenses foster homes through Licensed Child Placing Agencies (LCPA) or through DCS directly. This process requires that all prospective and current foster, adoptive, and licensed facility complete training curriculum. These training courses were developed by the IU Partnership in collaboration with stakeholders, including foster parents with lived experience, former foster youth, and LCPA agencies. This training was updated in 2020. DCS hired an assistant deputy director to specifically oversee the Resource and Adoptive Parent Training (RAPT) for Indiana in mid-2019 as a priority to improve efforts.. The processes, policies, and quality of training foster and adoptive parents has only continued to improve to meet the needs of the evolving youth population.

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In 2020, in response to COVID-19, the DCS Staff Development Team and IU Partnership made the transition to allow for all training to be offered on Microsoft Teams or Zoom platforms. This included all foster and adoptive parent trainings. This transition expanded opportunities and access to trainings for many current and prospective foster families. Expanding the use of virtual platforms gave foster parents more access and availability to attend Child and Family Team Meetings, trainings, and support groups. Resource families continue to praise this new flexibility as it respects the challenges of juggling family and training obligations.

How satisfied were you with training you've received in the past 6 months?



How adequate was any training received in the past 6 months in preparing you to be a resource parent?

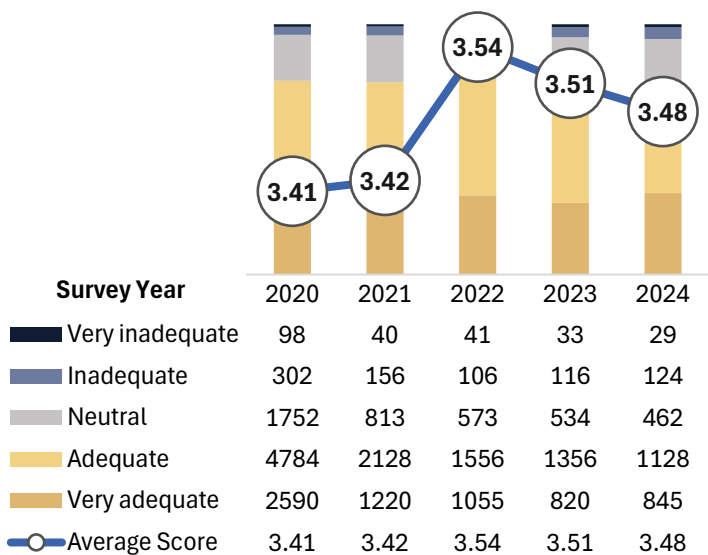


Table 31. Perceived Training Adequacy by Survey Year (2020-2024) - Source: Annual Resource Parent Survey

significant reduction of children in care, one theory is that the remaining children in care represent youth with more significant needs related to behavioral, medical, and mental health challenges. As such, it's believed that resource families will need more robust training and education to be capable of caring for these youth with increased stability.

Foster and adoptive parents receive an annual survey. This allows the agency to gather insights into their experiences and make changes to improve their experiences. This survey also provides feedback on the training they receive.

Respondents are consistently "Satisfied" or "Very Satisfied" with any training they have received in the last 6 months. The average training score has increased from 3.59 in 2020 to 3.79 in 2024.

The survey also asks how adequate respondents felt the training was in preparing them to be a resource parent. Scores on training adequacy have been relatively consistent across 2020-2024, though more respondents found the training to be Very Adequate in 2024 (24%) than in 2020 (20%). Overall, 66% find training to be Very Adequate or Adequate across all survey years (2020-2024), while 23% are neutral. On average, only 11% of respondents feel training was Very Inadequate.

Indiana's Round 4 Program Improvement Plan addresses Foster and Adoptive Parent training. Feedback from the Onsite Review and PIP Development Workgroups suggested that resource families need more sufficient training to better prepare them to care for today's population of foster youth. With the

The resource parent annual survey captures the education level of respondents. On average, most respondents had a college degree or more (51%) or completed some college (18%). This was true across all survey years (2020-2024) but was slightly higher in 2024 with 54% of respondents having a college degree or higher.

The majority of resource parents surveyed had a college degree or completed some college.

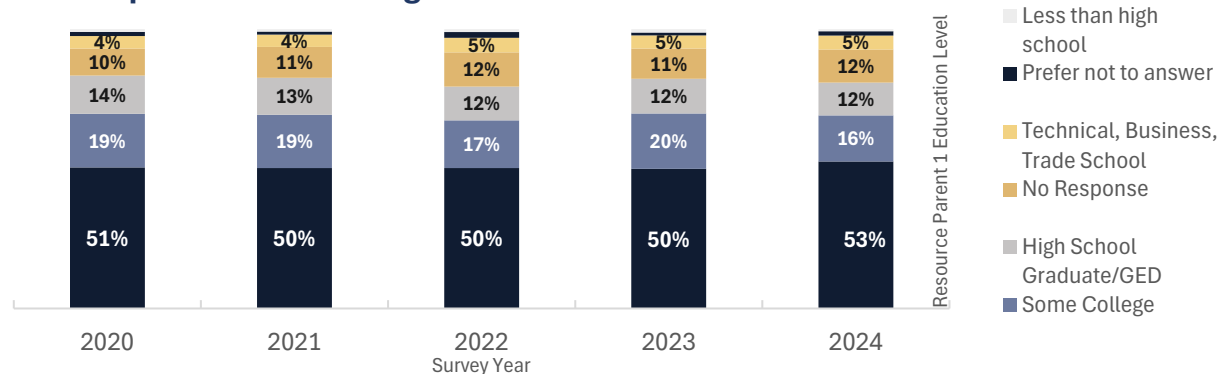


Table 32. Resource Parent Education (2020-2024) - Source: Annual Resource Parent Survey

Surveys from 2020 to 2024 indicate that foster parents with higher education levels perceive training as less adequate compared to those with less formal education. This aligns with research (Kaasbøll et al., 2019) suggesting that more educated foster parents have higher expectations and prefer advanced, evidence-based training. In contrast, those with lower education levels favor practical, hands-on training.³³

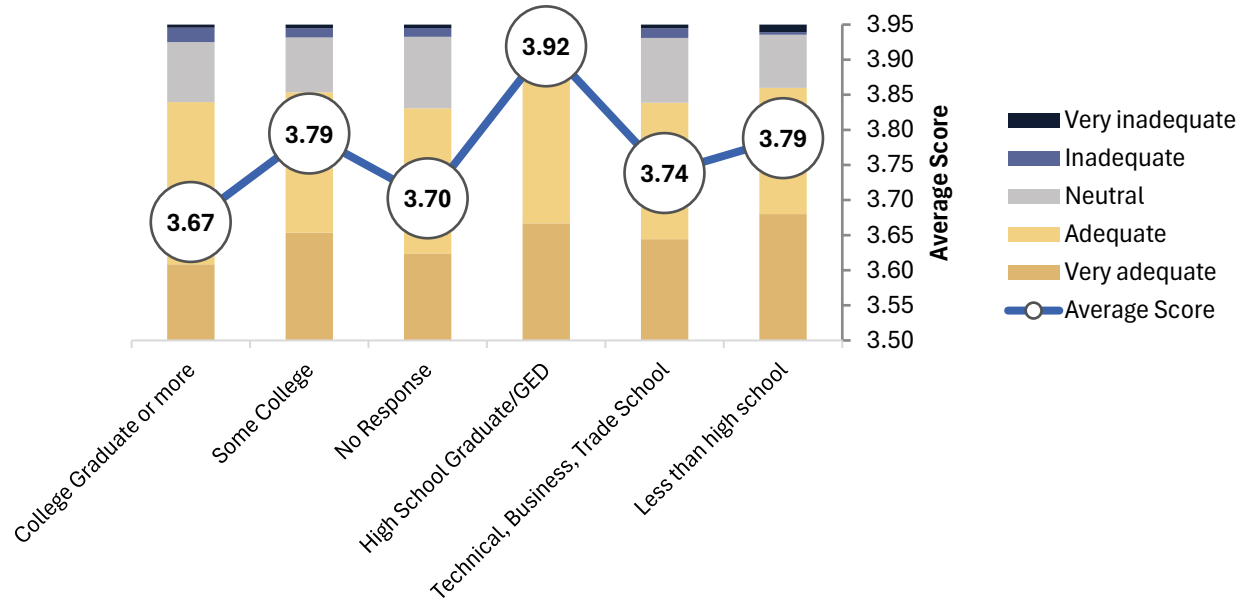
This could suggest that the current training curriculum is practical and tailored well to resource parents with a high school degree/GED or less. However, if the survey population is representative of all resource parents in the state, it would suggest that enhancements to training include more advanced, evidence-based curriculum.

Table 33. Resource Parent perception of training adequacy by education level (Source: Foster Parent Annual Survey 2020-2024)

³³ Kaasbøll, J., Lassemo, E., Paulsen, V., Melby, L., & Osborg, S. O. (2019). Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review. *Children and Youth Services Review*, 101, 33–41.

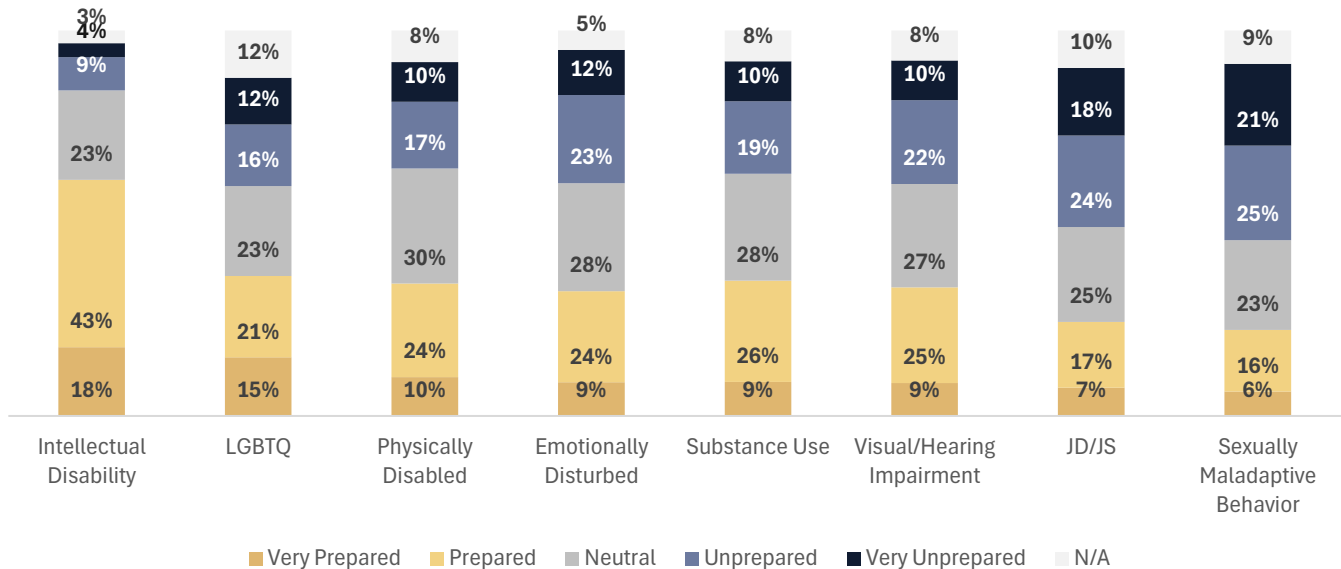
The annual survey also asks resource parents how prepared they feel to take care of children with certain characteristics including intellectual or developmental disability, physical disability, visual/hearing

How adequate was the training in preparing you to be a resource parent in the past 6 months?



impairment, emotional disturbance, sexually maladaptive behavior, substance use disorder, juvenile delinquency, and youth who identify as LGBTQ+. Survey responses are consistent from 2020-2024. Looking at 2023, foster parents felt more prepared to care for children with an intellectual disability more than any other characteristic and least prepared to care for a child with sexually maladaptive behavior or juvenile delinquency. Ultimately, fewer than 3% of resource homes withdraw their license due to unclear expectations of the role or challenges related to training.

How prepared do you feel to care for children with these characteristics?



. Through exploration of this problem, Indiana believes that performance on this item will be positively impacted by the intentional improvement efforts around Item 4 (stability of foster care placement), Item 12 (needs and services of child, parents, and foster parents), Item 30 (individualizing services), and Item 35 (diligent recruitment of foster and adoptive homes). Problem exploration and root cause analyses support that formal training is not sufficient to prepare and continue to support foster and adoptive parents to confidently care for youth placed in their homes without the ongoing formal and informal support received by foster and adoptive parents and the children in their care. Taking a stronger customer-service approach to supporting these foster and adoptive parents was cited as a critical need by individuals with lived experience. Information also supports that diligent recruitment and retention efforts that are successful at (a) recruiting a diverse community of foster parents, (b) recruiting resource parents with specialized skillsets/experience, and (c) retaining the experienced foster parents the state currently has will allow the state to intentionally match a child to a home that is better equipped to meet their unique needs. See the Foster and Adoptive Parent Licensing, Recruitment, and Retention section for more details on planned improvements.

Indiana has created and launched a new service available to support children in out of home care, called Intensive Foster Care. This is aimed to support children leaving acute stays, residential treatment, or support any out of home foster placement to provide continuity of care that will follow the child. The service supports the full family situation including the foster placement. This will ideally reduce foster

placement disruption, increase time to permanency and increase a child's well-being as well as increase foster licensing retention. This RFP was completed in September of 2024 and will be updated for success in this CFSP.

Additional activities to address foster recruitment and retention are being implemented and addressed in Indiana's CFSR 4 approved PIP for the duration of this CFSP.

Service Array

All objectives and service array initiatives and improvement efforts are being addressed and reviewed as part of the CFSR 4 approved PIP for the duration of this CFSP.

There are three core objectives for services paid for through DCS.

- A. To ensure a safe home environment,
- B. To create permanency for children and youth, and
- C. To maintain/develop a strong level of well-being for children and youth.

The DCS service array supports a safe home environment by providing the services outlined in the [Child and Family Services Continuum](#) section of this document. Additionally, the agency collaborates with other agencies and entities to provide services and community support for child abuse and neglect prevention, family preservation, child safety, and family wellbeing.

The Department has worked diligently and collaboratively with stakeholders and provider partners to address potential gaps the service array. In addition to the above listed services, DCS provides comprehensive homebased services that include much evidence-based practices such as Family Centered Treatment, Trauma-Focused Cognitive Behavioral Therapy, Motivational Interviewing, Cognitive Behavioral Therapy, Alternatives for Family Cognitive Behavioral Therapy, Child Parent Psychotherapy, and Intercept through Youth Villages. These evidence-based programs are designed to not only address the home environment, but also to address child well-being. More information regarding the collaborations with stakeholders around services, continuous improvement efforts around addressing service gaps, and details regarding the service array are provided in other sections of this APSR.

Family Preservation Services

Indiana launched Indiana Family Preservation Services (INFPS) on June 1, 2020. Family Preservation Services are designed for families (with a substantiated case of abuse or neglect) that DCS believes could safely care for the children in their home with the assistance of appropriate services. All in-home CHINS and IA cases qualify for Family Prez with the approval of the court.

- Family Preservation Services include assessment of the child/parent/family resulting in an appropriate service/treatment plan that is based on the assessed need. The clear goal for these services is to preserve the family and avoid the trauma of removal for the child, provided it is safe for them to remain with their identified caregiver.
- Family Preservation Services are home-based and will monitor and address any safety concerns for the child. Any interventions are strength-based and family-driven with the family actively participating in identifying the focus of services.

- Family Preservation Services are all-inclusive and must aim to preserve the family by addressing any presenting safety and supervision concerns. Treatment-planning/establishing goals should be a collaborative effort among all family members including children (provided their participation is age-appropriate).
- Services must include both at least one evidence-based intervention, as well as the provision of concrete assistance for families if not doing so would result in the need to remove the child.
- Family Preservation Services will end if, during the course of service delivery, unresolvable safety concerns cause the need to indefinitely remove the child. The existing community-based service array will be referable going forward for these cases.

State Statute (HEA 1001) requires a per-diem model for Family Preservation Services. Many benefits of the per-diem model have been observed including:

- Better outcome tracking: Per-diem reimbursement aids in evaluating outcomes, as only one provider with a single objective – versus several that might have differing objectives – works with each family.
- Improved quality of service through the utilization of evidence-based practices.
- Focus on progress: Providers can center their attention on outcomes rather than logging billable time, giving them the freedom to continue trying to engage resistant families without losing revenue. Billable hours will no longer impact how providers support families on their paths to self-sufficiency. Research shows that families should be served at the right intensity with the right intervention for them, not by any prescribed number of hours.
- Simplified audits, which currently are time-consuming and conflict-inducing.
- Reduced confusion for families by having one provider agency working with each family with a clear goal -- preserving more families and reducing foster care placements, which predicts better outcomes for children.
- Freedom for providers to pursue multiple revenue streams (Medicaid, third-party payers, etc.), which can remain in place for families after DCS exits the family's life. This will lead to improved continuity of care for families, with hopefully a reduction in repeat maltreatment or families reentering our system.
- Progress toward the Family First Prevention Services Act and its requirement of evidence-based practices

Indiana's Title IV-E Prevention Plan³⁴ received official approval on June 30, 2022, with an effective date of September 29, 2021.

Indiana's Family Preservation Services have been recognized as a Promising Practice by the California Evidence-Based Clearinghouse for Child Welfare and was highlighted as an example of how new approaches to child welfare practice can enhance child and family wellbeing. It has also been recommended to be considered for approval by the Children's Bureau.

³⁴ [*Safely Home, Families First - Indiana DCS Title IV-E Prevention Plan*](#)

Before and After INFPS

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.

Indiana has made significant improvements since 2017, including the implementation of INFPS, changing the landscape of Indiana's child welfare system. In September 2017, Indiana had:

- 17,204 children in out-of-home care
- 969 children in residential care
- 92.9% Absence of Repeat Maltreatment (Federal Target: 94.6%)
- 4th most kids in foster care in the **entire country**
- Missed the federal target for safety for 69 consecutive months (5 years and 9 months)

Since the launch of INFPS on June 1, 2020:

- Over 15,000 families and nearly 302,000 children have received Family Preservation Services
- The number of children in foster care as of August 2024, is 9,242, down 46% from 2017.
- The number of children in foster care reduced in 63 of the last 70 months.
- Indiana's Risk Standardized Performance for maltreatment recurrence exceeded National Performance for the first time (August 2024 Statewide Data Indicator Profile)
- Goals of keeping families together and keeping children safe are being met.
- 424 Children in residential care as of August 31, 2024, down 56% from 2017.

In June 2023, Indiana DCS's Research and Evaluation Team and Services Team published a preliminary evaluation of INFPS to specifically explore the effects of INFPS on child removal episode and repeat maltreatment. This evaluation concluded, "INFPS is associated with reduced repeat maltreatment by about 3–4 % at the case-level and about 2–3 % at the child-level. In contrast to repeat maltreatment, in both case-level and child-level analyses, INFPS was not significantly associated with decreased likelihood of child removal."³⁵

Speed of contact with families

- + 54% of INFPS families have their first face-to-face contact within 3 days.
- + Average is around 5 days
- + Comparison group—vast majority of 1st referrals are never billed on.

Research and data driving the work

Protective factors and the provision of concrete supports when needed to prevent removals.

Provider-level data we can use to match families and drive improvements.

Evidence-based Interventions and assurance of safety

Weekly, in-home and face-to-face contacts with all kids and caregivers.

Around 92% of cases have evidence-based interventions.

³⁵ [*Proving promise and support: Preliminary evaluation of the Indiana Family Preservation Services - ScienceDirect*](#)

Probation and INFPS

As of January 1, 2023, probation-only cases can now be referred to Family Preservation Services when there are concerns that without the right support the youth may end up in a residential placement. All In-Home status (CHINS and probation) cases continue to be eligible for Family Preservation Services.

Access to the Service Hub was recently expanded to probation consultants to support the use of Family Preservation Services. **Since January 1, 2023, 893 probation youth have received Family Preservation Services.**

Reducing Disparities

The DCS Services team monitors the potential impact of INFPS on racial disparities in Indiana's child welfare system.

Chi Square calculations³⁶ are regularly completed using State Fiscal Year Removal by Race rates. For each of these points in time:

- Families of color are **overrepresented** in removals **outside** of the INFPS population while only white children are underrepresented outside of the INFPS population.
- Within the population receiving INFPS, every race is **underrepresented** in each report **except** white children, which are statistically overrepresented with removals inside the program)

This means that of the families receiving Family Preservation Services, white children are removed at higher-than-expected rates while Black children are removed at higher rates when they do not receive Family Preservation Services. The agency's Research and Evaluation team is currently working on a comprehensive analysis to better understand this effect.

The following table shows the removal by State Fiscal Calendar Year and the related disparity metric for Black children and Multiracial children. The disparity metric reflects **how many more children of that race per 1000 were removed** as compared to white removals. Please note that 2022 is the most current data as the disparity calculation relies on the most recent census data (SFY2022).

The removal rate for white children in CY2022 was 3.87. Black and Multiracial disparity reached an all-time low at 1.46 and 3.11, respectively. This means that in 2022, Black children were removed at a rate 1.46 times higher than White children and Multiracial children were removed at a rate 1.56 times higher than White children. This is the closest Indiana has come to effectively eliminating disparity in removals.

The preliminary evaluation of INFPS conducted by DCS Research and Evaluation (Goodwin et. al., 2023) made the following observations:

- Black children made up a higher percentage of in-home cases referred for INFPS, meaning INFPS allowed more Black children to remain at home with their families compared to Black children entering the system pre-INFPS.

³⁶ **Chi square** is a calculation used to determine how closely the observed data fit the expected data.

- Black children and families experienced more positive outcomes (fewer repeat maltreatment and child removal events) than white children and families receiving INFPS. This suggests that the threshold for removing a child at the investigation phase is lower for Black children than for White children, leading to "riskier" White children and families being placed in the in-home program.
- Black and Multiracial children are removed at the beginning of their DCS involvement (and thus excluded from INFPS eligibility) more frequently than White and Hispanic/Latino children.

Indiana intends to expand its study of family preservation services to evaluate the long-term effects of INFPS on child and family outcomes.

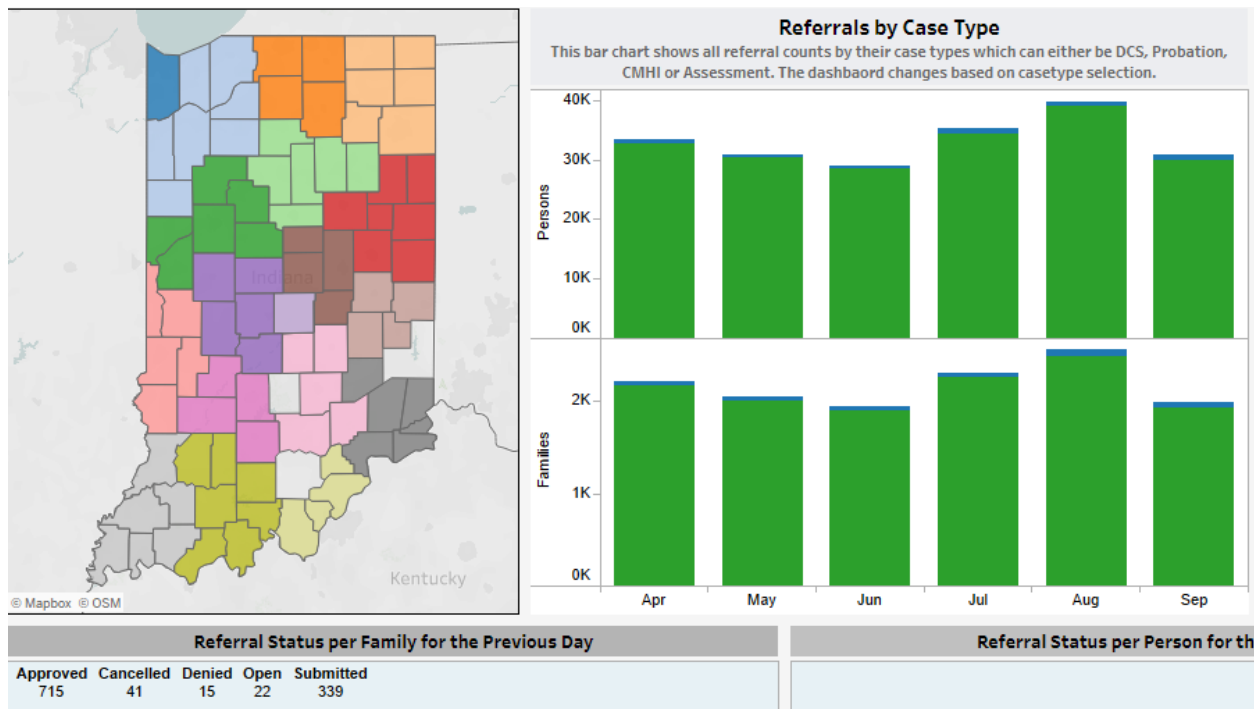
Table 34. Removal by Race with Disparity – Calendar Year 2022

Removal Rates (per 1,000) and Racial Disparity by Calendar Year						
Calendar Year	Removals (Overall)	White Removals	Black/AA Removals	Black/AA Disparity	Multi-Racial Removals	Multi-Racial Disparity
2012	4.75	3.97	8.38	4.41	9.61	5.62
2013	5.09	4.65	7.93	3.29	11.08	6.37
2014	6.29	5.78	9.68	3.93	13.6	7.84
2015	7.65	7.1	10.82	3.76	17.05	9.85
2016	8.42	7.77	12.14	4.38	19.08	11.34
2017	8.16	7.56	11.35	3.82	18.15	10.5
2018	6.34	5.91	8.54	2.63	13.51	7.5
2019	5.76	5.24	8.52	3.28	12.25	6.93
2020	5.18	4.81	6.92	2.13	10.38	5.42
2021	4.54	4.33	6.02	1.69	7.41	3.11
2022	3.95	3.87	5.33	1.46	5.43	1.56

Provider Availability

Indiana has a full range of services available statewide, including in-home and out-of-home services, collaborative care, and juvenile probation cases. Since beginning the CFSR R4 process, Indiana has worked to enhance the ability to identify service availability in real time around the state to help target service array enhancements in areas that need more support. Indiana does this through the use of Tableau Dashboards, MaGIK Reports, Regional Service Councils/Biennial Planning Meetings, and other strategic meetings with multi-disciplinary partners as described in the collaborations section.

The services and Referrals Dashboard shows all services that have been offered to families and individuals within Indiana in the last 6 months. It can be used by DCS staff to identify services available and the providers that service a particular region or count in the state. It also shows the number of referrals created within a time period and/or in a particular location. The dashboard can also display referrals per family, which is a unique count of referrals and referrals per person, which counts everyone included on a referral. The dashboard also has metrics for the number of referrals approved, denied, cancelled, submitted, and those that remain open. An example is shown below for Traditional Visit Supervision.



In Home

To help FCMs target providers best suited to help a family, The DCS Services Team and DCS CQI Team developed the Service Hub, an app that provides real-time information about In-Home services/provider availability statewide. The Hub shows how many openings INFPS providers have, supporting FCMs in confidently submitting a referral to the best provider for that specific family's needs and know it is almost guaranteed to be accepted with services starting quickly. Interviews with FCMs/FCMS' confirmed that The Hub has streamlined the referral process and eliminated duplication of work as a result of submitting the same referral to multiple providers or re-submitting in the event a referral is denied. The value of the tool is research-based as engaging families quickly leads to better engagement overall. While not attributed directly to The Hub, the INFPS Evaluation showed that the average days from referral to face to face contact in INFPS was 5 days with 54% of cases having their first face-to-face within 3 days compared to 19 days in the comparison group (Goodwin et. al., 2023).

Out of Home

DCS has a wide array of service providers in each region of the state to provide out-of-home services. Cases reviewed as part of the CFSR, and internal case reviews capture needs and services for parents, children, and resource parents. As noted in the wellbeing section, Indiana's scores on Item 12, Needs and Services to children, improved from CFSR Round 3 to Round 4 for both in home and out of home cases. To better understand how service availability impacts this item, Indiana's quality assurance process captures the number of reviewed cases for which an intervention was unavailable for child, mother, father, or resource parent. In the 237 cases reviewed in 2024, 19% of applicable cases noted one or more participants had a referred service that was not available.

Table 35. Provider/Intervention Availability 2024 (Source: Indiana PMR Supplemental Workbook)

Intervention Availability	Child(ren)	Mother	Father	Resource
Intervention Unavailable	15.2%	13.1%	27.4%	21.3%
Intervention Available	84.8%	86.9%	72.6%	78.7%

Administrative and case review data consistently supports the theory that fathers are less likely to be actively engaged in cases when they are not the primary custodian. Indiana’s scores in Item 12 are largely impacted by a lack of ongoing assessing and addressing of parents’ needs, but specifically fathers. Resource parents in a Statewide Assessment Focus Group and participants in Stakeholder Interviews confirmed that that they were aware of and able to access any service they needed for themselves to better care for their foster placement(s). This is confirmed in case review data.

An analysis of foster parent license withdrawal reasons shows that “Lack of Services/Supports for the Foster Child and/or Foster Family” accounts for a statistically insignificant number of license withdrawals (<4%).

Limitation of Out-of-Home Services

Indiana has not been immune to the shortage of mental health and social work professionals impacting the Nation. A lack of available mental health providers due to the workforce shortage was identified as one of Indiana’s cross-cutting challenges through CFSR R4 PIP exploration. This has resulted in waitlists for specific services, like therapy, in areas where providers, especially those who will accept Medicaid, were already in short supply. This was reiterated by Focused Group discussions (Outlined and described in Section II) with youth, birth parents, and foster parents. All groups indicated having experiences with wait times for therapy services for families involved in an out of home CHINS case.

Additional conversations with providers and DCS staff confirmed that expedited access to psychologists and Diagnostic and Evaluation (D&E) stays can be challenging. Some factors that may be contributing to this is the lack of oversight of these types of referrals. FCMs may submit a new referral for these services even if it is not needed (i.e., a new FCM on a case wants a psychological evaluation completed and doesn’t locate or recognize a recent evaluation was already completed). Additionally, providers are often inundated with court ordered D&Es/psychological evaluations, limiting availability for other referrals.

Youth may experience waitlists for Residential services, but data suggests this is not due to bed availability. The number of children in Residential has gone down by 50% and the number of beds statewide has only been reduced by 5. Rather, Residential providers are not required to accept any referral/placement and may reject a placement despite having bed availability.

The agency is committed to eliminating waits for services. Providers and FCMs are encouraged to communicate with their Regional Services Consultant if experiencing reduced availability. If there is an unmet service need, the DCS Services team can address this gap by opening a Request for Proposal (RFP) or approve funds for a non-contracted provider.

Factors hindering access to specific services included provider staffing and turnover, transportation, and limited availability of qualified/degreed providers. In some areas, participants reported challenges accessing services related to appropriate housing, fatherhood engagement, detox services, DV survivor/offender programs, mentoring and tutoring, and juvenile psychiatrists at various points in time/locations across the state.

Both youth and parents noted a need for more concrete supports as cases near closure such as support for older youth with housing for college and more support for parents when children are transitioning back to the home such as transportation assistance (bus passes, gas cards) and food.

Providers communicate openly with DCS to address potential service gaps, anticipate service needs, and apply for grants for additional funding to support the recruitment and retention of qualified staff. Providers and front line DCS staff noted that provider availability is impacted by factors like FCM/FCMS or court preference towards one provider over another. This can result in workers/families experiencing “waits” despite other providers who offer the service having availability. FCMs acknowledged that the DCS Services Hub has greatly improved the process of identifying providers with availability and with services that match a family’s needs, eliminating time wasted entering multiple referrals that may be denied due to service match or availability.

A potential experiment to pilot, as mentioned below, is recreating the per-diem based service similar to INFPS for out-of-home cases to help providers better predict revenue that is difficult to do with fee-for-service pay-by-the-hour interventions. DCS is actively looking at ways to use the INFPS concepts for out of home cases and hopes to create a service that will allow for more provider-level data around child safety, timelines to reunification, and number of placements to drive improvements in these areas as well.

In-Home Cases

DCS offers a unique payment structure of per-diem based services to in-home cases through the Family Preservation Services (INFPS) program. The per-diem model has been successful in ensuring the lapse in time from referral to services rendered/face to face contact made is minimal. Per the service standards, Family Preservation Services do not have wait lists; every county in the state has service availability for INFPS.

In addition to the success from this program in service availability and accessibility, it also allows for the INFPS provider to be creative and tailor the service plan to the family’s needs. This includes frequency of meeting with each family member, frequency of visiting the home, and type of clinical services and supports provided to each family.

Indiana believes that poverty should not be the sole reason a family comes into care. INFPS has built in flex fund cost allocation to the per-diem model. This means that it is expected of each provider to pay for concrete supports or unique needs to preserve a family, such as utilities, clothing, or public transportation. Each provider has autonomy to use best practice judgement to meet a family’s needs on an individual basis through flex funding.

Out-of-Home

Flex Funding for Out of Home Cases

Table 36. Fiscal Chart of Flex Funding for Out of Home Cases

Calendar Year	Total Spent in Flex Funds
2020	\$3,718,322.99
2021	\$4,846,743.88
2022	\$4,035,905.30
2023	\$5,038,891.82
2024	\$4,621,350.00

Unlicensed Kinship Stipend

On July 1, 2023, the Indiana Department of Child Services began providing \$300 per month per child stipends to unlicensed relatives and kinship caregivers for youth in out-of-home care. This was a significant step in better supporting these unlicensed caregivers who have been willing to accept youth into their homes but who are not licensed foster parents. DCS recognizes the critical importance of these non-licensed caregivers, but prior to this change the supports available to these caregivers was limited to things like clothing allowances or bedding. While these supports continue to be available, the caregivers also receive \$300/month for each child placed with them to better ensure that the needs of these children are met and that these caregivers are supported. Additional information can be found [here](#).

Calendar Year	Kinship Stipend (Total Spent)
2023	\$4,621,350.00
2024	\$10,597,200.00

CarePortal

In January 2019, DCS launched its first CarePortal site in northeast Marion County. CarePortal is a technology tool to connect families who have specific concrete support needs to churches and community members who want to help. DCS staff who become aware of a specific family with a specific need and can put that need into the Portal, and the tool notifies these responding community members. Very often these needs can be met by these community members, and the resource is available to any family that DCS becomes aware that has a need, including foster and relative care families. Since launch, CarePortal has expanded to over a dozen counties and is growing, with over 3,200 requests having been met to date.

Individualizing Services

Indiana is addressing and reviewing individualization of services through several activities as a part of the Indiana CFSR 4 approved PIP for the duration of this CFSP.

Indiana's population of children entering care per the CFSR R4 Data Profile is provided in the figure below.

Population, entries, and entry rates per 1,000							
	Entry rates per 1,000					Percent of total (child population)	Percent of total (entries)
	19B20A	20B21A	21B22A	22B23A	23B24A	2024	23B24A
Age at entry							
Total	5.66	4.67	4.27	3.53	4.26	100.0%	100.0%
< 1 yr	20.70	19.98	16.34	13.84	16.08	5.0%	18.8%
1 - 5 yrs	7.26	6.04	5.58	4.56	5.48	26.0%	33.5%
6 - 10 yrs	4.69	3.61	3.52	2.77	3.60	27.9%	23.6%
11 - 16 yrs	3.65	2.86	2.65	2.32	2.64	35.1%	21.8%
17 yrs	2.18	1.80	1.44	1.08	1.62	6.0%	2.3%
Race/ethnicity							
American Indian/Alaska Native-Non Hispanic	0.00	0.79	1.21	0.00	1.23	0.2%	0.0%
Asian-Non Hispanic	0.44	0.55	0.66	0.30	0.64	3.0%	0.4%
Black or African American-Non Hispanic	9.79	7.22	5.91	5.30	6.50	11.8%	18.0%
Hispanic	3.46	2.68	2.71	2.25	2.84	13.1%	8.7%
Native Hawaiian/Other Pacific Islander-Non H	2.75	10.70	2.61	1.29	3.88	0.0%	0.0%
White-Non Hispanic	5.25	4.41	4.14	3.39	3.96	67.4%	62.8%
Two or More-Non Hispanic	11.24	10.35	8.84	6.75	9.03	4.6%	9.7%
Unknown/Unable to Determine							0.3%
Missing Race/Ethnicity Data							0.0%

Indiana has worked diligently to create opportunities, processes, and specialized consultation positions to support the vision of serving each child and family in a way that is culturally competent and respectful of their unique needs and culture. In Round 3 CFSR this item was ranked as an Area Needing Improvement due to the lack of service individualization for probation youth and overall lack of cultural and language considerations for children and families. Since Round 3, Indiana has made the following improvements to individualize services, increase cultural awareness, and reduce barriers to language access services:

- Probation youth have access to the full-service array offered to CHINS youth. Probation Consultants are available to navigate finding unique services or ways to meet probation youth’s specific needs.
- The DCS Focused Needs Team facilitates awareness, education, and support specific to unique and/or high-risk populations served by the agency such as missing/runaway youth, victims of human trafficking, youth who identify is LGBTQIA, foreign-born youth/families, and families in need of Language Services.
- Divisions across the agency are enhancing engagement with lived experts to guide process and service delivery enhancements.

DCS has increased access to services by allowing local offices to use flex funding of up to \$1500 per transaction, without additional authorization from leadership.

Individualized Supports for all Case Types

Indiana has activities and strategies included to address this item in the CFSR 4 approved PIP for the duration of this CFSP.

Probation Consultants

The Department of Child Services is responsible for providing services to the Juvenile Probation cases in Indiana. However, these cases are managed by local County Probation Departments. In order to align all 92

probation offices with 92 local DCS offices, the agency created a Juvenile Justice Initiatives and Support division specifically to monitor and provide quality services and customer service to probation youth. This division works collaboratively with all county probation in addition to the Indiana Office of Court Services. This division provides expertise on services, case planning, placement availability and best practice approaches to probation youth cases. This has included the cross training between DCS, IOCS and Probation Departments. The JJIS division has 10 Probation Consultants to work with each of the 92 counties, with delegated geographical locations. These consultants meet with the local probation officers and Chief Probation Officer regularly, in each county, to build relationships and educate about resources and service availability. These consultants can seek out flex funding as described above, for unique needs of youth or family members.

Focused Needs Consultants

DCS provides a specialized team of consultants to the field and leadership for expertise on best practice for several vulnerable populations and culturally competent processes used within child welfare. This team is called Focused Needs. The types of individualized support and services they provide or refer families for are Language Access, Tribal Notifications, Immigration and Repatriation, Human Trafficking and Runaway Youth, parents and children living with Disabilities, education, and support for the LGBTQIA+ population. There are 4 full-time consultants for this work and one Focused Needs Program Director. These consultants support internal and external stakeholders and meet with older youth in care often. This team oversees the collaborations with the State Police on Human Trafficking cases and general procedures of operations. This team also conducts trainings for stakeholders/agency staff regarding Human Trafficking and conducted 26 such trainings in 2022, 20, in 2023, and 13 thus far in 2024. As of March 2024, Human Trafficking 101 training conducted by the Focused Needs team and the regional human trafficking leads is mandatory for all field staff.

The table below outlines the full scope of this team's work in the last year

Table 8. Focused Needs Referrals in 2024 (Source: MaGIK Report)

Referral Summary			Referral Reason Summary			
Referrals	Open	Closed	Total	Resolved	Not Resolved	
592	121	471	883	543	340	
Referral Reasons Summary (1 of 3)						
Notification to Consulate		Vital Document Search		International		
				Relative Search		
139		55		112		
Referral Reasons Summary (2 of 3)						
Immigrations and Customs Enforcement (ICE)	Reunification Abroad (repatriation of child)	Immigration Relief		Language Access		
ICE				Translation Request	Others	
33	15	69		249	32	
Referral Reasons Summary (3 of 3)						
ICWA		Missing/Runaway Child	Human Trafficking	Support for LGBTQIA2S+ Youth	Americans Disability Act (ADA)	Other
Status Update	Other					
26	0	8	53	2	1	89

Prepared by Office of Data Analytics and Performance
created at September 23, 2024

Page 1 of 34

Source: MAGIK Realtime/Monthly Data
Report ID 2020-000
Downloaded Date: 9/23/2024
Report Modified Date: 10/05/2023

Language Access

DCS recognizes the need to effectively communicate with each person that crosses the child welfare system. To do this, language access is necessary for each family. DCS has procured contracts with agencies that will respond to interpretation services immediately, to ensure timely and professional communication occurs for all families. This is one way in which DCS has worked to individualize each family plan and better communicate and engage each person. DCS has also made Language Access Cards for all frontline employees to use that has a QR code they can use to get interpreter services in place for families. Table 38 shows how many interpreter services DCS was able to provide in 2020, 2021, 2022, 2023 and 2024 .

The Focused Needs team has created desk guides and additional training to improve employee awareness of these services. The team is monitoring document translation requests closely to gauge how well the agency is doing at providing families documentation in their primary language. The Focused Needs and Policy teams offer many state forms in other languages.

Table59. Language Access Interpreter Requests 2020-2024 (Source: Focused Needs Team)

Year	Interpreter Requests
2023	4680
2024	3649

Table 60. Document Translation Requests 2022-2024

Year	Document Translation
2022	158
2023	247
2024	248

Stakeholder Feedback

Stakeholder interviews conducted in CFSR Round 4 have identified challenges and barriers that still exist in individualizing services to meet the unique needs of families, parents, children, and caregivers. These challenges include limited-service availability, "cookie-cutter" referrals, and a lack of specific training for new staff. Additionally, staff/provider turnover impedes personalized treatment. Providing culturally competent services, including language access, is also a significant issue. While translation services are the primary language service provided, telephonic services are less effective. More forms and documents need to be provided in languages other than English and Spanish, particularly for smaller/rural communities with specific language needs for certain populations. Specific needs were noted for the Burmese and Guatemalan populations, as well as Hispanic youth in the juvenile justice population.

Agency Responsiveness to the Community

DCS utilized the Round 3 CFSR, Program Improvement Plan (PIP), and the PMR on a quarterly basis to renew and enhance its efforts for meaningful collaboration and communication with the state's child welfare stakeholders. DCS staff and stakeholders participated on newly formed teams, tasked with reviewing the CFSR and brainstorming PIP options for addressing safety, permanency, well-being, and probation initiatives. Feedback from stakeholders was used to identify system strengths and challenges when establishing goals and objectives for ongoing annual evaluation through the Annual Progress Services Report (APSR). DCS tracked and adjusted progress made towards goals on a quarterly basis during Strategic Solutions Committee meetings. Round 4 CFSR was considered in compliance with this systemic factor, and Indiana will continue the close and successful responsiveness to the community over the duration of this CFSP.

DCS collaborated with a vast array of stakeholders, from individuals with lived experience to other state agencies. Select executive staff also traveled the state in 2019 to discuss the Family First Prevention Services Act (FFPSA) vision and planning with stakeholders. An FFPSA workgroup met throughout 2020 and 2021 to discuss FFPSA implementation and identified gaps in compliance. DCS also solicited feedback on the IV-E Prevention Plan from stakeholders, including the Pokagon Band of the Potawatomi Indians (hereinafter referred to as Pokagon Band) in 2021 and incorporated this feedback to better meet the needs of Hoosier families.

Through the provision of Indiana Family Preservation Services, DCS worked in partnership with Healthy Families Indiana, as well other prevention services providers, to ensure prevention services were coordinated with other services being provided to the family. These services are provided as part of a strategic plan to maximize resources supported by Title IV-B, TANF funds, public health funds and prevention services funds.

These opportunities to engage with the community continue to create transparency and build trust in the child welfare system to work toward common and known goals.

Additional collaborations are detailed in the collaborations section of this document.

Constituent Services Liaison

Indiana is including activities to review this in the Indiana CFSR 4 approved PIP for the duration of this CFSP.

DCS employs a Constituent Services Liaison who is tasked with processing and responding to inquiries from the following: Governor's Office, Lieutenant Governor's Office, DCS Director's email, DCS Customer Service Inbox, Indiana Attorney General's Office, and other Indiana State Department Offices. This can be utilized by individuals in the private sector, government, or the public.

This liaison position helps bridge timely and transparent information from DCS to the community and responds to inquiries with guidance, clarity, policy, or connects inquiries to the Child Abuse Hotline. Inquiries are tracked using Intranet Quorum (IQ). This constituent liaison position **processes an average of 2.5 inquiries per day** of the year. The response rate represents how many inquiries were resolved through the liaison rather than referred elsewhere. This response rate has improved 11% since 2020.

Legislative Team

Indiana will utilize this team as part of the CFSR 4 approved PIP for the duration of this CFSP. This team is represented on the PIP Task Force to understand permanency and safety activities and efforts.

DCS' Legislative team fields inquiries received from any elected official. The legislative team uses information from DCS and child welfare systems in Indiana to strategize any legislative proposals that will help Indiana reach the best outcomes for children and families. The legislative team matches these efforts with national trends and laws, to position Indiana for long-term success. In addition to working on state legislative initiatives, the legislative team handles constituent inquiries received from elected officials such as legislators and members of Congress. **In 2023, the legislative team responded to more than 900 constituent and legislative inquiries.**

Indiana Department of Child Services has a fully functioning, statewide system to coordinate services under the CFSP with services or benefits provided by other federal or federally assisted programs serving the same population. Indiana's Healthy Families program had an all-time high referral rate in 2022 of 27712 families served. Indiana has federal, state, local, and private partnerships that collaborate to provide a full continuum of services and resources to support families and prevent child abuse and neglect. Indiana continues to collaborate with partners to reduce the rate of child maltreatment and expand prevention programs.

Indiana DCS believes that **collaboration** and communication with stakeholders is vital to improving outcomes for children and families. The agency engages partners from various stakeholder groups (i.e., providers, court/judicial employees, probation, birth parents, foster/adoptive parents, older youth, etc.) to identify the strengths and needs of the system.³⁷ Consequently, DCS has an extensive network of Federal, State, local, and private partnerships to accomplish its mission.

Details of agency collaborations and coordination with other programs can be found in the Collaborations section of this document

Progress Towards Improving the Systemic Factor

- Competitive grants totaling \$2 million were awarded to 10 providers under the Innovative Strategies for Foster Care Recruitment grant program. Ninety-eight providers received another \$30 million in grants through the Child Welfare Provider Stabilization grant program. The contracts team executed all grant agreements and purchase orders prior to their start dates.
- In 2023, Legislative Services responded to more than 900 constituent and legislative inquiries.
- Legislative Services held meetings throughout the state with legislators, partner organizations and foster parents to gather feedback to incorporate into our practices, policies and legislative proposals.

³⁷ As described in Item 25 and Item 31

Foster and Adoptive Parent Licensing, Recruitment, and Retention

Standards Applied Equally

In the state's Round 4 CFSR Final Report, Indiana received an overall rating of "Strength" for Item 33: Standards Applied Equally. Information in the 2023 Statewide Assessment indicated that the state's process for monitoring compliance with licensing requirements demonstrated that state standards are applied equally to all licensed or approved foster family homes or child-care institutions receiving title IV-B or IV-E funds. Only fully licensed foster homes and childcare institutions are claimed by the state for federal funds reimbursement. Indiana uses and monitors waivers and ensures that exceptions cannot negatively affect the health, safety, or welfare of any child receiving services from the applicant for the waiver.

The Indiana Department of Child Services (DCS) has extensive measures to monitor compliance and ensure that licensing standards are applied equally to all licensed or approved foster family homes or childcare institutions. DCS Policy clearly outlines the procedure and requirements for licensing both foster homes and residential resources. Many of these policies include specific provisions to limit potential bias and ensure that all qualified individuals seeking a license are approved. Data regularly tracked by DCS, quality assurance activities, and stakeholder input all support that DCS is applying licensing standards equally.

Foster Care

DCS has dedicated teams to support foster care, residential care, and relative/kinship care efforts. The DCS central office foster care consultants support ongoing training efforts to LCPAs and DCS through data utilization and case audits; provide technical support to LPCA/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 Kinship Navigator supervisors across the state. Kinship Navigators 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.

DCS requires all potential foster parents to meet the criteria outlined in Policy 12.01: Authority to License.³⁸ To ensure that all state standards have been met, final license approval for LPCA licensed homes is completed by the DCS Central Office Licensing Unit under DCS Policy 12.13. Upon approval, a foster family home **license is issued for a period of four (4) years**. The **home study** must be updated at the **points of annual review, re-licensure, and within 30 days of any significant change**.

Policy explicitly prohibits denial being recommended due to an applicant's disability. The recommendation is then sent to the Central Office Foster Care Licensing Unit, along with supporting documentation. If the Central Office Foster Care Licensing Unit agrees to the denial, the applicant is afforded the opportunity to appeal the decision.

Structured Analysis Family Evaluation (SAFE)

The Structured Analysis Family Evaluation (SAFE) home study must be used by all DCS Regional Foster Care Specialists. The SAFE Desk Guide and Psychosocial Inventory are **standard, uniformed, research-**

³⁸ [*Policy 12.01: Authority to License*](#)

based tools that are used during the SAFE home study process. The SAFE Questionnaires are designed to **promote increased disclosure, more truthful responses, and to verify that all critical issues are addressed**. Additionally, one of the many benefits of the SAFE protocol is its impact on **reducing worker** bias in the licensing process.³⁹

Indiana adopted the SAFE in November 2014 and subsequently required all LCPAs adopt the tool as of January 1, 2017.

Waivers and Exceptions

To ensure inclusivity and prevent otherwise appropriate individuals and families from being denied a foster care license, DCS Policy 12.19 allows prospective licensees to request a waiver of some **non-safety related licensing requirements** if compliance would cause an undue hardship on the licensee. However, exceptions cannot negatively impact the **health, safety, or welfare of any child** receiving services from the applicant for the waiver.⁴⁰

To ensure that caregivers can meet the needs of all children placed with them, DCS limits the number of children that can be placed in each home.⁴¹ For both types of foster homes, **exceptions to these restrictions can be requested as outlined in Policy 12.12**. It's important to note that these exceptions are *child-specific*. This means any exceptions must be requested, reviewed, and approved for each new placement or when home conditions change. Waivers waive a licensing requirement completely while exceptions are only used for capacity. Exceptions are dependent on circumstances. Variances are issued if the state is meeting a licensing requirement through an approved, alternative way than specified in code. For example, approving a variance for a caregiver to not complete first aid or CPR when they are a doctor/physician; they are meeting the requirement through their professional training.

To ensure that caregivers can meet the needs of all children placed with them, DCS limits the number of children that can be placed in each home.⁴² For both types of foster homes, **child specific exceptions of these restrictions can be requested as outlined in Policy 12.12**.

DCS monitors compliance related to waivers and exceptions for all resources (including LCPA-licensed) through a real-time report in the statewide information system. For example, this report details each foster home over capacity and what type of exception is needed. The case management system sends notifications when an assigned worker's home is over capacity. Additionally, a report exists to show when the number of exceptions needed does not match the exceptions on file or when the paper file doesn't match the resource record. Clerical staff run this report regularly to follow up with all relevant parties and send additional notices.

As of a September 2024 administrative report, there are 828 unique resources with active waivers (540) and exceptions (446), only **27 licensed foster homes (<1%) were listed as overcapacity and missing an exception**. Most exceptions needed were related to mixed level CANS scores. These overages generally occur when emergency placements are necessary.

³⁹ [Safe Home Study | Benefits of SAFE](#)

⁴⁰ [Policy 12.19: Waivers](#)

⁴¹ [Policy 12.12: Foster Family Home Capacity](#)

LCPA licensing staff were interviewed in January 2023 and September 2024 and demonstrated that they have internal tracking systems in place to monitor each resource’s compliance with licensing standards.

Residential Resources

DCS also licenses residential facilities, private secure facilities, child caring institutions and group homes (collectively referred to as “residential facilities”), including those with treatment programs designated as Qualified Residential Treatment Programs (QRTPs). As of September 2024, there are 165 licensed residential facilities in Indiana. Residential treatment programs designated QRTP can be found at the following link: [Programs-Designated-QRTP.pdf \(in.gov\)](#)

The licensing and contracting process for residential facilities is very similar to the LCPA process. To reduce potential bias, licensing workers also use standardized tools and checklists.

DCS issues 4-year licenses to residential facilities and completes annual licensing and contract audits, conducted by the residential licensing specialist and the residential clinical liaison. DCS can take corrective against a license for noncompliance, including plans of correction, placement holds and probationary status. Placement holds are designated in the case management system and communicated to field staff so that children are not placed in the facility while there is a hold.

The DCS Residential Licensing team has strong quality assurance processes with tools, trackers, and visual management dashboards. At a glance, the team can see any open non-compliance cases (Residential or LCPA), active interventions, and any other active violations. The team tracks the source of the notice of non-compliance such as complaints, Hotline reports, unannounced visits, or a scheduled audit.

To solicit stakeholder feedback, the Deputy Director of Placement Support and Compliance also hosts a monthly conference call with Residential Providers like the above outlined calls with LCPAs. Additionally, the above-mentioned site visits by the Deputy Director and Assistant Deputy Director of Placement Support and Compliance have also been taking place with all licensed and contracted residential providers.

Table 37. MaGIK Report - Residential Resources as of September 2024

Residential Resource Type	Count
Child Caring Institution	37
Group Home	44
Licensed Child Placing Agency	59
Private Secure Facility	25
Total	165

Unlicensed Resources

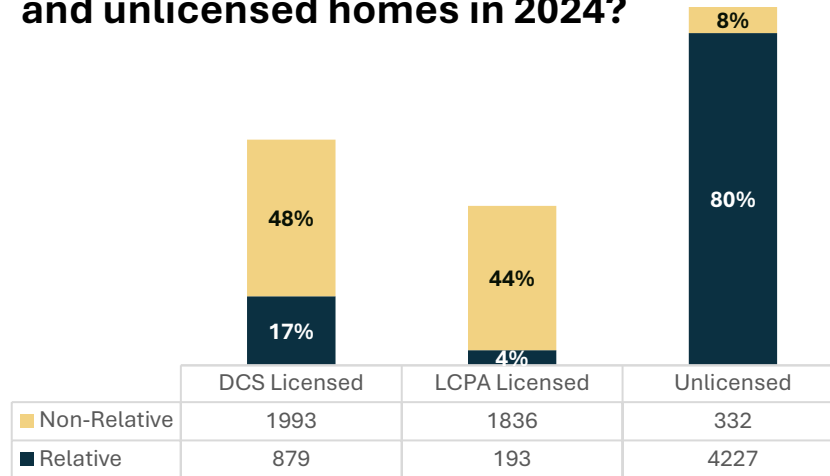
Relative/Kinship Homes

Whenever children must be removed from their parents, placement with a fit and willing relative or kinship caregiver is preferred.

To remove barriers from keeping children in their communities and maintaining vital connections, DCS makes exceptions for relative or kinship caregivers.

1. DCS does not require relative or kinship placements to meet any of the pre-service training requirements.
2. DCS does not require a SAFE home study.

What is the breakdown of licensed and unlicensed homes in 2024?



Background checks and a home visit are required to ensure the child(ren)’s safety. These checks vary depending on the emergency status of the placement. For further guidance on required background checks see Item 34: Requirements for Criminal Background Checks. Staff are provided with a Background Check Matrix for relative/kinship placements to ensure that the appropriate background checks are completed and that the background check standards are applied equally.⁴³

Under DCS Policy 8.48, staff are also required to use a relative/kinship home environment checklist during their home visit to ensure that all relative/kinship homes are evaluated utilizing the same criteria. See attachment of SF 55106. However, this is **not required to maintain placement**.

An administrative data report from the statewide information system shows that as of September 2024, unlicensed relatives/kin account for 80% of all unlicensed placements and nearly 45% of all out of home placements.

Monitoring Licensure and Re-licensure

DCS tracks foster home inquiries in their database of record, MaGIK, by entering new inquiries and following those through licensure or until they become “non-inquiry” or decide not to go through with licensing.

The licensure of relative only foster homes has increased 20.5% since 2019 while licensure of non-relative homes has decreased approximately 10%. This is likely due to the initiative to utilize and license more relative homes. Relative only homes take slightly longer to license on average (~13 days).

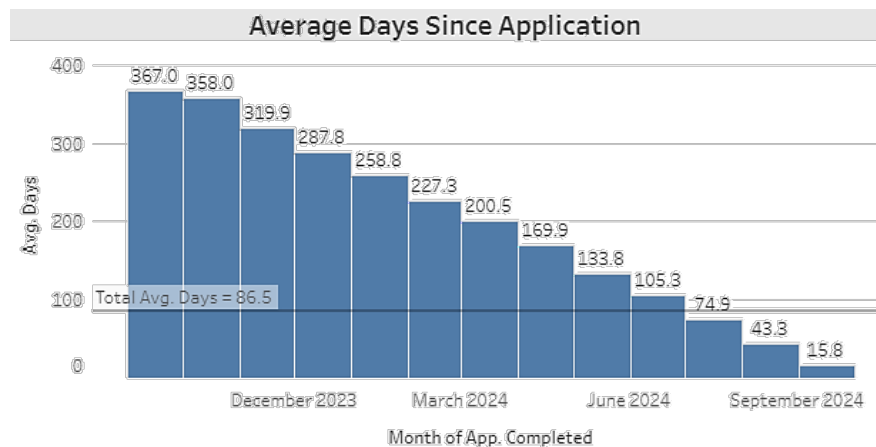
Staff utilize a dashboard that is refreshed daily to monitor the timeliness to licensure for all resources, both DCS and

⁴³ 33.2 Background Check Matrix for Relative/Kinship Placements in an Unlicensed Resource Home

LCPA, who completed an application in the past year. Additionally, this dashboard can be drilled down to the county and assigned Foster Care Specialist/Foster Care Specialist Supervisor levels, which allows DCS to gain valuable insight into where additional training and support is needed.

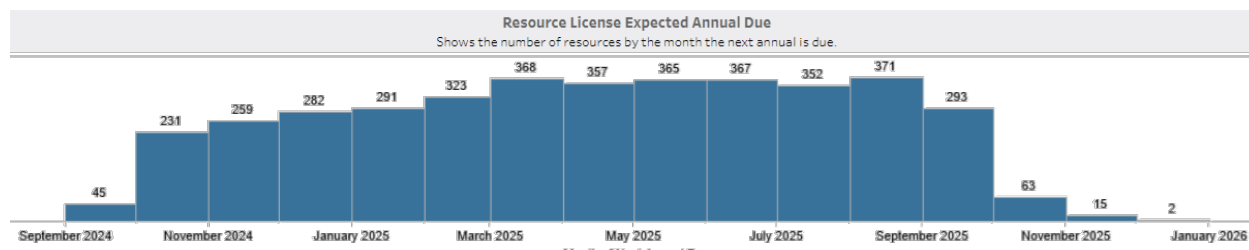
In September 2024, the 12-month average time to license completion was 86.5 days. This substantially exceeds the agency’s practice standard of 120 days and is 30% reduction in time compared to 2021 (122.5 days).

Figure 5. Average Time from Application to License - 12 Month Average (Tableau, September 2024)



Licensing staff can also monitor resource licensure expiration and annual review dates in real time via an interactive licensing dashboard. It displays the total number of licenses due for an annual or re-licensure in each of the coming months with users having the ability to filter the data geographical region, county, licensing agency, assigned supervisor, and assigned licensing worker. This dashboard can show licenses and re-licensure by geographical locations as well. Supervisors also track this item weekly in preparation for supervision with the assigned workers. This dashboard is informed by data in the statewide information system.

Figure 6. Resource License Annual Due (Source: Tableau, September 2024)



LCPA License Monitoring

One of the key challenges to our partnering system is a lack of consistent recording of inquiry and licensing by the dozens of Licensed Child Placing Agencies in Indiana. While Indiana supports fidelity of work and

compliance of LCPA licenses, they do not utilize our electronic data system in the same manner as DCS licensing staff, so it can be more challenging to track LCPA's licensing timeframes and numbers of licenses. DCS is also unable to ascertain with 100% accuracy the timelines from inquiry to application or application to licensure of those systems.

DCS hopes to expand this program's infrastructure in the future CCWIS. Countermeasures taken to bridge that gap at this time are to obtain LCPA information and do a cross analysis with the license inquiries in MaGIK and new Foster Family Homes entered in Casebook. This does not alleviate all gaps but does increase the system's awareness of trends and data and keeps a pulse on the need for more resource homes. Additionally, the licensing team is expanding their quality assurance review process to add questions related to processes and efficiency as licensing files are reviewed.

Quality Assurance

Each licensed resource home and facilities must undergo an annual review each year and a relicensure process every four years to determine licensing requirements are still met.^{44 45}

When a licensed caregiver has failed to meet any of the foster care licensing requirements that help to ensure a child's safety, a revocation of the license may be recommended. A license is placed on a corrective action plan (CAP) while the request for a revocation of a foster license is being reviewed or while issues in the home are being remedied. If non-compliance constitutes a safety concern, the home is placed on Probationary status and no new placements can be made in the home until this status is removed.⁴⁶

DCS tracks CAPs for both DCS and LCPA licenses through a MaGIK report and Tableau dashboard, which displays real-time data on all expired CAPs and those that will expire within the next 30 days for each region. This allows each Foster Care Supervisor to monitor the homes more closely in their assigned region. DCS also provides a daily report of all licenses pending revocation with Central Office. As September 2024, there were 20 revocations pending with Central Office and only 13 active Corrective Action Plans.

DCS conducts an annual audit of all LCPA's to ensure they are maintaining compliance with all contract requirements, which often have additional quality measures not included in licensing rules (2020-2024 CFSP). Of the audit responses there were no notable findings reported by the audit team.

Foster and Kinship Home Quality Assurance Reviews

In 2023, the DCS foster care licensing team began conducting internal Quality Assurance Reviews (QARs) for Initial licensing applications and annual renewal applications as well as the KISS tool. The team conducts reviews in 1-2 regions per month and reviews a random sample of 15 of each type of application (45 total) in each region. At the end of a review, the results are compiled into a debrief document and a debrief meeting is held with the Division Managers, Local Office Directors, and the Assistant Deputy over the division. Each debrief addresses strengths, opportunities, areas requiring immediate action, and consultant recommendations. In 2024, this review process was expanded to include a review of LCPA-approved applications as well. Enhancements are in progress through collaboration with the CQI team to

⁴⁴ [*Policy 12.15 Annual Review*](#)

⁴⁵ [*Policy 12.16: Foster Family Home Relicensure*](#)

⁴⁶ [*Policy 12.17 - Probationary Status*](#)

build technical solution to track reviews and display results without manual processing. For additional details, see the Quality Assurance System section.

Requirements for Criminal Background Checks

1. DCS provides clear guidance and tools to ensure that all required federal background checks are completed. This includes policy on conducting the checks, evaluating the results, and requesting a waiver if needed. Additionally, staff have access to a matrix that allows them to quickly identify which checks need to be completed and functions as a checklist for them to ensure that they do not miss any required checks.
2. DCS employs a variety of tracking methods to maintain compliance with all federal standards. DCS has displayed the ability to adjust its methods when needed as evidenced the by RIE held in November 2019.
3. Over 75% of all fingerprint applications are reviewed and given a qualified status within 2 days of fingerprinting, shortening the time to complete relative/kinship placements, foster care licensing, and adoptions, which is exceeding agency expectations from Round 3 CFSR.

The Indiana Department of Child Services (DCS) has made conscious efforts to place children with relatives and/or kin when they can no longer remain safely in their homes, ensuring children remain in the least restrictive, most family-like setting possible. As such, fingerprint-based checks are **not required prior to placement for emergency placement with relatives/kin**. However, DCS does complete an **emergency name-based check of state and federal systems**, known as the “Triple I Check”, prior to placement. These individuals are then required to follow up with fingerprint-based checks **within 5 business days**.

DCS utilizes the FBI data base to call in names for emergency placements when the fingerprint planning process is not feasible such as when a child is needing placement immediately or after hours. The use of these databases allows DCS to make informed decisions of who to place the child(ren) with after removal, minimizing the risk to children based on criminal history that poses a danger to any child.

To become a licensed foster home or to qualify for Title IV-E adoption assistance an applicant must have a fingerprint-based status of qualified or “waiver granted”. See the chart below for a breakdown of the types of fingerprint-based checks from 2020-2022 by type and final status.

- Adoption applicants have the highest rate of auto-qualification (79%) while Relative/Kinship have the lowest rate of auto-qualification (64%) and the highest rate of disqualification (4.5%).

Breakdown of Annual Fingerprint-Based Checks (By reason and final status)		2020	2021	2022	2023	2024
Relative/Kinship Placement Total Prints		8821	9230	8575	3308	3040
	Auto Qualified	64.5%	64.3%	64.0%	53.7%	58.2%
	Incomplete (Conditionally Disqualified) but					
	Later Qualified	2.3%	2.6%	2.7%	6.6%	5.9%
	Disqualified	4.5%	4.4%	4.5%	15.8%	15.0%
Foster Care Total Prints		4320	4460	3920	1120	857
	Auto Qualified	77.9%	77.4%	77.1%	66.5%	67.6%
	Incomplete (Conditionally Disqualified) but					
	Later Qualified	1.9%	1.5%	1.6%	7.7%	5.5%
	Disqualified	1.7%	2.3%	2.9%	7.3%	15.0%
Adoption Total Prints		3067	3372	3059	583	447
	Auto Qualified	77.9%	79.0%	79.4%	72.2%	76.3%
	Incomplete (Conditionally Disqualified) but					
	Later Qualified	1.6%	1.0%	2.0%	7.4%	13.0%
	Disqualified	0.7%	0.8%	1.2%	6.4%	9.2%

Currently, DCS does not have standard reports that observe trends in fingerprint-based checks relative to race/ethnicity and has identified this as an opportunity for improvement.

Data from an analysis of foster families and reasons for voluntary withdrawal of their foster home license shows that an insignificant number of foster parents end their fostering journey due to issues related to background checks (~3%).

Monitoring Compliance

DCS identified an opportunity to improve how the agency monitored compliance with background checks. In November 2021, DCS and its CQI team conducted a Rapid Improvement Event (RIE) to address background checks. DCS engaged internal and external stakeholders regarding barriers to fingerprint-based checks, such as not having a close geographical location for printing and difficulty with the online scheduling process. The team identified and implemented solutions that mitigated the barriers noted by all stakeholders.

Systems are in place to ensure required background checks are completed and reviewed by DCS staff prior to approval of a foster home license or Title IV-E Adoption Assistance.

DCS ensures that safety planning is a component of case planning, including for all children placed in foster care. DCS Policy 5.1 requires safety planning to be updated at all critical case junctures, including new allegations of maltreatment. Additionally, DCS Policies 12.15 and 12.16 make provisions for placing a foster home on a corrective action plan (CAP) or placement hold whenever there are safety concerns or unmet re-licensure requirements. See Item 33 for a detailed analysis of this process and how DCS tracks these homes.

Diligent Recruitment of Foster and Adoptive Homes

Indiana has experienced a steady decline in active foster homes, decreasing by 15% from 5,566 active licensed homes in January 2021, to 4,755 in January 2023. In September 2024, the number of resources increased slightly 4,901 active, licensed homes (+3%). 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. DCS strives to license relatives to provide the financial support needed for both the caregiver and children. Since 2023, the number of active relative licenses increased by 25% as of

Table 38. Out of Home Placements (Source: Administrative Data, Tableau Dashboard, by Calendar Year)

Placement	2019	2020	2021	2022	2023	2024	Trend
Residential Care	6%	6%	5%	5%	5%	5%	
Foster Home	48%	47%	44%	43%	42%	41%	
Relative Home	45%	46%	49%	50%	51%	53%	
Other	2%	2%	2%	2%	2%	2%	

September 2024.

Though the number of children in out-of-home care has significantly reduced and the number of children placed with relatives and kin continues to grow, DCS will always need quality, unrelated foster homes when a relative cannot be located to care for a child. As such, Indiana recognizes the importance of the diligent recruitment of foster and adoptive homes to ensure that all youth can live in a safe, stable, home-like setting.

The DCS Foster Care, Kinship, Adoption, and Licensing teams collaborate across the agency and with external partners, LCPAs, and community members to promote the diligent recruitment of foster and adoptive homes and provide adequate support to active licensed caregivers and kinship providers. Details of improvement activities and recruitment efforts have been detailed in other sections of this report. Additionally, in October 2023, DCS launched a recruitment collaboration with Every Child. Indiana continues to seek out innovators in the field and explore the support of Technical Assistance to promote the expansion of available homes.

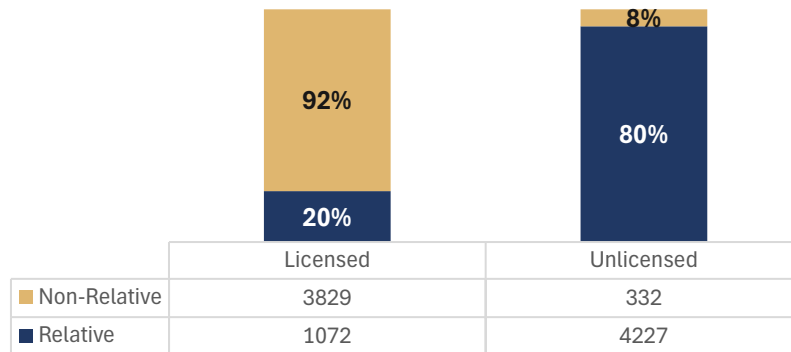
For additional details, please see **Attachment F Indiana Foster and Adoptive Parent Diligent Recruitment Plan**. Specific gaps in recruitment and retention are being addressed in recruitment plans for 2024-2025, the CFSR R5 PIP, and in the 2025-2029 CFSP.

Relatives and Kin

Indiana continues to promote keeping children in home settings with relatives and kin. As of September 2024, 53% of out-of-home youth were in relative homes. Of these, nearly 45% are unlicensed kinship caregivers.

Kinship Navigator funding for Guardianship legal fees has been replaced by “Hoosier Families First special session funds” in the 2024 DCS budget. About 200 youths benefited from this funding for permanency

How many youth are placed with licensed or unlicensed relative/kinship caregivers?



Through the end of May 2024, the agency has provided more than \$10.1 million in stipends to these families to help ensure children's needs are met.

Adoptive Homes

In addition to foster care recruitment efforts, Indiana is also improving its recruitment of adoptive homes. DCS partners with Firefly, one of the largest adoption agencies in Indiana, to help coordinate efforts around adoption recruitment. This organization provides matching events, parent recruitment activities and maintains data to help guide families into the adoption system but also to assist with child matching. Utilizing the data from Firefly we have been able to assess the need for stronger pre and post adoption services aimed at building the capacities to maintain placement and address youth challenges that emerge after DCS involvement.

Since 2020, stakeholders have participated in quarterly meetings focused on inquiry processing. These forums give families a platform to obtain information about the inquiry process more efficiently. A separate introductory session is scheduled via Microsoft Teams for families to obtain structured information and acts as an open forum with adoption workers and Firefly staff to answer questions.

Indiana engaged in a Request for Proposal in 2021 that resulted in the selection of a statewide provider, Lifeline, to deliver adoption services, along with an expansion to add pre and post guardianship services. Additionally, Indiana expanded its work with Wendy's Wonderful Kids in 2021 using Villages as the primary provider. DCS continues to work with Villages to increase their success and are provided quarterly updates about their efforts.

Developing and Monitoring Recruitment and Retention Plans

As noted, previously, Indiana uses regional Foster and Adoptive Parent Diligent Recruitment Plans to target foster parent recruitment efforts to the unique needs of each region in the state. Indiana also requires LCPAs to create and maintain recruitment plans to address the declining foster parent population; these are reviewed during contract audits. Quarterly, the licensing and adoption teams participate in recruitment and retention work groups. Each region of the state is represented along with the foster parent liaison, adoption consultant(s), and Older Youth Services supervisors. Local office management and other regional staff also may attend.

Recruitment

Indiana has a statewide Foster and Adoptive Parent Diligent Recruitment Plan in addition to regional recruitment/accountability plans. These plans require every geographical area to target events for

disposition from 2021 to 2023. Starting July 1, 2023, Indiana began providing fiscal resources to all unlicensed relatives/kin caring for youth through unlicensed kinship stipend funding. Pre-and-post adoption and guardianship services have also been expanded statewide. Since the kinship stipend program launched on July 1, 2023, it has assisted more than 4,000 unlicensed caregivers in keeping children with people they know.

recruitment of needed homes in the area based on age and race of the children. These plans include the date of the event, target audience, location, focus of the event, approximate number of individuals reached/attendees, lessons learned, and the cost of the event. These are kept in a shared log and are reviewed by the teams as future events are planned. Teams make an effort to ensure every region is intentional in planning their events, maximizing on seasonal themes or celebrations like Kinship Month. The Recruitment Steering Team continues to bring together the multiple disciplines across the agency to identify the next steps for improving licensing to ease the burden on applicants and generate new interest for inquiry.

In 2024, agency leadership reinforced the importance of building strong relationships with foster parents so we not only retain those we have but can recruit more to ensure more families are ready to answer the call when a child needs placement. Staff were reminded that when a foster parent says “yes” the agency has a duty – outlined in the [Foster Parent Bill of Rights](#) – to make sure the foster parent has the information they need, is treated as a partner, and is included.

The annual foster parent survey highlights that foster parents often feel their questions/needs are not responded to timely, are often not included in case conversations or provided with important documents, or don’t receive the information they need to make informed and safe decisions. This has likely contributed to the challenges Indiana has faced with retaining foster parents and recruiting new ones.

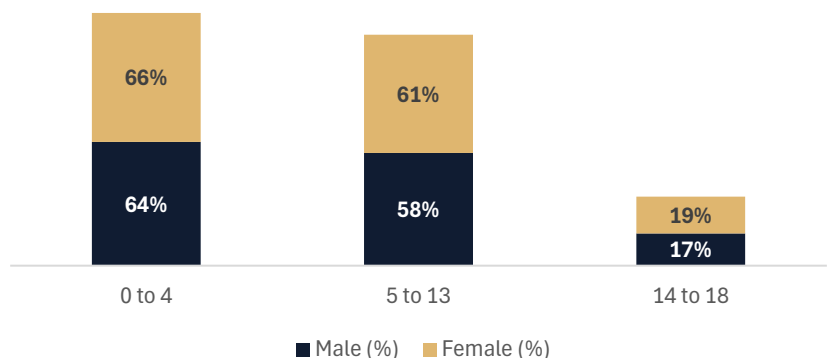
To address this, Indiana is making intentional efforts to improve relationships with foster families as part of our 2024-2025 strategic plan, 2025-2029 CFSP, and in our CFSR Round 4 PIP. In 2024, the agency implemented regular check-ins with foster parents, is improving communications, implementing trainings, and increasing conversations around the Foster Parent Bill of Rights and how the State can better uphold it.

The Bill of Rights outlines the minimum expectation foster parents should have of DCS or an LCPS as they enter into an agreement to care for another person’s child. The agency believes that when DCS and foster parents align as partners, the trajectory of a child’s life can be changed for the better.

Age, Gender, and Specialized Needs

DCS uses reports from licensing questionnaires to detail current and pending foster homes by gender, age preferences, special needs, and other considerations. Indiana believes well-matched placements promote safety, stability, and wellbeing. Licensing staff and foster care specialists have intentional conversations with resource families to ensure honest and specific matches they are honest and specific in who would fit best in their home.

How does willingness to foster change depending on child's gender and age?

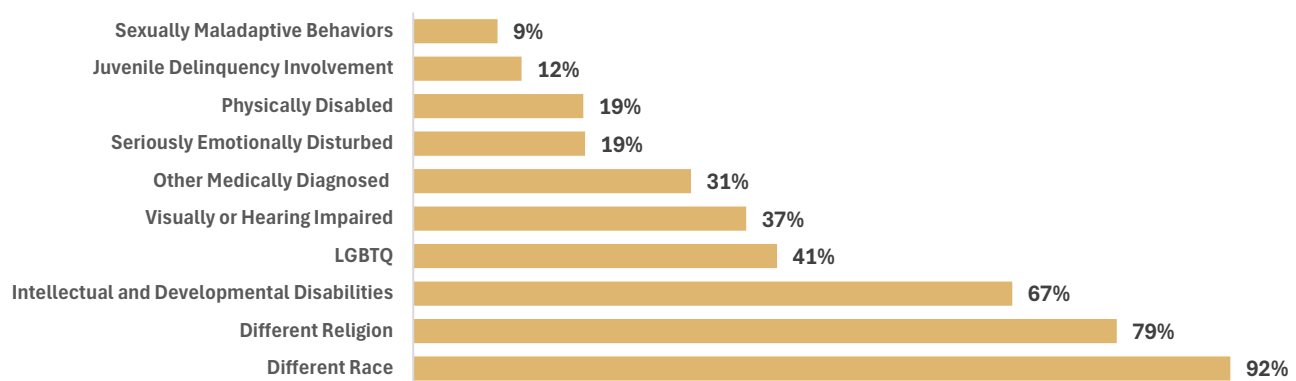


The data for each of these categories, as of September 2024, shows that resource parents are slightly more willing to foster girls than boys and significantly more willing to foster youth of any gender ages 0-4. Very caregivers are willing to foster youth ages 14-18.

Table 39. September 2024 Willingness to Foster Report (Source: MaGIK).

Most responses noted willingness to foster a child of a different race (92%) or religion (79%), but fewer caregivers were willing to foster LGBTQ youth (41%). Substantially fewer caregivers stated they were willing to care for youth with juvenile delinquency involvement (12%) or sexually maladaptive behavior (9%). When considering medical and mental health needs, most caregivers were willing to care for youth with intellectual and developmental disabilities (67%), but few were open to youth who had a serious emotional disturbance (19%) or physical disability (19%).

How does willingness to foster change depending on child characteristics and needs?



There are some limitations to using this report alone to drive recruitment efforts:

- This data does not reflect each willing home’s capacity, limiting the ability to track the gap between availability and need. However, since this data can be broken down by region and county, it helps to inform where further recruitment is needed and how successful targeted recruitment efforts are in specific geographic areas.
- Homes may select multiple characteristics, so some homes may be represented in multiple columns.

DCS employs several tracking mechanisms to inform recruitment needs and efforts. One such report shows the gap between currently licensed resource homes (both DCS and LCPA) and number of resource homes needed by race. A report generated by DCS’s Research and Evaluation Team was developed to address the gaps in the above data and identify trends in race and ethnicity makeup of foster parents in Indiana. This report looks at all unique, licensed resource homes/families with a status of “active” or “pending relicensure” in a given report year.

In 2022, approximately 83% of resource families were White, 15% were Black, 5% were Hispanic/Latino, and all other groups made up fewer than 2% of the total population combined. In 2024, this changed slightly with the number of Black resource families increasing to 16% and White resource families decreasing 82%.

Overall, **Black, Multiracial, and Hispanic caregivers are underrepresented** in the foster parent population relative to the number of children with the same race/ethnicity in care overall.

Table 40. Percent of Overall Resource Homes by Race/Ethnicity 2020-2024 (R&E Data Report)

Race/Ethnicity	2020	2021	2022	2023	2024
White	83.84	83.96	83.24	82.84	82.04
Black	15.34	14.99	15.37	15.53	16.37
Hispanic/Latino	4.44	4.70	4.96	4.96	4.96
Multiracial	1.26	1.43	1.57	1.66	1.77
Asian	0.41	0.38	0.45	0.51	0.50
Unknown/Other	0.27	0.26	0.22	0.22	0.32
Native Hawaiian or other Pacif	0.13	0.14	0.18	0.17	0.16
American Indian or Alaska Nati	0.20	0.20	0.16	0.14	0.14

Retention

Quarterly Visits with Foster Parents

In May 2024, the Foster Care Licensing team adopted Quarterly Home Visits will be adopted as Leader Standard Work for licensing supervisors. These visits will be completed in person and in the home every quarter. The team has developed a guide to assist in providing a framework in conducting meaningful visits with each licensed foster family home. Quarterly meaningful visits should:

- Provide consistent and regular oversight of the foster family home environment to enhance the safety of youth.
- Provide regular and consistent assessment of foster family needs for intervention aimed to support caregiving efforts and help fostering families align expectations with youth's needs.
- Identify and match families with targeted training opportunities that will continue to address and develop their abilities to care for children with complex needs.
- Ensure early intervention opportunities to stabilize families struggling with placement challenges.
- Stabilize placement and reduce disruptions of youth in foster care.
- Assist with retention of licensed foster family homes.

Each visit, the licensing worker will have a conversation with the foster parent that touches on their training completion and training needs, their level of involvement in the Child and Family Team, questions to gauge whether there are concerns or barriers that may impact stability, share licensing updates/address issues of compliance, and promote self-care and provide/identify support for the foster parent.

Leader Visits with Foster Parents

In 2024, the agency is striving to improve our relationship with foster parents. The first step is to recognize how valuable they are to not only our work, but also to a child's journey to permanency. Indiana knows just as it is important to continuously recruit new foster parents, it is just as important to retain the foster parents who already serve Indiana's youth. Indiana aims to do this through building better relationships and ensuring foster parents have ample opportunities to share their voice. Leaders will be making visits to resource homes to engage with foster parents and ask them about their fostering experience. Leaders will

complete a form so that we may learn how foster parents' experiences are different from one area of the state to the next. The questionnaire asks:

- How often do you communicate with the FCM assigned to the child's case?
- What is the mode of communication used by the FCM assigned to the child's case to communicate with you?
- What mode of communication do you prefer?
- The amount of contact that you receive from the FCM is...
 - More than you would like
 - Less than you would like
 - Just the right amount.
- Have you had any contact with the birth family?
- Are you invited to CFTMs?
- Do you receive court reports?
- Do you know the supervisor for the assigned FCM?
- Additional information the foster parent wants to share

These questionnaires do not intend to replace the annual foster parent survey, which will also be revised to ensure we are gathering the right information to make better decisions related to recruitment and retention.

License Withdrawal Reasons

Indiana monitors reasons why a resource parent withdraws their license to better understand factors impacting foster home retention. Data supports **most licenses withdrawn represent families that ended their journey with the child welfare system with an adoption or relative case closure.**

Administrative data for the last 12 months (Calendar Year 2024) shows that most resources who withdrew their license did so due to Personal/Family Challenges (30%), adopting a child (28%), being a relative only home (19%).

Significantly more homes note personal or family challenges as their reason for withdrawing their license since 2019. Of note, all other withdraw reasons combined account for only approximately 34% of withdrawn licenses, representing only ~2% of reasons individually on average. This means **most foster parents do not leave the system due to communication issues, requirements, or a lack of services or support.**

The percentage of foster parent licenses withdrawn by race is displayed in the chart below. Overall, the percentage of **licenses withdrawn by Black foster parents has decreased 2% since 2019** while the percentage of licenses withdrawn by White foster parents has decreased only 1%. There was **no significant disproportionality in the race/ethnicity of foster parents who choose not to foster any longer** amongst Black, Multiracial, Hispanic, and White caregivers (Excluding groups with very small sample sizes).

- White foster parents were more likely to withdraw their licenses due to **adopting a child (30%)** than other foster parents.
- Black foster parents mostly withdrew their licenses due to being a relative only home (36%). This was a change as in 2022, the most likely reason was due to personal or **family obligations/challenges (25%)**.

- **Hispanic/Latino foster parents had the highest rates if withdrawing due to personal or family challenges with 38% of withdrawals.**

One limitation of this report is that an applicant may cite 3 reasons for withdrawing their license, so some individuals are represented in multiple columns.

Table 41. Percent of Overall Parents with License Withdrawals (any reason) by Race/Ethnicity 2019-2024 (R&E Data Report)

Race/Ethnicity	2019	2020	2021	2022	2023	2024
<i>Licensed Resource Parents</i>	%	%	%	%	%	%
White	87.18%	87.33%	85.79%	85.39%	81.37%	81.01%
Black	12.82%	11.77%	12.91%	13.08%	11.78%	11.90%
Hispanic/Latino	3.62%	3.70%	4.84%	4.67%	4.77%	4.69%
Multiracial	1.21%	1.32%	1.69%	1.45%	1.62%	1.32%
Asian	0.30%	0.41%	0.56%	0.31%	0.23%	0.72%
Unknown/Other	0.30%	0.41%	0.32%	0.08%	0.08%	0.36%
American Indian or Alaskan Native	0.15%	0.33%	0.32%	0%	0.08%	0.00%
Native Hawaiian or Other Pacific Islander	0%	0.08%	0.16%	0.23%	0.08%	0.00%

Use of Cross Jurisdictional Resources for Permanent Placement

This systemic factor is being reviewed and updated through activities and strategies as part of the Indiana CFSR 4 approved PIIP for the duration of this CFSP.

The Indiana Department of Child Services aims to protect children from abuse and neglect while keeping families together whenever possible. DCS does this by partnering with families and communities to provide safe, nurturing, and stable homes. The Interstate Compact on the Placement of Children (ICPC) establishes procedures for the placement of children across state lines. When a state receives an ICPC request, the receiving state will study the placement resource for appropriateness and safety of the placement. ICPC requests also identify the supervision requirements that will be necessary upon the child's arrival in their new placement.⁴⁷ Indiana DCS adheres to ICPC regulations and refers to [IC 31-28-4: Interstate Compact on the Placement of Children](#) for all children placed in Indiana from another state.

In CSFR Round 3, this item scored as an area needing improvement. Information in the Round 3 Statewide Assessment showed that while the state explored and used cross-jurisdictional resources for children in its care, Indiana did not meet the requirements for responding to ICPC requests in a timely manner, meeting the requirement in fewer than 50% of cases. Since CFSR Round 3, DCS has restructured the division and revamped its ICPC process. The ICPC unit moved to the Juvenile Justice Initiatives and Support division to be housed with the Central Office Background Check Unit (COBCU) and Juvenile Probation Consultants. This restructuring improved and streamlined the ICPC process and significantly increased the timely response and movement of the ICPC requests.

Feedback in Indiana's CFSR R4 Final Report noted that Item 36 was an area needing improvement based on information in the Statewide Assessment indicating that the state lacks valid data to support timely

⁴⁷ [DCS: Interstate Compact on the Placement of Children \(ICPC\)](#)

completion of home studies and does not have a mechanism to track overdue or delayed requests. This issue has been remedied since that assessment was completed.

Monitoring ICPCs

Per Policy 9.02⁴⁸ DCS will require any out-of-state agency wishing to place a child in Indiana to submit an ICPC packet. In accordance with federal law, the ICPC referral process must be completed within 60 calendar days after the initial request is received. To meet this time requirement, the DCS ICPC Office will require that the DCS local office **complete a home study within 50 calendar days** of the date the DCS local office receives the referral packet.

To monitor incoming and outgoing ICPC requests, DCS utilizes an internal repository housed on a Salesforce platform that interfaces with the National Electronic Interstate Compact Enterprise (NEICE) system. NEICE is an electronic web-based system designed to shorten the processing time of ICPC cases. DCS ICPC Consultants do not directly enter information into NEICE. Rather, all information is documented in Salesforce and data is ported to/from NEICE. This ensures DCS can communicate effectively with other NEICE states while benefiting from improved features and increased flexibility from the Salesforce platform. Stakeholders reported that the Salesforce platform is more efficient than NEICE and consultants from other states have confirmed this.

The ICPC unit utilizes a live dashboard to monitor all workflow. Consultants are responsible for monitoring this dashboard and following up on overdue requests/home studies immediately.

Recent enhancements allow the team to create new reports for their data needs. The team has automated specific reports to keep them informed of all active incoming cases, outgoing requests, and any overdue items. Consultants receive these reports directly in their inbox and may also see status changes via the live dashboard or in the individual record.

Incoming ICPC

The timely completion of incoming ICPC home study requests has significantly improved since 2020. In 2023, the ICPC unit received 383 incoming ICPC requests. Of these, 238 or 62% were completed within 60 days. The number of requests not completed timely has decreased by 46% since 2020. In 2024, the percentage of requests completed timely increased to nearly 70% with an average of 53 days from incoming request to complete home study.

The majority of completed requests are completed in fewer than 50 days. This is a substantial improvement compared to the average days in 2020 (110).

⁴⁸ [*Policy 9.02: Request to Place a Child in Indiana*](#)

Of all incoming ICPCs, what percentage of home studies are completed timely (within 60 days)?

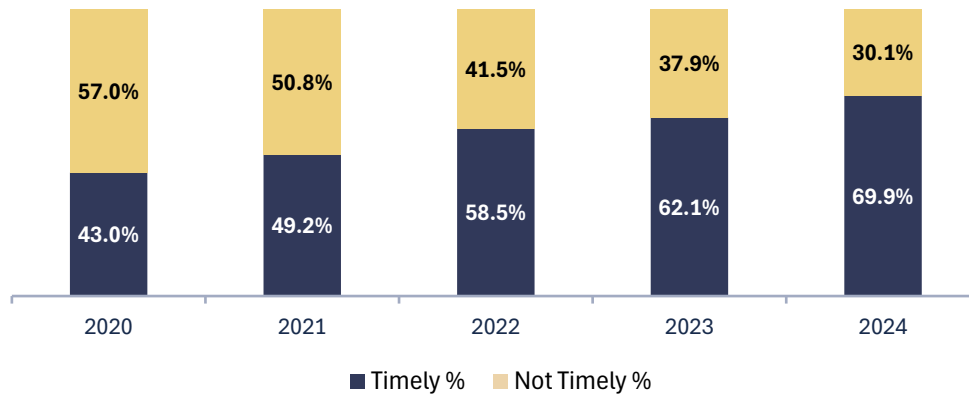
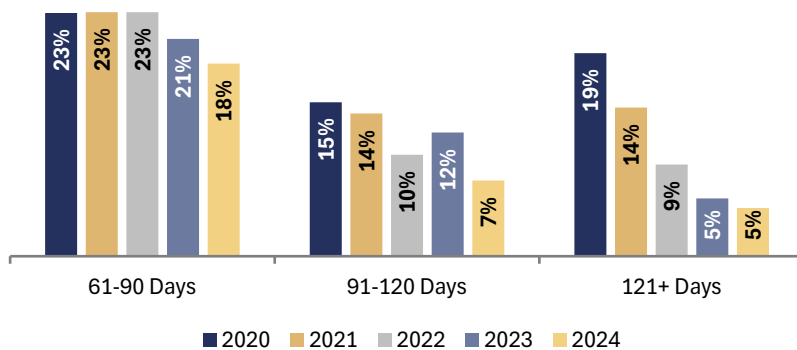


Table 42. Timeliness of Incoming ICPC Home Studies (2020-2024*) *2024 Figures from dates 1/1/24-6/30/24
Source: NEICE Data via Salesforce

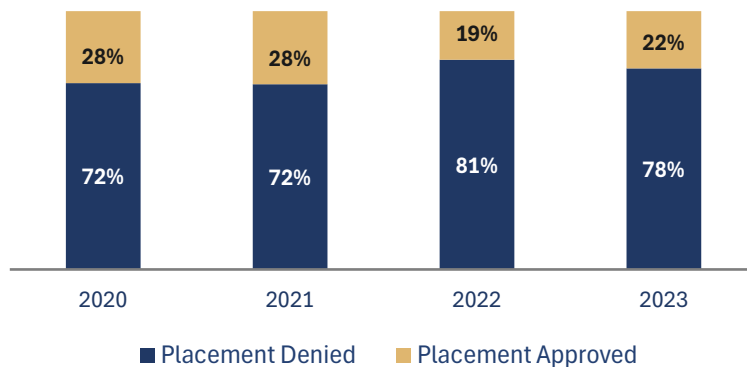
What is the most likely timeframe for completing requests that were not fulfilled within 60 days?



When looking closer at requests that were not completed within 60 days, the majority (48%) were completed within 61-90 days. The percentage of requests completed after 90 days has significantly improved since 2020.

Table 43. Completed Beyond 60 Days (2020-2024*) *2024 Figures from dates 1/1/24-6/30/24
Source: NEICE Data via Salesforce

Of all closed incoming ICPCs, what percentage resulted in a placement?



In 2023, 22% of completed requests resulted in a placement. When a placement was denied, it was typically due to the case being closed.

Table 44. Incoming ICPCs Resulting in Placement (2020-2023) Source: NEICE Data via Salesforce

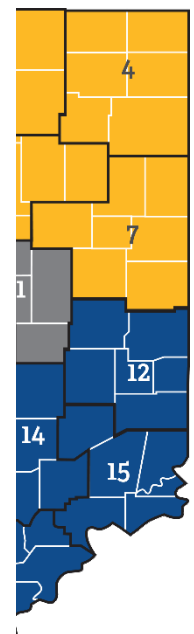
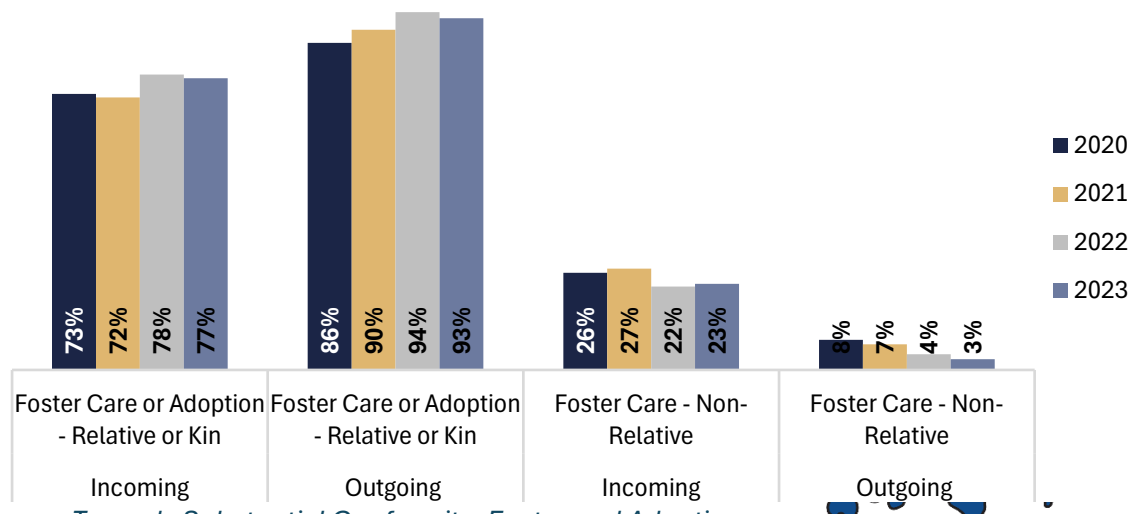
Outgoing ICPCs

Indiana effectively uses cross-jurisdictional resources to support timely permanency for youth.

When a child cannot safely stay at home, priority should be given to placing them with a parent, relative, or kin, even if they are out of state. Indiana prioritizes keeping youth with their families/kin through cross-jurisdictional resources. When placing youth out of state, more than 90% of approved placements are with non-custodial parents, relatives, or kin. Fewer than 5% of outgoing placements are in a non-relative foster care placement.

Table 45. Percentage of Placement Type (Incoming and Outgoing ICPC) 2020-2023, Source: NEICE Data via Salesforce

What percentage of ICPC placements are with relatives/kin?



Progress Towards Substantial Conformity: Foster and Adoptive Parent Licensing, Recruitment, and Retention

- In 2023, 172 children involved in adoption recruitment services were adopted.

- 367 new nonrelative foster licenses were completed.
- 211 families attended adoption orientation; 64 have become licensed resource parents.
- After a long period of development and collaboration, recruitment initiatives with The Contingent and Every Child Indiana launched in November. This campaign will provide a technological platform for recruiting foster parents alongside LCPA partners.
- Processed and monitored 1,072 ICPC cases involving 590 youth incoming to Indiana and 482 youths outgoing. This included 850 DCS-related cases. The remaining 222 were private adoptions or other ICPC-regulated cases.
- Processed 111,651 requests for Child Protective Index (CPI)/Child Protective Services (CPS) checks, a 7% increase over 2023
- Received and processed 67,350 fingerprint cards. Eighty-four percent of the individuals automatically qualified, and fewer than 1.5% were disqualified.
- The Resource and Adoptive Parent Training (RAPT) team facilitated 940 trainings this year, a 17% increase from 2022. This includes 767 trainings for foster/kinship and adoptive parents, 52 Training of Trainer (TOT) trainings for licensed child-placing agencies (LCPAs), and 121 trainings for DCS field staff. A total of 10,063 individuals participated. Additionally, RAPT held the first in-person Super Saturday event, in support of National Adoption Month.
- In 2023, the rate-setting unit released calendar year 2024 rates for licensed child-placing agencies (LCPAs) and residential-treatment services providers (RTSPs) earlier than ever before. In addition, rate bulletins detailing calculations and a high-level overview of each cost-report section were updated and published online.
- The rate-setting team implemented a new formula to calculate staffing ratios, resulting in a reduction of staffing disallowances by 83%.
- The federal financial management team increased federal reimbursement for IV-E adoption by 11.39%.

Quality Assurance System and Continuous Improvement

DCS is dedicated to nurturing an agencywide culture of continuous quality improvement (CQI). DCS has an ongoing partnership with Simpler Consulting to focus the agency's Lean strategy, organize the agency's goals, and drive towards statistical benchmarks that move the agency forward. This partnership also works to drive cultural change within the agency and promote a Lean culture where each employee is empowered to make improvements in their work.

The department's CQI process is the foundation for setting agency priorities, supporting internal and external collaborations, and identifying improvements to the agency's interventions and service provision. The Strategic Solutions and Agency Transformation (SSAT) division was created to support these objectives. SSAT is a centralized division that uses Lean methodology to examine the way DCS functions while finding ways to make system improvements. SSAT houses several units which oversee agency policy, quality assurance, federal compliance and reporting, evaluation, and continuous improvement activities across the state.

DCS has dedicated its CQI and QSA teams and tools to maximize capacity for supporting the PIP implementation and monitoring. This will allow for one agency Value Stream for the next 2 years, with a follow up focus on sustaining success for the additional duration of the CFSP. The Quality Assurance system in DCS will focus on using tools and training provided by Simpler, to provide expertise in coaching and Lean Implementation. The plans of using this team are outlined in the Indiana PIP. All quality assurance processes below are included in monitoring and systemic flow in the PIP.

Continuous Quality Improvement Processes

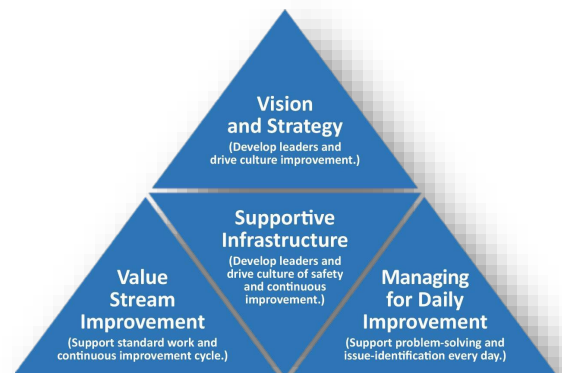
The Continuous Quality Improvement (CQI) team directs quality improvement work for the agency. This team, consisting of 8 Lean Improvement Facilitators and a Master Lean Practitioner facilitates Value Stream Analyses (VSAs), Value Stream Steering Teams (VSSTs), Rapid Improvement Events (RIEs), and Improvement Projects (IPs) in conjunction with agency staff and external stakeholders across the state, centered around the agency's True North goals and metrics defined by the DCS executive team.

Value Streams and Improvement Events

A value stream describes how a stakeholder receives value from an organization.⁴⁹ DCS currently utilizes three value streams to impact the defined True North Goals and operational metrics: Employee Experience, Intake and Assessment, and Out of Home CHINS. The VSA is followed by several rapid improvement events to identify and implement solutions.

A Rapid Improvement Event (RIE) is a week-long workshop through which a process is redesigned. It involves staff affected by the change and aims to deliver rapid, concrete improvements, quickly and effectively. **Improvement projects** are used when the solution to a problem has been identified, but a group needs to work through logistics to create a plan to implement the solution. **"Just Do Its" and "Just Stop Its"** are things that common sense says we should just do or just stop doing, without further analysis.

DCS conducts improvement events in the third week of each month. At the end of that week, a live event is conducted with the entire agency to present a high-level overview of the project results and celebrate the team's achievements. Subsequently, a meeting is held with all Regional Managers, Local Office Directors, and Chief Councils to provide a detailed account of the solutions and next steps.



⁴⁹ [*Value Stream Mapping Overview - Lean Enterprise Institute*](#)

Since the beginning of the agency's Lean transformation, more than 120 improvement events have been held resulting in countless process improvements and noticeable enhancements in agency performance. Examples of these are interspersed throughout this assessment.

DCS uses statewide and regional value streams to improve metrics. Value Stream Analyses (VSAs) have been completed in six areas, including Employee Experience, Intake, Out of Home CHINS, Case Administrative Tasks, Region 16, and Region 17. The focus of some VSAs shifted for 2023:

- Improvements from the Employee Experience VSA will be focused on Middle Managers
- Improvements from the Out of Home VSA will be focused on Kinship care processes.
- A new VSA will focus on administrative tasks completed in the first sixty days of agency involvement and improvements will be piloted in region 4.
- Some regions have conducted multiple VSA passes. This round, Region 17 is focusing on streamlining assessment processes and Region 16 is focusing on parent and family engagement in the first six months of a case transfer.

The CQI team employs the A3 problem-solving process in each VSA project. The process starts by defining the reason for action and the scope of the problem. The team then analyzes the current and future state with a focus on process description and supporting data. After identifying gaps, the team proposes solutions and conducts experiments to test them. Successful experiments lead to the development and implementation of an action plan. Follow-up meetings are held at regular intervals to review data, and lessons learned are used in the next improvement cycle.



LaGrange, Steuben, Noble, Dekalb, Whitley & Allen counties

- 3.1% of children were in residential treatment, the second-lowest rate in the state.
- Region 4 held a value-stream analysis, has an active value-stream steering team, and hosted three improvement events focused on the first 60 days of a case. Incorporating lived experience in the events has had a tremendous impact.

Managing for Daily Improvement (MDI)

DCS is dedicated to developing process improvement skills in staff agency-wide to support continuous improvement activities at the unit level. Managing for Daily Improvement (MDI)⁵⁰ is a **process that drives change from the bottom up**, using visual management strategies and the **daily monitoring of key performance indicators** (KPIs) to ensure teams are meeting their goals or can take quick corrective action when goals are off track. This is done via tiered huddles which occur at every level across all divisions from front line/Tier 1 staff (daily) up to the DCS executive team. Front line staff have seen improvements in timely initiation, court hearing timeliness, and safety with the incorporation of MDI. Currently, staff conduct smaller scale improvement activities via MDI and Plan-Do-Check-Act (PDCA) cycles. Additionally, Regional VSAs are being piloted in targeted areas (DCS regions 4, 16, and 17) to drive improvements specific to the systems in these areas. MDI has been introduced to all field divisions and all but one non-field division with projected agency-wide implementation by Q2 of 2023. This rollout was successful and all division are

⁵⁰ [Managing for Daily Improvements - NC State Industry Expansion Solutions \(ncsu.edu\)](https://www.ncsu.edu/industry-expansion-solutions/managing-for-daily-improvements/)

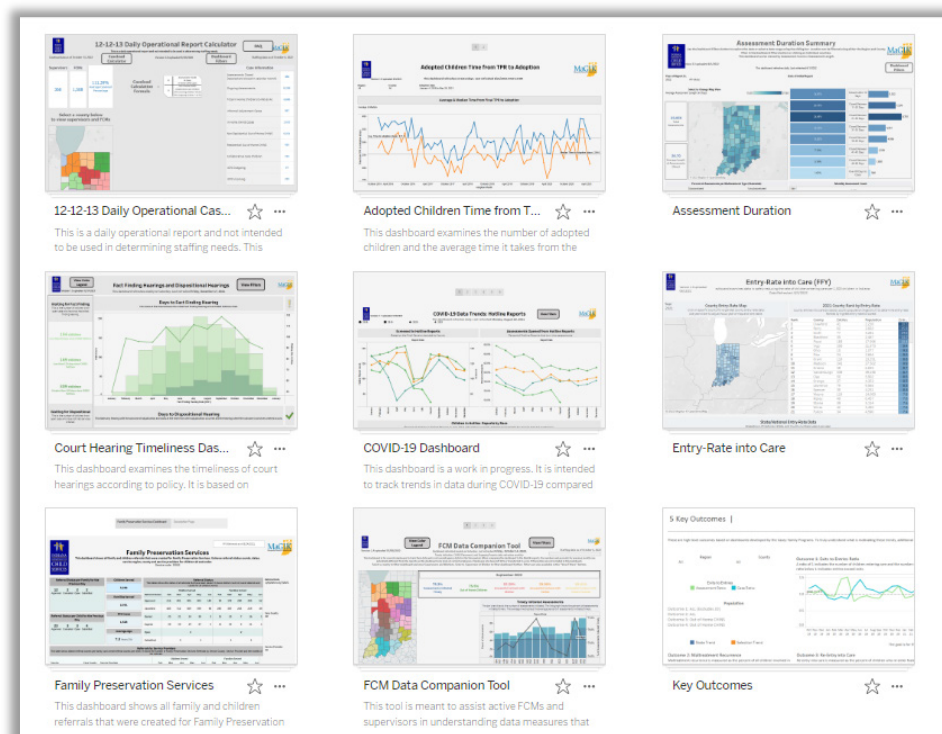
engaged in the next phase of MDI, the sustainment call phase. This was implemented in 2024 and will continue through the next 3 years.

Data-Informed Decision-Making

Indiana has emphasized the use of reliable data to drive decision-making and process improvements. The agency uses Tableau, a visual analytics platform, to convert raw data into interactive graphics and dashboards. Dashboards exist for all key performance indicators related to safety, permanency, and wellbeing. Use of administrative data reports, dashboards, and other data (e.g., PMR data, CFSR data, Quality Assurance Reviews), is heavily emphasized in the CQI structure. Visual management and metrics are key requirements in MDI.⁵¹ Additionally, Indiana has [public-facing dashboards](#) to increase transparency with the public.

Indiana is in the process of implementing a new CCWIS application. One emphasis of this initiative is streaming data entry and case management processes as well as defining key performance indicators/metrics to assess agency progress. Indiana intends to leverage the data and visualization enhancements in the updated system to support ongoing improvement efforts.

Figure 7. Snapshot of a sample of data reports available in Tableau



⁵¹ Huddles are scored for use of visual management, metrics, discussion of “pebbles” or problems, and the use of experiments by the CQI team to measure MDI sustainability.

CQI Training

All CQI team members have completed the Six Sigma Green Belt Certification from Purdue University and the CQI Program Director holds a Six Sigma Black Belt Certification. Employees from several other divisions have obtained a Green Belt Certification and/or have participated in Lean Bronze Training.

The CQI team conducts regular training and coaching to familiarize all DCS staff with Lean concepts and process improvement tools. This includes:

- A mandatory, virtual, introductory Lean training
- Managing for Daily Improvement (MDI) training
- An advanced Lean training series known as Lean Bronze training.
- Personal Development Plan (PDP) training
- Leader Standard Work (LSW) training

In 2022, eighty-eight staff received their Lean Bronze certification. DCS was able to train over 150 staff in 2023. An even higher level of training to be known as Silver Training, will be developed in 2025 and rolled out in 2026..

Quality Assurance Processes

The Quality Service and Assurance (QSA) team consists of 8 Quality Assurance Analysts and 2 program managers. This team conducts internal quality assurance reviews in program areas across the agency to identify the strengths and needs of Indiana's child welfare system. This includes Child and Family Service Reviews (CFSR), Practice Model Reviews (PMR), the Reflective Practice Survey (RPS) and Quality Assurance Reviews (QAR) for the Child Abuse and Neglect Hotline (Hotline), SafeACT, and the Institutional Child Protection Services Unit (ICPS). The QSA team assists with the development and implementation of new quality assurance tools as needed.

This team engages DCS staff and external partners (i.e., court staff) statewide in quality assurance activities. Currently, the team boasts approximately 700 trained reviewers.

Practice Model Review (PMR)

The DCS Practice Model Review (PMR) is a peer review process that utilizes **interviews with stakeholders, families, and children** (if age and developmentally appropriate) along with case record reviews to assess the agency's performance on key practice indicators, including safety, permanency, and well-being and **identify system strengths and areas needing improvement**. The PMR process also evaluates the contribution made by local courts and service providers in producing those outcomes.

In preparation for CFSR Round 4, Indiana received approval to conduct a State-Led review. To ensure the CFSR Onsite Review and future Program Improvement Plan (PIP) monitoring was a seamless and consistent process, Indiana retired its previous protocol and adopted the federal Onsite Review Instrument (OSRI) as its primary measurement tool for all internal case reviews beginning in 2023. This has allowed for greater consistency in measuring and talking about federal outcomes. See Appendix A for updated Case Review Procedures.

2025 PMR Schedule

January						
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The PMR culminates in a **feedback session for each region** where the review findings are presented. Additionally, **PMR data and trends are provided to DCS upper management following each measurement period** and are used by agency leaders to evaluate and address system issues that produce inequitable results for families and children.

QSA is working to enhance reviewer experience and streamline processes. In addition to offering additional training and resources to trained reviewers, the team has produced reports, presented results, and engaged teams in practice and compliance conversations. The PMR has contributed to proposed changes/updates in policy, creation of new/revised training, and facilitated coaching conversations.

In fall 2024, QSA will pilot a collaborative debrief process as part of a multi-team improvement cycle. This debrief will use gap statements and a strengths-based feedback approach, involving case workers, their supervisors, and local office attorneys. Caseworkers will develop 1-2 action steps with their supervisors and attorneys, outlining needed support. Quality Assurance Analysts will note compliance/data entry errors for resolution. Debrief forms will be summarized and shared with leadership and the Continuous Quality Assurance team to inform regional meeting agendas, MDI coaching sessions, and additional improvement activities, trainings, and tools.

DCS Practice Team

The Practice Team engages Regional Managers to prepare ideas for annual regional engagement plans. Regional engagement plans consist of goals developed by the region, led by the regional manager, and guided by PMR/CFSR data. In 2022, the practice team incorporated additional data points including Safe Systems Culture and Climate data. In 2023 DCS' staff development division prioritized PMR data topics to guide trainings and in-services (trainings offered by Staff Development Trainers, in-services offered by

Practice Team members) that are offered by linking specific trainings and in-services to regional engagement plans. For example, PMR data may show we have room to grow within parental engagement. Staff development will identify a training or in-service that will lay the foundation and then the Practice Team will apply the learning via goals/activities in the regional engagement plan.

Reflective Practice Survey (RPS)

The Reflective Practice Survey (RPS) evaluates FCMs fidelity to the DCS Practice Model using case record reviews and field observation. The FCM Supervisor engages with the family/FCM/team members during the RPS process and may observe the FCM during several activities and interview case participants. RPS is completed quarterly and each FCM will have one assessment, one permanency case, or one Older Youth Services (OYS) case randomly selected for review. The questionnaire for each RPS aligns with key areas measured via the PMR and CFSR. Data is reported via Tableau dashboards for management to determine RPS compliance, measure practice skills, and identify training needs.

In June 2023, the CQI team facilitated a Rapid Improvement Event in collaboration with QSA and field staff to enhance the RPS process and address challenges with the process changes implemented in 2020. This activity went through another improvement round in 2024. The project team is currently in the process of testing or experimenting with proposed solutions in pilot regions.

Quality Assurance Reviews (QAR)

The QSA team conducts regular quality assurance reviews for the Hotline, SafeACT, and the Institutional Unit.

Hotline Reviews

The QSA team reviews 100 Hotline calls each quarter (400 annually) using a 45-question quality assurance tool. This tool reviews the completeness and quality of documentation in Intake Reports, the thoroughness of the Intake Specialist, the accuracy of the report decision, and the caller's experience. Data reports are presented to agency directors and Hotline leadership quarterly.

SafeACT Reviews

The QSA team reviews 100 SafeACT calls/assessments each quarter (400 annually) using a 90-question quality assurance tool (depending on family structure). The SafeACT tool reviews areas such as general information, required contacts with victims/parents, perpetrator interviews, thoroughness of the investigation, documentation, and timely completion. The SafeACT Quality Assurance Report is a live data report and visualized on a dashboard accessible to SafeACT managers and agency leadership.

Institutional (ICPS) Reviews

The QSA team reviews 85 Institutional Child Protection Unit (ICPS) Investigations per quarter (340 annually) using a 47-question quality assurance tool. These reviews evaluate the quality and timeliness of Institutional investigations. The ICPS tool looks at face to face contacts, probation involvement, case manager conducted interviews, and thoroughness of the final investigation report. Data reports are submitted and presented to agency directors quarterly.

Safety Quality Assurance

The Safety Quality Assurance Team is a newly formed team under the Strategic Sharing and Agency Transformation division. This team will implement targeted quality assurance reviews centered on the safety of children. The scope of this work includes Indiana's most at risk children involved in an In-Home CHINS or an Agreement of Informal Adjustment (IA) with a plan to expand reviews to unsubstantiated assessments, assessments closed through SafeACT, and 310s screened out at the local office level. Through the creation of a standardized scoring tool and reviews conducted during a window of time when interventions could still take place, the goal is for this team to have safety conversations with relevant stakeholders, facilitate stakeholder activities focused on safety, and conduct coaching with leaders around safety decision-making as requested. The team is in the process of developing the review tool, processes, and reports. Regular reports/metrics will be compiled to communicate trends and guide improvement efforts across all divisions and system partners who play a role in ensuring child safety.

Safe Systems Reviews (SSR)

The Department of Child Services (DCS) has developed a program called Safe System Review (SSR) to improve child safety, prevent child maltreatment-related fatalities, and identify system-wide improvement opportunities. The SSR is rooted in safety science and is a non-punitive process that considers the entire child welfare system rather than specific individuals or cases. The Safe Systems team conducts SSRs on families or children with DCS involvement prior to a critical incident or for families involved in Healthy Families Indiana or Nurse Family Partnership. The review uses the Safe System Improvement Tool (SSIT), which is organized into four domains to facilitate learning and improvement. The team partners with other agencies and divisions to enhance practice and participates in various multidisciplinary meetings.

Regions and local offices use information provided by these reviews and their region's culture and climate surveys to develop PDCAs (Plan Do Check Act) to address problem areas.

Residential Licensing

DCS residential licensing staff go on-site to residential facilities at least once per quarter to follow up with providers on any changes discussed during these monthly residential meetings, to ensure the safety of children receiving residential treatment, and to monitor compliance with applicable standards, statutes, and rules.

Leadership Desk Reviews

In 2024, RMs, LODs and DMs began completing desk reviews to assess the quality of practice and data entry. Leaders will complete six reviews a quarter, or two per month. A virtual form exists for assessments and ongoing cases separately. Cases are selected at random.

Desk reviews are intended to be used as a coaching tool and feedback is reviewed face to face with their direct report by the end of the month following the review. This tool is also being utilized by leadership to follow up on complaints and address any issues of quality or misconduct. This tool is also used as a way to assess inter-rater reliability as some leaders may review the same assessment/case upon request.

Over 1300 desk reviews have been completed in 2024 thus far. Results are being analyzed to identify key insights and inform improvement activities/projects, training development, and the establishment of local

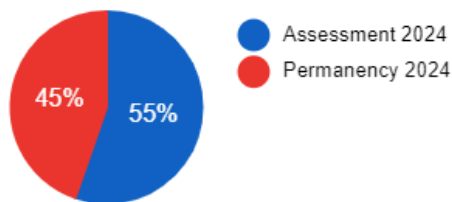
improvement plans. Results are often discussed in leadership/management meetings in addition to 1:1 coaching conversations.

2024 Totals

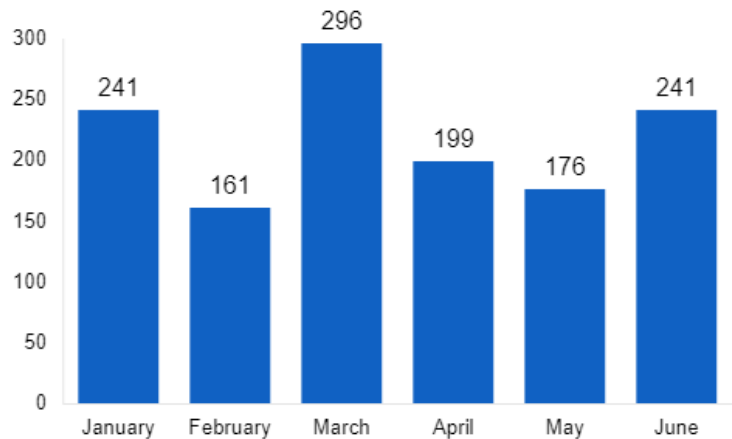
1314

Total Reviewed

Reviewed Completed by Type



Total Reviewed by Type per Month



Leader Visits with Foster Parents

One of our agency's goals this year is improving our relationship with foster parents. The first step is recognizing how valuable they are to not only our work, but also to a child's journey to permanency. Indiana knows just as it is important to continuously recruit new foster parents, it is just as important to retain the foster parents who already serve Indiana's youth. Indiana aims to do this through building better relationships and ensuring foster parents have ample opportunities to share their voice. Leaders will be making visits to resource homes to engage with foster parents and ask them about their fostering experience. Leaders will complete a form so that we may learn how foster parents' experiences are different from one area of the state to the next. The questionnaire asks:

1. How often do you communicate with the FCM assigned to the child's case?
2. What is the mode of communication used by the FCM assigned to the child's case to communicate with you?
3. What mode of communication do you prefer?
4. The amount of contact that you receive from the FCM is...
 - More than you would like
 - Less than you would like
 - Just the right amount.
5. Have you had any contact with the birth family?
6. Are you invited to CFTMs?
7. Do you receive court reports?

8. Do you know the supervisor for the assigned FCM?
9. Additional information the foster parent wants to share

These questionnaires do not intend to replace the annual foster parent survey, which will also be revised to ensure we are gathering the right information to make better decisions related to recruitment and retention.

Foster Care Licensing Quality Assurance Reviews

In 2023, the Foster Care Licensing team developed a quality assurance review/records review for initial licensure, annuals, relicensure, and kinship licensure processes. Reviews are conducted monthly and 15 of each type are reviewed each month. After results are tabulated, a debrief with upper management is held to identify areas needing immediate action, strengths, needs, and any consultant recommendations. Each review considers similar questions:

1. Application is entered and uploaded into case management system.
2. Application is signed and dated by all applicable parties.
3. Exception, waiver, variance type is documented correctly in the license summary of the case management system.
4. Exception is submitted prior to or within 48 business hours of placement within a Foster Family Home
5. Required supporting documentation is uploaded with Exception, Waiver, Variance request
6. All Exceptions, Waivers, and/or Variances are up to date and valid for current state of home.
7. Appropriate number of in-service training hours have been completed and entered in the foster parent's person page
8. At Relicensure, all required in-service training hours for licensing period have been completed, according to license type, and are entered in the foster parent's person page
9. Conversations regarding foster parent(s) training is documented, at least quarterly, in the case management system.
10. No more than 8 hours of alternative training hours are used annually
11. Current First Aid certification is entered under "training" in the foster parent's person page
12. Current CPR certification is entered under "training" in the foster parent's person page
13. Current UP/BBP certification is entered under "training" in the foster parent's person page
14. Background checks have been uploaded to each foster parent's person page
15. Background checks have been uploaded to each household member's person page
16. Fingerprint results are up to date for all foster parents and household members over the age of 18 (Relicense or critical juncture only)
17. Local Criminal History checks are up to date for all foster parents and household members over the age of 18
18. SOR results are up to date for all foster parents and household members over the age of 14 (Relicense or critical juncture only)
19. CPS checks are up to date for all foster parents and household members over the age of 6 (Relicense or critical juncture only)
20. COBCU waiver results, if needed, are documented or uploaded in the applicant's person profile page in the case management system (Relicense or critical junctures only)

21. Home visit occurred in the home
22. Up to date forms were utilized
23. All forms requiring a signature are signed appropriately. If typed signatures are being utilized, there is supporting documentation attesting to the validity of the signatures
24. Photos of the home, including bedrooms, have been uploaded to the resource at the time of annual or relicense
25. Placement Preferences are accurately reflected in the resource page.
26. Annual report is signed and dated by all foster parents
27. Annual report is signed and dated by FCS
28. Contact note is entered at time of annual report
29. Annual report is signed and dated by FCSS
30. All required documentation and forms are uploaded into the case management system
31. If Vaccination Status is Unverified, it is noted in Placement Restrictions
32. Quarterly contact with foster parents is documented in the case management system
33. If a CAP is necessary for missing licensing requirements, it is signed by all applicable parties and is entered in the case management system
34. If a CAP is necessary for missing licensing requirements, it is thorough and detailed to ensure all parties understand what they are responsible for completing
35. If a CAP is necessary for missing licensing requirements, it has been submitted for Supervisor Review
36. If a CAP(s) has been utilized for missing licensing requirements, it has been submitted for closure or extension prior to expiration
37. Any assessments for the Foster Family Home are addressed in Annual Report and/or SAFE Home Study documents
38. Any safety plans or CAPs put in place due to assessment or other notable concerns are signed and dated by all applicable parties and are uploaded to the case management system
39. If Annual is being submitted for approval with an active placement hold, there is documentation in the case management system detailing how the concerns have been or are being addressed.
40. If a placement hold was entered at any time during the annual year, it included a description as to why the resource was placed on a hold.
41. Physical and Legal Capacity
42. Foster Family Home is within Legal Capacity according to license type and active exceptions
43. Capacity in case management system is accurate and reflects the license type and number of placements and minor household children in the home
44. "Respite Only" homes are at a capacity of 0
45. All SAFE documents including the Home Study, Questionnaires, and PSI Inventory/Results are signed and dated by applicable parties
46. Update Questionnaires are completed in their entirety and signed by all applicable parties
47. Home study writer has utilized appropriate mitigation techniques, when necessary, in the home study
48. Willingness to Foster Characteristics are discussed in the home study

49. The home study has been signed and dated by foster parents
50. The home study has been signed and dated by FCS
51. The home study has been signed and dated by FCSS
52. The PSI Results page has been utilized and indicates any erased, reduced, or mitigated scores

Compliance with PI-23-10

DCS will implement and complete outlined steps in its PIP to build an audit review of payments for kinship placements to ensure parity between those and non-related placements. This PIP was submitted in September of 2024, with a goal to complete the PIP by September of 2025. Steps to be taken are as follows:

Activity	Description	Month	Responsible
1. Determine Audit Pool	Establish stratification for random sample pull of Kinship Licensed and Non-Kinship Licensed payments, including cadence of audits - Determine sample criteria; audit sample size; report format/fields - Determine scheduled report run - Develop an evaluation of parity between the 2 samples of license payments using the Research and Evaluation Team	October 2024	CFO or designee
2. Develop audit steps	Create workgroup to outline each step of the process from licensing to payment, including CANS and designated placement type Recruit workgroup members incl Staff Development, Admin	November 2024	CFO or designee Agency Head or designee

	Svcs (finance), Research & Evaluation • Create process map of audit steps • Create business process map of underlying functions • Determine if any result intervention needs to occur, as a result of parity analysis		
3. Pilot	Try out the process with a trial run of a sample pull and analysis • Utilize step 1, 2 • Provide results to leadership for review	December 2024	CFO, SSAT
4. Modify	Adjust any steps needed based on the pilot activity • Make adjustments to step 1, 2 based upon leadership review	January 2025	SSAT
5. Begin Audit	Complete a full audit to be stored on file and available as requested	March 2025	Admin, IT, SSAT
6. Policy	Update General Administrative policy to outline process developed	March 2025	SSAT
7. Enact	Full cycle of audit begins	On-going	DCS

Probation IV-E EFC Audits

Probation Consultants with the Juvenile Justice Initiatives and Support division conduct audits to capture compliance with Indiana Code. The worksheet questions and code references are provided in the table below.

Column C		Name of Residential Placement Facility
Column D	IC 31-40-1-2(d)	Was the child placed in a DCS Contracted or DCS approved residential treatment facility
Column E	IC 31-37-17-1.4	Was the case referred to the DCS (Probation Service Consultant) prior to placement
Column F	IC 31-37-5-8	If No to E, did the order contain emergency findings
Column G	IC 31-37-17-1 (42 USC 670)	Was the child under the age of 18 when the child was placed in residential treatment
Column H	IC 31-37-17-1 (42 USC 670)	Was the child a US Citizen
Column I	IC 31-37-17-1 (42 USC 670)	Was the household composition entered into KidTraks
Column J	IC 31-37-17-3	Was the household income entered into KidTraks (database, Preliminary Inquiry, PDR)
Column K	IC 31-37-17-1 (42 USC 670)	If the child receives social security, was that documented in KidTraks
Column L	IC 31-37-17-1 (42 USC 670)	Is there a copy of the social security card in KidTraks
Column M	IC 31-37-17-1 (42 USC 670)	Is there a copy of the birth certificate in KidTraks
Column N	IC 31-37-17-1 (42 USC 670)	Is there a copy of the child's health insurance card (Medicaid/Private Insurer) in KidTraks
Column O	IC 31-37-6-6	Did the order of first removal and subsequent orders include Best Interest/Contrary clause
Column P	IC 31-37-6-6/31-37-19-1	Did the order of first removal and subsequent orders include Reasonable efforts language
Column Q	IC 31-37-6-6/31-37-19-1	Were the reasonable efforts noted in the order or referenced
Column R	IC 31-37-17-1	Did the Predispositional Report contain a statement of need
Column S	IC 31-37-17-4	Did the Predispositional Report contain a recommendation for care, treatment, rehabilitation, placement
Column T	IC 31-37-17-4	Is the IYAS Risk assessment (Residential Tool - Primary or Supervision tool) noted or submitted
Column U	IC 31-37-19-1.5	Is there a DCS case plan uploaded into KidTraks within 60 days of placement in residential treatment
Column V	IC 31-37-19-1.5	Was the case plan updated every 180 days while the child was in residential treatment
Column W	42 USC 624	Was the child visited monthly while in residential treatment and is the visitation documented in KidTraks
Column X	IC 31-37-20-2	Was the periodic review hearing held within 6 months
Column Y	IC 31-37-20-2	Was a permanency hearing held within 12 months
Column Z	IC 31-35-2-4	Was the child in a placed out of the home for the last 15 of 22 months, if so, was a TPR filed

JJIS efforts to support best practice among probation youth are included in the Indiana CFSR 4 approved PIP to be monitored through this CFSP.

In 2023, JJIS Completed 1,337 reviews of probation cases for DCS-paid services. A decline in 30-day assessments was noted, but a significant increase in reviews for services resulted from the introduction of Family Preservation to the juvenile-justice population. The probation service consultants completed 603 30-day assessments, 55 statutory assessments (for youths who meet the exclusionary category for the Q RTP) and 679 reviews for per diem-based services (comprehensive services).

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Legal Operations

- Integrated Lean principles into daily legal team tasks and activities, including rolling out Managing for Daily Improvement (MDI) across the legal division and implementing Leader Standard Work (LSW) across legal leadership.

Child Support Bureau

- Through a series of six Rapid Improvement Events and two Improvement Projects, every process and task at CSB was reviewed and improved. CSB is reorganizing to improve efficiency and service while also improving the work environment.

Communications

- Integrated Lean principles into daily comms team tasks and activities, including utilization of leader standard work, huddles, and a new visual-management system to help monitor workloads. More than half of the team participated in a Lean event — either a Rapid Improvement Event or Improvement Project — in 2022 and continue to participate in events in 2023. In 2024 and moving forward, DCS created a Coffee with Comms monthly meeting where Field leadership attends a discussion that outlines any changes or initiatives the agency is engaged with. Comms will take the lead on assisting in agency awareness and information flow for PIP updates from the PIP task for the duration of this CFSP.

Strategic Solutions and Agency Transformation (SSAT)

- The **Continuous Quality Improvement** team continued to offer targeted training on principles of continuous improvement. This included:
 - DCS Lean Bronze Training - The purpose of this training is to build the skill set of future and current leaders and provide practical application of Lean tools and concepts. Each participant learns the stages of change and the importance of human development, how to identify and eliminate waste, and how to identify the root cause of a problem and use the Lean tools to continuously improve.
 - Leader Standard Work (LSW) Training – The purpose of this training is to provide an overview of lean principles and an introduction to lean leadership and the laws of behavior change. This training includes an introduction to lean management tools like Gemba Walks, Standard Work, the Focus Funnel, and methods of applying and teaching Leader Standard Work.
 - Personal Development Plan Training – This training addresses the lean principle “Transformational learning means deep personal experience.” It covers the purpose of a PDP, how to develop a PDP, and how to use the A3 tool as a PDP, allowing one to use a problem-solving approach to personal growth and development.
- The **Quality Service and Assurance** team conducted reviews on **742 cases** during the first two-year cycle of the Practice Model Review (2021-2022). Since then, the QSA team has further enhanced the PMR process to align with CFSR processes, resulting in 148 cases being reviewed in

2023 using the OSRI/OMS.

- The **Research and Evaluation** team had two manuscripts published, and one more conditionally accepted for publication pending additional modifications. In Fall 2022, an analysis of how hotline reports are screened was published in Children and Youth Services Review. In Spring 2023, a formal evaluation of the Indiana Family Preservation Services was published in Child Abuse & Neglect. A final article focuses on a qualitative analysis of FCM views of Indiana Family Preservation Services and will be published in Children and Youth Services review.
- The **Policy** team processed and posted 125 new and revised policies effective in 2022. To date in 2023, 104 policies have been developed and or revised.

Stakeholder Input and Feedback Loops

DCS identifies the strengths and needs of the system through the quality assurance and continuous quality improvement activities described above. Additionally, there are processes in place to ensure the quality and fidelity of contracted services. Indiana engages external stakeholders regularly and has processes in place to incorporate the voice of parents, children, resource parents, and providers in its CQI activities.

Indiana has incorporated the RSC into the Indiana CFSR 4 approved PIP for monitoring of feedback and improvement monitoring through the CFSP duration.

Regional Service Councils

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 BRSSP for SFY 2021-2022 was developed using a collaborative approach, which included stakeholders from the provider community, foster parents, youth, clients, probation, courts, CASA/GAL, and prosecutors.

The focus groups were asked to identify gaps in services and strategies to improve the quality and availability of services in a region. Statewide quantitative and qualitative data, ad hoc reviews, improvement planning outcomes, and prevention data, and regional reports on contracted community-based services by county are used by the regions to develop both service strengths and gaps that could be addressed by DCS and the local communities. Below is an example of a Regional Service Council addressing a community need regarding safe sleep.

Evaluation of Implemented Program Improvement Measures

Tracking and Adjusting

Indiana utilizes the Plan-Do-Check-Act (PDCA) cycle as the model for implementing and monitoring process/program improvements. Areas that implement process improvements are tasked with monitoring metrics/outcomes over time to determine if the improvement was successful or if the cycle should begin again to identify a new solution.

DCS will utilize the PDCA cycle for PIP implementation for the first 3 years of the CFSP. This model utilizes one value stream, rather than three. This will create one flow of information and a fuller scope of work to make decisions on newer initiatives and changes. DCS will utilize this value stream for at least 2 years-post PIP success to sustain improvements.

Research and Evaluation

The SSAT division houses a Research and Evaluation team which conducts research and designs evaluations to help guide the agency's goals and objectives and evaluate the effectiveness of program improvement measures. This team analyzes agency data and shares knowledge with both internal and external stakeholders in the child welfare system. The R&E team also conducts literature reviews that analyze policy, initiatives, and protocols from other states to identify potential initiatives for Indiana DCS.

Additionally, this team develops and conducts internal agency surveys to gain insights on policy, resources, and effectiveness that spark discussions around training development, changes in protocol, and additional areas of improvement.

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 improve outcomes for children by informing greater field of child welfare on policy and data techniques.

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 The Family First Prevention Services Act (FFPSA) including evaluations of Indiana Family Preservation Services, Trauma Focused-Cognitive Behavioral Therapy, Kinship Indiana Support Services (KISS)⁵², and Concrete Supports.⁵³

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.

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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 include evaluations of Indiana Family Preservation Services, TF-CBT, and the Kinship Navigator program.

The Research and Evaluation team has also performed analyses relating to: disproportionality; fatalities; human trafficking; high acuity cases; substance use disorder prevalence, risk, and impact; trial home visits; quality of referrals; referrals to Community Mental Health Centers; domestic violence cases; SAFE Act assessments; adoptions; case plan timeliness; court hearing timeliness; licensure withdrawal reasons;

⁵² [Kinship Indiana Support Services \(indianafostercare.org\)](http://indianafostercare.org)

removals by race; permanency outcomes, goals, and stability by race; timeliness of safety plans; and kinship placements by race.

DCS plans to capitalize on the research team's ability to do more internal analysis of information to approach problem solving in the state more surgically. This team will be assisting the PIP implementation by representation on the PIP Core team, as well the development of the Safety Quality review tools as part of safety goals in the PIP. This team will then balance federal evaluations for FFPSA, generate information and findings to drive decision-making as part of the overall feedback loop of continuous improvement and informed interventions. This team will leverage Indiana University to partner for larger projects and work toward additional expanding partnerships over the next 5 years.

Plan for Enacting the State's Vision

Agency Goals

As part of the agency's continuous improvement model and the assessment of performance through Round 4 CFSR, the Indiana Department of Child Services has worked as a system to set goals and objectives to guide the next 5-year Child and Family Services Plan.

Based on extensive workgroup discussions with system partners and the results of the CFSR R4 Final Report, Indiana will target improvements to the areas of (1) Workforce Development to enhance child safety, (2) Foster Parent Recruitment and Retention, (3) Reducing the time to Permanency, and (4) Service Array. These cross-cutting themes were prevalent in the CFSR R4 Final Report, internal case reviews, and stakeholder conversations.

- **Workforce/Skill Development** – The Final Report indicated Indiana's performance on the Statewide Data Indicators related to safety were statistically worse than national performance. Additionally, Indiana needs to improve in initiating and making face-to-face contact with children in accepted child maltreatment reports within the timeframes established by agency policy, as well as improving the thoroughness of risk/safety and needs assessments. Indiana was encouraged to look closely at safety-related practices in in-home cases as they performed lower than out-of-home cases. Problem exploration and root cause analyses performed by phase I and phase II workgroups identified that the quality and effectiveness of ongoing training, mentoring, and coaching of front-line case management and probation staff, especially those in supervisory roles, directly impact safety outcomes, data integrity, worker capacity, and family engagement.
- **Service Array and Resource Development** – Indiana was not in substantial conformity with the Service Array systemic factor. There were promising practices noted in this area, such as Indiana's Family Preservation Services and a tool available to case managers and probation staff that allows them to see Family Preservation provider availability and offerings called the Service Hub. Workgroup problem exploration and root cause analyses showed that Indiana generally has service availability in all areas of the state but lacks a clear record for demand that exceeds the supply of services or when there is a gap in the ability to provide for a more specialized service with low demand. Additionally, the state is experiencing capacity issues related to the national shortage of mental health providers/therapists. Problem exploration revealed that the availability and customization of services depend on accurately assessing family needs, involving them in developing plans, making timely referrals, and clarifying roles with system partners for optimal service recommendations.
- **Foster Parent Recruitment and Retention** – Indiana was not in substantial conformity with the Foster Parent Recruitment and Retention systemic factor. Indiana's performance on the statewide data indicator on placement stability is better than national performance. Case reviews support that Indiana has strong performance on items pertaining to placement stability and placement with siblings. The Final Report and workgroup analyses highlighted opportunities related to placement stability for youth with more complex needs (e.g., behavioral health/mental health diagnoses, medically diagnosed conditions, physical disabilities, visual/hearing impairments, emotional disturbance, sexually maladaptive behavior, juvenile delinquency involvement, history of

congregate care settings) or who are part of the LGBTQIA+ community. Additionally, children aged 11–16 and Black children consistently experienced higher rates of placement moves. Indiana continues to experience a decline in the number of active licensed homes. The goals and strategies around this domain are built around the effectiveness of diligent recruitment and retention plans, the informal and formal support given to resource parents, and identifying the best-matched placement for a child at the onset of removal to improve the stability of placements and ensure children maintain connections to their communities, family, and kin whenever possible. Through this exploration, Indiana also recognized the importance of retaining the resource homes we have through improving relationships and taking a customer service approach towards the agency's relationship with foster parents.

- **Systems Approach to Timely Permanency** – Indiana performed better or no different than national performance on all five permanency indicators over the past six reporting periods. Despite the strong performance on these data indicators, performance on items pertaining to timely achievement of permanency were mixed in the onsite review. Some cases reviewed experienced delays in case progression and timely permanency related to court processes and internal agency practices. The Final Report emphasized a need for the agency and the legal and judicial systems to clearly identify practices that support and impede the achievement of timely and appropriate permanency for children and families and address the ability to monitor and ensure the timeliness of periodic reviews, permanency hearings, and TPR hearings. Workgroups exploring these problems identified a need for more transparent information sharing, enhanced data visualizations, incorporation of continuous quality improvement mechanisms, and improved local relationships between the agency and legal/judicial partners to support shared decision-making.

Additionally, throughout the exploration of problem statements and root causing activities, Indiana identified an additional goal to enhance its existing CQI/QA system.

- **Continuous Quality Improvement and Quality Assurance Enhancements** – Indiana has a robust CQI/QA system and a division of support teams who all conduct CQI/QA related activities and reviews. As part of the agency's lean journey, most agency staff have been introduced to continuous improvement concepts and lean principles. As a large state agency, CQI activities have been challenged by variation of external factors that are different from one region to the next. Local offices/regions often express change fatigue and overwhelm with the number of statewide changes, particularly when they are difficult to implement in their regional context. The agency identifies that changes are more successful long term when they are well-planned and researched, thoughtfully implemented and monitored, developed with the input of system partners and lived experts, and owned by employees in the locality. Additionally, Indiana recognizes the need to formalize existing feedback loops to ensure transparency in information and support the ongoing collection of feedback from constituents, staff, and other stakeholders for the ongoing assessment of system performance.

Goals

Goal 1. Indiana will improve safety and risk assessment practices and ensure ongoing safety management from initial contact through case closure. Safety Outcomes 1 & 2 (Items 1, 2, & 3) and

Well-Being Outcome 1 (Item 14):

- **Rationale:** Indiana chose this goal because it addresses the broad theme of improving safety and risk assessment and management, which encompasses several identified opportunities for improvement, including the timely initiation of assessments, thoroughness of safety/risk assessments, ensuring that all allegations are formally reported and investigated, substantiating when an assessment meets the threshold for substantiation, and implementing appropriate safety plans that are monitored throughout the life of the case. This goal recognizes that a family's level of safety and risk is not defined by a moment in time but rather fluctuates over time; therefore, it must be continuously monitored and adjusted throughout the life of the case. Progress on this goal will be measured by review of Safety Outcomes 1 and 2 (Items 1-3), Safety Statewide Data Indicators, and Well-Being Outcome 1 (Item 14).
 - **Strategy 1.1:** Indiana will address barriers to timely initiation and the prioritization of establishing child safety.
 - Metric 1.1.1: Timely initiation of child abuse and/or neglect assessments.
 - Item 1 Aggregate Score 5/1/22 to 4/30/23: 77% Strength
 - Year 1 target: 85% (10% improvement)
 - Year 3 Target: 95%
 - Year 5 Target: 95% (Sustainment)
 - **Strategy 1.2:** Indiana will improve the use and quality of meaningful safety planning for each family throughout the life of the case.
 - Metric 1.2.1: Recurrence of maltreatment
 - Year 1 target: RSP not statistically different from National Performance
 - Year 3 target: RSP statistically better than National Performance

Goal 2 - Indiana will enhance the accessibility and individualization of services. Well-Being Outcome 1 (Item 12), Well-Being Outcome 2 (Item 16), and Well-Being Outcome 3 (Items 17-18):

- **Rationale:** This goal was chosen because the Service Array and Resource Development Workgroup found that frontline workers were not accurately assessing the underlying needs of families and/or matching families to the services most appropriate for their needs. When families are not engaged in the identification of their needs and the matching of services, there can be increased feelings of disempowerment and resistance to engaging in referred services, ultimately leading to delays in achieving permanency. Additionally, with the significant reduction of children in care, more children who are in care have higher needs.
 - **Strategy 2.1:** Conduct a gap analysis with technical assistance from the Capacity Building Center for States.
 - **Strategy 2.2:** Develop a process/mechanism that allows staff to report/identify service gaps/needs.

Goal 3 - Indiana will improve the relationships with foster and adoptive families and enhance their

capacity to care for youth. Permanency Outcome 1 (Item 4) and Permanency Outcome 2 (Items 7, 9, 10):

- **Rationale:** Indiana chose this goal because it addresses the two main themes identified by workgroups: Indiana does not have enough available foster homes and of the available homes, not enough are equipped to care for children with complex needs. Additionally, retention of foster homes is impacted by foster parent perceptions of the agency. Achieving this goal will increase the number of new homes, increase the number of foster homes that retain their license, and increase the number of foster parents able to care for youth with complex needs.
 - **Strategy 3.1:** Launch multifaceted feedback mechanism including (1) enhanced annual foster parent feedback survey, (2) bi-monthly focus groups in super regions, and (3) leadership touchpoints with foster/adoptive parents.
 - Metric 3.1.1: # of responses on foster/adoptive parent annual feedback survey
 - Metric 3.1.2: Increase retention of foster homes after 12 months of becoming licensed.

Goal 4 - Indiana will strengthen permanency practices and partnerships to promote timely reunification, guardianship, or adoption. Permanency Outcome 1 (Items 5-6):

- **Rationale:** This goal was chosen because workgroups found that poor teaming with families and a lack of collaboration between child welfare and court partners were negatively contributing to the timely achievement of permanency. Ultimately, permanency cannot be achieved through the efforts of one agency alone and requires joint efforts between child welfare, the courts, and other entities. Successful completion of this goal will result in more cases achieving permanency timely.
 - **Outcome 1:** Collaborate with stakeholders to ensure TPR code represents best practice in expediting permanency
 - Metric 4.1.1: Time from filing of CHINS petition to filing of TPR
 - **Outcome 2:** DCS and IOCS will collaborate to reinforce best practice to ensure permanency plans are appropriate and adjusted timely based on the case circumstances.
 - Metric 4.2.1: Decrease average time to permanency for children exiting foster care
 - Metric 4.2.2: Increase % of children with concurrent plans (when appropriate)
 - **Outcome 3:** Ensure service provider reports are filed timely with the court and service providers are included in regular court testimony

Goal 5 – Indiana will enhance CQI/QA processes to reflect the requirements of ACYF-CB-IM-12-07.

- **Rationale:** While the agency has QA/CQI systems/processes to measure performance and coach staff on CQI principles, the use/dissemination of relevant reports is not consistent across all support teams and is not consistently used in an effective way to drive change. Additionally, current

processes lack the ability to accurately assess systemic factor functioning, lack well-defined feedback loops, and do not consistently allow for stakeholder feedback.

- **Strategy 5.1:** QSA and CQI teams will collaborate with the Capacity Building Center for States to complete a project that integrates Indiana's lean methodology with the Center's change and implementation model.
- **Strategy 5.2:** Explore Regionally based continuous improvement champions to help embed CQI processes, monitoring, and feedback loops locally.
- **Strategy 5.3:** Establish standard work that supports the ongoing monitoring/tracking/documentation of initiatives/improvements, projects, PDCA's, etc. in all divisions/units.

Update On Progress Made to Improve Outcomes

In January 2021, Indiana Department of Child Services (DCS) successfully completed all key activities and step-outs associated with their Program Improvement Plan (PIP). This, combined with their success in passing outstanding items not in substantial conformity since summer 2016, enabled Indiana to focus on future planning beyond the PIP. The state completed the PIP timely and without overlapping years. DCS continued to monitor its performance on these items through its internal quality assurance and continuous improvement processes.

On October 4, 2022, Indiana began Round 4 of the CFSRs and received official approval for these reviews to be state led. In preparation, the agency engaged with the Children's Bureau (CB), the Capacity Building Center for States (CBCS), and Indiana child welfare system partners to conduct its Round 4 Statewide Assessment. The purpose of this assessment was to identify strengths and areas for improvement within Indiana's child welfare system, and to develop strategies for improving outcomes for children and families. Indiana's Statewide Assessment was submitted on January 31, 2023. Subsequently, Indiana began the Onsite Review in April 2023, conducting case record reviews and stakeholder interviews with 21 stakeholder groups surrounding the systemic factors identified as needing improvement. Indiana's review period was conducted April 1, 2023, through September 30, 2023. Indiana conducted PIP development workgroups with agency stakeholders from July 2023 to December 2023 with a second phase of workgroups which started following the CFSR R4 Final Report in January 2024 through March 2024. Indiana is in the process of revising the draft Program Improvement Plan and awaiting approval of the plan.

Key findings from the CFSR R4 in Indiana are similar to other states nationwide in that none of the seven outcomes met the 90% or 95% threshold required to be considered in substantial conformity. However, several strengths were observed:

- Safety staffing processes implemented in Round 3 are still in place.
- Statewide performance on the Placement Stability indicator exceeds national performance. Additionally, 73% of cases scored as a strength on this item.
- 93% of cases scored a strength on Item 7, placement with siblings.
- Children's educational needs were met in 86% of cases reviewed.
- Indiana's performance on the three statewide indicators for Permanency in 12 months is statistically better than national performance.

Indiana was found to be in substantial conformity with only one key systemic factor:

- Agency Responsiveness to the Community

Over the past four years, The Department has continued to make positive changes, resulting in improved services to Hoosier families across all regions of the state. These changes include addressing barriers to permanency, providing timely child support payments, and improving agency processes. The following section serves as an update on notable achievements towards reaching agency goals and spotlights divisional and regional performance. Specific objectives, metrics, and improvement activities targeted towards improving Child and Family Outcomes or the Systemic Factors are referenced in the Update to the Assessment of Current Performance in Improving Outcomes sections.

Progress Towards a Strengthened Workforce

- In 2023, through recruitment and retention efforts, DCS exceeded the goal for FCM hiring compliance of 95%, reaching 97%.
- DCS total staff turnover was the lowest in three years, dropping from 29.76% in 2021 to 22.17% in 2023.
- DCS achieved positive employee churn in 11 of 12 months.
- The number of counties that are staffed at 100% has increased by 37.7%.
- With twin goals of sharing impactful stories and employee recruitment, the communications staff produced 32 videos, including 14 recruitment ads, totaling more than two hours of content and garnering more than 27,000 views.
- Coaching and Mentoring Indiana (CAMI) had more than 100 graduates in 2023, with a total of 368 since inception in 2021.
- **Partnered with the Indiana State Personnel Department (INSPD) to expand the agency's recruitment efforts.** This included the launch of a multi-platform ad campaign highlighting benefits of working for the state: **increased salaries, workplace flexibility, education assistance** and more. The comms division also provided the talent-acquisition team with new collateral for use at job fairs and other recruitment events.

Progress Towards Prevention

- Healthy Families Indiana served 10,953 families, and 99.98% of fully engaged families avoided child welfare involvement.
- More than 24,000 children and 12,000 families have received Indiana Family Preservation Services (INFPS).



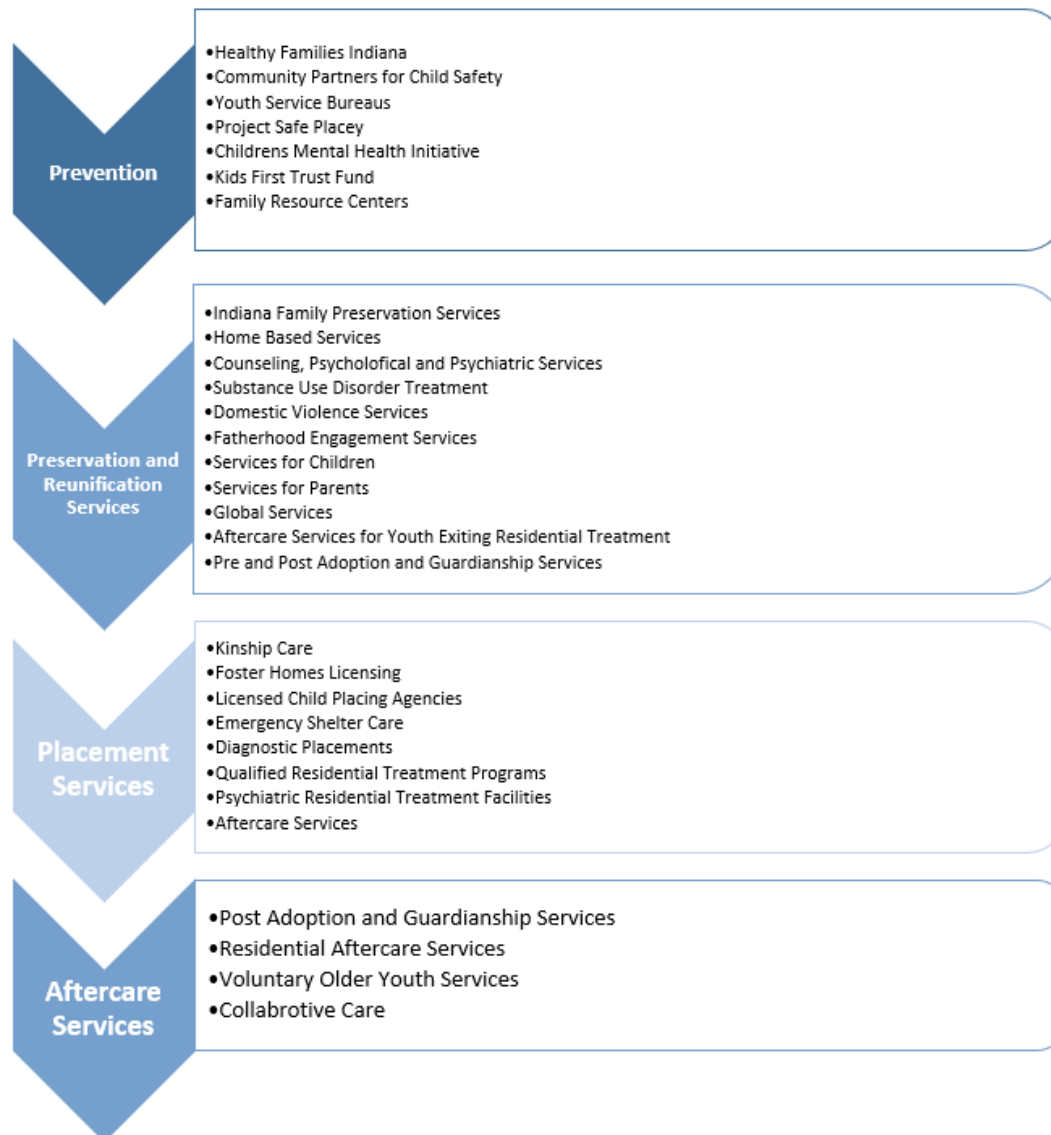
- Introduced Family Preservation Services to probation on Jan. 1, 2023.

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:

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 \(in.gov\)](#). The Framework has been implemented in 8 Indiana Counties to date with plans to implement in 8 additional counties in the current SFY

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 2023- June 2024):
- YSB Funded Program Youth: 1677
- Reported non-YSB-funded youth served: 342
- Reported total of youth served: 2019
- YSB-Funded Youth Served by Program:
- Case Management: 104
- Counseling: 189
- Mentoring: 79
- Parent Education: 0
- Recreation: 148
- School Intervention: 123
- Shelter: 84
- Skills Building: 420
- Teen Court: 354
- Tutoring: 146

Community Education:

- Youth Educated in FY24: 71,639 (Does not include Safe Place presentations)
- Adults Educated in FY24: 43,915

Information and Referral:

- Total Number of Referrals Made for FY24: 20,283

Advocacy:

- Advocacy for Individual Youth or Families in FY24: 29,460

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 shelters are also funded through licensed emergency shelter agencies. From July 2023 to July 2024, the number of youth accessing Safe Place sites and avoiding a night on the streets was 290 and the number of youths learning how to get help if needed through Safe Place outreach is 165,908.

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 29 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 10,953 families in FFY 2023

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>. 2 CPCS served 21,201 families in FFY 2023.

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 24 Indiana Counties. For more information about MIECHV Indiana visit:

<https://www.in.gov/health/mch/program-initiatives/maternal-infant-and-early-childhood-home-visiting-miechv/>, MIECHV funding supported 1,462 of the 10,953 families served by HFI in FFY 2023 **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.

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.

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

- Indiana Family Preservation Services
- Home-Based Family Centered Casework Services
- Home-Based Family Centered Therapy Services
- Supervised Parenting Time
- Comprehensive Home-Based Services
- Homemaker/Parent Aid
- Child Parent Psychotherapy
- Pre and Post Adoption and Guardianship Services

Counseling, Psychological, and Psychiatric services

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

Treatment for Substance Use Disorder

- Substance Use Disorder Assessment
- Outpatient Substance Use Disorder Treatment
- Detoxification Services - Inpatient and Outpatient
- Residential Substance Use Treatment
- Housing with Supportive Services for Addiction
- Drug Screening

Domestic Violence Services

- Batterers Intervention Program
- Victims and Child Services

Services for Children

- Child Advocacy Center Forensic Interviews
- Services for Sexually Maladaptive Youth
- Day Reporting
- Tutoring
- Transition from Restrictive Placements
- Cross Systems Care Coordination
- Children's Mental Health Wraparound Services
- Services for Truancy
- Specialized Services
- Human Trafficking Victim Services
- Therapeutic Services for Autism
- Older Youth Services

Services for Parents

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

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 service hours/week (intensity of	Home-Based Casework services typically focus on assisting the family with complex needs, such as behavior modification techniques, managing crisis, navigating services systems and assistance with developing short- and long-term goals.

		service should decrease over the duration of the referral)	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.
Intercept Services	Up to 6 months	Direct face to face services hours/should reduce over time and success	Prevent entry or reentry of children into foster care through intensive home-based services to children and their families of origin.

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 Behavioral 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	- 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	This program offers an average of 6 months of evidenced based practice that quickly engages the entire family (family as defined by the family members) through a four-phase process. The therapist works intensively with the family to help them understand what their values are and helps motivate them to a sustainable value change that will improve the lives of the whole family.
MI – Motivational Interviewing	- Effective in facilitating many types of behavior change - Addictions - Non-compliance and running away of teens - Discipline practices of parents.	This program offers direct, client-centered counseling approaches for therapists to help clients/families clarify and resolve their ambivalence about change. Motivational Interviewing identifies strategies for practitioners including related tasks for the clients within each stage of change to minimize and overcome resistance. This model has been shown to be effective in facilitating many types of behavior change including addictions, non-compliance, running away behaviors in teens, and inappropriate discipline practices of parents.
TFCBT – Trauma Focused Cognitive Behavioral Therapy and Trauma Assessments	- Children ages 3-18 who have experienced trauma - Children who may be experiencing significant emotional problems - Children with PTSD	This program offers treatment of youth ages 3-18 who have experienced trauma. The treatment includes child-parent sessions, uses psycho education, parenting skills, stress management, cognitive coping, etc. to enhance future safety. Treatment assists the family in working through trauma to prevent future behaviors related to trauma, and a non-offending adult caregiver must be available to participate in services.

-INDIANA DEPARTMENT OF CHILD SERVICES

AFCBT – Alternative Family Cognitive Behavioral Therapy	• Children diagnosed with behavior problems • Children with Conduct Disorder • Children with Oppositional Defiant Disorder • Families with a history of physical force and conflict	This program offers treatment to improve relationships between children and parents/caregivers by strengthening healthy parenting practices. In addition, services enhance child coping and social skills, maintains family safety, reduces coercive practices by caregivers and other family members, reduces the use of physical force by caregivers and the child and/ or improves child safety/welfare and family functioning.
ABA – Applied Behavioral Analysis	• Children with a diagnosis on the Autism Spectrum	This program offers treatment for youth with autism diagnosis to improve functional capacity in speech and language, activities of daily living, repetitive behaviors, and intensive intervention for development of social and academic skills.
CPP – Child Parent Psychotherapy	• Children ages 0-5 who have experienced trauma • Children who have been victims of maltreatment • Children who have witnessed DV • Children with attachment disorders • Toddlers of depressed mothers	This program offers techniques to support and strengthen the caregiver and child relationship as an avenue for restoring and protecting the child's mental health, improve child and parent domains, and increase the caregiver's ability to interact in positive ways with the child(ren). This model is based on attachment theory but integrates other behavioral therapies.
IN-AJSOP	• Children with sexually maladaptive behaviors and their families	This program offers treatment to youth who have exhibited inappropriate sexually aggressive behavior. The youth may be reintegrating into the community following out-of-home placement for treatment of sexually maladaptive behaviors. Youth may have sexually maladaptive behaviors and co-occurring mental health, intellectual disabilities, or autism spectrum diagnoses. CBT-IN-AJSOP focuses on skill development for youth, family members and members of the community to manage and reduce risk. Youth and families learn specific skills including the identification of distorted thinking, the modification of beliefs, the practice of pro social skills, and the changing of specific behaviors
Intercept	• Children of any age with serious emotional and behavioral problems	Treatment is family-centered and includes strength-based interventions, including family therapy using multiple evidence-based models (EBM), mental health treatment for caregivers, parenting skills education, educational interventions, and development of positive peer groups.
CBT- Cognitive Behavioral Therapy	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

Needs and service plans are included in Indiana CFSR 4 approved PIP and will be updated as part of the CFSP.

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

Kinship care efforts and initiatives are addressed and outlined as part of the Indiana CFSR 4 approved PIP and will be updated and monitored through the CFSP.

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 have 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 has experienced a decline in actively licensed homes over the past two years, from 5,566 in January 2021 to 4,755 in January 2023, representing a 15% decrease. Nonrelative licenses have decreased by 21%, with LCPAs experiencing a greater loss of 25%. However, DCS has increased the number of active relative licenses by 25%. Kinship navigation funding previously used for payment of Guardianship legal fees has been taken over by "Hoosier Families First special session funds" and included in the DCS budget for 2024.

About 200 youths have benefited from this funding for permanency disposition in 2021 and 2022, continuing through 2023. Indiana will start providing fiscal resources to all kinship caring for youth through its unlicensed kinship stipend funding on July 1, 2023. Pre and post adoption and guardianship services have been expanded statewide in Indiana to serve more families.

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 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.

Regarding 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 2022, DCS had 2,837 foster homes licensed through a DCS local office (out of the total 4,999 licensed foster homes in Indiana). As of June 2023, there are **4,465** licensed resources. DCS licensed resources account for 2,711 or 61% of all total resources.

Resource Sta..	Kids Placeme..	DCS	LCPA	Grand ..
Licensed	Kids Placed	1,760	1,067	2,827
	No Kids Plac..	951	687	1,638
	Total	2,711	1,754	4,465

DCS has a dedicated team to support foster care, residential care, and relative/kinship care efforts:

- 161 Regional Foster Care Specialists (RFCS) dedicated to recruiting, licensing, and supporting/retaining foster homes.
- 39 Relative Support Specialists (RSS) who provide critical support to a relative in the first 30 days of placement.
- 34 Supervisors
- 11 Relative Support Supervisors
- 6 Division Managers
- 2 Kinship Navigator Program Managers
- 1 Foster Care Communication and Support Liaison
- 1 Assistant Deputy Director

The DCS central office foster care consultants support ongoing training efforts to LCPAs and DCS through data utilization and case audits; provide technical support to LCPS/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. Relative support specialists 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.

DCS has experienced a decline in actively licensed homes over the past two years, from 5,566 in January 2021 to 4,755 in January 2023, representing a 15% decrease. Nonrelative licenses have decreased by 21%, with LCPAs experiencing a greater loss at 25%. However, DCS has increased the number of active relative licenses by 25%. Kinship navigation funding previously used for payment of Guardianship legal fees has been taken over by "Hoosier Families First special session funds" and included in the DCS budget for 2024. About 200 youths have benefited from this funding for permanency disposition in 2021 and 2022, continuing through 2023. Indiana will start providing fiscal resources to all kinship caring for youth through its unlicensed kinship stipend funding on July 1, 2023. Pre and post adoption and guardianship services have been expanded statewide in Indiana to serve more families.

Recruitment efforts are detailed in Attachment F Indiana Foster and Adoptive Parent Diligent Recruitment Plan. DCS will launch a 2023 recruitment collaboration with Every Child in October 2023. DCS has launched this program will monitor outcomes and improvement measurements through the Indiana CFSR 4 approved PIP.

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 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@dc.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 Q RTP or Q RTP-Exempt can be found at this link: [Programs-Designated-Q RTP.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.

Title IV-B Subpart 1

Stephanie Tubbs Jones Child Welfare Services

Funding under Title IV-B Subpart 1 supports prevention and family support services as outlined in the Promoting Safe and Stable Families (PSSF) section of this report.

Children to be served: 79,878

Families to be served: 41,768

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.

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.

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.

Efforts to Track and Prevent Child Maltreatment Deaths and Sources of Data for Child Maltreatment Deaths

Indiana will utilize the child death reporting system in conjunction with the Safe Systems Information Tool (SSIT) to provide trends and information of risk to prevent child maltreatment deaths during this CFSP. These efforts will be a part of Indiana CFSR 4 approved PIP and monitored through this CFSP.

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

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>.

Title IV-B Subpart 2

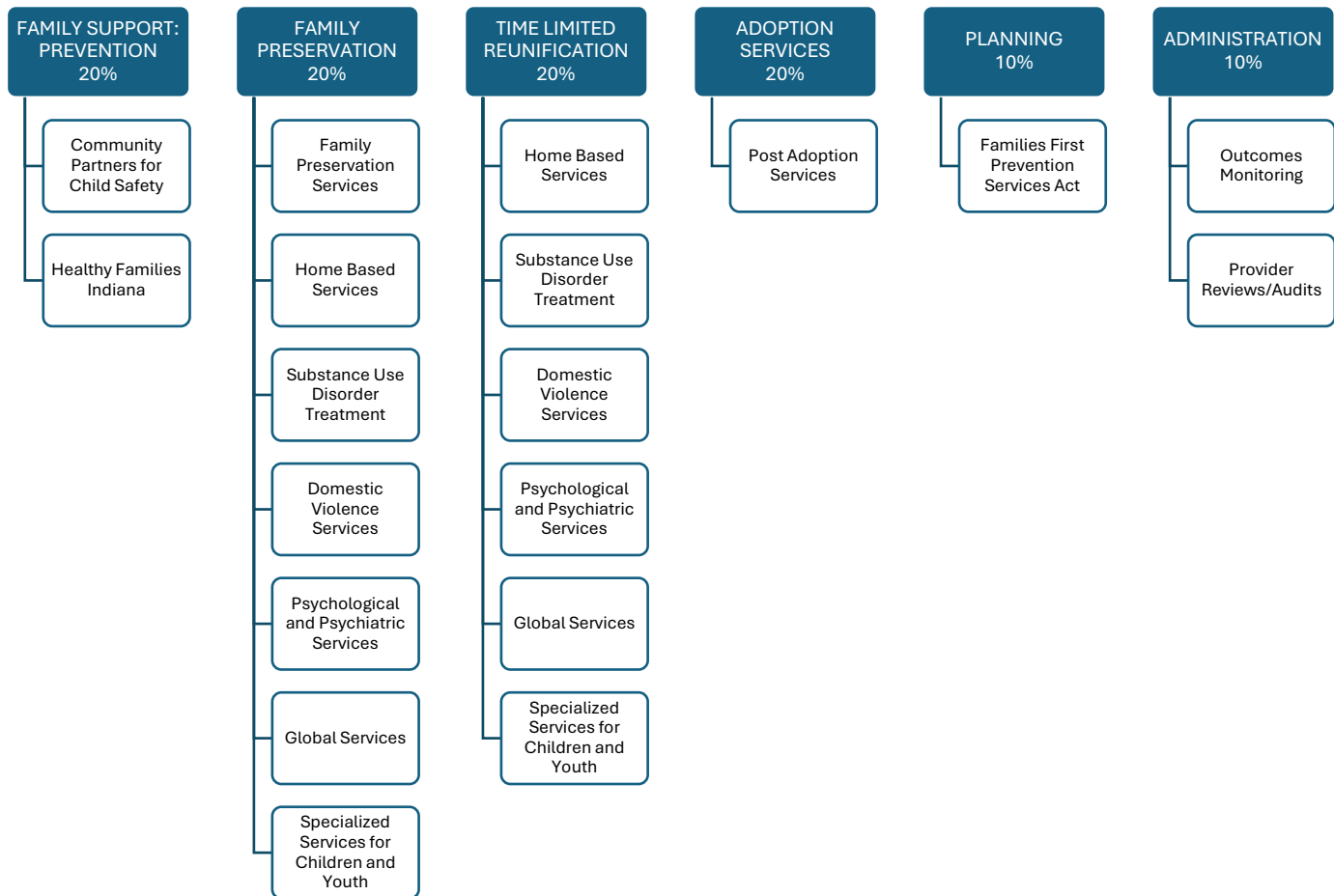
MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, Subpart 2)

The implementation and use of Subpart 2 will be monitored and included in Indiana CFSR 4 approved PIP to be monitored and updated as part of the CFSP. This will include the breakdown of allocation for Family Prevention, Preservation, Reunification, Adoption, Planning and Admin to reach PIP goals.

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 the 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 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 act when needed to ensure safety, permanency and well-being to promote healthier and stronger families for our children and communities.



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.

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.

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.

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

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.

Service Coordination Collaborations

Service Coordination among Indiana Dept of Health, Family Social Services Administration will continue and coordinate with activities and efforts outlined in CFSR 4 approved PIP.

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

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

Indiana 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.

DCS and IDOH continue to partner in this program and provide communities education and tools to prevent deaths of infants. These efforts are captured with the Safe Systems team and provided as part of the CFSR 4 approved PIP activities.

My Healthy Baby

My Healthy Baby connects pregnant women to family support providers in their own communities. A family support provider offers free, personalized guidance and support to the woman during her pregnancy and for at least the first 12 months after her baby's birth with the objective to reduce Indiana's infant mortality rate.

My Healthy Baby is a collaboration between the Indiana Department of Health, the Indiana Family and Social Services Administration (FSSA) and the Indiana Department of Child Services (DCS). This initiative is building a network of services and support to wrap our arms around moms and babies to create healthier outcomes for both. It was established by House Enrolled Act 1007, which was signed into law by Gov. Eric Holcomb in 2019.

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.

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 project is tracking both process and outcome measures and sponsors continuous quality improvement projects to ensure the best possible outcomes. My Healthy Baby is now available in all Indiana counties.

This program will remain in place through the duration of this CFSP and information gleaned will inform CFSR 4 PIP activities through feedback loops to the PIP Task Force.

Additional information regarding My Healthy Baby can be located at [My Healthy Baby: For the Public \(in.gov\)](#)

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 several 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 (CollIN) 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/>

This advisory council will continue through the duration of the CFSP and will be included in PIP Task Force updates and feedback loop for efforts to improve for the Indiana CFSR 4 approved PIP.

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.

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, several partnerships have been formed between DCS and FSSA to better coordinate federal and state resources.

Department of Family Resources (DFR)

FSSA's DFR houses several 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 [Indiana Birth-5 Strategic Plan 2020-2022](#). DCS will continue to be a collaborative partner throughout the implementation of the strategic plan over the next two years.

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. This advisory council will continue through the duration of the CFSP and will be included in PIP Task Force updates and feedback loop for efforts to improve for the Indiana CFSR 4 approved PIP.

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. This partnership will continue through the duration of the CFSP and will be included in PIP Task Force updates and feedback loop for efforts to improve for the Indiana CFSR 4 approved PIP.

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 behavioral 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. These efforts will remain in place for the next 5 years in collaboration with CMHC plans as previously outline and included in Indiana CFSR 4 approved PIP.

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. These will continue to be renewed in two-year increments, including the 2024-2026 timeframe. Over the past year additional RFPs were released for the following service lines: Family Preservation Services, Healthy 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 behaviors 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.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

DCS Caseworker visits are included and monitored in the Indiana CFSR 4 approved PIP. Progress and utilization will be updated as part of the CFSP.

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 support 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 Case Manager 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.

Indiana continues to exceed the goal of 95% of children seen monthly by caseworkers and 50% of total visits occurring in the child's residence.



**Department of Child Services
Federal Monthly Caseworker Contacts
for FFY 2023**



Monthly Contacts in 2023

Month	Children with Contacts			Children with Contacts in Home Setting		
	Contacted Children	Total Children	Percentage	Contacted Children	Total Children	Percentage
October 2022	9527	9591	99.33%	9297	9527	97.59%
November 2022	9268	9324	99.40%	9056	9268	97.71%
December 2022	8917	8955	99.58%	8707	8917	97.64%
January 2023	8806	8839	99.63%	8612	8806	97.80%
February 2023	8738	8808	99.21%	8513	8738	97.43%
March 2023	8622	8669	99.46%	8451	8622	98.02%
April 2023	8646	8703	99.35%	8428	8646	97.48%
May 2023	8546	8616	99.19%	8356	8546	97.78%
June 2023	8548	8600	99.40%	8299	8548	97.09%
July 2023	8434	8506	99.15%	8194	8434	97.15%
August 2023	8330	8407	99.08%	8107	8330	97.32%
September 2023	8429	8536	98.75%	8197	8429	97.25%

Indiana Total for 2023

Children with Contacts			Children with Contacts in Home Setting		
Contacted Children	Total Children	Percentage	Contacted Children	Total Children	Percentage
104811	105554	99.30%	102217	104811	97.53%

Total Unique Children: 15021

Compared to performance cited in the 2015-2019 CFSP, the percentage of children with contacts in a home setting has improved significantly. 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 lifted stay at home restrictions, visits resumed as usual.

Federal Monthly Caseworker Contacts

	FY2018	FY2019	FY2020	FY2021	FY2022	FY2023	Trend
Children with Contacts (Percentage)	98.62%	98.96%	99.06%	98.92%	99.19%	99.30%	
Children with Contacts in Home Setting (Percentage)	81.73%	81.50%	98.18%	98.58%	97.78%	97.53%	

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 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.

DCS sees the value in adoption and legal guardianship payments and has continued to ensure the payments are of fair value to meet the needs of each child. Through the next 3-5 years DCS will evaluate and monitor payment needs and incentives.

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. In July 2022, Lifeline began providing post adoption and post guardianship services in Indiana. Since that time, 100% of those costs have reimbursed through our adoption savings pool. As the expenditures do not utilize all of our adoption savings, the portion of the pool allowed to be spent on other activities has been spent on the Family Preservation per-diem program.

DCS continues to provide these services and updates will be provided and monitored for the CFSP duration.

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 continues to use this funding for the 30-day assessments.

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.

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)

Indiana values the Chafee Foster Care Program and the success it brings to older youth for successful transition to adulthood. The plans as outlined below for service delivery and eligible youth will remain in place for the duration of this CFSP. Connecting this program's outcomes and referrals to more cases will be monitored and adjusted through the activities outlined in the Indiana CFSR 4 approved PIP.

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 support 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 identify 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 four to six 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 across divisionally with DCS Field Operations, DCS Staff Development, DCS Strategic Solutions and Agency Transformation and team to partner and collaborate. 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 and brokering services. 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.

2023 – 2024 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

6	7 & 12	Firefly Children & Family Alliance
7	13 & 14	George Junior Republic
8	16 & 17	George Junior Republic
9	15 & 18	George Junior Republic

2023 – 2024 Number of Youth Funded by Provider

<i>Provider</i>	<i>Count of Youth</i>
Firefly	794
Geminus	272
George Junior Republic	575
Villages	542
Damar	139

DCS has recognized a need to enhance services for youth expected to transition out of foster care. To ensure youth and young adults expected to age out of foster care have their transitional needs met, a new program has been developed to improve DCS OYS continuum of care model, called Transition to Successful Adulthood Services (TAS). TAS is a highly intensive service delivery designed to meet the complex needs of youth and young adults emerging into adulthood. TAS will provide cross system coordination designed to facilitate transitional meetings. The service delivery is based on assisting youth with their transition into adulthood as they age out of foster care. TAS is meant to provide comprehensive coordinated older youth services to youth and young adults that are intentionally guided toward successful case closure. The intensity of the service delivery will include:

- Wrap Around Service Coordination
- Case Management
- Safety and Crisis Planning
- Comprehensive Assessments
- Comprehensive Learning Plan that addresses each OYS outcomes area
- Facilitating Transition Plan Meetings.

This program has been written into the new OYS Service Standards and Older Youth Services policy to take effect during the upcoming older youth services contract year beginning October 1, 2024.

On March 1, 2024, DCS issues and posted the Older Youth Services Request for Proposal (RFP), to begin contracted services on October 1st, 2024. Under the new contract, the contract will be for the federal fiscal year, October 1st through September 30th. The new contract will have a four (4) year timeframe with an option of two (2) one (1) year renewals.

Youth participating in Indiana's extended foster care program, Collaborative Care is being case managed by DCS newly formed Older Youth Case Management Team. Youth participating in the collaborative care program continue to receive services through the older youth services providers. The Older Youth Case Management team continues to provide direct case management and oversight to collaborative care

participants. The DCS OYI team hosts bi-monthly meetings with the OYS Providers and the Older Youth Case Management team manager staff. (Program success, challenges, potential improvements, and best practices are discussed during the meetings. DCS Older Youth Case Managers (OYCM), Older youth Case Manager Supervisors (OYCMS), 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 data driven service delivery improvements. 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. OYS provider meetings are held virtually.

<i>2023 – 2024 OYS Provider Meetings</i>	
Meeting Dates	# of Participants
7/25/23	29
9/19/23	37
11/14/24	35
1/18/24	30
3/24/24	32
5/16/24	30

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 ensuing 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 training provides them with knowledge and understanding of how to utilize the concepts into case management and service delivery.

Description of Program Design and Delivery

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:

- The 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 ensuring youth are informed of services and have an opportunity to engage in strategic planning for agency improvement.

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 guardianship, or are reunified. Youth's OYS needs are based on the Life Skills Assessment (LSA) 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 transition to completing the Daniel Memorial Life Skills Assessment with each youth referred to OYS. The use of the Daniel Memorial has allowed for a more comprehensive assessment tool to determine the life skill training needs in various life domains and provides a curriculum to support the learning, growth, and development of each youth. 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 LSA is as follows:

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

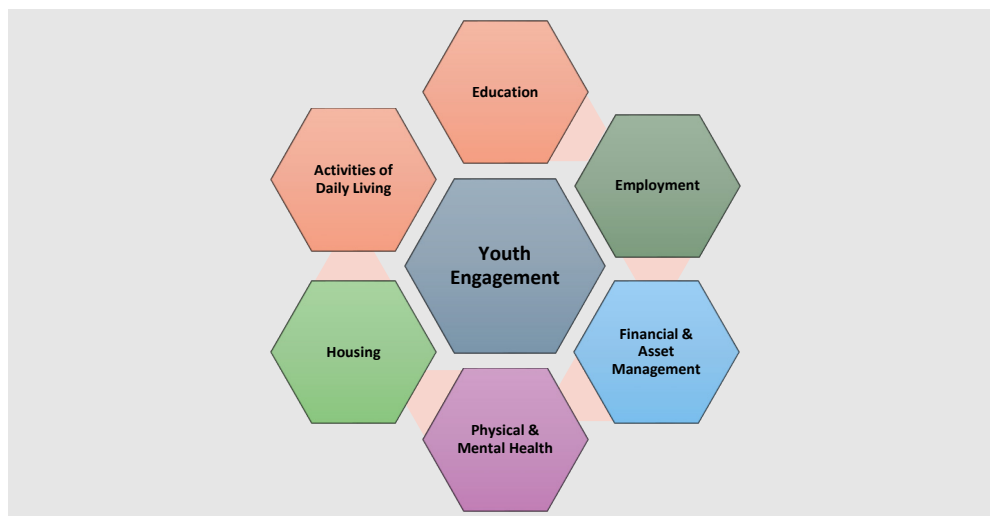
The OYS provider may use supplementary assessments such as career assessments, post-secondary assessment, and parenting assessment to assist youth in developing their Successful Adulthood Learning Plan.

The Successful Adulthood Learning Plan (SALP) 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 youth.
- Initially completed within 30 calendar days of the youth's initial OYS referral.
- Be reviewed monthly and during critical junctures within youth life.
- Be updated annually and upon completion of the LSA.
- Be signed by the youth and the youth should receive a copy.

SALP is used as a tool to help teach older youth the planning and goal making process as well as a tool to document when tasks 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 tasks 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 capital. 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



New Older Youth Services Continuum of Care: Beginning October 1, 2024



Indiana DCS opted to extend IV-E foster care to provide youth the option of voluntarily remaining 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 OYCM 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 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 essentials needs are being met. As new services and resources become available within the state the OYS providers will ensure youth are connected.

The OYI team has listened to the voice of youth and young adults as well as assessed the NYTD and OYS provider data to review the overall services and outcomes of the OYS program. To enhance transitional services to youth and young adults aging out of foster care, DCS has develop a new program, Transition to Successful Adulthood (TSA) Services that will provide a wraparound approach with targeted services to youth expected to age out of foster care. TSA is an addition to the continuum of care model and the service will launch during the next contract year beginning October 1, 2024.

Determining Eligibility for Benefits and Services (Section 477(B) (2) € of the act)

The older youth services programs and case management are framed within 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 networks. In efforts to increase the wellbeing of youth DCS has implemented an age requirement.

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.

Older Youth Services Program and Case Management Requirements

OYS Case Management begins at age 14	Older Youth Services begins at age 16	Collaborative Care begins at age 18	Voluntary Services begins at age 18
•Youth Driven CFTM / Case Planning •TPSA •Youth Bill of Rights •Youth Court Report •Continues until case closure	•Life Skills Assessment •Successful Adulthood Learning Plan •Independent Living Skills Development •Ends at age 21	•Must meet eligibility requirements for extended foster care •Permanency Plan of APPLA •Continued foster care placement & supervision with additional placement options •Continued OYS •Ends at age 21	•Aged out of foster care or CC case closed •Case closed due to adoption or guardianship at age 16 or older •Case Management Services and Financial Support •Ends at age 23

Older Youth Services

DCS has determined the following youth meet the eligibility requirements for older youth services:

1. Youth aged **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;
2. Youth aged **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
3. Youth aged **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.

Transition to Successful Adulthood Services

Youth who meet the older youth services requirement one is eligible for Transition to Successful Adulthood Services (TSA). In addition, youth must be age 17.5 with a case plan of APPLA and expected to age out of foster care will be referred to TSA to assist with their transition out of foster care. A TSA referral will be made to an the OYS contracted provider where the young adult lives. The youth will receive enhanced older youth services to prepare them to transition out of foster care and emerge into adulthood. The youth will be provided with a higher level of older youth serviced to lead them towards long-term stability through increased experiential learning and borking services.

The intensity of TSA service delivery includes:

- Wrap-Around Service Coordination
- Intensive Case Management
- Safety and Crises Planning
- Comprehensive Assessments
- Comprehensive Successful Adulthood Learning Plan (Planning in each OYS outcome area)
- Successful adulthood Team Meetings.

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 an OYCM 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 aged 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

Voluntary Services

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 aged 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.

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, and Transportation Services
- Level 3: Case Management, Emancipation of Goods and Services, Transportation Services, and 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 electricity, gas, water, and sewage.

Ongoing Assistance: Ongoing costs are identified as ongoing monthly rental assistance and is tailored to the need of 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 provides 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 for the 3rd month.
- Youth pays 50% of the rent for the 4th month.
- Youth pays 75% of the rent for the 5th month.
- Youth pays all the rent for the 6th month.

Emergency Assistance: Emergency assistance is a one-time payment to youth who are in need and 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 reports 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 continued to monitor state and federal policies and have provided services under both to ensure youth and young adults transitioning out of foster care or 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 29, 2021, 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 OYI team and IYAB updated the DCS Indiana Chafee plan as many of the Chafee pandemic program support and service flexibilities and extensions under the first year of Division X (October 1, 2020 – September 30, 2021) were temporary and were no longer available during year 2. DCS continued to provide Division X Chafee pandemic services and supports as it fit the needs of current and former foster youth within the Chafee federal eligibility requirements and under the guidelines of DCS OYS policy, OYS Service Standards, OYS Protocol, ETV Service Standards, ETV policy and Indiana state law within the required time period (October 1, 2021 – September 30, 2022). To ensure DCS staff, and OYS providers were aware of the updates the OYI team hosted a webinar and to ensure youth were aware of the update IYAB hosted a town hall.

Year 2 Division X Major Accomplishments

- 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 continued to provide increased financial transportation services and support due to the \$4000 per youth flexibility. 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 a vehicle or bicycle
- Pre-Paid Transportation Support
 - Gas cards
 - Bus pass
 - Uber / Lyft
- DCS continued to provide Direct Cash payments to youth and young adults that provided additional financial assistance. DCS was about to provide direct cash payments.
- DCS continue to consult with IYAB on Division X flexibilities including b DCS internal processes and procedures to ensure continued funding through September 30, 2022.
- DCS will continue to provide Division X Chafee services under the Year 2 requirements. New contracts were implemented due to the end of the year 1 Division X service flexibilities ending on September 30, 2021. Providers 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 10, 2022, IYAB will host a town hall to update youth on year 2 service updates. Services under Year 2 ended September 30, 2022. The DCS OYI was selected to participate in the Division X Technical Assistance Program (TAP). The Indiana team worked on two service goals. Placement services and supports for LGBTQ + youth and young adults.

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 presented the projects to the DCS executive team for implementation recommendations on November 9, 2022.

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 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 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 enroll 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 age 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 aged 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, OYCM/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 Specialist. Approved applications are sent to the Public Housing Authority in the youth's city of residence and the PHA contacts the youth to begin working to obtain affordable housing. At this time a new IHCDA Housing Choice Voucher Program Specialist has informed the committee that all FUP vouchers have been utilized and no further meetings have been scheduled. To date, 10 youth have applied for FUPY. Six (6) young adults have received the FUPY vouchers.

Foster Youth Independence Voucher Program

DCS will continue to support and grow the Voucher Program for the next 1-3 year and evaluate needs of the program at that point.

DCS has partnered with various public housing authorities (PHA's) across the state by entering into Memorandum of Agreements (MOA) or letter of intent to provide rental and housing assistance through the Foster Youth Independence voucher program; funded by U.S. Department of Housing and Urban Development (HUD). 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. Currently, there are 8 young adults leased through the FYI Voucher.

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 stakeholders 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

Indiana has expanded parenting youth to be able to access family resources centers as part of prevention when no other sibling exists to fill a gap of need in the state. This will continue over the next 5 years as these services expand.

The OYCMs provide case management to young adults who are pregnant and parenting. DCS ensures that all services are managed with a family-centered, 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 Childcare 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 pregnancy, 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 OYCMs 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 a case-by-case basis. Youth are a part of the decision-making process as it pertains to their mental health services. FCMs / OYCMs 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, the Focused Needs team collaborated with the National Human Trafficking Training and Technical Assistance Center (NHTTAC) to create two (2) new human trafficking screening tools. The tools were peer-reviewed by NHTTAC. These tools will be deployed as part of the agency's updated CCWIS.

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 Child Advocacy Center (CAC) and LEA 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 (ITVAP) 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 Older Youth Initiatives (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 the Focused Needs team and selected the Focused Needs Director. The Focused Needs Director has worked with the Older Youth Case Management team /Older Youth Services team to provide specific human trafficking training regarding working with older youth. There are currently three (3) members of the older youth case management team with the DCS Human Trafficking Response System as Human Trafficking regional leads.

Juvenile Probation Involved Youth

Plans and services for this population will be addressed and monitored in the Indiana CFSR 4 approved PIP. Updates on success and outcomes will be provided through the CFSP duration.

The OYS array does not differ for juvenile probation involved youth. All youth in foster care experience circumstances that warrant individualized service delivery. OYCMs 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. OYCMs 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. Under the Consolidation's Appropriation's Act of 2020, JD youth had the option to re-enter foster care based on the pandemic requirements through September 30, 2022

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. OYCMs 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.

OYCMs 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 Centers, 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. Under transportation services Indiana also provides 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.

- Insuring Foster Youth Trust Program

The Insuring Foster Youth Trust Program will be effective July 1, 2022. This program will assist youth to alleviate the transportation barrier of obtaining affordable car insurance. During the 2023 legislative session, Indiana enacted Senate Bill (SB)151 requiring DCS make available a list provided by the Insurance Institute of Indiana that identifies insurers that may provide automobile insurance coverage for a minor without a guardian cosigner. Requires the Indiana assigned risk automobile insurance plan, subject to the rules of the plan, to make automobile insurance available to a foster youth who is between 16 and 23 years of age and is receiving services from DCS. Provides that a state or local government agency, a foster parent, or an entity providing services shall not be liable for any damages resulting from a foster youth's operation of an automobile owned and insured by the foster youth. SB 151 will be effective July 1, 2023. This implementation has assisted and helped youth gain independence after being enacted.

The Insuring Foster Youth Trust Program began accepting applications in October 2024. To access funding youth must meet the following eligibility requirements:

- At least sixteen (16) years of age:
- Not more than twenty-three (23) years of age; and
- Who is:
 - Adjudicated a child in need of services (CHINS)
 - An older youth in the DCS collaborative care extended foster care program; or
 - A participant in voluntary older youth services provided by a contractor of the department and referred to them by a department employee.

The two key components of the program are (1) funding 44 hours of the supervised drive time and (2) offsetting the cost of automobile insurance.

Total Number of Disbursements	
Drive Time	16
Car Insurance	45
Total Disbursement	61

DCS has partnered with the Indiana Department of Insurance to work with Insurance companies that would make automobile insurance available to a foster youth. There are currently six (6) insurance companies who offer care insurance to foster youth. These companies are posted on the DCS Older Youth Initiatives webpage and there is a flyer that can be provided to youth and foster parents. **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/OYCM, 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) is no longer an active service under older youth initiatives due DCS terminating the contract with the provider as they were no longer performing the duties under the contract. DCS is working to strengthen the service delivery of providing employment and vocational training by developing a process with the OYS providers to connect youth and young adults to the Department of Workforce Development (DWD) employment training programs. The OYI team facilitated an employment workgroup that developed an employment and vocational training assist map that can be utilized by youth, DCS staff, and the OYS provider.

Indiana Youth Advisory Board

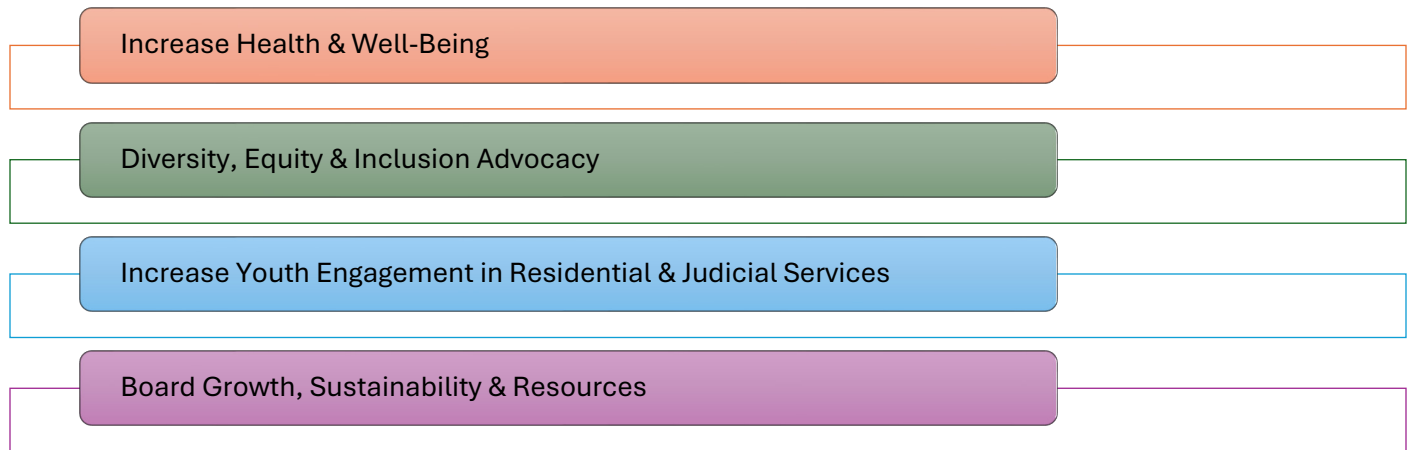
This board is included in lived experience sections as part of the Commission for Improving the Status of Children which will be reviewed and included in Indiana CFSR 4 approved PIP strategies.

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 aged 14 are given special consideration upon meeting the IYAB eligibility requirements. The IYAB members met during the summer of 2023 to discuss their strategic plan. The current IYAB members have selected to have one (1) statewide board to ensure youth and young adult representation, elevated the transportation issue for youth and provide meeting consistency. The statewide board will meet quarterly. The new structure will now consist of the IYAB Leadership team. The leadership team is structured as paid interns, allowing for up to six young people with lived experience, between the ages of 18-22, to grow and develop their personal and professional skills in advocacy and leadership. There are no titles or positions for this restructuring. The IYAB leadership internship is designed to create and facilitate professional learning opportunities for IYAB members who desire to expand their skills in the areas of public speaking, organization, event planning, leadership, project development and implementation and/or marketing and communications. The duties for the IYAB Leadership Team are as follows:

- Represent IYAB to stakeholders, DCS Executives, peers, and community members in a professional manner while serving as a role model to peers.
- Follow IYAB Leadership Code of Conduct
- Provide thoughts, feedback, and ideas based on lived experience in foster care to IYAB and the Indiana Foster Care System
- Organize committees, focus groups, or one on one meetings with peers to further the mission of the board.
- Research and understand best practices for authentic youth engagement, adolescent brain development, youth-adult partnerships, and youth boards.
- Complete 10 hours of work per month related to the IYAB Leadership Position Description, Annual Youth Conference, or other general IYAB duties.
- Attend IYAB Regional meetings on a quarterly basis and represent the Leadership team, while also listening to the voice of youth participating in the meetings.
- Support members with planning and delivering regional activities for older youth transitioning out of foster care. Attend these events with members to get youth voice from the region.
- Be a part of planning and delivering an annual youth conference each June.
- Maintain regular communication with supervisor and any other partners as required.
- Respect and follow Foster Success' policies and procedures, as well as the IYAB code of conduct/team agreement.
- Each elected IYAB Leader will work in collaboration with the Assistant Director of Youth Engagement to develop their own personal goals and objectives for their internship year.
- Position objectives will be tailored to the interests of young people but not outside the general scope of an IYAB Leader.

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. The IYAB meetings are facilitated using a virtual platform which includes the fall, winter, and spring regional meeting. As a part of the meetings a comprehensive strategic plan has been developed. IYAB has a youth newsletter hosted on the IYAB website <https://fostersuccess.org/youth-engagement/iyab/>. The contracted vendor's Director of Youth Engagement ensures the overall functionality of IYAB.

2023 – 2024 Indiana Youth advisory Board Strategic Goals



IYAB Statewide Quarterly Meetings	
Dates	# Of Attendees
September 13, 23	48
December 12, 2023	17
March 21, 2024	37

State-wide Leadership Board Meetings	
Dates	# Of Attendees
July 13, 2023	4
August 30, 2023	4
September 12, 2023	4
October 3, 2023	5
November 7, 2023	5
December 5, 2024	5
January 3, 2024	4
February 6, 2024	4
March 5, 2024	4

IYAB hosted the 9th annual conference scheduled on June 13, 2024. This year’s theme was “Dream Big, The World is Yours”. Registration opened in April and closed June 3rd. The keynote speaker was Alexandria Ware. The statewide conference was held in person. There were three rounds of breakout sessions that provided learning and information to the attendees.

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

- Racial Justice Equity and Inclusion Youth with Lived Experience Committee
- LGBTQ+ Committee
- Policy Workgroup
- CFSR Workgroup- Employment Workgroup – Temporary workgroup. Project ended October 2023.

The current IYAB contract ends on June 30, 2024. On March 1, 2024, DCS posted the Indiana Youth Advisory Board Request for Proposal (RFP), to begin contracted services on October 1st, 2024. Under the new contract, the contract will be for the federal fiscal year, October 1st through September 30th. The new contract will have a four (4) year timeframe with an option of two (2) one (1) year renewals. To continue with IYAB services DCS has entered into a three-month extension with the current contracted provider to end September 30, 2024.

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 Older Youth Case Manager and submit to the contracted provider. The contracted provider monitors the reimbursement and helps ensure youth receive their disbursements in a timely manner. The OYI team collaborates with the OYCM 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 46 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 support, 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. The Catalyst 2023 program hosted 15 ETV eligible students. Catalyst 2024 is set to begin June 18 2024.

National Youth in Transition Database

Indiana will continue to track this data and provide to Children's Bureau. Data quality and integrity plans are included in the Indiana CFSR 4 approved PIP. Updates will be included for the duration of the CFSP.

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 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 contract with a vendor to provide NYTD services that includes 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. The contracted vendor provides 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. The contracted vendor also provides 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

NYTD Outcomes Survey

NYTD Cohort 5

- 17-year-old Outcome Surveys (baseline population)

Survey Population	Date of Submission	Total Served	Total Population
Population A	May 11, 2022	2037	231
Population B	November 9, 2024	1888	350
Full Baseline Data	October 1, 2023– September 30, 2024	3925	581

The NYTD data collection for Cohort 5 – 17-year-old baseline survey population A began October 1, 2022, through March 31, 2023. The NYTD file was submitted within the required timeframe by May 15th. DCS is currently collecting NYTD outcomes data for population B, which began April 1, 2023, through September 30, 2023, with the acceptance of eligible youth whose birthdays fall within the required 45-day survey participants timeframe. The NYTD file was submitted within the required timeframe of November 14th. For the full NYTD Cohort 5 17-year-old baseline population, DCS received no penalties.

Cohort 5 – 17-Year-Old Full Baseline Population Participation Data	
Participation Rate:	96.2%
Timely Participation	95.8%

NYTD Cohort 4

- 21-year-old Outcome Surveys (follow-up population)

Survey Population	Total Served	Total Population Reported
Population A	2141	312
Population B		
Full Survey Population		

The Cohort 4 21-year-old follow up outcomes survey population A began October 1, 2023, and ended March 31, 2024, and survey population B began April 1, 2023 and will end September 30, 2024. The file submission for population A was submitted on May 9, 2024. Cohort 4 population A status is compliant with zero penalties. DCS The file submission for population B was submitted within the required timeframe by November 14, 2024.

In April 2024 the NYTD team started preparation for the cohort 519-year-old follow up population beginning October 1st, 2024. The team has begun reviewing the 19-year-old preparation check list to ensure the 19-year-old NYTD outcome survey and process is ready by October 1st.

- 19-Year-old Cohort Management Process to identify the sample population
- Review of 19-year-old Outcomes Survey and Informed Consent

- Translate survey and consent form to Spanish.
- Development marketing campaign
- Locate and connect with youth in the baseline population.

NYTD Service Logs

Indiana uses the NYTD service logs database as an internal data collection system to verify older youth services provided to youth. The OYS contracted 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.

The DCS OYI team and the DCS IOT team have collaborated to update the NYTD service log data collection system to improve efficiency and quality data collection.

NYTD Program Goals

The Department has implemented NYTD program goals to ensure success with the NYTD outcome survey. The following goals have been identified:

Goal 1: Integrate NYTD into the DCS OYS Service System and overall DCS child welfare system.

- Train DCS staff and OYS provider staff on the NYTD outcomes survey.
- Conduct listening sessions for youth and young adults who are in or may potentially be selected as NYTD outcomes survey participants.
- Review NYTD data with youth/young adults, DCS staff, and OYS providers.
- Provide NYTD communication.

Goal 2: Remain connected to NYTD Outcome Survey Participants by regularly gathering and updating contact information to locate youth and young adults.

- Gather contact information after youth completes the NYTD outcome survey.
- Connecting youth to the NYTD website: <http://younytd.com>
- Contact Campaign:
 - Provide incentives for NYTD outcome survey participants to update their contact information.
 - Work with OYS providers to update addresses and phone numbers of all NYTD participants.

Goal 3: Provide communication and communication tools on NYTD for Internal and External Stakeholders

- NYTD Flyer
- NYTD Fact Sheet
- NYTD Power Point Presentation for Trainings
- NYTD Video
- Communication Plan
- Listening Sessions

- Publish in the DCS newsletter NYTD Computer Assistant Training

Goal 4: NYTD Youth Engagement Throughout and Between the Report Periods per Cohort

- NYTD Youth Ambassadors Program
- NYTD Youth Impact Day
- NYTD Newsletter
- NYTD website
- NYTD Incentives
- NYTD connection to ongoing services

Goal 5: Educate Internal and External Stakeholders on NYTD

- Provide NYTD Training to Youth
- Provide NYTD Training to DCS Staff and OYS providers.
- Provide NYTD data review to youth, DCS staff, and OYS providers.

The Chafee Program Improvement Efforts and Involvement

Chafee Program Improvement Efforts are included in Indiana CFSR 4 approved PIP for the duration of this CFSP.

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:

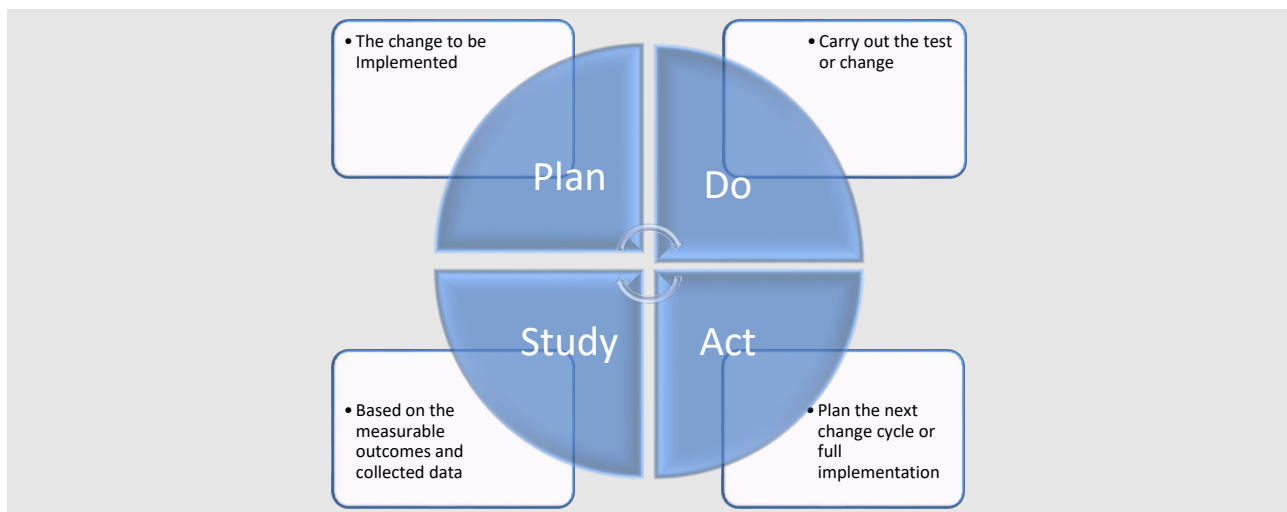
- Focus on continuous quality improvement.
- Ensure each agency is complying with Older Youth Services service standards and protocol.
- Identify areas of strength and best practices
- Identify gaps and/or areas needing improvement.
- Provide recommendations or program improvements/enhancements.

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. At the end of the site visits each provider receives a verbal review summary 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), and National Youth in Transition Database provider (NYTD). A site visit was completed by May 25, 2023. During this 2023 – 2024 state fiscal year, no site visit was conducted. This is due to the current posting of the request for proposal.

To ensure the site visit process is providing a detailed review of the older youth services delivery program of the contracted OYS provider, the OYI team is currently reviewing the process to align the site visit with the federal NYTD review process.

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 provides 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, 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 an OYS provider “Think Tank” 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, Indiana Housing and Community and Development Authority (IHCDA), and Indiana Connected by 25, dba. Foster Success.

Indiana Department of Workforce Development

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.

Coalition for Homelessness Intervention & Prevention (CHIP)

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 in 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.

One Simple Wish

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 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.

Indiana Commission of Higher Education

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-enroll all youth who enter foster care who fit the eligibility requirements of the 21st Century scholars' program. With the new enrollment process, DCS will continue to increase the enrollment and verification process for foster youth. **DCS has enrolled 2643 youth in the 21 Century Scholars program between January 1, 2024 – March 31, 2024.**

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. Due to the number of participants, there will be two open house sessions for 2023: June 20th and June 21st. 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.

Public Housing Authorities & Indiana Housing and Community Development Authority

DCS partners with several public housing authorities throughout the state and with Indiana Housing & Community Development Authority (IHCD) to issue the Foster Youth to Independence (FYI) and Family Unification Program (FUP) vouchers.

IHCDA received funding and partnered DCS in an initiative to fund the development of rental housing in conjunction with supportive services for youth (ages 18-23) aging out of foster care. IHCDA issued a request for proposals seeking stakeholders to develop affordable permanent rental housing with wrap-around services for youth aging out of foster care. The request for proposals was posted December 2023 and the project is expected to begin January of 2025.

Foster Success

DCS partners with Foster Success to refer youth with at least one day in foster care at the age of 14 and older to their additional non-contracted services. These services include:

- Online Financial Modules
- Credit Build Program
- Works Wonders Program
- Basic Needs Resources

Current and former foster youth and young adults are referred by their DCS OYCM, OYS provider, by calling the DCS hotline, and youth who participate in the NYTD outcomes survey at 19 and 21 are asked if they're in need of services.

The OYS providers are expected to collaborate with public and private partners within their service area. Providers collaborate with various agencies and businesses to provide services to youth. This includes the following:

Dress For Success – A resource that provides free professional clothing to former foster youth for employment or professional interviews.

The Courtyard – Provides voucher-based housing for youth who aged out of foster care.

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.

Gene B. Glick Company, Inc. – Provides affordable apartments to youth expected to age out of foster care and youth who have aged out of foster care.

The OYI 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

Older Youth Case Management 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.

Federally Funded Transitional Living Programs

There are federally funded transitional living programs (TLP) throughout the state of Indiana that provide long and short-term housing to homeless youth between the ages of 16 – 22. TLP provide group home and apartment settings for homeless youth. TLP offers services, such as life skills, employment, education, mental and physical health care. When DCS learns of a youth under the age of 18 who is homeless that young person is brought into care under a CHINS petition. The youth will participate in the Chafee program, OYS, once they meet the eligibility requirements. DCS met with local youth shelters and transitional living prior to inform and educate about services for former foster youth who aged out of foster care at age 18 or older.

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.

The OYI team has participated in the Youth Homelessness Strategy Workgroup coordinated by IHCD Youth Program Manager. This workgroup seeks to assist IHCD with guidance and recommendations in efforts to apply for the Youth Homelessness System Improvement grant (YHSI) through HUD. DCS provided a letter of commitment to partner on the housing strategy project.

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 will continue to invest in older youth's education through the ETV program and use of voucher over the next 5 years.

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 enroll 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 the 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 support with financial aid, and direct contact to the Student Accounts/Bursar office to work with ETV students, and a streamlined enrollment 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 in the education case management, Foster Success model developed by Western Michigan University. ETV Specialists 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 Ivy 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.

Table 46. Academic Year 2022 - 2023

Status	Number	Percent
New Student	132	44%

Returning Students	165	56%
Total	297	100%

Table 47. Academic Mid-Year 2023-2024

Status	Number	Percent
New Students	72	34%
Returning Students	137	66%
Total	209	100%

Division X Year 2 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 affect 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). These Vouchers continue through 2024 and will remain in place for this CFSP.

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.

The Chafee Program Training

Training efforts for this program are addressed in Indiana CFSR 4 approved PIP and updates will be incorporated in the APSR of the is CFSP.

The OYI team facilitates regional Chafee program/older youth services and initiatives training for internal DCS staff. The ILS coordinates regional training with the local offices within their assigned coverage area.

Regional training provides information on Chafee services and federal requirements. Dates and attendance for regional trainings are as follows:

Regions	Dates	Total Number of Attendees
Regions: 1,2,5,8,9	10/18/2023 10/24/2023 10/26/2023 04/09/2024 04/11/2024 04/16/2024	409
Regions: 3, 4, 6, 7, 10, 11, 12	04/25/2024 10/05/2023 10/10/2023 10/17/2023 03/26/2024 03/28/2024 04/25/2024	234
Regions: 13 – 18	04/22/2024 12/04/2023 06/28/2024	45

The OYI team goal was to train extended stakeholder on serving current and former foster youth by training on the NYTD service elements and OYS outcome by providing quarterly in-services.

Training Topic	# Of Attendees	Date of Training
Education (Post – Secondary) / Financial & Assets Management	68	02/21/23
Physical & Mental Health & Advance Directive, SSI BDDS	135	5/16/23
Education (Academic Support) & Activities of Daily Living	325	08/15/23

Housing, Employment & Other Financial Support i.e., Transportation, Emancipation of Goods and Services, Room & Board etc.	309	11/28/23

The OYI team continues to provide training to external stakeholders and Licensed Childcare 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 training, explore methods of training the youth as professional trainers, and support youth as trainers. The Independent living Specialist facilitates virtual regional training for their assigned service area.

The OYI team continues to provide a virtual platform through Microsoft Teams for regional training to make them easily accessible for DCS staff. Each Independent Living Specialist trains their assigned regions on the DCS older youth services program, policy, and procedures twice a year.

Foster parents receive training in 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.

The OYI team and the OYCM team have developed a training committee to plan training for the OYCM team. The training is scheduled for May 30th 2024. The training topics are as follows:

- Older Youth Services Youth Engagement and Framework
- Older Youth Service Delivery
- Older Youth Case Management Practices
- DCS Policy

Training Topics	Dates	# of Attendees
Older Youth Services Convening	10/25/23	130
OYS Attorney Training	11/2/23	25
Legal Act OYS Presentation	1/16/24	20
New NYTD Service Log data Entry Update	4/23/24	47

Older Youth Case Management and Services	5/30/24	79

Consultation with Tribes (section 477(b)(3)G))

Indiana has entered into a collaborative workgroup to update policies and practices regarding ICWA. These efforts are outlined further below.

The Pokagon Band of Potawatomi Indians is the only federally recognized tribe in Indiana. 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.

Consultation and Coordination Between States and Tribes

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.

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 co-create and facilitate an ICWA training. Indiana recently formed an ICWA workgroup initiated by the Strategic Equity Officer to develop Resource parent and Staff training. Membership includes representatives from Pokagon Social Services, a licensed foster parent who is a member of the Pokagon Band, and DCS field and legal staff.

DCS has engaged tribal partners in a newly formed ICWA workgroup. The purpose of this workgroup is to review current DCS practice, policy, training, and tools/resources to identify strengths and gaps in service, develop strategies for improvement, and to ensure adherence to federal guidelines associated with the Indian Child Welfare Act (ICWA). Workgroup meeting cadence is 3rd Wednesday of each month 2:00 p.m. – 3:30 p.m. (EDT) The workgroup has committed to having 1-2 in-person meetings with one of those meetings taking place on Pokagon lands. Planning is underway for an overnight November 2024 site visit to Pokagon

lands for workgroup members to experience the Pokagon culture, meet with members of the Pokagon community, and hold monthly workgroup meeting.

1. Overall goal for the next 3 and 5 years

Year 1-3:

- a. Collaborate and engage culture and communities to build trust and awareness
- b. Define problem
- c. Complete agency/workforce assessments
 - Cultural and Linguistic Competence Policy Assessment tool
 - Disproportionality Diagnostic tool
- d. Identify root cause
 - e. Develop and implement dedicated focus group to include 2 co-chairs with the group comprised of DCS team members, lived experience experts, external partners, and community collaborators which will also hold space on Equity, Inclusion, and Opportunity Advisory Council.
 - f. Ongoing collaboration between DCS, Indigenous communities, and community partners/external collaborators (i.e. courts, providers, schools)
 - g. Strategy development and PIP alignment for strategic planning
 - h. Workforce development/education, Development of tools and resources, Practice guidance and Pilot (Year 1-2)
 - i. Full Implementation/roll out (Year 2)

Years 3-5:

- a. Internal review of Practice for continuous quality improvement, adherence to federal guidelines, policy, and fidelity to Practice
- b. Conference providing current practices regarding ICWA, tools, resources, strategies for best and promising practices open to child welfare professionals, Resource and Adoptive Parents and caregiving community
- c. Improved reporting and tracking practices related to families with indigenous heritage engaged with DCS
- d. Continued platform for ongoing dialogue between DCS and Pokagon leadership, alternating neutral sites for annual meeting for strategic planning

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 are held 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.

The 2022-2023 APSR and all attachments were provided to The Pokagon Band upon approval. DCS' Focused Needs Director met with the Pokagon Band representatives in person on October 25, 2022, to discuss collaborating on training for DCS staff. This meeting also included discussions around barriers and strengths with working with DCS on assessment and permanency cases. The focused needs team met with the Family Services Supervisor on January 25, 2023, to discuss collaborative training for DCS staff that would be facilitated virtually by Pokagon Band and DCS' Focused Needs team. The Focused Needs team met with the Pokagon Band representatives in person again on July 27, 2023, and April 29, 2024.

Indiana began its Round 4 Child and Family Services Review on October 4, 2022. The CFSR Round 4 Lead (SSAT Assistant Deputy Director) met with Pokagon Band representatives on January 6, 2023, to obtain feedback regarding the state's collaboration with the Pokagon Band. This information was subsequently included in the CFSR Round 4 Statewide assessment. On 3/23/23, results of the Statewide Assessment were shared with Pokagon Band in March 2023. Additionally, Pokagon Band representatives were interviewed in the CFSR Stakeholder Interviews on April 12, 2023. Pokagon Band representatives were invited to participate in PIP Planning workgroup conversations that began in June 2023. Indiana pursued the input of the Pokagon Band Tribe in Indiana's Program Improvement Plan development workgroups that began in June 2023 and continued through March 2024 prior to submission of the PIP draft in April 2024. At this time no input was received; however, ongoing efforts to keep tribal partners updated, informed, and given a voice in child welfare improvements will be continued. The focused Needs team met with Pokagon representatives.

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

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 calendar year 2020, there were 30 referrals received for potential ICWA eligible children and four (4) referrals for verified ICWA eligible children. In calendar year 2022 through August 2023, there were 44 referrals received for potential ICWA eligible children and 24 verified ICWA eligible children. From January 1, 2023 to April 30, 2024, there were 23 ICWA referrals. 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.

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.

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.

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 the Practice Model Review (PMR) and Permanency Roundtables (PRTs) 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.

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.

Exchange of CFSP and APSR

Copies of the CFSP and subsequent APSRs are made available to officials of the Pokagon Band upon approval. These documents are reviewed by Social Services Director Mark Pompey annually.

The following table lists information about the most recent CFSP and APSRs, which were prepared with the collaboration of internal and external stakeholders.

Document	Author	Link	Date Shared with Pokagon Band
2020-2024 CFSP	Heather Kestian Former Deputy Director of Strategic Solutions and Agency Transformation	Child and Family Services Plan (CFSP) 2020-2024 (in.gov)	November 2021
2022-2023 APSR	Sonya Rush Assistant Deputy Director of Strategic Solutions and Agency Transformation Sonya.Rush@dcs.in.gov (317) 234-5087	Annual Progress and Services Report (APSR) 2022-2023 (in.gov)	October 2022
2023-2024 APSR	Haley Inman Assistant Deputy Director of Strategic Solutions and Agency Transformation Haley.Inman@dcs.in.gov (317) 407-4139	Will be posted at DCS: Reports & Statistics (in.gov) upon approval	TBD Upon Approval

All approved reports and statistics 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.

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.

Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Updates

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.

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 for administrative hearings related to CAPTA to the Indiana Office of Administrative Law Proceedings.

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), Protective Services, and material assistance payments for concrete services. CAPTA funds were also used in conjunction with the Social Services Block Grant (SSBG) funds for foster parent recruitment. CAPTA funds are not being used to improve legal preparation and representation provisions for the appointment of an individual to represent a child in judicial proceedings or to support the development, implementation, and monitoring of plans of safe care for substance-exposed infants.

CAPTA supplemental funding awarded from the American Rescue Plan was 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 contracts with five agencies to provide the program statewide. Additional funding for the CPCS program helped support the expansion of four additional Family Resource Centers (FRCs). Currently, there are nine FRCs throughout the state (Delaware, Grant, Madison, Tipton, Laporte, Wayne, Tippecanoe, Elkhart, and Clark counties). FRCs are a method of primary prevention that allow families to access concrete services and supports at a family friendly space in the community. DCS used data collected from recent needs assessments that included survey responses from families, community-based agencies and stakeholders, to determine where the additional FRCs would be located. The Firefly Children and Family Alliance provides Technical Assistance to the four other CPCS Providers. 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/>. More information regarding the FRCs can be found [Family Resource Centers - Family Resource Centers \(strengtheninginfamilies.org\)](https://www.in.gov/dcs/prevention/family-resource-centers/).

DCS has not experienced any barriers or challenges in being able to access or use the supplemental funds.

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. The Madison County Child Fatality Review team and the Randolph County Child Protection team completed their three-year commitment. Commencing in 2023 Region 12 will hold the seat for the Child Fatality Review Citizen's Review Panel and Adams County will hold the seat for the Citizens Review Panel. In an effort towards continuous improvement, an annual report out was provided to the DCS executive team by members of each panel. This allowed 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.

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 21% of those cases, the infant had a prior assessment as a drug exposed infant, a decrease of 4% from the prior year. 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	• Perform urine and meconium or cord toxicology screening at birth. • Perform Modified Finnegan scoring. • Evaluate maternal support resources
• No known verbal or toxicology screen during pregnancy • Negative verbal screen but no known toxicology screen	Newborns with unknown risk	• Perform urine and meconium or cord toxicology screening at birth. • Perform Modified Finnegan scoring or use the Eat, Sleep, Console method.

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 2023 and 2024. Reevaluating statewide needs to determine substance trends and location needs will occur in the first part of the CFSP, with plans for interventions and resource allocation updated in 2025.

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.

Updates to Targeted Plans within the 2025-2029 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

The 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

The DCS Training Plan was updated to reflect changes in support of the FY2025-2029 CFSP. The updated DCS Training Plan is Attachment I.

Statistical and Supporting Information

Information on Child Protective Service Workforce:

FCM Preferred Experience:

- Bachelor's degree from an accredited college/university; or
- Associate degree with a minimum of two (2) years of human services job experience; or
- Completion of thirty (30) college credit hours from an accredited institution with a minimum of four (4) years of human services job experience; or
- A minimum of at least five (5) years of human services job experience

Exception to Degree Requirement

Request for Exception to Degree Requirement for the Family Case Manager (FCM) Position may be submitted by the hiring manager. The exception may be approved by your assistant deputy director (ADD) of field operations. The candidate must be at least 21 years of age, possess a high school diploma or equivalent, and meet one of the following criteria to be considered for the exception:

- Possess an associate degree and a minimum of two (2) years of human services experience; or
- Have four (4) years of human services experience and the successful completion of thirty (30) college credit hours from an accredited college or university; or
- Have at least five (5) years of human services experience.

Experience in human services may include, but is not limited to, work providing resources and/or support to individuals, families and groups of people who require assistance with issues such as:

- Employment
- Inadequate housing
- Child abuse and neglect
- Substance abuse or dependence
- Aging
- Disabilities
- Physical or mental health

Job titles for experience in human services may include, but are not limited to, the following:

- Advocate
- Caseworker
- Child services assistant
- Community coordinator
- Community health nurse
- Family support worker
- Healthcare technician
- Home-based assistant

- Human services consultant
- Human services program specialist
- Injury prevention coordinator
- Legal assistant
- Mental health technician
- Outreach specialist
- Peer support specialist
- Program coordinator
- Public health nurse
- Social services assistant
- Social work associate

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 Counselling, 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 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

Education

The following table provides the highest level of education achieved for agency personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports employed as of 6/26/24.

Highest Education Level	Assistant Deputy Directors	Regional Managers	Local Office Directors	Supervisors and Division Managers	Family Case Managers & Trainees	Total
HS Graduate or Equivalent	-	-	-	1	34	35
Technical School	-	-	-	-	11	11
Some College	-	-	-	2	122	124
Associate degree	-	-	1	1	122	124
Bachelor's Level Degree	1	9	58	382	1446	1896
Some Graduate School			3	18	66	87
Master's Level Degree	3	6	16	62	223	310
Doctorate (Academic)	-	-	-	3	1	4
Doctorate (Professional)	-	-	1	2	7	10
Not Indicated	1	2	14	37	43	97
Total	5	17	93	508	2075	2698

DCS does not distinctly 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. The current contract allows for 40 BSW students per year. Participation in the BSW program is as follows:

- **2019:** 42 BSW Scholars started the program, with 34 finishing and accepting employment with DCS.
- **2020:** 38 BSW Scholars started the program, with 34 finishing and accepting employment with DCS.
- **2021:** 37 BSW Scholars started the program, with 29 moving forward with the hiring process.
- **2022:** 32 BSW Scholars started the program, with 25 moving forward with the hiring process.
- **2023:** 23 BSW Scholars started the program in the fall of 2023.

Child Protective Services Demographic Information

The following tables provide the race/ethnicity, gender, and age of agency personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports employed as of 6/26/2024.

Ethnicity	Assistant Deputy Directors	Regional Managers	Local Office Directors	Supervisors and Division Managers	Family Case Managers & Trainees	Total
White	5	16	83	404	1501	2009
Black or African American	-	1	9	88	391	489
Two or More	-	-	1	5	74	80
Hispanic	-	-	-	6	61	67
Asian	-	-	-	4	9	13
American Indian	-	-	-	1	4	5
Not Specified	-	-	-	-	35	35

Total	5	17	93	508	2075	2698

Gender	Assistant Deputy Directors	Regional Managers	Local Office Directors	Supervisors and Division Managers	Family Case Managers & Trainees	Total
Female	3	15	72	435	1738	2263
Male	2	2	21	73	337	435
Total	5	17	93	508	2075	2698

Age Avg/Min/Max	Assistant Deputy Directors	Regional Managers	Local Office Directors	Supervisors and Division Managers	Family Case Managers & Trainees
Average of Age	55	49	46	41	38
Min of Age	41	35	28	25	20
Max of Age	67	62	77	71	78

Age Group	Assistant Deputy Directors	Regional Managers	Local Office Directors	Supervisors and Division Managers	Family Case Managers & Trainees	Total
<22	-	-	-	-	17	17
22-25	-	-	-	3	287	290
26-30	-	-	1	58	376	435
31-40	-	2	29	227	595	853
41-50	1	8	37	137	476	659
51-60	3	6	21	71	258	359
61+	1	1	5	12	66	85
Total	5	17	93	508	2075	2698

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 the 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 analyze 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 [Indiana Judicial Branch: Office of Court Services: 2022 Judicial and Probation Reports](#)

Listed below are the page numbers within the 2022 Indiana Probation Report where specific data can be found for juvenile justice transfers. The 2022 juvenile justice transfer data is not yet available.

2021 Juvenile Justice Report Section	Page #
Juvenile Probation	
Juvenile Probation Referrals (2021)	Tab 2
Juvenile Probation Supervisions Received (2021)	Tab 7
Juvenile Probation Supervisions Method of Disposition (2020)	Tab 9
Juvenile Supervision Levels 2021	Tab 15
Juvenile Supervision as a Result of Substance Abuse Offenses (2020)	Tab 13
Juvenile Supervisions as a Result of Sex Offenses (2020)	Tab 13

Completed Predisposition (PDR) and Progress Reports for Juvenile Supervisions (2020)	Tab 16

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 2022 and April 2023. 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
<u>Final Number:</u> 2022-2023 School Year (July 1, 2022, to June 30, 2023)	423	108
2022-2023 School Year* (July 1, 2023, to June 30, 2024) Note: Not including summer semester	356	107

Inter-Country Adoptions

Children adopted from other countries who enter the Indiana child welfare system continue to receive the same comprehensive services as any other child in out of home care. In FY 2023, records indicate one child entered state custody as a result of the disruption of a placement for adoption or the dissolution of an adoption.

- Region 5 – Tippecanoe County – Adoption agency unknown - Child was removed by DCS in January 2023 due to allegations of Medical Neglect pertaining to the child’s mental health and behavioral needs. Parents cited being unable to meet the child’s behavioral and mental health needs. The child is currently placed in a residential treatment facility, which is the least restrictive placement given his needs. The current case plan is reunification.
- Region 11 – Hamilton County – Adoption agency unknown - Child came to the attention of the agency in January 2023 due to allegations of Sexual Abuse perpetrated by Father. The child was subsequently placed in a Hamilton County DCS licensed foster family home.

Financial Information

Payment Limitations: Title IV-B, Subpart 1:

During FY 2005, Indiana did not utilize any title IV-B funds for childcare, 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 2022 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	2022
Federal Share	0	\$6,456,153
State Match	0	\$1,679,349
Other State Expenditures on Service Categories	3,246,083	\$389,577,789
Total Expenditures	3,246,083	\$431,875,293.55

FY 2022 Title IV-B Expenditure Report – CFS-101, Part III:

Indiana's actual expenditures for the FFY 2022 were:

- Family Preservation Services: \$906,730
- Family Support Services: \$1,359,532
- Family Reunification Services: \$927,262
- Adoption Promotion and Support Services: \$922,081
- Other Service-Related Activities: \$873,140

The actual 20% threshold is \$1,007,609.40. As all the expenditures are related to actual service delivery to children by our Family Case Managers (FCMs), and our actual expenses are considerably higher for FCM costs, Indiana was able to allocate the appropriate amount to each category.

Attachments

- A. Practice Model Review Protocol
- B. Indiana Chafee Plan
- C. 2023 Citizen Review Panel Annual Report and Response — Foster Care
- D. 2023 Citizen Review Panel Annual Report and Response —Fatality Review Team
- E. 2023 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
- K. CFS-101, Part I, II, and III (signed PDF)

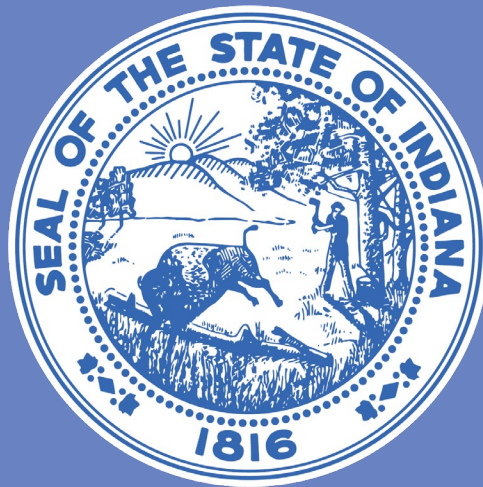
Appendix I

- I. DCS Acronyms

Indiana Child and Family Services Plan

Department of Child Services Training Plan

FFY 2025-2029



Submitted to the Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

Table of Contents

New Family Case Manager Training	1
Ongoing Training for Family Case Managers.....	7
Enhanced Practice Model Training.....	10
Management Gateway for Indiana’s Kids (MaGIK) Training	14
Supervisory and Management Training.....	14
Other Training Initiatives.....	20
Statewide Conferences	22
Trauma Informed Symposium.....	22
Annual RAPT Conference	22
Providers of All Training Activities.....	26
Settings for Training Activities	27
Essential Learning Course Name and Description.....	27
Virtual Capability	Error! Bookmark not defined.
Evaluation Infrastructure	33
Level I Evaluations: 2020-2022	33
Level II Evaluations: 2020-2022	40
Level III Evaluations: 2020-2022	42
Level IV Evaluations: 2020-2022	42
Resource Parent Training	44
Training for Licensed Child Placing Agencies (LCPAs).....	46
Resource and Adoptive Training Advisory Board.....	47
IV-E Programs: Consulting Services Related to Training.....	52
Staff Education and Training: MSW Program	52
BSW Program.....	53

Overview

DCS Staff Development

The staff development team is the division responsible for professional development and training of DCS employees, foster parents and providers. The staff development division develops and facilitates training on topics including the agency's practice model; diversity, equity and inclusion; leadership skills and personal well-being.

Learning Management System

In 2021, the State of Indiana migrated to an enhanced learning management system. SuccessFactors is the state's job bank, learning portal, recruiting, and talent management platform. The SuccessFactors platform provides a modernized talent management and employee experience. Within the SuccessFactors platform, you can access the following tools:

- **Performance goal planning:** Set and track performance goals while providing and receiving consistent feedback, enabling the success and development of every state employee in their current role.
- **Learning:** The SuccessFactors Learning portal allows users and managers to complete and track learning assignments. This portal takes the place of the previous PeopleSoft Enterprise Learning Management Center (ELM) for new employee orientation and statewide compliance training needs.
- **Development planning:** Set and achieve development goals that will help employees progress in relevant skills, knowledge, and competencies in their current role or for a future role.
- **Careers:** Current state employees can use the Career Opportunities section to look for internal job postings. Employees can also search for jobs, create their candidate profile, submit and track applications, and more.
- **Recruiting:** Hiring managers can use the recruiting tool to review resumes, select potential candidates, coordinate interviews, and more.

Employees are notified through a SuccessFactors Learning Assignment Changes Email Notification and dashboard alert when new, mandatory trainings are assigned/required. Employees also have access to step by step guides for navigating all Computer Based Training activities in SuccessFactors.¹

Managers may run training reports for their direct reports to employees in the SuccessFactors Learning Management System. The [Accessing Manager Reports Guide](#) lists what reports return which data and the steps to locate and run the reports.

¹ [Navigating Computer-Based Training in SuccessFactors Learning](#)

Additionally, all state employees in agencies supported by the State Personnel Department (SPD) receive access to LinkedIn Learning. LinkedIn Learning is an online educational platform that helps employees discover and develop business, technology-related, and creative skills through expert-led course videos. When employees complete a course in LinkedIn Learning, this can be added to their official training record in SuccessFactors (pending supervisor approval).

The Indiana Partnership for Child Welfare Education and Training

In 2006, DCS began a partnership with Indiana University School of Social Work to develop and maintain relevant curricula for all incoming and existing DCS employees. The Indiana Child Welfare Education and Training Partnership supports high quality, consolidated and intensive child welfare learning, and a professional development system required to meet the workforce development needs of the DCS. Indiana's professional development and training system is competency based, regionally delivered, when possible, outcome measured, distance technology-supported and fiscally accountable. The partnership helps DCS accomplish its vision and mission to enhance the health, safety and well-being of all children and families in Indiana. The Partnership includes Full-time trainers, supervisors, a curriculum manager, curriculum writers, evaluators, production personnel, fiscal staff, and records management personnel. It provides services in the following areas:

- Training Delivery and Curriculum Development
- Production and Training Support
- Training Records Management
- Training Evaluation²

Additionally, partnership staff aid in the development and training of DCS and the delivery of training and consultation with local offices and external stakeholders.

State Employee Required Training

All new state employees are required to take the following trainings upon hire and everyone is required to complete these *trainings on an annual or biennial basis:

- [Ethics](#)*
- Information Technology Resources User Agreement*
- [Workplace & Sexual Harassment Prevention Refresher](#)*
- Cyber Security Onboarding Module*
- [IOT Monthly Security Awareness Training](#)
- [Employee Self Service PeopleSoft 9.2 Curricula](#)
- [Manager Self Service PeopleSoft 9.2 Curricula](#) (Only Managers)

² [About: Indiana Child Welfare Education and Training Partnership: Indiana University](#)

New Family Case Manager Training

Pre-Service Training and Ongoing Staff Development Training

The Partnership offers training for newly hired Family Case Managers known as New Worker Cohort. Indiana aims to continuously improve training development and delivery. In 2022, New Worker Cohort Training was revised following an Improvement Project. The new training program was implemented on June 13, 2022. The updated training program is summarized in Figure 1.

Figure 1. New Worker Cohort Training Schedule Updated June 13, 2022 – Essential Training 0-3 Months

	Classroom Training	Length
Week 1	HR Orientation (onboarding)	Full day
	Getting to Know DCS	Full day
	Engagement	Full day
	Culture & Diversity I	Full day
	Car Seat Awareness	Full day
Week 3	Worker Safety Pt 1	Half day
	Worker Safety Pt 2	Half day
Week 4	Interviewing	Full day
	Assessing Child Maltreatment Pt 1	Full day
	Assessing Child Maltreatment Pt 2	Full day
	Assessing Child Maltreatment Pt 3	Full day
	Safety Planning and Virtual Reality	Full day
Week 7	Case Planning & Intervening for Permanency Pt 1	Full day
	Case Planning & Intervening for Permanency Pt 2	Full day
	Case Planning & Intervening for Permanency Pt 3	Full day
	Teaming & Facilitation	Full day
Week 10	Legal Roles & Responsibilities	Two days
	Preparing Court Reports	Full day

Figure 1. New Worker Cohort Training Schedule - Intermediate Training 4-6 Months

	Classroom Training	Length
Week 15	Trauma & Its Effects on Children & Families Pt 1	1 day
	Trauma & Its Effects on Children & Families Pt 2	1 day
	Meaningful Contacts	1 day
Week 18	Critical Thinking & Intervention Generated Risk	2 AM half days
Week 21	Culture & Diversity II	2 AM half days
Week 22	Intermediate Interviewing	2 days
Week 24	Advanced Interviewing	1 day
	Engaging Resource Parents	1 day

Figure 2. New Worker Cohort Training - Advanced Training 7-12 Months

	Classroom Training	Length
Month 7	Self Care & Building Resilience	AM half day
Month 8	Managing Stress in the Workplace	Full day
Months 7-12	Preparing for Success	

In 2023, New Worker Cohort Training was adjusted again in response to user experience feedback. The adjustments were made in sequencing to further team members understanding of child welfare knowledge and theories. The updated program is summarized in the tables below.

Figure 3. New Worker Cohort Training Schedule Updated 2023- Essential Training 0-3 Months

Week	Classroom Training	Length
1	HR Orientation	Full Day
	Getting to Know DCS	Full Day
	Engagement	Full Day
	Culture and Diversity I	Full Day
	Car Seat Awareness	Full Day
3	Worker Safety	Full Day
	Trauma and Its Effects on Children and Families Pt 1	Full Day
	Trauma and Its Effects on Children and Families Pt 2	Full Day
5	Interviewing	Full Day
	Assessing Child Maltreatment Pt 1	Full Day
	Assessing Child Maltreatment Pt 2	Full Day
	Assessing Child Maltreatment Pt 3	Full Day
	Safety Planning	Half Day
8	Case Planning and Intervening for Permanency Pt 1	Full Day
	Case Planning and Intervening for Permanency Pt 2	Full Day
	Case Planning and Intervening for Permanency Pt 3	Full Day
	Teaming and Facilitation	Full Day
10	Legal Roles and Responsibilities Pt 1	Full Day
	Legal Roles and Responsibilities Pt 2	Full Day
	Preparing Court Reports	Full Day
12	Self-Care and Post test	Half Day

Figure 4. New Worker Cohort training Schedule- Intermediate Training 4-6 Months

Week	Classroom Training	Length
15	Meaningful Contacts pt1	Half Day
	Meaningful Contacts pt 2	Half Day
18	Critical Thinking & Intervention Generated Risk Pt 1	Half day
	Critical Thinking & Intervention Generated Risk Pt 2	Half Day
22	Intermediate Interviewing Pt 1	Full Day
	Intermediate Interviewing Pt 2	Full Day
	Cultural Humility/Implicit Bias	Full Day
24	Advanced Interviewing	Full Day
	Engaging Resource Parents	Full Day

Figure 5. New Worker Cohort Training Schedule- Advanced Training 6-12 months

Week	Classroom Training	Length
	Self-Care & Building Resilience	

All training is designed to promote culturally competent child welfare practice. Courses related to the Indiana Practice Model which include practice skills of Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI) have been incorporated into new worker training. New cohorts begin every 2 to 3 weeks and complete the entire cycle above. All curricula have been updated to reflect the Indiana Practice Model and address concerns raised by evaluations from previous cohorts. Continuous feedback from the Practice Model Review Process, the training evaluation process (described below) and legislative or policy changes are reflected in ongoing curriculum revisions.

At the beginning of pre-service training, all Family Case Managers are assigned a Peer Lead, previously known as a Peer Coach and Mentor, within their region to assist them with on-the-job training, Transfer of Learning, and completion of Child and Family Team Meeting Facilitation certification. This is a prescribed shadowing, observation, and mentoring program. De-Brief feedback forms are completed and Supervisors quarterly complete Observation forms to maintain fidelity to the model. Eighteen Regional Practice Model Consultants (who are part of Staff Development) monitor progress and provide additional information and support as necessary including fidelity monitoring.

The following occurred prior to June 13, 2023: During pre-service, all Family Case Managers were assigned a Peer Coach and a Field Mentor. Following a one-day training for field mentors, the Field Mentor and the trainee worked side by side during the transfer of learning days and the last two weeks of the on-the-job training period. Required and optional activities have been developed for the Transfer of Learning days that align with the coursework completed in the classroom sessions immediately prior to these field experiences. The Field Mentor also completed skill assessment scales at the time of graduation. The Peer Coach completed the CFTM certification process with the new FCM. As of June 13, 2023, The Peer Coach role and Field Mentor role have been combined to provide for mentoring of transfer of learning, CFTM certification, and Scales Assessment. This new role is titled Peer Lead.

The skill assessment scales are behaviorally anchored scales designed to assess the strength of the trainees' skills in each of 52 areas. Supervisors receive a copy of this assessment and can use as a basis to strengthen their newly hired staff's skills. Three months after graduation, the new employee's supervisor also completes Skill Assessment Scales to assist Staff Development with analyzing any additional training needs during the pre-service period.

This feedback process provides the necessary link between classroom training and transfer of learning to job performance and provides specific knowledge about the strengths and challenges of training provided. When challenges are noted, training can be adjusted to better facilitate the transfer of learning from classroom to the actual practice of public child welfare. This project is on the cutting edge of national best practice in the training and supervision of frontline child welfare workers and has been presented at the annual National Staff Training and Development Association's workshop. Feedback from this process is also used to provide necessary modifications to the new worker curriculum.

The pre-service training for newly hired FCMs is comprised of 19 in-person classroom days, two (2) virtual classroom days, 13 Computer Assisted Trainings (CATs), 38 transfer of learning (TOL) days back in each participant's base county, and graduation from the Institute. The redesign changed the model from that of primarily instructor led lecture to that of learner-based facilitation. The redesign focused on the development of critical thinking skills that are needed to effectively do the job of family case manager. They are enhanced by small and large group discussions using real-life examples.

The transfer of learning days (TOL) consists of working with both the assigned supervisor, the assigned Peer Lead, doing activities such as reviewing CATs, observation and shadowing activities in the office, court, and field visits, as well as interviews with families and service providers. In addition, each Cohort is assigned two Cohort Sponsor. This is a Staff Development Trainer that supports them throughout training.

Prior to graduation from the pre-service training, new cohort members are certified as facilitators for Child and Family Team Meetings (CFTM) for the families. Oversight for this facilitation is provided by 21 Practice Model Consultants, formerly known as Peer Coach Consultants, located throughout the state who monitor the Regional Peer Coaches as they train new cohort members.

All new field staff must complete pre-service training, including pre-tests and post-tests prior to being assigned a caseload. This requirement is monitored through the statewide database (MaGIK) since all cases are assigned through the system. The Training Year-end Report of 2020 indicated that the Partnership collected 35 cohorts of pre-test and post-test. Participants improved 8.8% on average from pre-test to post-test. All but 39 trainees improved (n=720, 94.9%). Over 53% improved by 10 or more questions. About 43% improved by ten questions or fewer. Trainees improved by at least 15% on the Getting to Know DCS, Legal Overview, and Case Planning and Intervening. They improved at least 10% on Assessing Child Maltreatment, Worker Safety, and Effects of Abuse and Neglect. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management Permanency. The test has been redesigned and is being programmed for all new cohorts electronically, both pre- and post.

According to our Year End Report, we collected 30 cohorts of pre-test and post-test for 2021. Participants improved 7.7% on average from pre-test to post-test. All but 37 trainees improved (n=378, 91.1%). Over 59% improved by 10 or more questions. About 30% improved by ten questions or fewer.

Trainees improved by at least 15% Case Planning and Intervening. They improved at least 10% on Getting to Know DCS, Legal Overview, and Assessing Child Maltreatment. The test has been redesigned and is being programmed for all new cohorts electronically, both pre- and post.

For 2022, our Year End report indicated that we collected 32 cohorts of pre-test and post-test. Participants improved 10.2% on average from pre-test to post-test. All but 32 trainees improved (n=378, 91.1%). Over 40% improved by 10 or more questions. About 51% improved by ten questions or fewer. The test was redesigned in the 2nd quarter of 2022. The test has been refined over the course of 2022- initially based on revised curriculum and then based on sequence changes (beginner, intermediate, advanced). In the 4th quarter, trainees improved by over 30% on Assessing Child Maltreatment. Trainees improved over 25% on Legal Roles and Responsibilities and over 20% on Effects of Abuse and Neglect, Getting to Know DCS, and Worker Safety. Additional revision will occur based on curriculum competencies and question performance for scales that did not improve by at least 15%.

In 2023, pre-test and post-test evaluations were collected from 37 cohorts, five (5) more than what was collected in 2022. Participants improved 11.5% on average from pre-test to post-test. All but 35 trainees improved (n=627, 95.1%). About 31% improved by ten questions or fewer. Nearly 30% improved by 10 or more questions. Almost 10% improved by 21 or more questions. Trainees improved by at least 20% on Assessing Child Maltreatment (25.4%), Getting to Know DCS (23.3%), and Legal Roles & Responsibilities (23.2%). They improved at least 15% on Effects of Abuse and Neglect (15.1%) and Worker Safety (19%).

In 2023, the impact of having a degree (no degree, associate's degree, and 4-year or more degree) was evaluated. Having an associates or 4-year or more degree resulted in greater improvement for the overall test and all content areas measured except for self-care (no degree=4.5, associate's degree=4.0). Having a 4-year or more degree resulted in greater improvement for the overall test and all content areas except Getting to Know DCS, Teaming, and Worker Safety.

Prior to June 13, 2022, New cohort members spent their first five (5) days in their local offices completing on-the-job training activities after one day of Human Resources Orientation. This initial week in the county provided an opportunity to establish relationships with the local office staff, getting to know the community in which they will work, and providing opportunities for shadowing prior to classroom training afforded many advantages in increasing job readiness, expectations and understanding the context of the curricula. On June 13, 2022, Cohort curriculum was changed due to an Improvement Event that was held in April of 2022. It was recommended that Cohort members receive more time in the Field. In addition, it was determined that there were some CATs that new FCMs no longer needed to complete. The new cohort process was explained above. New Worker Cohort Training will be revised again in 2025. Updates to New Worker Cohort will be provided in subsequent APSRs.

Ongoing Training for Family Case Managers

Starting in January of 2010, Indiana established yearly required training hours for Family Case Managers, Supervisors and Field Management Staff. This consisted of 24 annual hours (12 of which could be on-line) for Family Case Managers and 32 hours (16 of which could be on-line) for Supervisors and other

Field Management Staff. DCS staff have been extremely responsive to this directive and has clearly sought out training opportunities to fulfil this requirement.

The Internal Training policy outlines required training hours for all DCS personnel in all divisions. Staff Development worked with these divisions to establish a process to assist with providing and/or facilitating training that would meet each division's needs. The Internal Training policy was updated effective March 01, 2023, to allow FCMs to complete up to 16 hours of the required 24 hours of training online. The policy was again updated effective May 01, 2023, to address the training requirements for part-time employees. The updated policy can be accessed here: [Policy GA-10](#) Internal Training.

DCS has also implemented a policy that addresses external training. The [External Training policy](#) GA-11, outlines the procedures staff must follow to participate in external trainings and details the criteria that the External Training Review Committee will use to approve/deny such requests. The External Training Policy was effective June 1, 2011, and was updated effective on November 1, 2019.

A comprehensive analysis of training needs was completed for Family Case Managers, and training needs were identified in 2019. Many suggestions were given for new/updated and relevant information. Some of these suggestions included drugs/substance abuse, court/legal, sex abuse, adoption, domestic violence, development disabilities, mental health, CFTM, foster care, and fatalities. Respondents requested region or county specific trainings that incorporated real-life experiences evidence-based practice from experienced field workers.

The most common topic for job issues were self-care/burnout/work-life balance/time management and documentation. Many stated a need for more training on managing stress, time, and how to prepare and/or defend oneself when crisis or threatening situations arise. DCS specific trainings requested were Forensic Interviewing, Effects of Abuse & Neglect, Engaging challenging clients, Meaningful Contacts, Mentor, Peer coach, TIC, Worker Safety. Information on federal and local resources, both inside and outside the agency, were requested. The most requested resources were child support, paternity/custody, and CPR/first aid.

The staff training requirements for non-management staff include a minimum of 24 hours of training per year. Training hours are logged in the Learning Management System, SuccessFactors, for course enrollment and completion. If enrollment for a course is not completed through the LMS, a hardcopy enrollment form is used and must be signed by the trainer and maintained in each employee file. Each employee's supervisor documents the training hours as part of the employee's annual performance appraisal.

Training Course Updates

Indiana continues to develop and revise training courses based on best practices, legislative changes, and agency needs. The following tables summarize recent course additions and revisions.

New Trainings Developed

	Year	Course Name
<i>Instructor-Led Training</i>	2022	Worker Safety: Adults with Mental Health Conditions
	2022	Family Well-being

<i>Computer Assisted Training (CAT)</i>	2022	Advanced Interviewing
	2022	Peer Lead Training
	2022	Inclusive Leadership
	2022	Mandatory Reporter
	2022	Positive Outcomes for Caregivers with Disabilities
	2022	Kinship First
	2022	Structured Decision-making
	2023	Family Well-being: Introduction to LGBTQIA+ Youth
	2023	Child and Family Services Review (CFSR)
	2024	New Permanency Planning Requirements
	2024	Concurrent Planning
	2024	TPR, CHINS Presumptions, and a Child's best Interest.

Trainings Revised

	Year	Course Name
	2022	Concurrent Planning
	2022	Getting to Know DCS
	2022	Culture and Diversity II
	2022	Substance Use and Nexus of Abuse/Neglect
	2022	Generalized Intro to Developmental Disabilities
	2022	Adoption
	2022	Safety Planning

First Aid, CPR, AED

The Red Cross contract was amended in September 2019 to add the train the trainer program and was fully executed in February 2020. This allowed 21 Staff Development trainers to become certified instructors to train field staff to include FCMs, FCM Supervisors, Collaborative Care (CC) Case Managers, & CC Supervisors statewide on First Aid, CPR and AED. The goal will be for Trainers to continue to provide this training to field staff to maintain two (2) year certifications. The statewide roll out plan was delayed due to COVID 19. Red Cross training reconvened in May 2022. Ninety-three (93) trainings were offered in 2022, certifying 194 agency team members. In 2023, one hundred fifty-five (155) trainings were offered, and 552 agency team members were certified.

Other Staff Training

Chafee Program Training

The OYI team facilitates regional Chafee program/older youth services and initiatives training for internal DCS staff. The ILS coordinates regional training with the local offices within their assigned coverage area. Regional training provides information on Chafee services and federal requirements.

The OYI team goal was to train extended stakeholder on serving current and former foster youth by training on the NYTD service elements and OYS outcome by providing quarterly in-services.

Training Topic	# Of Attendees	Date of Training
Education (Post – Secondary) / Financial & Assets Management	68	02/21/23
Physical & Mental Health & Advance Directive, SSI BDDS	135	5/16/23
Education (Academic Support) & Activities of Daily Living	325	08/15/23
Housing, Employment & Other Financial Support i.e., Transportation, Emancipation of Goods and Services, Room & Board etc.	309	11/28/23

The OYI team continues to provide training to external stakeholders and Licensed Childcare 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 training, explore methods of training the youth as professional trainers, and support youth as trainers. The Independent living Specialist facilitates virtual regional training for their assigned service area.

The OYI team continues to provide a virtual platform through Microsoft Teams for regional training to make them easily accessible for DCS staff. Each Independent Living Specialist trains their assigned regions on the DCS older youth services program, policy, and procedures twice a year.

Foster parents receive training in 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.

The OYI team and the OYCM team have developed a training committee to plan training for the OYCM team. The training is scheduled for May 30, 2024. The training topics are as follows:

- Older Youth Services Youth Engagement and Framework
- Older Youth Service Delivery
- Older Youth Case Management Practices
- DCS Policy

Figure 6. 2023-2024 OYCM Training Topics

Older Youth Case Management Training Topics
Older Youth Services Convening
OYS Attorney Training
Legal Act OYS Presentation
New NYTD Service Log data Entry Update
Older Youth Case Management and Services

Foster Parent Specialist Training

There are currently 162 current Foster Parent Specialists and 32 supervisors. New staff have continued to complete a two-day training covering the topics of: (1) Roles and Responsibilities of a Foster Care Specialist, (2) Identification and Recruitment of Foster Parents, (3) The Licensing Process, (4) Foster parent Engagement and Support and (5) Facilitating the Perfect Placement. The two-day training was just remodeled in January 2023 to update the content and include additional instructions regarding working with Kinship, Continuous Quality Improvement and Prevention of Placement Disruption as key themes to improve our system functioning with youth. In addition to the internal training at the beginning of a worker's employment with this division, all licensing staff are trained for three days on the use of the SAFE home study.

In October 2019, all foster care functions related to licensing new foster homes was consolidated under Field Operations to provide more flexibility and efficiency in the use of human resources and in maintaining integrity in licensing. Foster Care training was then redeveloped to provide new incoming staff with the technical skills necessary to fulfill their roles. The 10 Foster Care Consultants and 2 Foster Care Consultant Supervisor facilitate the two-day training that occurs monthly as well as provide ongoing educational support to all licensing staff for DCS and Licensed Child Placing Agencies.

New Foster Care staff are also provided mentorship as additional guidance and support in the field. They are required to complete various tasks from a Transfer of Learning (TOL) Checklist with their supervisor, mentor and individually.

Ongoing training occurs on the SAFE tool and staff are required to complete a refresher course every other year to maintain the integrity and fidelity of the tool. Supervisors have a specialized SAFE home study course that supports their reviews, and each supervisor is required to complete that activity within the first quarter of their new appointment to supervisor role.

Supervisors also receive the same training as new incoming frontline staff and assigned mentors while also attending the Supervisors training offered through Staff Development.

As continuous education, frontline foster care staff receive skill building and program enhancement from the Assistant Deputy Director for six (6) hours monthly. Additional monthly in-service meetings are planned with the Local Office Directors and Division Managers (DMs) across the State of Indiana to further support the learning and development of the team and meet specific regional and county based needs. Foster care staff also receive some of the same trainings that are also offered to DCS foster parents to further enhance their skills. There is a minimum requirement for all DCS front line staff to attend at least 24 hours of annual training and 32 for managers. For foster care licensing workers, care is taken in their development plans, to attend relevant topic areas to their work within the foster system and to build skills to help their work with foster families.

Staff Development and Foster Care Teams engage in ongoing collaboration to meet the needs of DCS foster parents. Regular communication occurs to identify training topics for foster families but also to build the skills of employee team members.

Educational Consultants

DCS has Education Consultants who are available to aid field staff, families, youth, and community partners in addressing the children's diverse educational needs beyond the requirements of federal or state laws. These regionally based specialists have developed training which they provide to stakeholder groups as coordinated by the Education Services Director in collaboration with Staff Development. Training topics include special education, career planning, standardized testing, summer activity planning, trauma informed educational interventions, restorative discipline and many more. New training topics are chosen by current events and requests from field, schools, and parents.

Indiana Child Abuse and Neglect Hotline Training

In 2010, DCS implemented a centralized intake hotline beginning with the largest region (Marion County) and continuing with a roll-out plan until all regions were included in the summer of 2010. Training for Hotline staff has gone through significant changes since 2010. In 2010, new staff to the Hotline saw a very condensed training lasting approximately two weeks. Currently, depending on the experience of the new Hotline Intake Specialist (IS), training can take two different paths. For a new IS without recent experience as a Family Case Manager with DCS, training is more like that of a new Family Case Manager hired for the local office. The new IS will go through DCS's full cohort training, with transfer of learning days at the Hotline. While at the full cohort training, the new IS will receive training on topics such as Getting to Know DCS, Culture and Diversity, and The Effects of Abuse and Neglect. While participating in the transfer of learning days, the new IS will be trained on Hotline specific topics including, but not limited to: Structured Decision-Making Tool, Intake Guidance Tool, Management Gateway for Indiana's Kids (MaGIK), Customer Service, etc. As part of the transfer of learning days, the new IS will shadow with experienced Intake Specialists, participate in mock calls, and have their first set of real calls live monitored for assistance. This entire training program takes approximately fourteen weeks. For a new IS with recent experience as a Family Case Manager with DCS, training is condensed down to a Hotline specific training program that lasts approximately six (6) weeks.

Clinical Resource Team

DCS has Clinical Consultants who are available to provide behavioral health expertise to field staff related to underlying needs and effective interventions for children, youth and adults involved in the child welfare system. Training and technical assistance was initially provided by Nationwide Children's Hospital and Franklin County Children's Services and supported by Casey Family Programs. Training for the Clinical Consultants is developed and/or reviewed by the Integrated Care Director, a Licensed Clinical Social Worker, and Staff Development. The Clinical Consultants have provided training at various workshops on related topics such as trauma informed care.

Enhanced Practice Model Training

Practice Model Consultants provide additional coaching/mentoring as needed and provide mini "information" sessions related to the Indiana practice model utilizing material from the initial practice model training.

The twenty-one (21) Practice Model Consultants, three Practice Model Supervisors and the Practice Model Director continue to respond to the practice needs that are identified through the CFSR/newly created PMR, Permanency Roundtable process and the Executive Team. This is the Practice Model Unit for the state that supports the Field Operations in applying our practice model to each case, and with one another in the agency. Each Practice Model Consultant is assigned to a region to support the trained Peer Leads and assist local management in identifying local training needs and practice advancement.

In 2020, the Practice Liaisons and Practice Model Consultants expectations were updated to reflect additional support to field and sustainability of the Practice Model. By the end of 2020 all DCS Field Operations Supervisors were successfully trained as Peer Coaches. In 2020 the Practice Model Re-Launch was successful to provide all stakeholders in the community, including a recording of the re-launch given to all court systems in Indiana through the Indiana Office of Court Services.

The Practice Team continues to work in conjunction with the Strategic Solutions and Agency Transformation (SSAT) team to collaborate on training the Practice Model Review and to be present during the formulation of each practice goal after the review results.

In-Service trainings that have been created or enhanced include Teaming in Assessment, Teaming to Develop a Case Plan, CFTM Note Entry and Race Equity and Inclusion case examples for enhanced best practice. There were various revisions for existing In-services that included policy updates in 2022 AND 2023.

The Practice Team began in the Spring of 2024 to assist in Card Sorts activities (this stems from Korn Ferry) to determine a leadership competency framework for the agency. The outcomes of the Card Sorts will determine the framework, provide a shared focus in our Practice Model, and set the tone for agency skill building and leadership learning for 2025. In addition, these competencies will shape the focus of the Annual Leadership Conference and Quarterly Leadership Workshops.

Additionally in 2024, the training Teaming in the First 30 days is being updated and the Practice Team is providing safety activities and practice discussions around safety to include the following tools: the

Three (3) Houses activity, which is a tool to use when talking to children about safety, and the Bullseye activity which helps families to identify their safety networks and informal supports. Other practice discussions include safety planning and engagement. A new tool, the Holistic Engagement Tool, was developed through an improvement project, to help better engage families and children and help to gather meaningful information about the family. The Holistic Engagement Tool is currently being rolled.

Management Gateway for Indiana's Kids (MaGIK) Training

The MaGIK Project has maintained a presence on the DCS SharePoint, with a regular update, including a significant archiving event in the late summer/early fall of 2018 to better assist users in finding information about recent enhancements. The DCS IT newsletter, the MaGIK Times, is published periodically and emailed to all MaGIK Users, especially after a deployment of new feature. The newsletter provides helpful hints, current information, and other items to support the DCS practice model using MaGIK as an important tool for FCM's.

MaGIK Consultants continue to provide user support and training to both new and experienced staff in the local office, and through Staff Development provide a half day classroom training for the monthly New Supervisor Onboarding. During new worker pre-service training, new employees participate in an on-line MaGIK training that is self-paced. The MaGIK Consultants also provided an index of twenty-nine (29) supplemental topics for MaGIK training alongside topics listed in the Transfer of Learning activities. Transfer of Learning activities are field based activities for new workers to supplement their classroom training during their new cohort training. Additional trainings are scheduled based on the requested needs of the local office or business unit. The Consultants also utilize tools such as instant messaging, WebEx, Zendesk, e-mail and telephone support for users across the state.

As Indiana transitions to a new CCWIS system, these same consultants, within the information technology division, will continue to provide training and support. The new system will be called I-Kids. It was planned to roll this new system out in 2021; however, Accenture and DCS are still working on developing this system. The goal is to roll the new system out now in 2023.

Supervisory and Management Training

DCS recognizes that well-prepared and competent supervisors are the key to successful outcomes for children.

Indiana's trained facilitators/trainers have been able to support and train other leaders and supervisors. Participants who attend a training session have the information and tools at their fingertips to refresh their learning and to use as needed long after they attend the training.

New Supervisor Training

All new supervisors receive comprehensive training over a 5-month period covering five modules. The new Supervisors participate in 4 days of On-boarding training prior to the training modules. Topics include Payroll and Travel Supervisory Review and Approvals, Data Reports, Human Resources for Supervisors, Ethics, Eligibility Determinations, Background Checks, Funding Appeals and Fiscal Approvals,

Supervisory Functions in KidTraks, and MaGIK. In 2018, information regarding permanency and practice support was added to on-boarding.

The five modules include four 3-day trainings covering the areas of:

1. Personnel and technology issues
2. Administrative supervision
3. Educational supervision
4. Supportive supervision.

The aforementioned supervisor curriculum was piloted and implemented with the assistance of experienced trainers from the Butler Institute for Families who worked with Indiana trainers to develop competency in delivering the curriculum. Results have been very positive, and Indiana Trainers are now delivering this training to all new supervisors who are hired. This training continues to be offered based on need.

Supervisor Core will be revised based on evaluations provided from previous supervisor trainings. This will allow the Staff Development Department an opportunity to enhance and revise these training courses to make them more practical and provide more alignment of our current practice and policies.

In 2023-2024, the Supervisor Onboarding and Supervisor Core trainings were reimagined to better suit the needs of our leaders. Revisions were based on feedback in course evaluations. In 2023, Supervisor Onboarding was updated to include learning around roles/expectations, data analysis, MaGIK supervisor responsibilities, fundamentals of supervision and leadership, Ethics, HR, and CANS in Supervision. Similarly to Cohort training, new supervisors are given a pre-test to assist with their learning and help Staff Development determine where adjustments in curriculum might need to be made.

In 2023, Supervisor Core was pared down to three (3) modules. Model 1: Supervisor as Manager is one (1) full day and seven (7) hours of CAT. This first hybrid module will prepare new supervisors to:

1. Promote critical thinking and accountability for strategic decisions that resolve barriers and advance progress to safe and timely legal permanency outcomes
2. Interpret the significance of data from State reports to practice
3. Assess and discuss leadership strengths and how they may be used to encourage team growth.
4. Act as an advocate, change agent, and leader in building and sustaining a culture of permanence
5. Define collaboration and assess ways to incorporate it in team settings
6. Recognize characteristics of conflict and determine the conflict management styles and their associated qualities.

The second module is two (2) full days and three (3) hours of computer assisted training. In module two new supervisors can:

1. Understand research-based learning processes that support the professional and personal development of staff
2. Teach team members how, when, and why to integrate direct practice tools into casework, (Canvas only)
3. Establish practice expectations that monitor and provide feedback by applying core permanency competencies to casework tasks and activities

4. Assess the value of a developmental approach to supervision and adapt supervision style to each worker's stage of development
5. Recognize how psychological responses to a situation shape decision.

Module 3 consists of two (2) half days of classroom learning and two (2) half days of computer assisted learning. Module 3 prepares new supervisors with the ability to:

1. Discuss the process for developing cohesive teams and best practices for team functioning
2. Identify areas in which teams can create inclusion
3. Understand concepts related to resilience and how to enhance resiliency within yourself and your team
4. Practically utilize the strengths related to the different DISC profiles to build a diverse work culture that can produce positive results for children and families
5. Apply the appropriate leadership style that promotes and develops the strengths of individual team members.

In 2024, Supervisor Core also added a course graduation day which will include additional learning around leader accountability and next steps. Trainees also take their post-test during this session. As part of that last day, supervisors will engage in a panel discussion with their executive leadership to further provide information as well as answer any questions they might have.

Supervisor Mentor Program

A Supervisor Mentor program has also been established following a process like that of the Field Mentor. A series of Skill Assessment Scales were developed, based on the modules described above and the identified mentor supervisor who is assigned to a new supervisor completes the scales approximately one (1) month after each module. The completion of these scales provides additional information to both the new supervisor regarding strengths and needs as well as to the Staff Development area to identify additional training needs. A manual is provided to the supervisor mentor that includes information about learning styles, the program protocol, and a description of the scales. Mentors also have access to a computer assisted training and a classroom training to assist Supervisor Mentors with understanding expectations related to their mentoring role.

In 2024, the Supervisor Peer Lead initiative was launched. Experienced Supervisors are being trained as Supervisor Peer Leads to support their new peers. Supervisor Peer Leads are assigned to their new team member at the time of scheduling for Supervisor Onboarding. In addition, in 2024, a new skills assessment and TOL were created to further support new supervisors in their learning journey in connecting their classroom learning to their experiential learning.

Supervisor Seminar

In 2018, ongoing supervisory training began to include a specialized course called Supervisor Seminar. Supervisors attend this 6-months after their Supervisor Core graduation. In addition, a yearly workshop for all supervisors continues in addressing training needs identified by the Supervisors.

Staff Retention for Better Outcomes in Child and Family Services

Indiana DCS, in partnership with Casey Family Programs, acquired the rights to make the Staff Retention for Better Outcomes in Child and Family Services workbook series available for use within the State. This included tailoring the workbook content to align with the State's Practice Model and Practice Indicators. The steering committee who developed the ongoing training plan reviewed the flexible workbook design, which allowed for the workbooks to be used in many ways. This series was further developed into the Supervisor Core Training.

Workshops based on this series occurred quarterly, facilitated by individuals who had completed the DCS sponsored Masters in Social Work (MSW) program, or by other identified experts in the topic area. Videoconferencing equipment assisted with connecting supervisors from across the state for these sessions which focus on a particular topic.

DISC Behavioral Profiles

The training department continues to ensure utilization of the DISC Behavioral Profiles, and Leadership principles are woven throughout the curriculum. DISC Behavioral Profiles measure your personality and behavioral style and describe how you react in various situations and interact with others based upon that profile. The curricula were designed to include less instructor lecture and more participant facilitation and small group activities. Feedback to date on the enhancements has been positive.

Leadership Academies

Emerging Leaders Academy (ELA)

In 2021, DCS launched its inaugural Emerging Leaders Academy for frontline staff to pursue a more in-depth training series to learn about Leadership and how to become an effective leader. The targeted staff are not yet managers but are promising or emerging as leaders. This program series builds a foundation of Leadership Theory and how to understand your own leadership style. This program develops their own personal growth and goal and has 4 training sessions with pre-work between sessions, in addition to a kickoff and graduation ceremony. Microsoft Teams is the medium by which all training sessions are held, in addition where all files are kept and from which communication is sent. Each academy participant is matched with a mentor, who has graduated from the Leadership Academy for Supervisors (LAS).

In 2022, 41 participants were selected for the ELA and 36 participants successfully completed the program. To date in 2023, 42 participants were accepted into the academy.

At the beginning of 2024, the agency paused the Academies so that they could be revised and updated. In addition, DCS began using a Card Sort process to build an agency Leadership Competency framework. DCS would like to add the Leadership Competency framework focus to the Academies for 2025. The competencies will be determined after the Card Sorts are completed.

Leadership Academy for Supervisors (LAS)

Indiana has adopted the National Child Welfare Workforce Institute curriculum to continue training the Leadership Academy for Supervisors. This core curriculum consists of the Introductory Module and five

subsequent modules. Learning activities include some pre-learning in preparation for each of the five modules following the Introductory Module as well as follow up peer-to-peer networking to each of the modules facilitated.

Modules include: (1) Introductory Module; (2) Foundations of Leadership; (3) Leading in Context: Partnerships; (4) Leading People: Workforce Development; (5) Leading for Results: Accountability and (6) Leading Systems Change: Goal setting. The Department has had supervisory participants in this program on an annual basis since 2014 averaging around 20 participants a year.

In 2019, we had 28 Supervisors participating in LAS and subsequently in 2020 there were 30 Participants. LAS has been modified in 2021 to condensed sessions for a virtual platform and has 32 participants.

The 2022, LAS cohort was again on MS Teams virtual platform. There were 28 participants in the 2022 LAS cohort. Curriculum enhancements were made, including relevant authors, videos, updated theories, and teach-back information. Additionally, each participant's direct supervisor is asked to be more involved with the learning and development plans to enhance their leadership development. Each cohort also receives a LAS Coach to assist them with their change initiatives. The 2022 cohort also utilized existing data from Practice Model Reviews (PMRs) or their respective divisions to inform their initiative. Agency alignment was included by homing in on utilizing the DCS practice model to effectuate change. The 2022 cohort completed impact data to determine how effective the program was at enhancing each cohort member's skillset. This is done through a 360 evaluation where feedback is provided by the participant, their leader and those they supervise (if they don't directly supervise anyone, then their peers complete it for them). Impact data for this cohort started at graduation, and six (6) months post-graduation. They will take their final assessment one (1) year post graduation (August 2023).

For 2023, 26 Cohort participants were selected out of 34 applicants. New strategies were implemented for marketing and selecting cohort members that were more inclusive. Impact data began for this cohort as a pre-assessment prior to Kickoff. The impact data is completed through a 360 evaluation where feedback is provided by the participant, their direct supervisor and those they supervise (if they don't supervise anyone directly, their peers complete it for them). Impact data will be collected again at graduation, 6- months post-graduation and 1-year post graduation. Updates were made to the curriculum based upon feedback surveys, and to help the program align with the agency's needs. Updates made included updated leadership assessments, dwindling down material to make some skills elective and implementing a syllabus to help with time management, updating data metrics used in the modules, as well as incorporating LEAN methodology into the change management workshops.

At the beginning of 2024, it was determined to pause the Academies so that we could revise and update them. In addition, we began using a Card Sort process to build an agency Leadership Competency framework, and we would like to add that focus to the academies for 2025. The competencies will be determined after the Card Sorts are completed.

Leadership Academy for Middle Managers (LAMM)

In 2019 work was completed to re-organize and create a LAMM program using the NCWII curriculum as the foundation.

In 2020, there were 23 program managers, local office directors, chief counsels, and hotline managers selected for participation in the Leadership Academy for Middle Managers (LAMM).

In 2021 the LAMM program accepted 25 participants, representing almost all DCS Divisions and partnering each with an individual coach. The curriculum was expanded to include the Studer Principles, the Healthcare Flywheel, LEAN Principles and Straight-Talk Communication Assessment online. The program was modified to have four (4) virtual sessions, with pre-work between each training session; required individual coaching with an assigned mentor; a change initiative based on the agency's 2021 goals; and a kickoff and graduation ceremony. This program was also enhanced for organization by placing the material and communication through MS Teams.

The 2022 LAMM cohort was smaller than in previous years, consisting of 16 participants. This cohort was the first to be connected with our agency's LEAN events and projects. Each participant in the 2022 LAMM cohort was matched with one LEAN rapid improvement event or improvement project, as a Process Owner. This married the LAMM program curriculum to an agency identified project and need for leadership. The format for 2022 was virtual and held on MS Teams.

In 2023, there are 15 participants. The focus for this year's initiative is based on data and improvement within their area of work. We continue to connect the agency's LEAN principles with a focus for this group to complete their change initiatives by using the PDCA (plan, do, check, act) problem-solving model. To embrace the DCS values of diversity and inclusion, LAMM curriculum was expanded to address the leader's role in modeling and setting the tone to address diversity & inclusion in their work cultures. Based on Jennifer Brown's Inclusive Leader Continuum, participants identify what steps they can take to expand their leadership presence when it comes to their role in creating a culture of belonging. At the beginning of 2024, it was determined to pause the Academies so that we could revise and update them. In addition, we began using a Card Sort process to build an agency Leadership Competency framework, and we would like to add that focus to the academies for 2025. The competencies will be determined after the Card Sorts are completed.

Management Trainings

Staff Development has developed a formal curriculum for a leadership series which is completed yearly for all newly hired Local Office Directors. Management staff from other areas have also been identified to complete this training (including the legal division, the hotline division, the programs and services division and staff development). Individuals trained through the "train the trainer" program provided by the Leadership Transformation Group continued to facilitate this training. Trainees identified a mentor to assist them through the training process and activities, although a formal mentor program has not been developed.

Director Core

The Partnership redesigned the Leadership series, gearing curriculum toward Local Office Directors and renaming it Directors' Core. The Partnership will create Core training for other Director level staff in the future. Currently, Director's Core is being provided to new Local Office Directors.

Quarterly Workshops

Staff Development continued offering quarterly workshops for Supervisors and Directors in 2019 and 2020. The topics included True Collaboration, Appropriate Staffing, Skilled Communication, and Effective Decision-making, Leaning into Excellence, and Cultural Humility. Quarterly Workshops in 2021 included topics on LEAN Daily Huddles and SafeAct.

Leadership workshops for 2022 included a coaching series for all leadership positions in the agency. These workshops were offered quarterly and built upon one another, with homework, also called Teach-Backs, to the curriculum for application of the coaching material. The Leadership series set the foundation for the Annual Leadership Workshop in 2022. The Leadership Workshop was conducted virtually via MS Teams for all leaders and tied together the coaching series. In 2023, the following Leadership Workshops were developed and trained: Leading Teams using Quality Assurance, Engaging new FCMs, Barriers to Learning, and Continuous Learning.

In 2024, the following Leadership Workshops have been developed: Decision Quality and Ambiguity and Decision Quality and Resourcefulness. Upcoming Leadership Workshops being developed include Decision Quality and Customer focus and Decision Quality and Action Oriented.

Leadership Advisors

In 2018, Staff Development received and hired three Leadership Advisors. The Leadership Advisors train Quarterly Workshops for supervisors and Directors. In addition, they train Supervisor Orientation. They are working closely with the Supervisor and Local Office Director/Division Manager (LOD/DM) Advisory Boards. In addition, they are providing Quarterly Leadership Training for the Partnership. In 2020, they launched a Senior Level training series that continued into 2021. The first Leadership Advisor training was delivered at the end of April 2019. They continue to provide Leadership Coaching for managers or frontline staff as requested. They are currently involved in supporting the Leadership Academy for Supervisors, Leadership Academy for Middle Managers, as well as the development and training of the 2021 Inaugural Emerging Leaders Academy.

Executive Leadership and Leadership Competency Framework

In looking towards the future, the Staff Development Partnership will develop an Executive Leadership Institute that will enhance the previous Management Innovations Institute. This was originally planned to be implemented in 2023. This was initially delayed due to COVID to ensure a more effective in-person experience. The implementation of the Executive Leadership Institute continues to be on pause due to DCS utilizing a Card Sort process to build an agency Leadership Competency framework. DCS would like to add the Leadership Competency framework to the leadership academies for 2025. The competencies will be determined after the Card Sorts are completed.

Other Training Initiatives

Staff Development continues to partner with both internal divisions as well as external partners in various training initiatives.

Practice Model, Practice Model Reviews, and Continuous Quality Improvement

Legal Training related to the Indiana Practice Model is available upon request by Regional Offices. Regular training occurs to prepare individuals to participate in the Practice Model Review (PMR) process. The CQI team, in an effort to continually support continuous quality improvement, provides ongoing awareness training to staff in regard to Lean principles. Numerous other training courses are available and can be facilitated based on results from the Individual Needs Training Assessment, an assessment of organizational needs or if needed based on unique local needs.

Legal and Court Collaborations

In addition, the Staff Development Division, in cooperation with the Indiana Judicial Center, continued to partner on providing training to Court personnel relative to child welfare practice. Several workshops have been provided which included cross training regarding safety planning and permanency related items, to court personnel, probation officers, Guardian ad Litem/Court Appointed Special Advocate personnel and other stakeholders. Specifically, DCS partnered with the State Court Appointed Special Advocate (CASA) program to provide training to CASA's/GALS through 4 regionally based trainings which occurred in Lafayette, Warsaw, Evansville, and Indianapolis. Topics covered in this training included: Legal Requirements for the Identification of Child Abuse and Neglect, The Role of an Attorney Guardian ad Litem in Juvenile Court, Developmental Considerations in Working with Abused and Neglected Children and Adolescents, Treatment of Child Abuse and Neglect: Trauma Informed Care and Ethics.

There has been ongoing collaboration on the development/re-design of the DCS and Probation interface and DCS and the Judicial Center hosted a webinar to train Probation staff on the new referral and Individual Child Placement Referral (ICPR) process. Indiana's Round 3 CFSR found that probation officers that serve youth in the delinquency setting and receive IV-E funded services lack sufficient child welfare training. DCS will be collaborating with counterparts in the Indiana judiciary to finalize curriculum updates for probation officers as part of the continued PIP development process and those changes will be reflected in future DCS Training Plan updates.

DCS representatives routinely attended meetings with the Juvenile Justice Improvement Committee and the Child Welfare Improvement Committee to discuss permanency and other child welfare issues, including the use of emergency shelter care, statutory timelines in CHINS and TPR cases, the statewide IV-E waiver program and DCS Services and Outcomes.

Two one-day legal trainings occur each year addressing relevant legal topics for all DCS Staff Attorneys, and monthly legal trainings occur using videoconferencing equipment. As of summer 2023, the DCS legal training team has rolled out two (2) trainings statewide. The first training is a 1 ½ hour Emergency Removal Training, which provides an opportunity for discussion and collaboration between DCS Attorneys and FCMs on several case scenarios. This training was originally rolled out to Field RMs, LODs, and Supervisors regionally in 2021, followed then by county-focused trainings across the state. To date, this training has rolled out to 17 of DCS' 18 regions.

The second training is Achieving Permanency, Permanently Together (APPT). This training is a full-day regional collaborative training focusing on permanency and is designed to facilitate conversations on different aspects of permanency that DCS supports. The training also features resources available for each permanency option and common barriers to permanency at the local office and regional levels.

Representatives from various divisions within DCS, including Field Operations, Child Welfare Services, Juvenile Justice Initiatives and Support, Legal Operations, Staff Development, and Strategic Solutions and Agency Reformation join the training to provide information on various services and resources available and to answer any questions. To date, this training rolled out to three regions.

Both trainings referenced will soon be retired for the foreseeable future as the DCS legal training team explores other collaborative training options in 2024 for field and legal teams.

The DCS legal training team also plays a vital role in securing legal trainers for various FCM-focused trainings, such as Legal Roles and Responsibilities (FCM cohort) and Court Testimony (experienced worker training).

Mental Health First Aid

In 2024, Staff Development partnered with Sandra Eskenazi Mental Health Center (SEMHC) to deliver Mental Health First Aid (MHFA) to DCS field team members and foster families in Marion County. In April 2024, SEMHC trained Staff Development's 41 team members to become Youth and/or Adult MHFA responders. Five (5) trainers (3 Youth Instructors; 2 Adult Instructors) will be trained to administer the 6.5-to-7.5 hours in-person training to others. SEMHC will cover the cost for training material offered through American from the City Rescue funding of Indianapolis. Staff Development collaborated with Evaluations and Outcomes Team (SSAT) to design post-participation surveys to establish that participants found the training impactful as evidence to apply for grant funding and rollout statewide. Initial training rollout will begin in May 2024 for field team members and July 2024 for foster families.

Statewide Conferences

Trauma Informed Symposium

Marion County, Indiana's largest jurisdiction, continues to hold a "Trauma Informed Symposium" in May of every year highlighting the various topics such as: How Resilience Trumps ACES, Trauma Informed Care and Domestic Violence and Models of Care to Engage Young Men in Caring for Themselves and Others". Stakeholders included DCS staff, Juvenile Court Staff, Child Advocates, Prevention Partners, Child Protection Team Members as well as Community Members. This symposium was rescheduled in 2020 due to COVID-19. In 2021, the TIC symposium was hosted virtually for the first time. The annual Trauma Informed Symposium was held virtually on May 25, 2022, and again on May 17, 2023. In 2023, the conference began with a Prevention Provider Fair where attendees had the opportunity to speak to prevention providers about the preventative services offered for youth and families in Marion County and the surrounding areas. The 2023 conference theme was "A Call to Action: Breaking Down the Walls of Oppression. The conference featured 4 dynamic speakers who provided tools and resources on addressing Generational trauma. Prior to 2020 the conference was hosted in person and averaged 450-500 attendees. Since moving to a virtual platform, attendance has averaged between 800-1000 attendees.

Annual RAPT Conference

The Annual RAPT Conference is an annual training and networking opportunity for foster parents. These events offer a diverse range of topics.

- **2018 Topics:** LGBTQ information, Self-Care, Understanding Adoption, Trauma Informed Care, Preventing Suicide, Human Trafficking, Loss and Grief, Attachment Trauma, and Creating a Healing Home
- **2019 Topics:** Foster Care Bill-Of-Rights, Teen Behaviors, LGBTQ, Transracial Children, Child Trafficking, Mental Health, Self-Care, and Reunification with Biological Families
- **2021 Topics:** Raising Resilient Kids, How Our Brains Learn, Feel, Behave, and Socialize when there is Adversity and Trauma, Independent Living Services, Cyber Security and Online Presence, Adoption Experiences, Biology of Trauma, Connecting with Adult-Wary Youth, How to Safely Plan to Prevent Future Sexual Abuse, Resource Parent Self-Care after a Child has Left the Home.
- **2022 Topics:** GAL and Legal Support, Healing Through the Arts, Adoption, Anthem Member Support, Sibling Rivalry, Introduction to DCS Co-Care, Kinship Support Group, Vaccination, and Immunization

Conferences were held in August 2018, 2019, and 2021. This conference did not occur in 2020 due to closures and restrictions imposed by COVID-19. In 2021, this conference was held virtually with 290 attendees. In March 2022, this conference plan was changed to a monthly, virtual format to provide opportunities for resource and adoptive parents, DCS staff, and LCPAs to network and gain valuable information and resources to support youth in care. The vision was to break this annual conference into smaller, monthly engagements presented on the Zoom platform. This was re-named “Super Saturdays” and occurs every third Saturday of the month. The monthly event will continue throughout 2023.

At face value, data suggests the shift to a virtual, monthly platform increases opportunities for foster and adoptive parents to gain ongoing training credits. Based on individual attendance alone, the Super Saturday format increased attendance 161% from March-December 2022 compared to 2021 attendance.

SuperSaturday monthly event continued throughout 2023, with a total of 754 participants. The first Live in-person Super Saturday event was successfully launched in November 2023 in support of Nation Adoption Month in Marion Co. Virtual format remains an option to participants unable to attend in person. RAPT partnered with internal/external partners and local community organizations to offer families education, resources, and information. RAPT began planning for two (2) Live in-person Super Saturday events for 2024 (in April & November) given the positive feedback received from participants.

In 2024, Super Saturday remains a prominent event for foster and adoptive parents to obtain useful information and resources while also receiving training credit to meet annual training hours. The first in-person Live event was held in April in Vanderburg Co. (R16), with over 130+ participants and 15 confirmed community partners/organizations in attendance. The next Live event is scheduled in November in Lake Co, also recognizing families who have adopted in celebration of National Adoption Month. Staff Development’s ongoing collaboration with the Communications Division for marketing and communication has contributed to increase in attendance. As of May 2024, 579 participants have attended Super Saturdays this year, which is a 56.91% increase from Jan- May 2024 compared to 2023. RAPT Team’s ongoing collaboration with internal and external stakeholders to provide education, resources, and support has been an integral part of improving foster and adoptive parent relationships. RAPT will continue these partnerships throughout the year to expand these efforts statewide.

Child and Adolescent Needs and Strengths (CANS) Training

Following an agency initiative in 2009 focusing on better assessment of children's behavioral health needs, a decision was made to adopt the utilization of the Child and Adolescent Needs and Strengths (CANS) tool developed by John Lyons, Ph.D. In Collaboration with the Indiana Division of Mental Health and Addictions (DMHA), all DCS Supervisors receive a two-day training to become "Super Users" of the tool so they in turn could assist the Family Case Manager staff to become certified by completing an on-line training and certification process. All Super Users also complete a yearly "booster" session which DCS is coordinating with DMHA.

In 2013, Permanency and Practice Support recognized additional support was needed to educate and support all Field Staff as to their understanding and use of the CANS. As a result, Permanency Consultants received certification training from Dr. Lyons to become CANS Consultants. These CANS Consultants now provide quarterly trainings throughout the state on the basic understanding of CANS, CANS 101, and CANS 102. These trainings include content in how the CANS is understood and scored using the trauma module. As practice evolves, so does the need for training, therefore in 2019 an updated version of these trainings was implemented that discussed the general knowledge of CANS tool, how trauma should inform our understating of not only our scores, but how we also practice as Child Welfare professionals. This training is called Meaningful Use of CANS.

Training for Indiana Physicians, Docs INCASE, DCS Staff and Other Relevant Parties

Indiana University continues to provide program development, implementation and training on child abuse and neglect identification and/or reporting and related topic to ER physicians, family physicians, pediatricians, Docs INCASE (pediatricians identified from across the state who provide local expertise and assistance to DCS through consultation and participation in community child protection and fatality review teams), and others who see infants and children in a medical setting. The contract provides for a minimum of six regionally based trainings along with on-line modules/webinars with Continuing Medical Education credit that can be provided across the state of Indiana on such topics as: identification, reporting, mechanisms of injury and appropriate medical evaluation.

In 2018, an amendment was prepared for the Pediatric Evaluation and Diagnosis Program Contract with Indiana University to develop and provide new trainings tailored to fit different hospital systems and different training scenarios/participants for DCS Staff. The child abuse pediatricians of the PEDS program piloted the trainings developed by presenting 12 training presentations to a group of 26 statewide DCS professionals from seven different roles (FCM, FCM Supervisor, Local Office Director, Regional Manager, Staff Attorney, Healthcare Specialist, and Assistant Deputy Director) on Monday, June 18, 2018, to evaluate the training material before rolling out the trainings across the state. This much needed training clearly benefits Indiana's children. These trainings have continued to roll out throughout the state since 2019. The PEDS program continues to provide identification, training, and services of the Docs InCASE (Doctors consulting in Indiana Child Abuse Screening Evaluations), and training and consultation for providers statewide in multidisciplinary conferences as well as community and DCS-specific educational programs. There has also been a focus on training for DCS attorneys regarding the presentation of medical evidence in the legal setting by providing both virtual and in person educational programs and mock trials.

Extensive Family Preservation Training

In 2020, DCS focused on Family Preservation services and continued this focus in 2021. This will continue to be available to staff. This aligns with the expectations of the Families First Prevention Services Act. Computerized Assisted Training was developed based on the service standards for this service. In addition, educational information is being provided through DCS's Communication Division. DCS has also provided informational training sessions, with the ability to participate in a live Q&A, for staff as well as our providers.

Since October 2021, the Child Welfare Services (CWS) team has hosted "Family Pres Fridays" on the last Friday of each month. During these virtual events, the CWS team shares data around Family Preservation Services and engages in focused conversation with attendees on all aspects of Family Preservation Services. These events are open to all DCS staff. The team has also conducted Family Pres Roundtables.

Improving the Quality of Visits

Indiana worked with the Child Welfare Policy and Practice Group from Montgomery, Alabama to develop and pilot a three-day workshop entitled Making Visits Matter, Home Visiting to Improve Safety, Well-Being, Stability and Permanence for Children and Families in 2008. This curriculum was finalized, and Partnership Staff were prepared to deliver this training. After the initial roll-out which provided this training to every Field Operations Family Case Manager, Supervisor and Local Office Director, the training continues to be provided regularly for more recently hired staff. Prior to the registration for this training, staff members are asked to have completed six months of service so that they will have the background and experience necessary to receive maximum benefit from attending.

In this workshop participants explore "levels of knowing" in the context of their work with children and families. This helps them get to know families and caregivers based on the principles that guide the work (Practice model) in efforts to achieve the four major outcomes in child welfare (safety, permanency, well-being, and stability).

Participants also learn to know children within their context by examining ways of connecting or joining with children, families, and their informal and formal support network in achieving individualized goals and resources to achieve outcomes. This training has been updated and is now titled Meaningful Contacts.

Outcomes for Quality of Visits Training

This curriculum was focused on the critical role of worker visits and the relationship visits have in improving safety to children and supporting effective case plan development, implementation, and adaptation. In addition, special considerations related to engagement, interviewing, and taking a team approach was integrated throughout the three-day curriculum. The following resulting practices were discussed and practiced within the training session:

- Identification of purposes and the value of partnership in worker visits with children and families
- Development of strategies toward effective working agreements for visiting

- Identification of and practice in safety assessment during visits, including observation and interviewing information
- Individualization of visiting techniques and observations based on developmental considerations, case progress and key decision points in work with children and families.

Realistic Job Preview

Building on research regarding worker recruitment and retention and based on the work of the Butler Institute for Families, Indiana has developed a Realistic Job Preview video for use during the recruitment process.

Calamari Production Company, an award-winning company that specializes in child welfare/juvenile justice issues was contracted to develop this video. This production company has hundreds of hours of footage from developing documentaries with unprecedented access to Juvenile Courts. In addition, several staff have been interviewed to provide a realistic review of what the position of a direct line work consists of. Coordinating interview questions and evaluation material has also been provided by the Butler Institute of Families. This video has now been incorporated into the recruitment process including the funded BSW students so that all potential family case managers view the video prior to accepting a field position. Formal research has not been completed, but anecdotal feedback indicates that several individuals have withdrawn their applications for the position after they have viewed the video.

- Tracking and adaptation of case plan goals, tasks, and accomplishments
- Development of worker engagement strategies with children, families, and caregivers
- Development of strategies toward team building during visits to promote progress and stability for children and families.

DCS Human Resources is currently retooling the recruitment and realistic job preview activities to improve the hiring process and better prepare new employees for the work they will be performing.

DCS was working with Accenture to develop virtual reality training. This work has been discontinued and DCS is seeking out a new vendor to develop virtual reality training.

Providers of All Training Activities

Beginning in January 2010, the Indiana Department of Child Services entered a Partnership Contract with the Indiana University School of Social Work to identify, develop, implement, and provide all identified training needed to establish a well-prepared workforce in child welfare focusing on child safety, well-being, and permanency. DCS continues in the Partnership with IU.

Through its Staff Development Division, DCS currently has full-time equivalent positions including a Deputy Director, three (3) Assistant Deputy Directors, Training Manager, six (6) supervisors, 18 classroom trainers, 12 RAPT Trainers, 21 peer coach consultants, and four (4) support staff. The Partnership Contract provides for the following full-time equivalent staff positions: Training Manager, two (2) supervisors, four curriculum writers, 11 trainers, two (2) production staff, fiscal staff, evaluation staff, a multi-media staff person and support staff.

A Trainer Bootcamp was developed in 2020 using the Competency Based format and is offered to all new trainers hired through the partnership. This covers curriculum development, use of media and presentation skills. In addition, each newly hired trainer completed a rigorous preparation phase prior to delivering material which includes observation, co-training with feedback and mentorship/coaching by experienced trainers and supervisors.

Settings for Training Activities

New worker training primarily had occurred in downtown Indianapolis, which is referred to as 500 North. Classroom space was also utilized through the University Partnership and is in northwest Indianapolis. Training space has also been identified in each of the 18 Regional Hubs established so that regional classroom training can occur minimizing the travel required for staff. In addition, video teleconferencing equipment has been installed in all these hubs, and training can be provided through this medium with one or two trainers located in one location and four (4) or five (5) sites connected to observe and participate in the training. Other Government buildings including city/county centers, libraries and local offices have also been used. In 2020 all training was held virtually due to COVID 19. This is how training continues to be held. A few virtual trainings have returned to the classroom. Training will continue to be offered virtually as well as face to face. In 2023-2024, new worker trainings are primarily in-person instructor led trainings and are held in downtown Indianapolis, which is referred to as 500 North.

Computer Assisted trainings (CATs) have been used to easily provide information to staff members in a short period of time. During 2018 and the beginning of 2019, new CATs were developed. These included Compassionate Confrontation, Nepotism, Random Moment Sample, Assessment Initiation, and Safety Planning. The Practice Model CAT was revised as well. Additionally, the following CATs were developed in 2019/2020: Visitation Planning, RPS (Reflective Practice Survey), the National Youth in Transition Database, Human Trafficking; Personal Protective Equipment, Family Preservation, and Understanding Child Support. Also, in 2019, a Podcasts were created for the Plan of Safe Care and Legislation Changes. The Practice Model CAT is scheduled to be revised before the end of 2024. In addition, a contract was executed with 30 courses called "Essential Learning", so that additional computer based relevant trainings can be offered to staff.

Virtual Capability

DCS is currently using Microsoft Teams to provide training for primarily experienced workers. This platform was chosen due to COVID 19, and it was found to be a beneficial way to engage experienced workers with their busy and ever-changing schedules. It is also being used for In-services, Emerging Leaders Academy, Leadership Academy for Supervisors, and Leadership Academy for Middle Managers. It is anticipated that this medium will be used extensively in the future to disseminate information quickly throughout Indiana efficiently and effectively.

Essential Learning Course Name and Description

A Culture-Centered Approach to Recovery (3 hours)

A review of the many dimensions of culture, the impact of a worldwide view on psychosocial rehabilitation practice (PSR), and the steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as identify biases which could impact their relationships with others.

ADHD: Diagnosis and Treatment (4 hours)

This course will help you identify the symptoms and diagnosis of ADHD and understand the possible causes of the disorder. Additionally, you will learn some of the latest treatment options for children, teenagers, and adults. These skills will help you in the treatment of your clients who have ADHD.

Adolescent Suicide (2.5 hours)

In 2004, suicide was the third leading cause of death in children, adolescents, and young adults. Common warning signs of suicide include suicidal threats both direct and indirect, dramatic changes in personality or appearance, severe drop in school performance and giving away belongings. High risk factors in this age group include a history of alcohol and substance abuse, family history of maltreatment or neglect, recent bereavement, physical illness, and school failure. Important elements of suicide assessment include asking directly about the presence and nature of suicidal thoughts, a plan for suicide, determining the availability of lethality, previous thoughts or attempts, exploring beliefs and values and barriers to suicide.

Alcohol and the Family (2.5 hours)

Alcohol use can have a destructive effect on individuals as well as their families and loved ones. In this course, you will gain in-depth knowledge about research concerning the impact of alcohol use disorders on the family context. You will learn the "brass tacks" of the family systems approach to understand the complicated dynamics of families struggling to deal with the impact of alcohol use disorders. Furthermore, you will be able to identify specific risk factors that are related to developing an alcohol use disorder. Vignettes and interactive exercises give you the opportunity to apply what you learn so that you can easily apply these competencies in your own setting.

Attachment Disorders and Treatment Approaches (1.5 hours)

This presentation given by the Center for Behavioral Health's as part of their ongoing Breakfast Learning Series addresses the concept of attachment theory and treatment of attachment disorders. Assessment parameters, treatment goals, ethical issues, and related disorders are also covered in this video course.

****Audio/Video Required**

Attitudes at Work (2 hours)

An employee's attitude at work impacts performance, office culture, and the overall success of an organization. Unfortunately, an employee's attitude is often overlooked and considered a factor that is uncontrollable and unchangeable. Because of this perception, poor attitudes can easily infect the workplace and cause significant problems for both the employees and the organization. This course will give you valuable information about the importance of employees' attitudes in an organization, how certain attitudes can be promoted or changed, and how to create a workplace environment that fosters helpful attitudes.

Bipolar Disorder in Children and Adolescents (1 hours)

This course discusses the signs and symptoms of bipolar disorder in children and adolescents, reviews the latest pharmacological and psychotherapeutic treatment for this population.

Child and Adolescent Psychopharmacology (2 hours)

This course – intended for non-MD mental health professionals, including marriage-family therapists and licensed clinical social workers – will give you in-depth knowledge of psychotropic medications used to treat children and adolescent psychiatric issues. This includes anxiety, mood, psychotic, and behavioral disorders. You will learn about the unique issues surrounding psychopharmacology for pediatric populations, including common uses, side effects, and timelines for medication response. Through interactive games, quizzes, and vignettes, this course will help you to take the learning back to your real- world work environment.

Communication Skills and Conflict Management for Children's Services Paraprofessionals (2 hours)

The ability to communicate with the children and families you serve is essential to your work with them. Passing along those basic communication skills that we take for granted--communicating successfully with others, basic social skills, coping with conflict or anger, and solving problems--is another important part of your work. In this course, we will be focusing on various forms of communication, communication skills, and how to use communication effectively in solving problems and conflicts.

Cultural Diversity for Paraprofessionals (1.5 hours)

This course is an introduction to understanding the various components of cultural competence and how they apply to providing mental health and other human services to various groups of people and to individuals from within those groups.

Domestic and Intimate Partner Violence (2 hours)

This course gives an overview of domestic violence, discusses the risk factors and clinical issues associated with domestic violence. It also describes the psychology of abuse and the best treatment strategies.

Dual Diagnosis Treatment (3 hours)

Dual Diagnosis Treatment is for people who have co-occurring disorders: Mental illness and a substance abuse addiction. This treatment approach helps people recover by offering services for both disorders at the same time. In this course, we will discuss treatment options that address the various mental and substance abuse issues.

Fundamentals of Fetal Alcohol Spectrum Disorders (1.5 hours)

This course gives you key information about Fetal Alcohol Spectrum Disorders (FASDs) and the commonly associated complications. You will learn ways to identify common symptoms, and the benefits of proper diagnosis treatment for those who have an FASD. Strengths and difficulties for these individuals will be emphasized to help you better recognize when someone you work with has an FASD. Finally, you will learn ways that you can raise awareness for these disorders – this can ultimately result

in proper treatment and prevention of FASDs. You will have a chance to review what you have learned through a series of interactive exercises and vignettes.

Identifying and Preventing Child Abuse and Neglect (2 hours)

This course will familiarize you with different types of child abuse, how to identify them, and what to do if you suspect that a child has been abused. Definitions of child abuse – along with how and when to report it- vary from state to state so you must always check with your local state reporting agency regarding laws and requirements. Regardless of your location, this course will give you a solid overview of the most common types of abuse that a mandated reporter is likely to encounter.

Making Parenting Matter Part 1 (2.5 hours)

Many parents find themselves wondering if parenting matters. They may ask themselves if they know what decisions a “good” parent should make and whether their parenting style is good, bad, common, or unique. Working effectively with children, adolescents, and their families can be quite challenging if you are not adequately prepared with the best tools for the job. Drawing upon content developed by Carol Hurst, Ph.D. of the Corporate University of Providence, this series of trainings is designed to empower clinicians who work with parents and their children with clear, relevant, and actionable information about best practices. This first course gives you an overview of the importance that parenting plays on child development by covering various parenting styles and typologies, as well as the theoretical perspectives of psychologists Freud, Bowlby, Baumrind, and Bandura. The instructive information, interactive exercises, and case vignettes in these courses will leave you prepared to successfully apply these concepts in your work with parents and children. *Flash required

Methamphetamine: Effects, Trends, and Treatment (1.5 hours)

The course provides a comprehensive overview of the drug methamphetamine including how the drug is created, the short- and long-term effects of meth abuse, recent law enforcement trends for manufacturing and trafficking, and the physical and psychological nature of methamphetamine dependence. It also describes treatment options and outcomes including the Matrix Model Intensive Outpatient Program. **Audio/Video Required

Motivational Interviewing (4 hours)

This course helps you understand what Motivational Interviewing is and become familiar with strategies to help you with your client counseling.

Overview of Psychopharmacology (4 hours)

This course describes four major categories of medications by their generic and trade names (brand names used by pharmaceutical companies): anti-psychotics, mood stabilizers, antidepressants, and anti-anxiety medications. It presents information about clinical indications, dosages, and side effects. Medications that specifically affect children, the elderly, and women during the reproductive years are also discussed.

Overview of Serious Mental Illness for Paraprofessionals (3 hours)

This course provides an overview of serious mental illness including schizophrenia, bipolar disorder, and children and adolescents’ mental disorders.

Overview of Suicide Prevention (3.5 hours)

This course is designed for professionals in the prevention, addictions, mental health, and related fields. The nature of the topic of suicide prevention also makes this course relevant to community members, including the gatekeepers identified in this course (healthcare workers, school personnel, protective service workers, law enforcement, members of faith communities, program planners, volunteers, and juvenile justice personnel) and any community members who have been touched by suicide. The content is adapted from the National Strategy for Suicide Prevention which is published on the Substance Abuse and Mental Health Services Administration website (SAMHSA).

Post-Traumatic Stress Disorder (3 hours)

This course discusses the prevalence and diagnostic criteria for PTSD; it discusses treatments for PTSD including psychotherapy and medication as well as PTSD in children and adolescents.

Safety Crisis Planning for At-Risk Adolescents and Their Families (2 hours)

This course focuses on how social service workers and mental health clinicians can work to create effective family safety/crisis plans with high-risk families in the community. As you are probably aware, high-risk adolescent consumers and their families face several obstacles that may seem impossible to manage. However, with the techniques you will learn in this course will help you to keep the family and the community safer. After completing this training, you will understand a clear step-by-step process to safety/crisis planning- and you will even get a sample crisis/safety plan form that you will use to apply the knowledge you gain during the course.

Strength-Based Perspectives for Children's Services Paraprofessionals (1.5 hours)

While the medically oriented “deficit model” is standard training for most staff who work directly with children, the strength-based/recovery movement emphasizes the need to have a balanced view of clients. That balanced view includes learning the values, terminology, and interventions that allow clinicians and the consumers you serve to address strengths along with challenges throughout the treatment process. In this course, you will learn about assumptions about the strength-based perspective including the definition, principles, and beliefs about working with children and their families from the strengths perspective. You will also learn concrete strategies to apply these principles with children and their families at home.

Stress Management for Mental Health Professionals (2 hours)

As mental health professionals, you are prone to stress, which may lead to physiologic, emotional, and spiritual symptoms. This course explains the sources and types of stress unique to mental health professionals like you and the physiological mechanisms of stress. The interactive course identifies symptoms of stress and discusses several stress management, reduction, and prevention techniques that you can use. It provides an opportunity for you to assess your own levels of stress through the Compassion Fatigue Inventory. The course includes current resources for you to access as you develop your personal stress management strategy. We use a blend of experiential vignettes, interactive activities, and didactic information as tools to prevent stress in the workplace. This information is especially relevant to mental health professionals in all treatment settings. You can also use this information to teach patients stress management techniques. **Audio Included

Substance Abuse and Violence Against Women (3.5 hours)

This course provides a comprehensive review of the nature and prevalence of substance abuse problems and its association with violence against women. The course discusses social, family, and cultural aspects associated with domestic violence. It also provides a comprehensive review of services available to women and men who are in this cycle of violence. A detailed discussion about legal options for women is also contained in this course.

Time Management (2.5 hours)

The bottom line in many organizations is productivity. If you find yourself overwhelmed, working too many hours, or running behind you may have room to improve your approach to time management. This course will give you an overview of the top issues related to managing your time effectively at work. You will learn ways to streamline your daily work along with skills that can help you to get more work done in less time.

Trauma Informed Treatment for Children with Challenging Behaviors (3 hours)

This course is about how to help children who have been severely traumatized to regulate their emotions more effectively and better manage their challenging behaviors.

Valuing Diversity in the Workplace (2.5 hours)

In today's increasingly diverse workplace, recognizing and valuing diversity has never been more important for an organization's success. The differences and similarities that we share with our colleagues contribute to the successes and difficulties we experience. The key to valuing differences is to be appropriate about recognizing them so that they don't hold us back from performing at the highest level possible. In this course, you will learn about your own attitudes toward diversity along with specific skills to work effectively with other employees who have different backgrounds and training.

Working with Children in Families Affected by Substance Use (4 hours)

This course is designed to help you assist families experiencing substance use disorders (SUDs) and the child maltreatment that often results. You will learn how to address each problem by gaining an understanding of SUDs, including their dynamics, characteristics, and effects. You will also learn how Child Protective Services workers recognize and screen for SUDs in child maltreatment cases. Finally, you will find out how to establish plans for families experiencing these problems, including how to support treatment and recovery, as appropriate. By completing this training, you will have opportunities to apply what you have learned in a series of interactive exercises, games, and vignettes that are designed to address issues you may encounter. The knowledge you gain will contribute to your understanding, helping you to identify avenues for enhanced services to families.

This form of training has been extremely popular with staff. Numbers of each selected training continue to be further reviewed so that courses not used frequently can be replaced with others from the Essential Learning catalog.

Evaluation Infrastructure

Evaluations are completed for all training types – Experienced Worker (EW), New Worker (NW), Resource and Adoptive Parent Training (RAPT), and Supervisor Training (SUP). Evaluation forms continue to be collected from all trainees after each module and cover issues relating to the training, the trainer(s), and the location. Many of these evaluations are collected online. They are summarized by evaluators from Indiana University. Evaluations are categorized as a Level I, Level II, Level III, or Level IV.

- **Level I evaluations** measure trainee satisfaction. Added to each question for Level I is the relative rank of each question, class, or trainer by quarter and overall.
- **Level II evaluations** measure knowledge gained from training.
- **Level III evaluations** measure the application of skills learned in training.
- **Level IV evaluations** measure the impact of training relative to outcomes for the caseload of individual workers.

These evaluation reports provide valuable information as the Partnership is committed to continually assessing training effectiveness.

Level I Evaluations: 2020-2023

Rather than rank all the types of classes together, each category (new worker, experienced worker, supervisor, and resource and adoptive parent) is compared to itself. Trainer evaluations are presented alphabetically. A subtotal of each training type (EW, NW, RAPT, and SUP) and overall total is given for trainer questions.

2020

For 2020, 1,619 classes were evaluated. This is 15 (0.9%) fewer classes than the previous year. The overall response rate for classes was 83% and ranged from 62% for SUP trainings to 87% for RAPT trainings. This is an 11% decrease in class level response rate from 2019.

For 2020, 24,487 trainees submitted evaluations. This is 516 fewer responses than the previous year. The overall response rate for trainees was 50% and ranged from 59% for RAPT trainings to 81% for Supervisor trainings. This is a 43% decrease in trainee response rate from 2019 most likely due to changing to online only evaluations.

There were 418 (26%) classes with unknown attendance rates and 99 classes with extras from 1-16 (response rate: min 3%, max 233.3%).

Additionally, 677,845 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 3.92 for Supervisors to 4.75 for RAPT, indicating that trainees rated the training as “exceeding” their expectations. The lowest rated question for all groups was Question 6. Ample practice time was given to demonstrate knowledge/skills. The highest rated for all groups was about the importance of training (question 14b). These numbers are consistent with last year’s results. As mentioned above, trainer characteristics were also highly rated, with an overall mean of 4.42 for all classes with a range of 4.11 for SUP to 4.50 for RAPT. Overall, trainees have very positive opinions about the training.

The following classes with (15 or more people) ranked in the top 10% for the selected questions identified for strategic planning: EW Forensic Interviewing, EW Sexual Abuse, NW Engagement and Interviewing, and Worker Safety. For RAPT: Trauma Informed Care III, Fostering Older Youth, Developmental Disabilities, Attachment, Discipline, and Effects of Caregiving. For Supervisors: Supervisor Core Module I – Supervisor as Manager and Supervisor Core Module III – Supervisor as a Coach.

2021

For the year, 1,832 classes were evaluated. This is 213 (13.2%) more classes than the previous year. The overall response rate for classes was 83.4% and ranged from 55.5% for SUP trainings to 87.4% for RAPT trainings. This is an 0.4% increase in class level response rate from 2020.

Number of Classes and Response Rates by Quarter [Classes (Response Rate)]					
Type	1 st *	2 nd	3 rd	4 th	Total
EW	160 (87%)	196 (87.7%)	66 (72.5%)	71 (82.1%)	493 (84.3%)
NW	94 (100%)	113 (90.2%)	124 (68.9%)	86 (76.1%)	417 (81.4%)
RAPT	226 (94.6%)	218 (87.7%)	214 (78.8%)	179 (90.1%)	837 (87.4%)
SUP	21 (65.2%)	21 (79.6%)	13 (35%)	30 (52.2%)	85 (55.5%)
Total	501 (91.7%)	548 (87.6%)	417 (73%)	366 (80.9%)	1832 (83.4%)

For the year, 23,947 trainees submitted evaluations. This is 540 fewer responses than the previous year. The overall response rate for trainees was 72.3% and ranged from 64.2% for RAPT trainings to 83.4% for New Worker trainings. This is a 22.3% increase in trainee response rate from 2020. There were 442 (24.7%) classes with unknown attendance rates, and 67 classes with extras from 1-18 (response rate: min 12.5%, max 190%). Surveys were not received for 196 classes.

Number of Trainees and Response Rates by Quarter [Trainees (Response Rate)]*					
Type	1 st	2 nd	3 rd	4 th	Total
EW	3100 (83.7%)	2745 (75%)	719 (78.7%)	775 (82.3%)	7339 (79.6%)
NW	1109 (86.5%)	1854 (79.9%)	2010 (81.2%)	1191 (90.6%)	6164 (83.4%)
RAPT	2989 (65.3%)	2593 (65%)	1919 (63.7%)	1515 (61.3%)	9016 (64.2%)
SUP	406 (71.6%)	530 (87%)	70 (%)	422 (79.4%)	1428 (79.5%)
Total	7604 (74.2%)	7722 (71.8%)	4718 (70.4%)	3903 (72.5%)	23947 (72.3%)

*Attendance was unknown for 442 classes (143 EW, 116 NW, 115 RAPT, 68 SUP); the number of surveys received was greater than the 100% for 67 classes (41 EW, 10 NW, 14 RAPT, 2 SUP); surveys were not received for 196 classes (93 EW, 31 NW, 33 RAPT, 39 SUP)

Overall, the average class size from 2020 to 2021 decreased by 2 participants. NW cohorts were smaller by 7 respondents, while EW decreased about 4 respondents, and SUP were about the same. RAPT classes increased by a little over 1 participant.

Comparison of 2020 and 2021 Average Class Size (# of people)			
Type	2020	2021	Difference
EW	18.6	14.9	-3.7
NW	21.8	14.8	-7.0
RAPT	9.4	10.8	1.3
SUP	17.0	16.8	-0.2
Total	15.1	13.1	-2.1

Regarding Level I, 618,179 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 3.97 for Supervisors to 4.53 for NW, indicating that trainees rated the training as “exceeding” their expectations. The lowest rated question for all groups was 14d. Increased skill. The highest rated for all groups were about the importance of training (question 14b). As mentioned above, trainer characteristics were also highly rated, with an overall mean of 4.36 for all classes with a range of 4.12 for SUP to 4.58 for NW. Overall, trainees have very positive opinions about the training.

The following classes with (10 or more people) ranked in the top 10% for the selected questions identified for strategic planning:

Type	Strategic Planning: Top 10% Rated Classes
EW	EW Field Mentor Training EW Making Visits Matter PT Peer Coach Training [Peer Coach Orientation]
NW	NW Critical Thinking & Intervention Generated Risk NW Culture & Diversity II [organizational perspective] NW Trauma & Its Effects on Children & Families
RAPT	RAPT Power of Peers RAPT Sexual Abuse 102 RAPT Sexual Abuse 101 RAPT Building Resilience
SUP	Module II - Supervisor as Coach

The following classes ranked in the bottom 10% for the selected strategic questions:

Type	Strategic Planning: Bottom 10% Rated Classes
EW	PT Frontline Collaboration between Placement Specialists and FCMs EW Implicit Bias Training Non-FCM Cultural Humility
NW	NW Getting to Know DCS NW Preparing Court Reports
RAPT	RAPT Training of Trainers FCS Placement Disruption FCS Substance Use Disorders [CC III] FCS Fostering Older Youth
SUP	LEAD DIR Coaching & Engaging Employees Through Huddles

2022

For the year, 1,832 classes were evaluated. This is 121 (6.6%) fewer classes than the previous year. The overall response rate for classes was 87.4% and ranged from 76.7% for EW trainings to 91.1% for RAPT trainings. This is a 3% increase in class level response rate from 2021.

Number of Classes and Response Rates by Quarter [Classes (Response Rate)]					
Type	1 st *	2 nd	3 rd	4 th	Total
EW	132 (75.6%)	89 (85.4%)	72 (63.4%)	58 (89.1%)	351 (76.7%)
NW	124 (90.1%)	87 (78.2%)	98 (92.3%)	108 (96.4%)	417 (89.3%)
RAPT	206 (90.4%)	235 (89.7%)	215 (89.8%)	165 (96%)	821 (91.1%)
SUP	22 (88%)	38 (95%)	28 (96.8%)	34 (81.8%)	122 (90%)
Total	484 (86.6%)	449 (86.8%)	413 (84%)	365 (93.4%)	1711 (87.4%)

For the year, 23,152 trainees submitted evaluations. This is 795 (3.3%) fewer responses than the previous year. The overall response rate for trainees was 71.1% and ranged from 54.6% for RAPT training to 92.8% for New Worker trainings. This is a 1.2% decrease in trainee response rate from 2021. There were 247 (14.4%) classes with unknown attendance rates (a 13% improvement from last year), and 71 classes with extras from 1-18 (response rate: min 12.5%, max 190%). Surveys were not received for 184 classes.

Number of Trainees and Response Rates by Quarter [Trainees (Response Rate)]*					
Type	1 st	2 nd	3 rd	4 th	Total
EW	2013 (81.8%)	1143 (82.7%)	769 (88.5%)	587 (81.8%)	4512 (83.1%)
NW	2453 (93.1%)	1385 (90.8%)	1560 (92.7%)	1900 (94%)	7298 (92.8%)
RAPT	3096 (53.7%)	2221 (57.7%)	2447 (54.5%)	1698 (52.4%)	9462 (54.6%)
SUP	435 (75.2%)	472 (72.3%)	515 (61.8%)	458 (77.5%)	1880 (74.9%)
Total	7997 (72.8%)	5221 (70.6%)	5291 (69.4%)	4643 (71%)	23152 (71.1%)

*Attendance was unknown for 247 classes (47 EW, 11 NW, 100 RAPT, 89 SUP); the number of surveys received was greater than the 100% for 71 classes (13 EW, 47 NW, 8 RAPT, 3 SUP); surveys were not received for 184 classes (68 EW, 46 NW, 57 RAPT, 13 SUP)

Overall, the average class size from 2021 to 2022 was roughly the same (0.5 people more). NW cohorts were smaller by about 3 respondents, while EW decreased about 2 respondents, and SUP about 1 respondent. RAPT increased by almost 1 participant.

Comparison of 2020 and 2021 Average Class Size (# of people)			
Type	2021	2022	Difference
EW	14.9	12.9	-2.0
NW	14.8	17.5	2.7
RAPT	10.8	11.5	0.8
SUP	16.8	15.4	-1.4
Total	13.1	13.5	0.5

Regarding Level I, 549,665 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 4.01 for Supervisors to 4.46 for NW, indicating that trainees rated the training as “exceeding” their expectations. The highest rating for all groups was about the importance of training (question 14b). For curriculum related questions, the lowest rated question for EW was 14d. Increased skill. For both NW and SUP, the lowest rated question was 14e. Increased confidence. For RAPT, the lowest rated questions were 4. The teaching methods used were effective and 6. Ample practice time was given to demonstrate knowledge/skills. Trainer characteristics were also highly rated, with an overall mean of 4.43 for all classes with a range of 4.11 for SUP to 4.51 for NW. Overall, trainees have very positive opinions about the training.

The following classes with (10 or more people) ranked in the top 10% for the selected questions identified for strategic planning:

Type	Strategic Planning: Top 10% Rated Classes
EW	EW Engaging Resource Parents EW Dynamics of Intimate Partner Violence EW Field Mentor Training EW Red Cross Training Total
NW	NW Car Seat, Hotline, & Ethics NW Self Care NW Car Seat Awareness Total
RAPT	RAPT Trauma-Informed Care I RAPT Fostering Older Youth RAPT TOT LCPA Placement Disruption & Substance Use Disorder RAPT Cultural Awareness II-Breaking the Cycle of Oppression RAPT Building Resilience RAPT Cultural Awareness I-Intersection of Culture, Poverty, & Relationships

Type	Strategic Planning: Top 10% Rated Classes
	RAPT Sexual Abuse 201 RAPT Power of Peers Total
SUP	Module II-Supervisor as Coach DIR Core I-Orientation to Directorship Total

The following classes ranked in the bottom 10% for the selected strategic questions:

Type	Strategic Planning: Bottom 10% Rated Classes
EW	EW Gap Training [topics vary] EW Nexus of Abuse-Substance Use EW Positive Outcomes for Caregivers with Disabilities EW Worker Safety Refresher AM Total
NW	NW Self-Care & Building Resilience & Post-Test NW Preparing Court Reports Total
RAPT	RAPT FCS-RSS Sexual Abuse 101 & Sexual Abuse 201 RAPT FCS-RSS Kinship Caregiver Pre-Service RAPT Cultural Awareness IV-Supporting LGBTQIA+ RAPT FCS-RSS Sexually Harmful Behaviors RAPT TOT LCPA RAPT I-Kinship Care-Platform skills RAPT Cultural Humility RAPT CANVAS- Bloodborne Pathogens Total
SUP	Supervisor Onboarding Day 2 Supervisor Onboarding Day 1 Total

For the year, 2,075 classes were evaluated. This is 243 (13.3%) more classes than the previous year. The overall response rate for classes was 89% and ranged from 84.3% for RAPT trainings to 97.3% for SUP trainings. This is a 2% increase in class level response rate from 2022.

Number of Classes and Response Rates by Quarter [Classes (Response Rate)]					
Type	1 st *	2 nd	3 rd	4 th	Total
EW	71 (84.1%)	93 (97%)	104 (96.9%)	69 (87.8%)	337 (92.3%)
NW	182 (94.3%)	188 (89.6%)	208 (96.3%)	161 (96.4%)	739 (92.6%)
RAPT	218 (88%)	226 (94%)	242 (83%)	204 (85.5%)	890 (84.3%)
SUP	23 (95.6%)	27 (100%)	38 (100%)	21 (95%)	109 (97.3%)
Total	494 (86.9%)	534 (91.3%)	592 (96%)	455 (89.9%)	2075 (89%)

For the year, 27,097 trainees evaluated submitted evaluations. This is 3,345 (22.1%) more responses than the previous year. The overall response rate for trainees was 64.8% and ranged from 44.3% for RAPT trainings to 78.6% for New Worker trainings. This is a 1.8% increase in trainee response rate from 2022. There were 302 (14.6%) classes with unknown attendance rates (about the same as last year, 14.4%), and 73 classes with extras from 1-18 (response rate: min 8.3%, max 433%). Surveys were not received for 199 classes.

Number of Trainees and Response Rates by Quarter [Trainees (Response Rate)]*					
Type	1 st	2 nd	3 rd	4 th	Total
EW	984 (80.44%)	906 (81.4%)	1196 (76.5%)	766 (45.7%)	3852 (69.01%)
NW	3628 (91%)	3697 (86.8%)	4034 (79.1%)	3049 (61.1%)	14408 (78.6%)
RAPT	1992 (47%)	1859 (44.6%)	1862 (43.3%)	1710 (42.1%)	7423 (44.3%)
SUP	372 (59.8%)	403 (66%)	404 (59.9%)	235 (51.5%)	1414 (59.8%)
Total	6976 (71.4%)	6865 (71%)	7496 (675%)	5760 (51.7%)	27097 (64.8%)

Overall, the average class size from 2022 to 2023 was roughly the same (0.4 fewer people). NW cohorts were larger by about two (2) respondents, while EW and SUP decreased about two (2) respondents, RAPT decreased by over three (3) participants.

Comparison of 2020 and 2023 Average Class Size (# of people)			
Type	2022	2023	Difference
EW	12.9	11.4	-1.5
NW	17.5	19.5	2.0

RAPT	11.5	8.3	-3.2
SUP	15.4	13.0	-2.4
Total	13.5	13.1	-0.4

Regarding Level I, 549,665 responses were collected to evaluate the satisfaction trainees felt with the training content, process, location, and general trainer skills. Of these responses, the mean score ranged from 3.95 for Supervisors to 4.42 for NW, indicating that trainees rated the training as “exceeding” their expectations. The highest rated for EW, NW, and RAPT was about the importance of training (question 14b). For SUP the highest rated was the practicality (14a). For curriculum related questions, the lowest rated question for EW was 14d. Increased skill. For NW the lowest rated question was 14e. Increased confidence. For SUP, the lowest rated question was number 1. Learning objectives were explained at the beginning of the training. For RAPT, the lowest rated question 7. The training will help me perform my job more effectively. Overall, trainees have very positive opinions about the training.

The following classes with (10 or more people) ranked in the top 10% for the selected questions identified for strategic planning:

Type	Strategic Planning: Top 10% Rated Classes
EW	EW PT Plan of Safe Care EW Intermediate Interviewing EW Overview of Substance Abuse EW Red Cross Training EW PT Peer Lead Orientation
NW	NW Engagement NW Culture & Diversity I [personal perspective] NW Car Seat Awareness
RAPT	RAPT TOT II & III RAPT Residential to Foster Care Transitioning Plan – Pilot RAPT Power of Peers RAPT Building Resilience RAPT CPR-First Aid
SUP	Supervisor Onboarding Day 3

The following classes ranked in the bottom 10% for the selected strategic questions:

Type	Strategic Planning: Bottom 10% Rated Classes
EW	EW PT Teaming in Assessments AM EW PT Prep- Getting the Family Story

	EW Introduction to Adoption EW PT Team Formation EW Implicit Bias Training
NW	NW Preparing Court Reports NW Culture & Diversity II [organizational perspective] NW Implicit Bias
RAPT	FCS/RSS Cont'd ED Cultural Awareness II - Breaking the Cycle of Oppression RAPT FCS Placement Disruption RAPT Cultural Awareness IV-Supporting LGBTQIA+ RAPT TOT LCPA Cultural Humility & Attachment RAPT Cultural Humility
SUP	SUP/LEAD Leadership Workshop - Leading Teams Using Quality Assurance SUP/LEAD Leadership Workshop - Engaging New Family Case Managers

Level II Evaluations: 2020-2023

Level II Evaluations are designed to assess the knowledge gained from training with a pre-test and a post-test.

2020

In 2020, pre-test and post-test evaluations were collected from 35 cohorts. Participants improved 8.8% on average from pre-test to post-test. All but 39 trainees improved (n=720, 94.9%). Over 53% improved by 10 or more questions. About 43% improved by ten questions or fewer. Trainees improved by at least 15% on the Getting to Know DCS, Legal Overview, and Case Planning and Intervening. They improved at least 10% on Assessing Child Maltreatment, Worker Safety, and Effects of Abuse and Neglect. They improved less than 10% on Engagement, Culture & Diversity, Legal Roles, Teaming, Time Management Permanency. The test has been redesigned and is being programmed for all new cohorts electronically, both pre- and post.

2021

In 2021, pre-test and post-test were collected from 30 cohorts. Cohort participants improved 7.7% on average from pre-test to post-test. All but 37 trainees improved (n=378, 91.1%). Over 59% improved by 10 or more questions. About 30% improved by ten questions or fewer. Trainees improved by at least 15% on Case Planning and Intervening. They improved at least 10% on Getting to Know DCS, Legal Overview, and Assessing Child Maltreatment. The pre-test and post-test have been redesigned and is being programmed for all new cohorts electronically.

2022

In 2022, pre-test and post-test evaluations were collected from 32 cohorts. Participants improved 10.2% on average from pre-test to post-test. All but 32 trainees improved (n=378, 91.1%). Over 40% improved by 10 or more questions. About 51% improved by ten questions or fewer. The test was redesigned in the 2nd quarter of 2022. The test has been refined over the course of 2022-initially based on revised curriculum and then based on sequence changes (beginner, intermediate, advanced). In the 4th quarter, trainees improved by over 30% on Assessing Child Maltreatment. Trainees improved over 25% on Legal Roles and Responsibilities and over 20% on Effects of Abuse and Neglect, Getting to Know DCS, and Worker Safety. Additional revision will occur based on curriculum competencies and question performance for scales that did not improve by at least 15%.

2023

In 2023, pre-test and post-test evaluations were collected from 37 cohorts, 5 more than 2022. Participants improved 11.5% on average from pre-test to post-test. All but 35 trainees improved (n=627, 95.1%). About 31% improved by ten questions or fewer. Nearly 30% improved by 10 or more questions. Almost 10% improved by 21 or more questions. Trainees improved by at least 20% on Assessing Child Maltreatment (25.4%), Getting to Know DCS (23.3%), and Legal Roles & Responsibilities (23.2%). They improved at least 15% on Effects of Abuse and Neglect (15.1%) and Worker Safety (19%).

In 2023, the impact of having a degree (no, associates, and 4-year) were examined. Having a degree (associates or 4-year or more) resulted in greater improvement for the overall test and all content areas measured except for self-care (no degree=4.5, associates=4.0). Having a 4-year or more degree resulted in greater improvement for the overall test and all content areas except GTKDCS, Teaming, and Worker Safety.

	Pre-Post Difference (%)		
	<u>No degree (n=110)</u>	<u>Associate Degree (n=107)</u>	<u>4-Year or + Degree (n=603)</u>
Overall Test	0.47	6.51	11.27
ACM	15.08	22.76	26.44
C&D I	-7.02	-5.43	-2.07
CPIP	-2.56	5.56	5.64
Culture	-7.54	-4.45	-0.89
Effects	6.76	12.46	17.48
Engagement	-7.3	-3.84	-2.78
GTKDCS	18.03	26.52	23.52
Interviewing	4.33	10.43	14.38
Legal R&R	17.87	23.42	24.22
Self-Care	4.51	4.03	7.03
Teaming	-3.38	5.55	5.12
Worker Safety	12.74	23.36	20.16

At post-test, the significant difference for those with degrees was found for ACM and Engagement. Pre-test significant differences persisted at post-test for the following subscales: C&D I, Culture, and Legal R&R. This shows that cohort training for those specific subscales may not have been sufficient to help non-degreed trainees catch up and test relatively equal to their degreed peers. These findings suggest

that extra catch-up training for ACM, C&D I, Culture, Effects, Engagement, Interviewing, and Legal R&R could be beneficial for trainees without degrees.

Level III Evaluations: 2020-2023

Level III Skill assessments were only submitted in the first and third quarters of 2019. Eleven mentors submitted skill assessment in the first quarter. Sixty-one mentors and nine supervisors submitted assessments in the third quarter. As part of the next three years of strategic planning, the skill assessment will need to be revised.

Skill assessments were only submitted by new mentors or supervisors for 2020 and 2021. During the 4th quarter, it was discovered that an out-of-date link had been sent to mentors and supervisors. In future quarters, hopefully skill assessments will be collected and reported.

Over 2022, with an intentional focus by the Practice Team on the Peer Lead program, there have been more skill assessment scales submitted. This is a positive development.

Another positive development can be seen in the ratings of the scales themselves. From the first quarter to the fourth, there has been a decrease in the ratings provided by Mentors/Peer Leads. For example, Understanding DCS Work moved from Specialist (6.1) to Professional (5.4). All eight subscales saw a similar decrease. Recent changes include updating mentors to peer leads. Also, the scale, intended to reduce inflated scoring, was revised. The new scale has labels (1= Unaware, 2= Awareness, 3= Novice, 4= Intermediate, 5= Professional, 6= Specialist, and 7= Expert) instead of just numbers.

Level IV Evaluations: 2020-2023

Level IV evaluations measure the impact of training relative to outcomes for the caseload of individual workers.

2020-2023

There was no Level IV data for 2018/2019. Beginning in the first quarter of 2020, a work group convened to plan next steps for Level IV. The evaluation team assisted with analyzing initial/baseline data to help determine the pilot regions for intervention. Once an intervention has been piloted, data will be collected for months. Then, post-metrics will be analyzed. Piloting of the Assessment intervention is ongoing. Data was available in February 2021.

Summary of Region 13 Findings:

- The final risk level was 3.45 (midpoint between high and very high). In each safety decision category, cases with a CFTM had a lower final risk level than cases without a CFTM: Safe (CFTM=2.80 [n=10] compared to No CFTM=3.39 [n=28]); conditionally safe (CFTM=3.26 [n=46] compared to No CFTM=3.38 [n=160]); unsafe (CFTM=3.55 [n=58] compared to No CFTM=3.73 [n=85]); and all (CFTM=3.37 [n=121] compared to No CFTM=3.49 [n=281]). This comparison is only for the post invention period.

- Cases assessed to be safe, conditionally safe, and unsafe without CFTMs had the highest final risk. For the combined safety decisions, Region 13 was in the highest risk category.
- Pre and post final risk scores were higher post intervention.
- For all final safety decision categories, the use of CFTMS increase from pre to post-intervention: Safe (+11.3%); conditionally safe (+6.2%), unsafe (+25.3%), missing (+41.7%), all cases (+17%).
- In each safety decision category, cases with a CFTM had a lower final risk level from pre- to post-intervention. For all safety decisions, cases without a CFTM did not have lower final risk. This comparison is for the pre- and post-intervention period.

In August of 2020, Teaming in Assessment intervention was piloted in one DCS region. The goal was to look at the pre-intervention data and compare it to 6 months post-intervention data. The specific data would evaluate if there was an increase in CFTMs for Unsafe and Conditionally Safe assessments. This data has been pulled and is currently being analyzed.

By September 2020, Teaming with Families (CFTM) and Engaging Resource Parents was piloted in one DCS Region.

In this summary, we have highlighted information that shows differences between FCMs trained before and after the 2008 Practice Reform was implemented.

Below is a summary of the data.

- The total number of cases were slightly higher for FCMs trained after Practice Reform.
- We see that for the average total days that children were in care, for FCMs trained before and after the 2008 Practice Reform was implemented, the numbers are better for FCMs trained after Practice Reform.
- Average number of days per case were lower for FCMs trained after Practice Reform. Average total placements were lower for FCMs trained after Practice Reform.
- Average number of placements per child were lower for FCMs trained after Practice Reform. Average number of placements per case were lower for FCMs trained after Practice Reform.
- For length of placement, the average percentage of cases that were less than 12 months was higher for FCMs trained after Practice Reform. This is a positive indicator for the FCMs trained after practice reform. For longer placements, the average percentage of cases that were more than 15 months was lower for FCMs trained after Practice Reform
- And finally, for the type of placement being in the child's own home or relative home, the average percentage of cases in these homes was slightly higher for FCMs trained after Practice Reform.

Not all comparisons yielded any difference, and we do not know what the causes are of the differences we do note. But of all the differences, the numbers are in favor of the FCMs trained after Practice Reform. As we continue to gather more data, we hope to revise and refine this method and gain more meaning.

2021

No data was analyzed for Level IV evaluations in 2022. Current DCS training initiatives should be considered, and outcome evaluation planned. Potential topics include father and mother engagement (suggested using region 1) and engaging resource parents.

2023

Skill assessments were submitted by 210 Peer Leads and 100 Supervisors. Understanding DCS Work was rated highest for both groups and Case Closure was rated lowest. Peer leads continue to rate trainees slightly higher than Supervisors. The scale is 1= Unaware, 2= Awareness, 3= Novice, 4= Intermediate, 5= Professional, 6= Specialist, and 7= Expert). Trainees are rated at about the professional level for Understanding DCS Work and Intermediate for all other topics.

Scale	Peer Lead (n=210)	Supervisors (n=100)
Understanding DCS Work	4.75**	4.64**
Assessment	4.37	4.19
Domestic Violence	4.36	4.09
Child Sex Abuse	4.13	3.88
Case Management	4.46	4.31
Case Management-Out of Home	4.13	4.11
Court/Legal	4.11	3.96
Case Closure	3.86*	3.66*
* lowest, **highest		

Resource Parent Training

Staff Development Division continues to assume responsibility for all resource parent training. There are currently 19 RAPT positions, including three (3) supervisory positions, 12 full-time trainer positions and four (4) full-time coordinator positions. The Assistant Deputy position added in July of 2019, continues to oversee the Resource and Adoptive Parent Training team within Staff Development. IU partnership curriculum writers are utilized to develop and revise curriculum to better align with the vision, mission, and values specific to the department. Ongoing training modules for licensed resource parents are developed and revised so that consistent and quality training can continue to be offered regionally to resource parents at convenient times and in convenient locations. Rules and policies relating to resource parent trainings are revised on a routine basis by our IU partnership curriculum team to align with the most up-to-date rules and policies. A contract is maintained with Central Indiana American Red Cross for resource parents to receive appropriate certification in First Aid and CPR. In fourth quarter of 2020, Bloodborne Pathogen training was developed via Canvas to replace the Blood borne Pathogen training resource parents completed through Central Indiana American Red Cross. This training was rolled out and made available for resources parents in January of 2021.

At the end of third quarter in 2019, major updates were completed to the RAPT I pre-service training. Some updates included were adding the Foster Parent Bill of Rights, tying in the Practice Model, revising the organizational charts to reflect the most current positions, adding policies and resources most relevant to resource parents' needs. In January 2020, Staff Development began training this pre-service training to resource parents statewide.

In January 2020, a workgroup was developed to begin revisions for RAPT III. The workgroup and executive team made the decision to increase the number of hours this training was being offered,

increasing it from three to four hours. This pre-service training has been revised and is being reviewed for final approval of updates. In addition, RAPT II training revisions began in April of 2020. This training will be reduced to three hours in place of RAPT III hours. RAPT II training will continue to be offered via Canvas. Policy revisions were submitted to reflect these changes and was made effective June 1, 2020.

In March of 2020, all RAPT training was transitioned to a virtual platform due to COVID-19. All training was offered to resource parents state-wide rather than by region to provide better flexibility of the frequency in which trainings were available to accommodate the needs of resource parents.

In quarter four (4) of 2020, training revisions were completed for RAPT IV, Substance Use Disorder trainings. Sexual Abuse training was split into two 90-minute trainings, renaming them Sexual Abuse 101 and Sexual Abuse 201. Understanding Social Media was also developed as a Canvas training in quarter four and launched for resource parents in October of 2020.

In 2021, six (6) new trainings were developed: Cultural Humility, Kinship Pre-service, Residential to Foster Care Transition Planning, Sexually Harmful Behaviors, Impact of Human Trafficking on Indiana's Foster Youth and Support and Caring for Youth on Probation. Sexual Abuse 101 and 201 training pilots were complete, and the training was offered to resource parents starting in June 2021. Trauma Informed Care (TIC) I and II were also revised in 2021.

In quarter four (4) of 2021, 13 additional training projects for 2022 were identified to update or develop training content to offer resource and adoptive parents.

In 2022, seven (7) new trainings were developed: ACEs: Removing, Reducing, & Mitigating for Lifelong Success, Navigating through KidTraks Computer Assisted Training (CAT) and five (5) Developmental Disabilities & Disorders Canvas Series trainings: Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Epilepsy, Fetal Alcohol Syndrome (FAS), and Cerebral Palsy. Seven (7) existing RAPT trainings were also updated in 2022: Cultural Awareness Series I, II, and IV, Educational Advocacy, Intro to Developmental Disabilities, Fostering Older Youth, and Team with Families.

In quarter four (4) of 2022, 10 additional training projects for 2023 were identified to update or develop training content to offer resource and adoptive parents.

In 2023, four (4) new resource and adoptive parent trainings were developed: Two online self-paced Canvas Trainings: Caring for Drug Exposed Infants (1-hour Lunch & Learn) and Collaborative Care vs. APPLA; one (1) Computer Assisted Training (CAT): Pathways to Permanency: Court Hearings Explained; one (1) hybrid training: Promoting Mental Wellness Through the Arts. Five (5) existing trainings were also updated: Power of Peers, Attachment, Understanding & Managing Challenging Behaviors, and RAPT II Pre-service Training (Canvas) and My Family, Your Family training. My Family, Your Family was updated to a Co-care training and renamed "Strengthening Lives Through Co-care". These updates began in Q2 of 2023 and rolled out in Q1 of 2024. Two (2) additional existing trainings were carried over from 2023 and finalized in Q3 of 2023: Fostering Older Youth (FOY) and Teaming with Families (CFTM). Foster Care Portal CAT was postponed due to system updates. This project will be developed at a later date.

Staff Development engaged external subject matter experts (SMEs) and individuals with lived experiences in development of three (3) resource and adoptive parent curriculum projects in 2023, including parents, foster parents, Licensed Child Placing Agencies (LCPAs), and other external

professionals with relevant expertise across various domains. These individuals incorporate diverse perspectives and ensure that our training materials are both relevant and impactful to the participants served. Both parents and foster parents served on the Strengthening Lives Through Co-Care workgroup. These individuals participated in a series of workgroup sessions and reviewed draft materials, providing valuable insights based on their personal experience with engaging in Co-Care relationships. Testimonial videos were also added to capture real stories from parents and foster parents' Co-Care journeys.

LCPA team members contributed to Understanding and Managing Challenging Behaviors training updates, as a voice for LCPAs that facilitate this pre-service training to foster parents seeking therapeutic licensed. External experts with extensive clinical knowledge and experience with the arts collaborated to develop the new Promoting Mental Wellness Through the Arts training.

Staff Development facilitated 17.21% (940) more RAPT trainings in 2023 than in 2022 (802) to over 10,063 participants. RAPT Trainers facilitated 767 trainings to 8,963 Foster/Kinship and Adoptive Parents; 121 trainings to 654 Field Staff.

In quarter four (4) of 2023, 16 training projects were identified to update or develop training content to offer resource and adoptive parents for 2024: Ten (10) existing and six (6) new projects.

Training for Licensed Child Placing Agencies (LCPAs)

In Indiana, therapeutic children are placed with private agencies called Licensed Child Placing Agencies (LCPAs). To ensure consistent basic training, DCS continues to provide quarterly trainings for representative trainers from these agencies on 10 hours of pre-service training and provides detailed curriculum to them as well. This lays the foundation for all foster parents in Indiana to have consistent, quality training as they consider whether they want to become licensed.

- RAPT I—Introduction to Foster Care
- RAPT II—Child Abuse and Neglect
- RAPT III—Attachment, Discipline and Effects of Care Giving Overview
- RAPT IV—Adoption
- Trauma Informed Care
- Sexual Abuse
- Managing Challenging Behaviors

In 2016, train-the-trainer classes were developed and provided by DCS trainers for newly hired trainers of the LCPA agencies each quarter on the above curricula. This was offered quarterly TOT; however, in 2019, RAPT Trainers provided LCPAs with train-the trainer (TOT) classes annually.

In 2020, four (4) additional TOT classes were added to offer LCPAs. These additional trainings continue to be offered in 2021.

- Teaming with Families: The CFTM
- My Family, Your Family
- Placement Disruption
- Fostering Older Youth

In 2021, additional TOT classes were added to the LCPA TOT schedule to enhance LCPA's training catalog for resource parents. These additional trainings included:

- Kinship Pre-service
- Nuts & Bolts
- Cultural Humility
- Sexual Abuse 101 & 201
- TIC II (apart of the TIC series)

The additional TOT training offerings were continued in the 2022 annual LCPA TOT schedule. In addition, LCPAs were also offered the opportunity to receive TOT training in other training(s) not already offered on the TOT schedule. This available option also offered LCPAs the ability to enhance LCPA's training catalog.

In 2023, annual TOT offerings continued as scheduled with no changes from 2022. 52 TOT trainings were offered to 446 LCPAs in 2023. A forms survey was created and sent to LCPAs to receive feedback for updates/changes to the LCPA TOT schedule for 2024. LCPAs recommendations were as follows:

- Offer TOTs as many times throughout the year as possible.
- Offer training series (Sexual Abuse I & II; TIC I & II) on the same day rather than different days.
- Clear communication of when each training is offered on the annual TOT schedule, if all trainings are not scheduled separately.

2024 LCPA TOT schedule was finalized in December 2023, to include updates from survey recommendations. RAPT II Pre-service training was removed from the 2024 schedule to make the Canvas self-paced option available to all foster parents (DCS and LCPAs). LCPAs have the option to continue facilitating the live version and scheduling TOTs for new onboarding team members, by request.

This TOT format continues and has been a good partnership to ensure that the training that foster parents receive in Indiana is uniform across public/private agencies.

Resource and Adoptive Training Advisory Board

In July of 2012, the RAPT Advisory Board held its first meeting. Consisting of both DCS staff and external stakeholders (including a foster parent), the identified purpose of this board is to help inform the training system by reviewing training trends and data and providing additional input regarding program improvement.

In 2020, members on the board consisted of both former and first-time panel members. The members were all licensed foster parents with either DCS or a Licensed Child Placing Agency. There was one Licensed Child Placing Agency personnel member who served on the panel as well. Attending Guest were from DCS Foster Care Division and Permanency and Practice Support Division. The Board reviews the training curricula, training numbers, successes, and challenges.

During 2020 the Panel met quarterly as planned. The meeting dates were: March 27th, June 25th, September 24th, and December 10th. All meetings were held via Microsoft Teams. All members agreed

that this platform was appropriate and convenient to them. Areas of focus were based on the 2019 recommendations, the FFPSA, concerns of individual Panel members, and DCS agency advances.

The 2021 Foster Parent Citizens Review Panel, also called Foster Parent Advisory Board, consisted of both former and first-time panel members. The members were all licensed foster parent with either the Indiana Department of Child Services or a Licensed Child Placing Agency. There was one Licensed Child Placing Agency personnel member who served on the panel. This member worked directly with foster parents as a foster home licensing agent. Attending guest were from DCS Staff Development and Permanency and Practice Support Divisions.

During 2021, the Foster Parent Citizens Review Panel met one time per quarter as planned. The meeting dates were March 18th, June 25th, September 2nd, and November 18th. All meeting were held via Microsoft Teams. Panel members agreed that this platform was appropriate and convenient to them. Areas of focus were based on the Foster Parent Citizens Review Panel's 2020 recommendations, the Family First Prevention Service Act, concerns of individual Panel members, and Agency advances.

During 2020 the Foster Parent Citizens Review Panel continued to meet quarterly and discussed the following information:

- Citizens Panel purpose and ways to strengthen outputs
- Indianafostercare.org awareness, usage, and helpfulness
- Foster Parent Portal feedback
- Foster parents court reports
- Foster parent portal additions:
 - Immunization records
 - Court dates
- New Foster Care Division position
 - Community Engagement Specialist
- Foster Parent Survey/ Assessment
 - Survey Trial and feedback from Foster Parent Citizens Review Panel was provided.
 - Survey rollout finalization
- 2019 Director's Response
- 2019 Remaining recommendations reviewed, and agency update provided.
 - Foster parent mentors further explored.
 - Foster parents co-training RAPT further explored.
- Family First Prevention Service Act
- Panel members participation on the Shared Birth & Foster Parent Advisory Board

As a result of the information shared and the discussions held during the 2020 quarterly meetings the Foster Parent Citizens Review Panel offered the following recommendations as opportunities for strengthening the child welfare system for Indiana's children:

1. Foster Care Consultants for LCPA Staff with some form of education/ refreshers on the Foster Parent Portal on a yearly basis.
 - i. What to expect when logging on, what type of information the Portal should provide, portal limitations, etc.

- ii. It would be helpful for Licensing Consultants to provide LCPA staff with foster parent portal access instructions annually.
2. Improve process of Portal registration for DCS and LCPA foster parents.
 - i. Decrease the steps to becoming registered.
 - ii. Add Portal information and the web address to browse Indiana fostercare.org to placement letters, or new foster parent welcome letters
3. DCS to provide some form of training on portal use to foster parents at initial licensing and periodically.
 - i. Possibly a web-based training
 - ii. Support guide sheet, can be electronic (FAQ Portal tool was developed after the Panels 2020 meeting)
4. As a part of FFPSA rollout, provide improved support to help children successfully transition out of residential care into foster homes.
 - i. Have the residential team provide some follow-up to the child versus a complete drop off support from individuals that the child has become most familiar with
 - Virtual support would be helpful, from the residential team.
 - ii. Improve service provider range of services to children stepping down out of residential care to reduce recidivism.

During 2021, the Foster Parent Citizens Review Panel continued to meet quarterly and discussed the following information:

- Citizens Panel purpose and ways to strengthen outputs.
- RAPT improvements
- Foster care program improvements
- Indiana fostercare.org awareness, usage, and helpfulness
- 2020 Director's Response
- Family First Prevention Service Act
- CANS trainings and support for foster parents
- Panel members participation on the Shared Birth & Foster Parent Advisory Board

As a result of the information shared and the discussions held during the 2021 quarterly meetings the Foster Parent Citizens Review Panel offered the following recommendations as opportunities for strengthening the child welfare system for Indiana's children:

1. Text Alerts or email reminders for RAPT Registration
 - i. Once a foster parent registers for a class, they would receive a reminder the day before class.
2. Enhanced training to understand the CANS.
 - i. Provide detailed training for foster parents of the language and policies surrounding CANS.
 - Nuts and Bolts are offered, but foster parents are not always knowledgeable on how the specifics of each categories work, or what they mean.
 - ii. DCS and LCPA's to offer a separate CANS training.

- Training should include information/procedure on requesting a reevaluation of the child.
- iii. FCM to enhance communication about CANS with foster parent.
 - FCM to provide some education on the CANS.
- 3. Improved CANS review process to result in improved services for children with higher needs.
 - i. FCM to consult with and include the foster parents when completing new CANS.
- 4. Improved residential stepdown for children.
 - i. Provide more support and wrap around services for children leaving residential.
 - ii. Residential staff outreach so there is not an instant disconnect from the staff who have been in the children's lives for that timeframe.
 - iii. Have a specified rate for the children transitioning out of residential care.
 - Children are discharging at level 1, but still have a higher level of needs.

The Foster Parent Citizens Review Panel continued to meet quarterly and discussed the following information:

- Citizens Panel purpose and ways to strengthen outputs.
- DCS Policy
- Respite Care
- RAPT Improvements
- Co-care Initiatives
- Foster Care Program Improvements
- 2021 Director's Response
- Family First Prevention Act: Improved services to Kinship Families, Youth transitioning from residential placement.
- Shared Birth & Foster Parent Advisory Board

As a result of the information shared and the discussions held during the 2022 quarterly meetings the Foster Parent Citizens Review Panel offered the following recommendations as opportunities for strengthening the child welfare system for Indiana's children:

1. Foster youth leaving residential placement and transitioning to foster homes: DCS to offer improved rates.
 - i. A newly established rate for at least 60- 90 days, then transition to rates based off the youth's CANS category.
2. Specified training for seasoned foster parents.
 - i. Additional refresher course in addition to Nuts & Bolts, for example: "Back to the Basics Course". This would include a review of introduction to foster care topics learned in RAPT 1, education on engaging and collaborating with birth parents, learning about the foster care journey from a birth parent's perspective, learning about the foster care journey from a youth's perspective, etc.
3. Increase foster parents working hands on and receiving training on the Co-Care initiative.
 - i. Include ways to introduce foster parents and birth parents meeting in the beginning of a case. This would include Ice Breaker Model from Casey Family Programs and informal practices. Examples: brief virtual introductions facilitated by the FCM or ensuring the supervised visitation facilitator provides an introduction at first visitation when possible.
4. DCS to incorporate a team and/or therapeutic approach when respite is used, in particularly to prevent placement disruption. Example: Foster parents are at times asked to do respite when a child's behaviors have become overwhelming for the foster care placement.

- i. Develop intentional practices to prepare the child for respite care: DCS will include members of the CFTM (child's therapist) to help the child understand and prepare for the time away from their placement home.
5. Additional resources for Kinship families:
 - i. Examples: parenting education classes (specially to assist empty nesters in parenting the younger generation), an assigned home-based worker, increase in-home services for kinship families with higher level of needs youth, increase activity in getting kinship families connected with community resources such as *Foster Closets*, Relative Support Specialist discussing unlicensed caregiver's childcare plan and supports with kinship family at the beginning of a placement.

In 2023, the Foster Parent Citizens Review Panel met quarterly as planned via Microsoft Teams. The following information was discussed:

- Citizens Panel purpose and ways to strengthen outputs
- DCS Policy
- Time to Reunification
- Consistency among DCS contracted service providers
- RAPT improvements
 - New courses
 - Mandating specific RAPT courses
- Co-Care Initiative
- Foster youth runaways
- Foster Care program improvements
- 2022 Director's response
- Shared Birth & Foster Parent Advisory Board

As a result of the information discussed, the following recommendations were made by the Review Panel as opportunities for strengthening the child welfare system for Indiana's children:

1. Shorten the length of time to achieve permanency for children: reunification or adoption.
 - i. Cases should reach temporary trial home visitations in a timelier manner; within one year
 - ii. Achieve adoption within 6-8 months of termination of parental rights (TPR)
2. Consistency of service standards among service providers across the state
 - i. Service providers' structure of visitation and service reports would become uniformed and consistent across the board.
 - a. Refers to services for resource parents, children, and birth parents
 - ii. DCS to review service standards for service reports, length of services to children and families, and explore foster parents getting a copy of youth (placed in their home) service and visitation reports.
3. DCS to increase efforts of location runaways
 - i. DCS to provide additional efforts and resources to locate children whom runaway from out of home care.
 - ii. FCM to document efforts in information management system and court reports.
4. Co-Care, educate foster parents statewide on a continuous basis
 - i. Foster parents don't always choose to attend trainings that cover these topics; thus, they are out of the loop of new practices and agency initiatives

- ii. DCS should make the new training related to Co-Care mandated for currently licensed foster parents
 - a. RAPT Title: Strengthening Lives Through Co-Care

DCS will continue to work with its stakeholders and foster parents, to allow continued input, as well as making recommendations that impact foster parents and child welfare. The foster parent review board continues to be facilitated by the Foster Care Liaison.

IV-E Programs: Consulting Services Related to Training

Indiana continues to contract with the Maximus Consulting Group to aid in developing our IV-E programs. These services included a development of training presentations using PowerPoints and supporting documents for both field staff and other business units in areas of: best practice implementation, Centralized Eligibility Unit, eligibility reviews, technical support for audits, procedural reviews of denied cases, open eligibility cases, and SSI eligibility. They also provide recommendations regarding resource licensing process, policies and procedures and conduct cost report training for providers.

Staff Education and Training: MSW Program

The Indiana Partnership for Social Work Education in Child Welfare was created in 2001 to provide high quality social work education for public child welfare employees. It was designed to utilize funds from the Federal Government under Title IV-E of the Social Security Act as well as to meet the expectations of ongoing quality improvements of state child welfare programs as required by the Adoption and Safe Families Act of 1997. Approximately 20 identified DCS employees are selected each year to participate in this program. Selection criteria include an evaluation of leadership potential by supervisory staff and an interview process which focuses on commitment to the Department of Child Services and ability to utilize MSW knowledge and skills gained to further enhance the DCS workforce.

The MSW program is currently available to agency staff in Indianapolis, Gary, Fort Wayne, New Albany, and South Bend, as well as the online MSW program. All campus-based programs are offered in the evening. The online program became an option for the MSW Scholar students in 2022. Both Ball State University and Indiana State University offer the Bachelor of Social Work (BSW) and MSW Scholars program in collaboration with IU School of Social Work.

In addition to student education, a major focus of this grant was to support the development of a child welfare concentration designed to provide the IV-E supported students, as well as other students interested in working in public or private child welfare agencies, with specific knowledge and skills for practice with children and families involved in the child welfare system. Four advanced practice courses and one child welfare policy course are now in place. The specific objectives of these courses were reviewed in relation to the Indiana Competencies as well as the list of competencies for child welfare practice developed by the University of California and currently utilized in their IV-E project. Advanced practice skills in working with children impacted by family violence, family work particular to the child welfare setting and community-based practice in child welfare are taught through these specialized courses.

The IV-E grant also supports specialized practicum placements for the IV-E funded students. The Council on Social Work Education requires that each student have a minimum of 900 clock hours of field practice, supervised by an experienced and licensed MSW practitioner. All MSW students have the option of completing one (1) of the two (2) required practicums in their employing agencies. This policy supports non-traditional students, like those in the IV-E program, who are employed full-time and have employment experiences in social-work related practice areas. Employment-based practicums require special planning and prior approval to ensure that students can have a learning experience beyond their day-to-day job responsibilities and are required to have a field instructor who is different from their employment supervisor to reduce conflicts of interest between work and practicum. Students in the IV-E program are encouraged to do one of their two (2) practicums in an approved DCS program. Because of the large number of students who are involved in this undertaking, as well as the limited number of available supervisors who meet the minimum educational requirements, the IV-E program can arrange for field supervision from an MSW from outside of the agency. This service is not available to students who are not in the IV-E program but is necessary for these students given our commitment to allowing the students and the agency to benefit from the special projects that students can be involved with during their practicums. Specific policy relating to work/class conflicts as well as work hours relative to practicum hours has been developed to provide more guidance to the field on how to balance these two (2) responsibilities. See General Administrative Policies 8 (Employee Outside Internships and Practicum), nine (9) (BSW Scholars IV-E Practicum), 12 (Academic Students Expectations) and 14 (MSW IV-E Scholars Employment Based Practicum).

There continues to be emphasis on providing high quality social work education for public child welfare employees through creating opportunities for MSW education, while at the same time creating and implementing curriculum that meets the competencies for child welfare practice as defined by the State of Indiana. Since 2001, more than 375 DCS employees have begun their MSW studies and over 200 have graduated. Many of these employees have been promoted to supervisory or management positions within DCS and are utilizing their expanded knowledge and skills to benefit child welfare in Indiana.

In 2016, there were 19 MSW scholars that began enrollment in the MSW program. There were no scholars selected in 2017. In 2018, there were 20 scholars that began the MSW program. In 2019, 20 scholars were identified for the MSW Program. The current contract allows for 20 MSWs. Indiana planned to expand the MSW contract to allow for 40 MSWs beginning in fiscal year 2020. For 2023, 15 MSW Scholars began the program and 16 Scholars graduated the program.

Starting in 2022, DCS expanded eligibility of MSW students to include the MSW Online Direct program for those employees who lived and worked further than 70 miles from the nearest campus. This expansion was sought to bring geographical equity and access to the MSW program for all DCS employees.

BSW Program

The Indiana Partnership for Social Work Education in Child Welfare expanded IV-E funded training opportunities to a Bachelor of Social Work (BSW) program offered through four universities on eight (8) campuses in January 2006. Indiana University- Indianapolis serves as the lead university working with five (5) other BSW programs. The partnership can include up to 40 students statewide per year. Required courses in child welfare were added to the existing BSW programs to integrate content from

the DCS new worker training curriculum. Practicum experience in a local DCS office is also required of each participating student. During their time in the program, students receive support in the form of payment of tuition and fees, as well as a stipend. Upon graduation, participants are prepared for employment as a Family Case Manager. Participants have a two-year work commitment with the Department of Child Services if hired.

The first graduates of this program were offered positions in DCS Local Offices in the summer of 2007. Feedback on their training and preparation to provide quality casework has been positive. 20 Students completed this program during the 2007-2008 academic year and began employment in Local Offices during the summer of 2008. Additional students have participated in the program each year, and recently (June 2023) 30 students completed the required coursework and were offered positions within DCS.

Research completed by IU Professor Dr. Lisa McGuire established that the student's self-perceived competence for child welfare work was significantly higher than the self-perceived competence of trainees completing the established cohort training on 21 of 36 items. Also, retention analysis between the two groups demonstrated statistically significant differences between the two groups in retention with those completing the cohort training 3 times more likely to leave the job than the BSW graduates.

Thirty-two BSW scholars started the program in 2021. In 2022, an additional 34 students began the program, and an additional 23 students were slated to begin in the fall of 2023. The current contract allows for 40 BSWs per year.

Cost Allocation Methodology

Cost allocation for the training program continues to be determined by an analysis of the content of each curriculum and by tracking the job responsibilities of each person attending each training session. All ongoing courses are provided from 9 to 12 and 1 to 4 each training day, or 6 hours per training day. The allocation methods for child welfare training are described in Appendix E: Child Welfare Trainings/Allocation Methods.

Attachment D

Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: Indiana

	Total ETVs Awarded	Number of New ETVs
Final Number: 2022-2023 School Year (July 1, 2022, to June 30, 2023)	423	108
2023-2024 School Year* (July 1, 2023, to June 30, 2024)	356	107

Comments:

Total awards for school year 20223 – 2024 do not include summer semester.

*in some cases this might be an estimated number since the APSR is due on June 30, the last day of the school year.

Indiana Round 4 CFSR Case Review Procedures

Introduction

The PMR is an action-oriented learning process that collects accurate data and provides meaningful feedback, at the point of practice, for randomly selected children and families receiving child welfare services. The PMR assesses the agency's performance on key practice indicators, including safety, permanency, and well-being, and provides insight into the experience of children and families engaged in services with the state. This review identifies strengths and opportunities regionally and state-wide that guide future initiatives for practice development and capacity building leading to better outcomes for children and families.

1A—The state must provide training on a regular basis for all reviewers (including individuals completing third-party quality assurance of cases) participating in the case review process.

Reviewer Selection for PMR and CFSR

Participation in the review process is open to some court/probation staff and all agency personnel. Though the opportunity is available to all personnel, field staff and supporting staff with knowledge of case management policy and practice are best suited to serve as reviewers. Prospective reviewers are often those recommended by management or engaged in leadership activities within the agency. All levels of field management, including the deputy director, are expected to be trained reviewers. This expectation was in place for the PMR and will continue through the CFSR.

Training Requirements for Round 4 CFSR

In Round 4 CFSR, the protocol used to score cases, training, and expectations have been enhanced. Additional training requirements depend on the reviewer's status and experience. Reviewers will utilize the OSRI and score in the Online Monitoring System (OMS). Rationale statements will include required scoring justification then include information regarding practice model expectations that are not considered in the score.

To participate in Round 4, reviewers trained as part of the Round 3 CFSR must complete:

- A review of all guidance related to the OSRI
- OSRI training and Mock Case modules in the Round 4 E-Learning Academy (ELA) and submit documentation of passing scores for any related tests to QSA.
- Additional Components of the Round 4 E-Learning Academy (ELA) on the CFSR website (as assigned) and submit documentation of passing scores for any related tests to QSA.
- Additional training activities as assigned by QSA

PMR only trained reviewers must complete:

Case Review Procedures

- A review of all guidance related to the OSRI
- OSRI training and Mock Case modules in the Round 4 E-Learning Academy (ELA) and submit documentation of passing scores for any related tests to QSA.
- Additional Components of the Round 4 E-Learning Academy (ELA) on the CFSR website (as assigned) and submit documentation of passing scores for any related tests to QSA.
- Additional training activities as assigned by QSA

Prospective reviewers who have not previously completed training or participated in a review must:

- Notify QSA of their interest in training/participation
- A review of all guidance related to the OSRI
- OSRI training and Mock Case modules in the Round 4 E-Learning Academy (ELA) and submit documentation of passing scores for any related tests to QSA.
- Additional components of the Round 4 E-Learning Academy (ELA) on the CFSR website (as assigned) and submit documentation of passing scores for any related tests to QSA.
- Additional training activities as assigned by QSA
- Complete an instructor-led training course (in person or via Microsoft Teams) that reviews the ELA content, Jam trainings, and gives trainees time to practice the required skills.

QSA staff utilize the CFSR portal to stay current on trainings. QSA staff are required to complete all training offered on the portal and utilize provided documents and guidance during reviews.

Through the Quality Assurance Communication (QAC) page, staff have access to ongoing trainings, frequently asked questions (FAQs) and answers, interrater activities, surveys, updates from QSA and the Children's Bureau, and the status of the federal review process. This site provides a means to share information and connect about agency and stakeholder performance and engagement outside of the two-day review.

QSA staff will provide guidance and information on training opportunities available that address changes and/or updates to the review process.

By offering both in-person and virtual training sessions, QSA staff have expanded their capacity to offer training to agency personnel. In-person training opportunities are being offered quarterly to agency staff through strategically chosen geographic locations to ensure maximum enrollment and participation. For staff members unable to attend an in-person training session, a virtual option is available.

[1B—The state must adhere to instructions contained in the federal onsite review instrument for rating cases.](#)

Rater Consistency

QSA staff utilize several methods to ensure rater consistency across reviews. As outlined above, reviewers receive thorough training on how to review case information and apply the OSRI. Reviews involve participation of a reviewer lead and/or mentor, and all scoring is reviewed by a QSA team member. QSA team members then pair with QSA management to provide second-level QA on others' cases to ensure fidelity to the OSRI and consistency across reviewers/QAs and to review trends in QA of their own cases.

Case Review Procedures

During reviews, feedback is consistently gathered and shared. QSA staff participate in a chat via Microsoft Teams that allows them to ask questions, share experiences, and clarify how to score an item based on case-specific information. Following reviews, QSA meets to discuss cases, identify process pain points, and share reviewer needs. This allows team members to learn from others' experiences and identify who may need extra attention in subsequent reviews. QSA has access to federal partners and as questions are raised, during reviews or after, QSA management contacts these partners via email for guidance.

Reviewers have access to additional training and guidance to support consistency via the QAC page. Interrater activities include short tests that look at a narrative and require scoring an item. Feedback, including guidance and answers selected by QSA, are provided upon submission and responses are analyzed for future training topics.

Information Sharing

The QAC page is utilized to connect and create a feedback loop between the agency, reviewers, federal information and partners, and stakeholders. The site is updated by QSA staff when there is new information needing to be communicated.

A section on frequently asked questions (FAQs) provides answers from the QSA team, federal partners, and links to relevant information from DCS policy, federal code, the CFSR portal, Children's Bureau, and federal contractor sites. FAQs include things reviewers often ask their QAs, questions the QSA team does not immediately have an answer for and must look up or reach out to federal partners to answer, guidance on items for common scenarios, examples from unique situations, and FAQs from the CFSR portal. In addition, anyone may submit questions on the FAQ page or via email to DCS.QSA@dcs.in.gov, an inbox monitored by QSA staff.

QAC linked trainings provide ongoing learning opportunities, clarify expectations, and provide guidance on how to apply directions within items. The QAC will be used to communicate with reviewers to address issues, confusion, and inform of any updates and enhancements. Participant feedback can be collected via surveys posted on the QAC page. Links to useful resources are included and highlighted as progress is made and processes updated.

Reviewers are informed through a CFSR orientation email one week prior to the review and a reviewer orientation meeting on day one of reviews. These communications include regional information and active projects, guidance on difficult to score items, updates about the OMS, and clarification of expectations for interviews and rationale statements. For example, a recent orientation provided clarity on Item 3 of the current OSRI--questions C, D1, and D are only scored when children have been in the home. The orientation also informed reviewers that the period under review begins on the 1st of the month, 12 months prior to the review.

1C—The state must have a process in place to address safety concerns identified in a case under review.

Indiana has a process in place to address risk and safety concerns that may arise during the PMR, and that process will be used during the CFSR. Review teams are asked to use their professional judgement and experience when identifying a potential risk or safety concern during the review. If necessary, they

are to call 911 or the child abuse and neglect hotline. After the emergency call, they are to contact their QSA team member. Risk and non-life-threatening safety concerns require a call to QSA as soon as possible. Together the team will discuss the situation and bring QSA management into the meeting to discuss the safety concern and determine next steps. Next steps may include:

- QSA management reaching out to the caseworker and supervisor to inform of the concern and share gathered information
- Conversations to determine if the concern is new or has already been investigated
- QSA management meets with the Local Office Director and Regional Manager to share case information, the safety concern, and determine a course of action
- A report made to the child abuse and neglect hotline
- Caseworker going out to check on the family
- The region making other arrangements to address the safety concern

1D—The state must ensure that individuals who had direct contact, supervision, oversight, or consultation for the case being reviewed do not complete the case review or conduct quality assurance on the case.

The Indiana Department of Child Services requires all employees read and acknowledge a Code of Conduct annually. This policy outlines generally what constitutes a conflict of interest as a state employee and as an employee who works with children and families¹. A conflict of interest, for purposes of the case review process, is specifically defined as:

- Involvement with the case in any capacity
- Supervision of anyone who is/was involved with the case or
- A personal interest in the outcome of the case

All reviewers are trained on how to identify and respond to a conflict of interest in the review process.

To minimize the likelihood of a conflict of interest, reviewers for PMR and CFSR are selected from outside the region where the identified case resides. Prior to each review, the list of cases is sent to all scheduled reviewers, QAs, and QSA staff to determine if they have had any involvement or consulted on the case to which they are assigned. The QSA team will reassign anyone with a conflict of interest to a different case and inform all impacted of the change. All reviews include additional reviewers to accommodate any necessary changes due to conflicts of interest or other unforeseen circumstances.

If a reviewer or QSA team member discovers they have a conflict of interest during the review of a case, they are required to immediately contact QSA for assignment to a different case prior to conducting any interviews or completing any scoring. Any individual with an identified conflict of interest will not participate in any additional conversations or debriefings surrounding that case.

¹ [Code of Conduct for the Indiana Department of Child Services](#)

Case Review Procedures

1E—The state must use the federal OSRI to collect information on all CFSR items and implement and adhere to guidance CB provides to accompany the instrument.

Indiana began using the OSRI for a limited number of PMR cases in April 2022 and have since fully transitioned to using the OSRI. Federal partners have access to Indiana’s OMS to review the finalized cases.

Reviewers and QAs selected to review cases with the OSRI were trained in the Round 3 CFSR and PMR. All participants, including QSA, must complete all learning opportunities, review all documents related to the OSRI and CFSR on the CFSR portal and those issued by the Children’s Bureau, and score mock cases. Reviewers and QAs meet with QSA one week prior to the review and during orientation on day one to ensure everyone has access to the site and is prepared to successfully score their case in the OMS.

1F—The state must include case-related interviews of key informants on every case to inform the ratings—including all of the following individuals: child (if age and developmentally appropriate), parents, caregiver/foster care provider, and caseworker or supervisor—and follow a written protocol for making case-specific exceptions to conducting an interview with a key case participant.

To ensure case interviews occur with key informants, DCS uses case summaries and case preparation meetings to prepare a final Interview Schedule. This process ensures the key informants are identified and included on all final schedules.

Case Summaries

To determine who needs to be interviewed for each case, QSA staff require the local caseworker completes a case summary. The case summary provides a high-level overview of the case and is used to orient reviewers to the case before interviews start on day one. It serves as a guide for QSA staff while conducting case prep meetings.

The case summary includes critical case information such as, but not limited to:

- The reasons for involvement/case opening
- Events within the PUR
- All children and parents within the case
- Placements
- Service providers

Case Prep Meetings

QSA staff conduct a virtual case prep meeting with each caseworker and their supervisor prior to a review. During the prep meeting, QSA staff are listening to identify key informants that can speak about the case and any special accommodations that may be required, such as an interpreter. QSA staff develop a rough draft of an Interview Schedule for the caseworker based on this information. The Interview Schedule is finalized by the caseworker upon verifying times and dates with interviewees. The

Case Review Procedures

Case Summary and Interview Schedule are provided to the review team one week prior to the onsite review.

Required Interviews

Concerted efforts are required of field and QSA staff to secure interviews with key informants. The following individuals are expected to participate in an interview unless they are unavailable or unwilling to participate:

- Children who are school age and developmentally appropriate to participate in interviews
- Parents/caregivers
- Out-of-home caregivers
- Agency caseworkers
- Caseworkers' supervisors

When a key informant refuses to participate, QSA engages local office staff, which may include the caseworker up to the Local Office Director or other DCS units such as foster care, to meet with the individual to understand their reluctance and any accommodations that could secure their participation. When a key informant is not engaged, the local office is expected to make concerted efforts to locate and engage them. The concerted efforts may include:

- Home visits by caseworker and management
- An investigator referral
- Ongoing attempts at addresses from the investigator referral by caseworker and management
- Ongoing attempts to contact via postal service
- Ongoing attempts to contact via phone
- Ongoing attempts to contact via text messages

Concerted efforts must be completed over a reasonable period that includes different days and times of the day to ensure all avenues of contact have been investigated.

Efforts must be documented and approved by QSA and the Regional Manager. When known, the local office will include information on those who may be able to speak to the missing key informant's experiences, such as informal supports or therapists.

Potential Exceptions to Conducting Interviews

Omission of key informants or other requested participants on the Interview Schedule will require clarification and documentation. The local office is asked to provide documentation of concerted efforts to engage, rationale for exclusion, and list any others who can speak to the missing key informant's experiences. Potentially acceptable exclusion from an interview may include:

- Preschool-age children
- Parents who cannot be located despite the agency's documented concerted efforts to locate
- Parents living outside of the United States for whom, despite documented concerted efforts, it is determined that the parent is not accessible by phone or video
- There is a safety or risk concern in contacting any party for an interview

Case Review Procedures

- Any party who is unable to consent to an interview due to physical or mental health incapacity
- Any party who refuses to participate in an interview and for whom the agency can produce documented concerted efforts to engage
- Any party who is advised by an attorney not to participate due to a pending criminal or civil matter
- Any party involved in a pending criminal or civil matter before a court or agency, or their legal representative, who believes they could be negatively affected by participation

Unacceptable Exceptions to Conducting an Interview

Assistance from additional local office staff is requested when key informants or requested participants are not on the Interview Schedule and the rationale does not fall under a potentially acceptable exclusion reason. Unacceptable exclusions from an interview may include:

- An age cut-off that does not consider a child's developmental capacity
- An individual who refuses to participate in an interview, but the agency did not attempt to engage the individual beyond a letter or telephone call
- An individual the agency has not made concerted efforts to locate
- An individual who speaks a language other than English

Elimination Criteria

Indiana utilized the Round 3 case elimination criteria in addition to certain state-specific criteria during the PMR. As part of the Round 4 CFSR, Indiana is adopting the Round 4 case elimination criteria.

- In-home services case open for fewer than 45 consecutive days during the PUR
- In-home services case in which any child in the family was in foster care for more than 24 hours during the PUR
- An in-home services case in which a child was on a THV (placement at home) at the start of the sampling period and the THV was fewer than 45 consecutive days
- A foster care case in which the child is in foster care for fewer than 24 hours during the sampling period
- A case that was discharged or closed according to agency policy before the sample period
- A case open for subsidized adoption payment only and not open to other services
- A case in which the target child reached the age of 18 before the PUR
- A case in which the selected child is or was in the care and responsibility of another state, and the state being reviewed is providing supervision through an Interstate Compact on the Placement of Children (ICPC) agreement
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases or an in-home services case that was opened more than one time during the sampling period
- A case reviewed in the past 12 months utilizing the OSRI
- A foster care case in which the child's adoption or guardianship was finalized before the PUR and the child is no longer under the care of the state child welfare agency

Case Review Procedures

- A case in which the child was placed for the entire PUR in a locked juvenile facility or other placement that does not meet the federal definition of foster care

The following cases are subject to review unless extenuating circumstances warrant exclusion as discussed and agreed to by the CB:

- Cases involving administrative, civil, or criminal litigation
- Cases involving current or former employees of the child welfare agency and contracted provider agencies

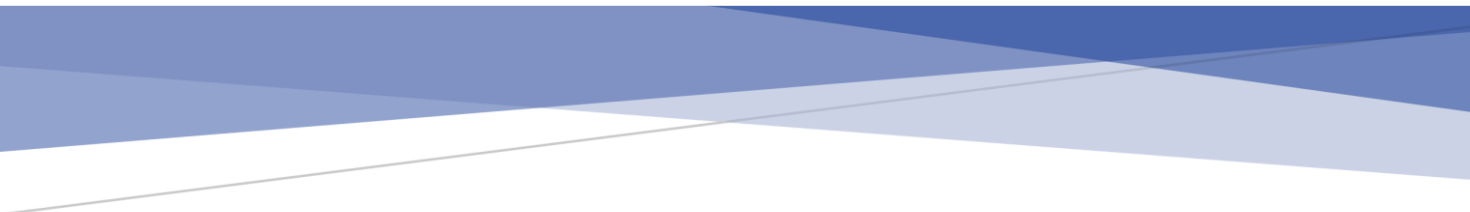
State-Specific Case Elimination:

- Cases missing key interviews that result in not enough information to accurately score the case

During the review, elimination may be requested if any elimination criteria is met or arranged interviews do not happen and there is not enough information to accurately score the case. During reviews, QSA will contact Indiana's Children and Family Program Specialist, the dedicated federal partner, by phone, in addition to the email with the Case Elimination Worksheet, to discuss interview exceptions and eliminations.

Case Replacement

Replacement cases are pulled from the respective randomized lists of 100 cases (in home or out of home back up cases) using the next available case from the same regional site requesting elimination (Indiana has 18 regions). Since Indiana's largest metro area is a standalone region, this method will ensure that Indiana is maintaining the proportion of metro to non-metro cases established in the baseline measurement period. This will also ensure that regions with more case eliminations continue to be represented at the rate they were in initial random sample. The replacement will be included in the same review if possible or moved to another review date, as necessary.



INDIANA DEPARTMENT OF CHILD SERVICES OLDER YOUTH SERVICES CHAFEE PANDEMIC GUIDE

Division X: Supporting Foster Youth through the Pandemic - Year 2 Guidance

[Abstract](#)

The purpose of this guide is to provide information and guidance to the Older Youth Services providers, Education and Training Voucher program provider and DCS staff on how Indiana Department of Child Services will apply the Chafee and Chafee ETV pandemic funding to eligible youth. This guide will include information on allowable expenses and invoicing structure.

Table of Contents

I.	Division X Chafee and Chafee ETV Provisions	2
A.	DCS - OYS Chafee Pandemic Funding Allocations	2
B.	Chafee - Chafee ETV Eligibility.....	2
1.	Chafee Eligibility	3
C.	Chafee Pandemic Services and Supports	3
	Direct Payment (Stimulus)	4
1.	Transportation	4
2.	Chafee Pandemic Room and Board.....	5
3.	Chafee Pandemic Referral Process	5
D.	Chafee Educational Training Voucher Pandemic Funds	6
1.	Chafee ETV Eligibility and Access.....	6
2.	Chafee ETV Disbursement and Utilization	6
II.	Indiana Extended Foster Care – Collaborative Care	7
A.	Chafee Pandemic Collaborative Care Eligibility	7
B.	Collaborative Care – Reentry	8
1.	Reentry Process.....	8
C.	Collaborative Care Placement Services and Supports	8
III.	Division X Chafee Provisions Reporting.....	9
IV.	Division X Chafee Pandemic Administrative Process	9
A.	Chafee Pandemic Use of Funding.....	9
B.	Chafee Pandemic Procurement and Contracting Process	10
C.	Chafee Pandemic Invoicing and Billing	10
2.	Chafee Billing Codes and Claim Form.....	12
V.	Appendices.....	13

I. Division X Chafee and Chafee ETV Provisions

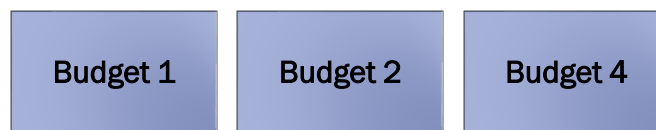
The Indiana Department of Child Services (DCS) provided Chafee older youth services (OYS) and Chafee Educational and Training Voucher (ETV) provision and specific flexibilities over the required time period; October 1, 2020 – September 30, 2021, with the Chafee pandemic funding made available through the Consolidation Appropriations Act, 2020.

DCS Older Youth Services will continue to provide the Chafee pandemic funding during the 2nd year time period of October 1, 2021 – September 30, 2022. Many of the Chafee pandemic program support and service flexibilities and extensions under the first year of Division X (October 1, 2020 – September 30, 2021) were temporary and are no longer available. Therefore, year 2 Division X services and supports will be eligible to youth who meet the traditional Chafee program requirements. DCS will provide Chafee pandemic services and supports as it fits the needs of current and former foster youth within the Chafee federal eligibility requirements and under the guidelines of DCS OYS policy, OYS Service Standards, OYS Protocol, ETV Service Standards, ETV policy and Indiana state law.

A. DCS - OYS Chafee Pandemic Funding Allocations

DCS will apply the additional Division X Chafee pandemic funding to Older Youth Services by allocating the funding to the contracted older youth services providers and other older youth initiatives contracted service providers to ensure all eligible youth under the care and supervision of DCS, or former foster youth eligible for voluntary services receive the additional services and supports as needed.

The Chafee pandemic funding will be allocated to the older youth services contracted providers and other Older Youth Initiatives contracted providers through the States procurement and contracting process. The OYS and OYI providers must have a contract initiated to receive the Division X Chafee Pandemic Funding and to provide services / support through Division X Chafee Pandemic extension guidelines. Initial Chafee pandemic allocations were determined by each OYS providers total client census in service / budget type. Initial allocations were determined by each OYS providers total client census in service / budget type. The second-year allocations were determined by the OYS providers total percentage of combined referrals. Each OYS provider provides OYS services under three budget types.



The Indiana Youth Advisory Board (IYAB) also received Chafee pandemic funding as well as our Chafee ETV provider, due to the service delivery of each provider.

B. Chafee - Chafee ETV Eligibility

Current and former foster youth eligible for Chafee pandemic year 2 services must be eligible for traditional Chafee and Chafee ETV services and supports. Under chapter 11,

Older Youth Services policy, the following youth / young adults meet the eligibility requirements of Chafee pandemic services and supports.

1. Chafee Eligibility

- Youth age 16 up to the day before their 21st birthday, who are in foster care as a Child in Need of services (CHINS) or Juvenile Delinquent / Juvenile Statues (JD/JS).
- Youth age 18 up to the day before their 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.
- Youth age 16 up to the day before their 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 age of 16.

Note: JD/JS youth who are placed in a detention or a non-foster care setting are not eligible for Chafee pandemic services.

Note: JD/JS youth who turned 18 years of age in a detention or non-foster care setting are not eligible for Chafee pandemic services.

C. Chafee Pandemic Services and Supports.

The OYS providers may use the Chafee pandemic funding to traditional Chafee services as described in the older youth services service standards. The OYS provider may also apply the Chafee pandemic funding to enhance their older youth services array to meet the needs of youth within their service areas. These funds will provide additional support and services such as:

- Assist youth in meeting their living expenses, including rent, groceries, grocery or meal delivery, and utilities. Such assistance may include helping youth pay back payments and fees and/or paying for expenses for youth/young adults who need to stay home for extended periods of time.
- Purchase cell phones, tablets, laptops, internet service, cell phone plans or other technological tools
- Provide respite care services and additional support for parenting or pregnant youth.
- Hire youth/ young adults with lived experience in child welfare to provide navigation services to fellow youth/young adults. Navigation services help to connect youth to services and support them as they apply for or engage in those services.
- Partner with national and state organizations to assist young adults, including activities relating to locating youth, outreach, and marketing.

- Employ youth/young adults, at the agency level and/or as part of contractor staff, to provide outreach and support to fellow youth and young adults. This could include paid internships for youth/young adults to help prepare them to re-enter the job market.
- Help pay salaries of agency staff who administer and oversee emergency assistance for youth, including fiscal staff responsible for generating and issuing payments paid for through the Chafee program
- Assist youth in paying medical expenses, including COVID testing and treatment, if these expenses are not already covered by other health insurance or Medicaid.
- Purchase or reimburse youth for personal protective equipment (PPE), including cloth masks.
- Provide services and support to combat young peoples' social isolation during the pandemic. This could include sending gift boxes, cooking kits, puzzles, art and hobby supplies, or other interactive items to connect youth/ young adults.
- Provide outreach and offer any needed assistance to youth who exited foster care to adoption or guardianship after attaining age 16 or after.
- Use social media and other strategies to perform outreach to youth, young adults, and other community providers to make them aware of expanded Chafee pandemic funding and available supports.

Direct Payment (Stimulus)

Direct payments will be provided to all youth and young adults in Collaborative Care and Voluntary Services. The OYS provider will disburse an initial \$700 direct stimulus payment to youth / young adults, followed by a monthly \$100 payment, through the end the Division X Chafee Pandemic: September 30, 2022. OYS providers will utilize various payment methods to disburse the direct payment.

Note: Please see the Chafee Pandemic Direct Payment Guidance for more details on how to disburse direct payment funds to eligible youth.

1. Transportation

DCS will allow up to \$1000 to be spent on transportation services, to assist youth who are at least 16 years old, up to the day before their 23rd birthday with cost related to obtaining a driver license and driving lawfully within the State of Indiana. Transportation services include vehicle insurance costs, driver's education class and testing fees, practice lessons, practice hours, license fees, roadside assistance, deductible assistance, and assistance in purchasing an automobile.

Note: Please see the OYS Transportation Guidance for more details on how to support youth with the transportation funds.

2. Chafee Pandemic Room and Board

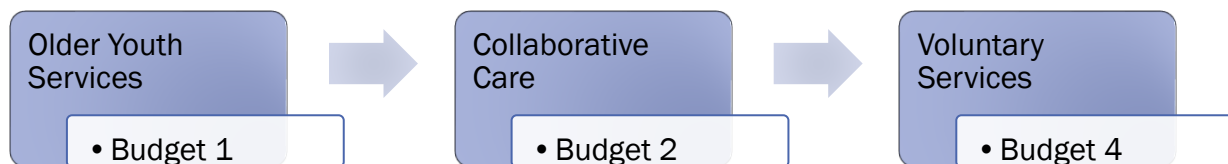
DCS will extend room and board (R & B) under the Chafee pandemic funds for youth / young adults who attain 18 years of age up to age 23 and who meet the OYS eligibility requirements. The OYS providers will provide R & B services under the Division X Chafee pandemic requirement as defined in the OYS service standards emergency assistance.

- **Emergency Assistance:** Emergency cost is a payment for youth who present in an emergency or crisis that is temporary due to extenuating circumstances.

In addition, OYS providers may target R & B payments to allow youth / young adults to remain at home to ensure their health and well-being. Youth / young adults requiring R & B assistance may include youth with medical conditions, pregnant or parenting youth, or youth who need to quarantine due to COVID – 19 exposure.

3. Chafee Pandemic Referral Process

All youth and young adults receiving Chafee pandemic services must have an open service referral.



To access specific funded services under the Chafee pandemic with the exception of direct payment to youth i.e.: stimulus and R & B, an additional referral is required prior to the disbursement of the Chafee pandemic funds.

A global service referral must be completed in KidTraks for youth receiving services under older youth services / budget 1 or collaborative care / budget 2. The DCS case managers must complete a referral by entering KidTraks, create a new referral and select the following categories:



In the body of the referral label the referral as Chafee Pandemic and document the Chafee pandemic services' need to be funded and provide details to ensure the OYS provides has the information needed to execute the referral.

a) Voluntary Services Referral Process

To access Chafee pandemic funding under voluntary services / budget 4, an Emancipation of Goods & Services (EG&S) Request form ([State Form 55230](#)) is required to be completed by the contracted OYS Service Provider and approved by DCS Older Youth Initiatives Manager or Independent Living Specialist before Chafee pandemic funds can be disbursed.

D. Chafee Educational Training Voucher Pandemic Funds

The maximum Chafee Education and Training Voucher (ETV) award amount per youth increased from up to \$5,000 per academic year to, up to \$12,000 per academic year for cost of education and training, to eligible current and former foster youth.

The temporary programmatic flexibilities under year 1 of Division X have ended as of September 30, 2021. Therefore, all Chafee pandemic ETV funded students must be enrolled in a post-secondary institution or training program and meet the satisfactory academic progress requirements towards completion a degree or certificate. The Chafee pandemic ETV funds may only be utilized to assist youth with expenses identified under the cost of attendance. Year 2 Chafee pandemic ETV is effective through September 30, 2022.

1. Chafee ETV Eligibility and Access

DCS will provide Chafee ETV pandemic funding to eligible ETV students up to age 26. To be eligible for ETV a student must meet the following requirements:

- A youth or young adult in foster care between the ages of 16 through 21 who are enrolled in an accredited post-secondary institution or program.
- A former foster youth who aged out of foster care at the age of 18 or older
- A former foster youth who was adopted or placed in a guardianship at age 16 or older
- A former JD/JS youth who aged out of a foster care placement on or after their 18th birthday.

Note: JD/JS youth who are placed in a detention or a non-foster care setting are not eligible for Chafee pandemic services.

Note: JD/JS youth who turned 18 years of age in a detention or a non-foster home setting are not eligible for Chafee pandemic ETV.

To access the Chafee ETV pandemic funding, ETV student must complete the Chafee pandemic application through the Chafee ETV website: <https://indianaetv.org>.

2. Chafee ETV Disbursement and Utilization

ETV students may receive an additional \$500 to assist with their educational needs. Students will be advised to complete the Foster Success Financial Modules. The financial modules are not a requirement; however, youth who complete the modules will receive up to \$100.

Chafee pandemic ETV funds may be used for maintaining training and post-secondary education for full-time or part-time matriculation costs or other expenses that are identified as part of the cost of attendance; to support youth in remaining enrolled. DCS will provide Chafee ETV pandemic support to youth who meet the federal Chafee Educational and Training Voucher eligibility requirements through September 30, 2022.

Note: Student who fall below a 2.0 GPA must enter into an Academic Success Plan (ASP) to maintain their eligibility.

DCS will prioritize Chafee ETV pandemic funds to ETV students who are not receiving additional older youth Chafee pandemic services, pregnant and parenting youth, youth accessing voluntary or collaborative care services who need additional supports not funded through the Chafee or Chafee pandemic funding.

II. Indiana Extended Foster Care – Collaborative Care

With respect to the funding made available through the Consolidation Appropriations Act, 2020; DCS has executed the extension of foster care service and supports through the Indiana extended foster care program, Collaborative Care (CC) under the Division X Chafee provision and specific flexibilities over the required time period of October 1, 2020 – September 30, 2021. In addition, DCS has continued to extend foster care services and support through an executive order signed by Governor Holcomb May 2020 through March 4, 2022.

DCS will continue to provide the Chafee pandemic funded services during the 2nd year time period of October 1, 2021 – September 30, 2022, to youth / young adults in the CC program. However, many of the flexibilities will no longer be available and the regular CC program requirements must be adhered to. Therefore, DCS will provide foster services and supports under Division X, Chafee Pandemic Services and Supports as it fits the needs of youth / young adults participating in CC within the Chafee extended foster care federal eligibility requirements and under the guidelines of Indiana’s older youth services service standards, protocol, collaborative care policies and Indiana state law.

A. Chafee Pandemic Collaborative Care Eligibility

Youth eligible for Chafee pandemic services and supports must meet the extended foster care – collaborative care eligibility requirements. Youth ages 18 to 21 who are in foster care or were formerly in foster care on the day of their 18th birthday and meet at least one of the eligibility requirements below:

- 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 or attending classes on resume writing and interview skills or working with an Older Youth Service 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.

B. Collaborative Care – Reentry

DCS offers a foster care reentry component as part of collaborative care. Former foster youth who have aged out of foster care or Collaborative Care on their 18th birthday or older and meet the Chafee eligibility requirements are able to reenter foster care services and supports from age 18 through the day before a youth / young adult 21st birthday.

DCS will provide Division X pandemic service to all eligible youth / young adults who meet the CC eligibility requirements through the 2nd year time period of October 1, 2021 – September 30, 2022. The OYS provider will provide placement and supervision and support to youth and young adults who have reentered foster care and is placed in a supervised independent living placement.

1. Reentry Process

Youth may initiate reentry by contacting the DCS hotline or by applying through the OYS provider Chafee pandemic website. Youth may use other means to initiate reentry by contacting a previous family case manager, foster parent, or OYS provider. All inquiries will be reviewed and processed for reentry by the Collaborative Care team.

The CC case manager will make a Collaborative Care referral to the OYS provider contracted to provide services where the youth live once the youth has signed and legally executed a Voluntary Collaborative Care Agreement.

The OYS providers will accept the Collaborative Care referrals submitted by the DCS Collaborative Care team. The OYS providers may provide Division X Chafee pandemic services and supports based on the youth's needs through the required timeframe, October 1, 2021 – September 30, 2022.

C. Collaborative Care Placement Services and Supports

Youth / young adults participating in Collaborative Care under the Division X, Chafee pandemic provisions will receive the protection of support, services, safety, permanency, and wellbeing for foster youth. This will include placement, case management, case planning, and transition planning.

Older youth services will be provided by the DCS contracted providers. This will include service management, conducting life skills assessments and assisting youth with the

development of a learning plan, monthly contact etc. The OYS providers will continue to provide older youth services as stated in the OYS service standard, OYS protocol, and OYS policy. within the Older Youth Service Standards and the Older Youth Protocol.

III. Division X Chafee Provisions Reporting

The OYS providers are required to report the details of older youth services goals and orientated activities that occurred during the time of billing. Services provided under the Division X, Chafee provision should be documented within the youths' monthly report and submitted to the DCS KidTraks portal. NYTD data must be reported monthly regarding Older Youth services provided to youths over the age of 16. The OYS provider should also note how the service through the Division X, Chafee provision has supported the youth in there learning plan goals through the public health emergency. This federal and state requirement is fulfilled by OYS providers submitting their monthly provider reports, life skills assessment and learning plan by the 10th of the month, through the NYTD web portal, which can be accessed through KidTraks.

OYS providers are required to select which appropriate NYTD service element were provided to every youth during the report period receiving services through the Chafee pandemic provision. The information regarding NYTD service elements is required for Chafee older youth service providers to be submitted; to ensure DCS is in compliance with the Chafee National Youth in Transition Database.

Service element descriptions can be found in two separate places:

- In the Service Standards under section II, Broker of Services Matrix under each outcome area description, the NYTD service element is identified in (bold).
- Each of the federal service elements, definitions and examples from Indiana's Service Standards can be found by following the link: [DCS: NYTD](#). Please note that not all service activities listed in Indiana's Service Standards are reportable as a NYTD service element. Additionally, some activities can be reported under two NYTD service elements. Questions regarding NYTD reporting should be directed to the email box: dc snytd@ dcs.in.gov.

IV. Division X Chafee Pandemic Administrative Process

The Division X Chafee pandemic administrative process includes the process designed to monitor the utilization of the funding, initiate contracting and allocation of the Chafee pandemic funding, and invoicing for services provided.

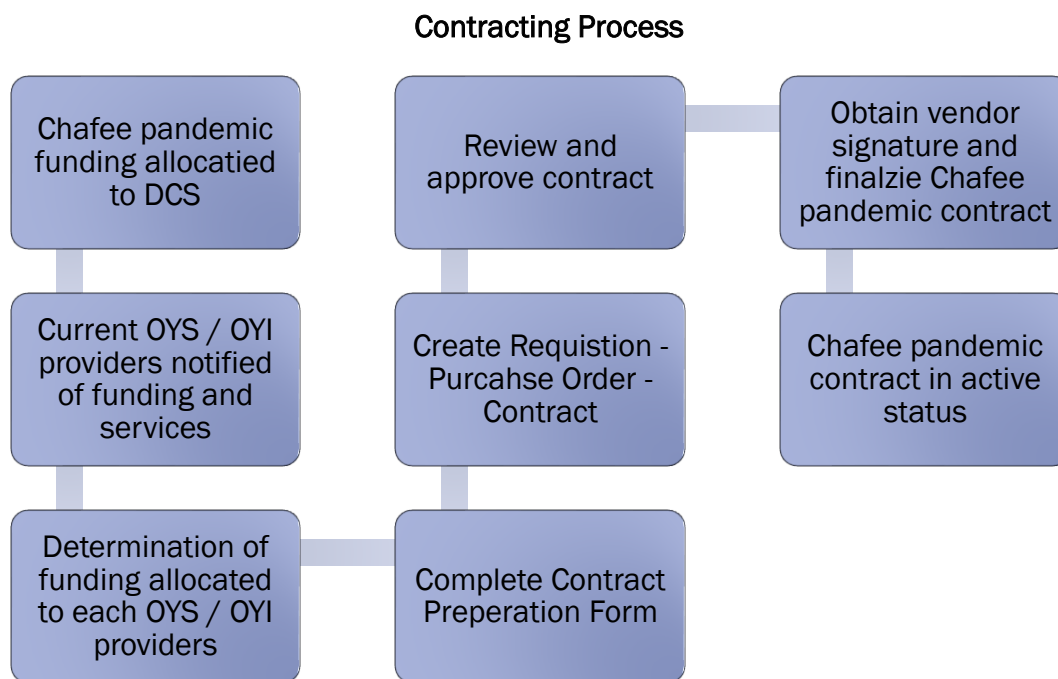
A. Chafee Pandemic Use of Funding

DCS will use the Chafee pandemic funds to offset the cost of meeting requirements of the Consolidations Appropriations Act, 2020 – Division X, Chafee Provisions. DCS will use the additional funds for the purpose of:

- Meeting the service requirements under year 2 of the Division X Chafee pandemic services to Chafee eligible youth and young adults.
- Meeting the service requirements under year 2 of the Division X Chafee pandemic services to youth eligible for Indiana's extended foster care program, Collaborative Care.
- Meeting the requirements related to the Division X Chafee ETV funding and provision to the disbursement of ETV funds to ETV student during the emergency period of April 1, 2020, and September 30, 2022.

B. Chafee Pandemic Procurement and Contracting Process

In an effort to appropriately track the Division X, Chafee pandemic funds, all services must be provided through a DCS contracted provider. Division X, Chafee pandemic provisions must be contracted to ensure appropriate use of the funding.



C. Chafee Pandemic Invoicing and Billing

All Chafee pandemic invoicing must be made by submitting the DCS claims form and supporting documents (Chafee Pandemic Budget Summary, Client Tracking Form, Direct Stimulus Summary, and Direct Stimulus Tracking form) to **Suzanne Kobak @ DCSContracts@dcs.in.gov**.

When submitting Chafee pandemic invoices each contracted provider must submit all required forms and documentation. Contracted providers must invoice one (1) month of services provided for the previous month (Example: July billing will be invoiced and

submitted in August). The services dates on the claim forms must be for a monthly billing period, i.e.: 7/1/21 – 7/31/21. When invoicing for Chafee Pandemic older youth services, each contracted provider must submit 1 claims form, a budget summary for each service description, and a client tracking form for each service description. Failure to do so, may result in the delay of the invoicing process and payment.

Contracted providers will receive each document after the execution of the Division X, Chafee pandemic contract is completed and prior to billing.

Chafee Pandemic OYS / Budget 1	The OYS provider may submit Chafee pandemic invoicing for all referrals identified under a OYS referral / budget 1.
Chafee Pandemic Collaborative Care / Budget 2	The OYS provider may submit invoicing for all referrals identified under a Collaborative Care referral / budget 2.
Chafee Pandemic Voluntary Services / Budget 4	The OYS provider may submit invoicing for all referrals identified under a Voluntary Services referral / budget 4. This includes Emancipation of Goods and Services and Room & Board expenses

a) Claims Form

The DCS claims form is State form 28808 <https://www.in.gov/dcs/forms/#financeform>. When completing the claims form ensure each section is filled in correctly. Enter in the amount of each for each service description and ensure the cumulative total claim is calculated at the bottom of the claims form. Click on icon below to see an example.

b) Budget Summary Form

Contracted providers must attach a budget summary for each budget type when invoicing. Each budget summary must identify the budget type and itemized description of the spending for the month. An example of each budget summary can be found in [Appendix A](#).

(i) DIRECT PAYMENT SUMMARY

Contracted providers must attach a direct payment summary form to their invoicing to document the amount of direct payment provided to eligible youth each month. An example of the direct stimulus summary can be found in [Appendix B](#).

c) Client Tracking Form

An individual client tracking form must be completed to coincide with each submitted budget summary, including the direct payment summary. The client tracking form must include budget type, name of each youth serviced during the month, referral ID, care ID, start / end date, and number of service days. An example of the client tracking form can be found in [Appendix C](#).

d) Other Provider OYI Chafee Pandemic Invoicing and Billing

Other contracted providers providing services under Division X, Chafee pandemic must submit their Chafee pandemic invoices and required forms as negotiated during the contracting process. The contracted providers must invoice one (1) month of services provided for the previous month (Example: July billing will be invoiced and submitted in August). The services dates on their approved forms must identify the billing period, i.e.: 7/1/21 – 7/31/21.

Note: The direct stimulus Summary and client tracking form have a different format.

2. Chafee Billing Codes and Claim Form

When completing the DCS claims form, the contracted provider must select the service type and having the correct Chafee pandemic billing codes for each service description on the DCS claims form. Providers contracted to provide Chafee pandemic services must utilize the special OYS Chafee pandemic codes (see figure below). Each older youth service description and matching case ID must have a billing code entered on the DCS claims form with the exception of direct stimulus payments prior to submitting the Chafee pandemic invoice.

a) Older youth

Service Description	Case ID	Billing Code
Chafee Pandemic IL Services	Budget 1	#####
Chafee Pandemic Collaborative Care	Budget 2	#####
Chafee Pandemic IL Voluntary Services	Budget 4	#####
Direct Stimulus	Direct Stimulus Payment to Youth	N/A

b) Chafee ETV

Service Description:	Chafee ETV Pandemic Relief
Contract:	Education and Training Voucher Program
Billing Code:	#####

c) Indiana Youth Advisory Board

Service Description:	Chafee ETV Pandemic Relief
Contract:	Indiana Youth Advisory Board
Billing Code:	#####

Note: Providers should only invoice for the services they're contracted to provide under each individual agencies Chafee pandemic contract.

V. Appendices

APPENDIX A: BUDGET SUMMARY

Name Of Agency: Budget Summary			
Chafee Pandemic Services OYS Year 2		Service Period	
Area: <u>1</u>		<u>7/1/20 - 7/31/20</u>	
Page <u>2</u> of <u>7</u>			
A: Personnel			
*1. Salaries & Wages	\$	40,397.11	
*2. Fringe Benefits	\$	5,797.40	
*3. Consultant & Contract	\$	-	
B: Other Cost			
*1.	Travel Expenses		
	a. Clients	\$	-
	b. Staff	\$	2,944.71
*2. Consumable Supplies, Printing, Marketing, & Communications	\$	2,408.96	
*3.	Occupancy Cost		
	a. Clients Budget 2	\$	25,000.00
	b. Client Room and Board - Budget 4	\$	5,000.00
	b. Staff	\$	-
*4. Client Food, Clothing	\$	16,000.00	
*5. Staff Training	\$	32.22	
*6. Telephone & Postage	\$	834.45	
*7. Rental/Lease/Prorated Share Equipment Purchase (Per Instructions)	\$	1,889.92	
a. Driver Education	\$	-	
b. Transportation	\$	2,300.00	
c. Direct Cash Payment	\$	2,000.00	
d. Global Services		\$3,000.00	
*11 Personal Allowance	\$	111.40	
*12. Emancipation Goods & Services	\$	21,000.00	
*13. Vocational Educational Cost	\$	250.00	
Total Operating Cost	\$	128,966.17	
*9. Direct Admin Exp	\$	877.88	
*10. Indirect Admin Exp	\$	8,918.58	
Total Administrative Expenses:	\$	9,796.46	
Total Program Cost			
\$		138,762.63	
Other Revenue			
\$		-	
Net Program Cost			
\$		138,762.63	
Number of Client Days in Program			
		1086	
Cost Per Service Day			
		\$18.24	
Please Submit OYS Pandemic Invoices To:			
Suzanne Kobak			
Indiana Department of Child Services			
Email: DCSCONTRACTS@dcs.IN.gov			

Appendix B: Client Tracking Form

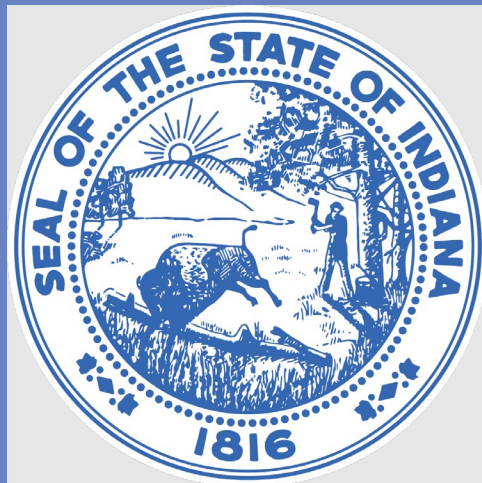
The example below shows a sample of how each OYS Chafee Pandemic client track form should look.

[illegible]

Indiana Child and Family Services Plan

Foster and Adoptive Parent Diligent Recruitment Plan

FFY 2025-2029



Submitted to the Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

Table of Contents

Recruitment	1
Current and Future Enhancements Regarding Methods of Dissemination.....	4
Cultural Diversity Training and Translation Services	6
Fee Structure.....	6
Adoptive Parent Recruitment	6

Recruitment

Indiana Department of Child Services (DCS) prioritizes placing children in a family-like setting when removal from their home is necessary. DCS first considers placing a child with a noncustodial parent and then with relatives. The definition of "relative" was expanded in July 2014 to include individuals with whom the child has an established relationship. DCS has designated Kinship Navigators to support kinship care, stabilize families, and identify necessary supports. This is further described in the Child and Family Services Plan (CFSP) and related APSRs. DCS has developed a website with community resources for kinship families, and a referral system with the Indiana Family and Social Services Administration (FSSA) to provide quick access to government aid.

As of July 1, 2023, Indiana DCS will be supporting Unlicensed Kinship with a Stipend for each child they have in their care while youth are in DCS care and custody. After many months of advocacy, the most recent legislative session authorized the DCS budget to include a \$300 monthly stipend per child for unlicensed kinship for the nearly 4500 youth placed in unlicensed kinship settings. Extensive efforts have been made to maintain all other concrete services that DCS has previously authorized to support youth and kin and adding this benefit is a way to stabilize families, support normalcy of activity for the child and provide financial support to maintain household expenses. Indiana will still offer licensing to kin, but this stipend expands the array of support to better meet individual needs of families. DCS is hopeful that this stipend will open the doors to expansion of youth in kinship care and offer well-being advantages that will sustain them to a swift, permanent, and positive case closure.

On September 28th, 2023, the ACF released the bulletin that permits states to be IV-E reimbursable for licensing kinship in a different pathway from nonrelatives. Indiana began rewriting proposed Indiana Codes to replace and add to existing codes to permit Indiana licensing to evolve for kinship support. At present, Indiana DCS is engaged in proposing to legislation and budget agency to add this option for kin. Although DCS continues to have success in placing children with relatives and in kinship care homes as a first preference, there continue to be obstacles to traditional placement due to behavioral concerns, mental health challenges, special medical needs, or conditions, and the developmental or intellectual disabilities experienced by children entering the foster care system. Other challenges include sibling groups of three (3) or more, delinquency issues, or the child's age. There is considerable difficulty in finding well-matched homes for older youth. As a result, many regions and private agencies have had increased difficulty finding appropriate, least-restrictive placement options for these children that allow them to remain with their siblings and/or within their own communities.

In 1989, Indiana established a program for hard-to-place children who are in the custody of the state. This is a federally mandated program that Indiana legislated under IC 31-19-27. Over 7,000 Indiana children have been placed with adoptive families since 1990. The Indiana Adoption Program (IAP) includes an Adoption Manager, two Adoption Consultant Supervisors and nineteen Adoption Consultants serving Indiana's 92 counties. Adoption Consultants assist in the adoptive placement of waiting children by working collaboratively with families, Family Case Managers, and service providers.

Indiana has identified critical needs and has developed a plan that is tailored for each individual region across the state. The core state plan identifies areas of need in each region and regions design strategies specific to their community resources and metrics. This plan is evaluated monthly for progress towards goals and data is shared with regional staff for adjustment or refinement. The plan is revised annually to

determine current priority of need and implementation of innovation. The intent of these plans was to better define the children for whom foster parents are needed within specific regions and counties, as well as potential target audiences/venues that might be accessed to find appropriate candidates.

To further aid foster care staff in understanding and planning recruitment needs, regional recruitment reports are used by field staff in monitoring their placements and foster home needs. These reports contain regional data (which can be drilled down to individual counties within each region) regarding the numbers of children in foster care. This information is further broken down to allow for analysis of the numbers of children in DCS and LCPA homes, the numbers of children in placement by age categories, gender, race, the numbers of children whose placements are consistent with CANS placement recommendations, and the number of children placed as part of sibling groups. These reports are intended to be a tool for determining the current ability of available homes to meet the needs of children coming into care. DCS continues to ensure that licensing workers are aware of this data and has started sharing it with LCPA licensing workers to ensure that targeted recruitment can occur. Reports have been and are continually modified to be more helpful in identifying special characteristics of youth and the capacity of regional homes for better matching of placed youth as well as targeted recruitment for placement gaps.

As a part of the contract for our Licensed Child Placing Agencies (LCPA), there is a requirement for LCPAs to create annual recruitment and retention plans of their foster parents as well. There are presently 29 contracted agencies so in the interest of having a more unified access point for families for private foster care support, Indiana has partnered with an organization in 2023, Every Child to work specifically with Indiana on a unified public access site and some standardization of applicant expectations. This project is actively engaging members of the LCPA community and other community resources to provide an improved inquiry to license process but also actively engage those that inquire and are not ready for fostering by referring them to a local partner, Hands of Hope to find a niche to serve.

During 2020, the COVID pandemic impacted interest of individuals to caregivers as well as the mechanics of recruitment significantly. Indiana saw a sharp drop in inquiries to 3,107 during that year. Offsetting the challenges, Indiana took time to engage fully in improving the actual process time of licensing so for those inquiries we did get, we were able to create the best possible license experience and the fastest time reasonable to achieve full quality licensure. In 2021, there was a steady increase in inquiries to 4,077 that continued into 2022 to 4,302. We have also maintained and achieved substantial gains in creating more positive conversion of inquiries to licensures for DCS licensed homes with the goal of 120 days to licensure.

DCS continues working on a multi-pronged strategy to increase foster parent recruitment and retention. We are using data from an annual foster parent survey and our own DCS reports, LCPA feedback, regular recruitment retention convenings, our foster parent advisory board and using continuous quality improvement efforts identify areas of need and opportunity. Follow up is done on planned efforts monthly in the foster care/adoption leadership meetings and recruitment is identified as a performance goal for all staff in annual appraisals to boost attention and efforts of the total team in the endeavor. A central office foster care licensing consultant was assigned in July 2022 to coordinate and report on efforts to champion the subject routinely. That individual meets with local foster care field offices and reviews data, progress, and target areas as well as brainstorms how each area can create specific efforts for their community. This consultant also provides coordination with our foster parent communication

and support liaison to engage foster parent voice. In 2024, efforts were shifted to add a second consultant to provide expertise and data to regions and to meet quarterly with a multi-pronged staff committee around planning and measuring events as well as developing toolkit items for Indiana to sustain recruitment and retention efforts.

Indiana has multiple divisions that are part of the foster and adoption experience but has taken efforts over the past 5 years to consolidate those efforts under one manager to create the opportunity for more collaboration and focus to achieving positive outcomes. The adoption program and all foster licensing workers employed in DCS are in the Field Operations Division and lead the efforts in recruitment for Indiana. Communications as well as the Services and Outcomes Division and Staff Development have roles they play to support Field Operations and LCPAs and regular communication is held bi-monthly with these leaders.

In 2022 and early 2023, all Licensing policies were revisited and revised using a lens of customer service and standardization. Based on feedback from LCPAs in their monthly meetings, foster parents and field staff interacting with applicants and current foster/adoption caregivers, changes were made to ease the bureaucracy and honor the foster experience. We utilized feedback from the foster parent advisory council and have brought revisions to them for suggestions with the aim of making a less cumbersome and more customer service friendly experience from first contact through their caregiving journey. One of the important changes was to simplify the annual process to make it easier for the foster families to remain fully licensed but have their specific needs met as opposed to filling out paperwork and checking boxes. We revised our annuals process and reduced overdue annuals significantly. It has led to a steady improvement of timely annuals and re-licensure for both DCS and LCPA. It has also revealed remaining system barriers such as family compliance with training hours and families that are only interested in adoption. This learning has prompted new processes with the annual workers to improve their engagement year-round with a focus on these items.

DCS has added a standardized quarterly in home visit to all active licensed foster homes that will continue to build skills and license compliance and ready families for their annual requirements and for taking youth of higher acuity or higher ages to meet the special characteristics of our current child welfare population.

In addition, Indiana has been working to improve reports, so they capture more timely and relevant data to support recruitment and retention initiatives. Now that Indiana has shifted from the original CCWIS project, there is a renewed activity around modifying existing reports to be more visual and usable by leaders and front line by converting the data into other sub systems. DCS has maintained many of the virtual options in training and contact that allowed for greater flexibility while returning post COVID to a more face-to-face model of recruitment and retention.

Monthly meetings continue to be held with LCPA leaders to focus on barriers families and administrators experience but also to partner in knowledge and efforts around fostering. These meetings are well attended by approximately 75 LCPA partners, DCS staff development, field foster care leadership and child welfare services division. Content varies from data reporting and updating information and policy to soliciting feedback for problems DCS encounters so there is wide stakeholder feedback to solutions.

The foster care website is continually developing to offer resources to families interested in fostering and direct interaction with the DCS System. A foster care survey was finalized in June 2020 and has been deployed annually. The purpose of the survey is to assess the needs of current foster families for training, support, capacity building and provide feedback to DCS to help identify strategies for retention and recruitment opportunities. The results are being utilized by regional staff and LCPAs to target conditions for improvement. DCS is reviewing that survey to determine changes and edits that might need to be made to improve the information that comes from it. DCS will continue to use this survey in the development of our state recruitment targeting across Indiana. The information gained from the survey is shared with the Regional Managers and other Field staff in targeted ways to help reduce barriers and the information is also incorporated specifically by region to target focus areas for foster care recruitment and retention. DCS is also actively working on developing a survey for adoptive parents that will help us measure our current services for pre and post adoption work. It will identify gaps and improvements in access that we can work towards.

Lastly, DCS contracts with Firefly Children & Family Alliance (Firefly) for the recruitment of adoptive families. Firefly collaborates with local diverse neighborhoods, faith-based organizations, and community leaders to recruit appropriate families that reflect the diversity of children in the state for whom foster and adoptive homes are needed. Firefly has an Outreach coordinator who coordinates the Indiana Adoption Program presence at community events. Firefly conducts outreach activities to participate in foster care or public adoption. Firefly also conducts outreach aimed at recruiting families of color and is also working with communities that have experience working with youth that have developmental and behavioral disorders. Outreach activities could include, but are not necessarily limited to, advertising in local media targeted toward communities of color, pitching interviews and news to local media targeted toward communities of color, and conducting educational presentations at churches, civic organizations, and community groups each with a high percentage of membership of color. Materials include child-specific aspects, allowing the membership to see actual children who are awaiting adoption in Indiana. Additionally, DCS has Adoption Consultants on staff that are available in each region to engage and prepare potential adoptive parents through the preparation and process. Adoption Consultants also serve as the contact for post-adoption service referrals.

Current and Future Enhancements Regarding Methods of Dissemination

As in the previous Child and Family Services Plan (CFSP), DCS will continue to refine and improve foster parent recruitment and retention plans throughout the duration of the FFY 2025-2029 CFSP. The items below are part of the current and future enhancements:

- The DCS website, along with the Foster Care Portal.
 - Throughout the duration of the 2025-2029 Child and Family Services Plan, DCS will continue to develop the functionality of the Foster Care Portal as we continue to move towards a CCWIS compliant system. Some of the focus areas for the portal are the ability to follow your foster care license through the process and becoming more interactive for the foster parents with the ability to upload information for the family case manager into a child's case within their care (i.e., reports cards, doctor's visits, etc.).

- Foster Parent Recruitment brochures, which include general information about how to become a foster parent, as well as contact information to get linked with foster care staff for further information or to initiate the process.
- Virtual events will be held to provide general information about fostering and to meet with partners wanting to support existing foster families.
- Recruitment and/or education booths or tables at targeted health or service fairs, conferences or other community events/locations that draw a wide population of attendees.
- Financial Assistance for Relative Caregivers brochures are given to relative caregivers at placement and include preliminary information on the foster home licensing process/benefits
- Relative Resource Guide, which is reviewed at the follow-up visit with relative caregivers and contains more detailed information related to foster home licensing process/benefits
- Targeted radio PSA's during Foster Care Month and Adoption month that highlight the need for foster parents
- Foster Parent quarterly newsletter
 - During the duration of the CFSP, DCS will continue to enhance the quarterly newsletter to ensure that foster parents are getting the information that they need and feel connected to policy and practice changes within the agency.
- LCPA staff quarterly newsletter
- Local/Regional information provided via reminder emails and letters for non-email users.
- Statewide themed engagement events that include all field staff and foster families or new community members/volunteers
- Recruitment Resource Guide specific to resources in Indiana that will be trained to all front-line foster staff to improve their skills in engaging active and future foster families.
- Representation at support groups
- A recruitment video that is embedded on the DCS website, which features foster parents and former foster children.
- DCS contracts with Firefly to maintain a digital adoption picture book which features children referred to the Adoption Consultants for recruitment of adoptive families. This can be located at: <https://www.indianaadoptionprogram.org/indianas-waiting-children/>
- DCS contracts with Firefly to maintain a confidential portal that allows families prepared to adopt to access and review information about children waiting for families, and processes inquiries that families make on the children that have been referred to the Adoption Consultants for recruitment of adoptive families.
- DCS maintains a link to AdoptUSKids to feature specific children referred to the Adoption Consultants for recruitment of adoptive families. Adoption newsletter that is released to current matched families and unmatched families to maintain engagement for future matching.
- DCS' contract with Wendy's Wonderful Kids through the Dave Thomas Foundation has expanded to maintain 20 child recruiters through The Villages.
- DCS collaborates with America's Kids Belong to produce videos and feature specific children referred for recruitment of adoptive families. DCS collaborates with two (2) Indiana news stations that share the American Kids Belong Videos.
- DCS collaborates with Indiana news stations to produce Wednesday's Child segments and Finding Family segments that feature specific children referred to the Adoption Consultants for recruitment of adoptive families. Foster Care toolkit for use by Local Office staff when engaging

in community outreach forums. This toolkit will include templates which may be customized with local information about children in care and foster parent needs. Included in the toolkit is a recruitment power point, a recruitment letter to the editor for local print or online newspapers, and a recruitment news release to engage local news outlets in possible media coverage.

- Use of the DCS Twitter account or other social media sites to disseminate information about fostering.

DCS has a toll-free foster care hotline, and a toll-free phone number for adoption questions. Also, the DCS website, as well as the new Foster Care Portal lists hours and contact information for each local DCS office across the state, each Adoption Consultant, and for the licensed child placing agencies. Staff who license foster parents may be reached by contacting these offices.

Cultural Diversity Training and Translation Services

DCS does not have any policies limiting the array of available foster homes in terms of cultural diversity. DCS provides cultural diversity training for new staff as part of the initial cohort training curricula. DCS encourages cultural competency in its staff, contracted providers, and foster family homes through specific training offerings. Training is provided to help new and prospective foster parents understand safety for children who come into care and what their unique needs are. All training provided via DCS can be found in the comprehensive DCS Training Plan.

Indiana DCS has a Strategic Equity Officer who has been engaged in conversations about recruitment, development of tools and evaluation of current processes from the lens of DEI for both adoption and foster parenting. DCS has developed several Equity workgroups, which have addressed recruitment of a diverse pool of resource families, trained on the fundamentals of cultural humility.

DCS has a contract with a translation service which may assist when linguistic barriers exist in the licensing or training process. This service is only modestly successful at meeting the needs of applicants and foster parents across the state. The Department will continue to work in identifying more effective ways to utilize the language line and other interpreter services.

Fee Structure

The Department of Child Services ensures both DCS and LCPA foster parents are reimbursed with a fee structure that is based on each child's individual CANS score, not cultural, racial, or socio-economic factors of the child or placement resource. DCS does not charge a fee to become a licensed foster parent, the Department covers the costs of background checks, trainings, etc.

Adoptive Parent Recruitment

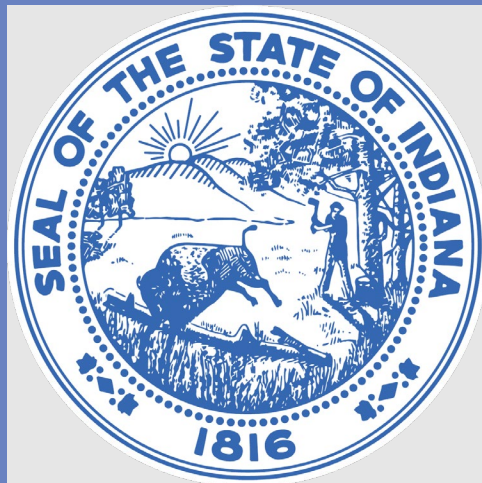
DCS utilizes a digital adoption picture book, the AdoptUSKids website, and Wendy's Wonderful Kids recruiters throughout the state to recruit prospective adoptive parents. DCS contracts with Firefly Children and Family Alliance to coordinate and host matching events state-wide for the purpose of allowing waiting children and prepared/recommended prospective adoptive families to meet and interact in an informal, fun setting. DCS also collaborates with Indiana Kids Belong to produce videos of waiting children to be aired on news stations that feature children waiting for families.

The DCS Adoption Consultants prepare families for adoption, assist the local offices with prospective adoptive family interviews, and participate in the selection of prospective adoptive families. All the DCS staff dedicated to adoption services in Indiana have participated in the National Training Initiative – Adoption Competency training.

DCS plans to continue enhancing recruitment and services for adoptive parents over the next several years. In 2022, DCS began offering pre-adoption services and revised the standards for post-adoption services. This continuum of services is designed to support families throughout the adoption process and has resulted in enhanced recruitment services because families can be assured necessary support for successful adoptions will be provided.

Health Care Oversight and Coordination Plan

FFY 2025-2029



Submitted to the Children's Bureau
Administration for Children and Families
U.S. Department of Health and Human Services

Table of Contents

Ongoing Oversight and Coordination of Health Care	1
Traditional Medicaid	2
Hoosier Care Connect:	2
Hoosier Healthwise	3
Medicaid Enrollment.....	3
Administrative Framework:	4
Legal Framework:.....	4
Technical Framework	4
Initial and Follow-Up Screenings.....	4
The Child and Adolescent Needs and Strengths (CANS) Assessment.....	5
Early and Periodic Screening Diagnosis and Treatment	6
Monitoring and Treatment of Health Needs	7
Maintaining the Medical Record.....	8
Continuity of Health Care Services	9
Oversight and Monitoring of Prescription Medication.....	9
Informed and Shared Decision Making.....	9
Psychotropic Medication Advisory Committee (PMAC)	10
Psychotropic Medication Guidelines for Youth in Care	10
Mental Health/Trauma Screening	10
Assessment	11
Psychotropic Medication Consultation	11
Guidelines for Safe Utilization of Psychotropic Medications.....	13
Data Management	16
“Red Flag” Indicators	16
Education and Training	17
Information Portal	18
Ongoing Monitoring for Individual Youth in Foster Care.....	18
Inappropriate Diagnosis Protocols.....	19
Medical Coverage for Older Youth	20

Ongoing Oversight and Coordination of Health Care

Families First Prevention Services Act (Section 422(b)(15)(A)) contains a provision requiring each state, under Title IV-B, to create a plan to ensure ongoing oversight and coordination of health care for foster children. State child welfare agencies and state agencies that administer Medicaid are required to work collaboratively in crafting the plan and include consultation with pediatricians and other health care experts.

DCS joined forces with the Indiana Family and Social Services Administration (FSSA), which is the agency that administers Medicaid in Indiana, and collaborated with pediatricians and other health care experts in Indiana to develop the Health Care Oversight and Coordination Plan.

Reflecting all recent amendments, the Health Care Oversight and Coordination Plan, developed in coordination with the State Medicaid agency, must now include an outline of the items listed below:

1. A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice;
2. How health needs identified through screenings will be monitored and treated, including emotional trauma associated with a child's maltreatment and removal from home;
3. How medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record;
4. Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care;
5. The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications;
6. How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children; and
7. The procedures and protocols the State has established to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses; and
8. Steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met.

P.L. 110-351 stipulates that the Health Oversight and Coordination provision does not reduce or limit the responsibility of Medicaid agencies in administering and providing care to children served by the state child welfare system.

The following outlines Indiana's coordinated strategy to identify and respond to the health care needs, including mental and dental, of foster children.

The Indiana Department of Child Services (DCS) joined forces with the Indiana Family and Social Services Administration (FSSA), the state agency responsible for administering Medicaid, to ensure that the physical, dental, and mental health needs of DCS foster children and youth are being met. They also work to ensure that all DCS foster children and youth are enrolled in Medicaid and therefore eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and managed care services.

There are several program options available under Indiana Medicaid, with programs designed to meet the medical needs of certain groups of people. Indiana Medicaid programs include, but are not limited to the following:

- Traditional Medicaid (includes Fee-for-Service Programs)
- Managed Care Programs (Hoosier Care Connect and Hoosier Healthwise)
- Special Programs

All children entering care are generally enrolled in Hoosier Care Connector another managed care program, unless eligible for a higher Medicaid category, or placed with a parent. All Medicaid plans provide reminders and educational materials, as well as assistance with scheduling and transportation for EPSDT appointments. Enrollment of all eligible DCS children in Medicaid provides the basis for a coordinated interagency strategy to identify and respond to the health, mental, and dental care needs.

DCS and FSSA created an administrative, legal, and technical framework for more efficiently facilitating youth in foster care with enrollment in Medicaid and improving health outcomes. DCS is engaged in an on-going dialogue with FSSA, the Office of Medicaid Policy and Planning (OMPP), the Division of Mental Health and Addictions (DMHA), and the Division of Family Resources (DFR) to coordinate strategies for responding to the physical and behavioral health needs of wards of DCS and youth in foster care.

The framework between the two state agencies is supported through: Memorandums of Understanding (MOU); the creation of a specialized Medicaid Enrollment Unit (MEU) within DCS to enroll youth in foster care in Medicaid; as well as an on-going and regularly scheduled exchange of relevant medical data between the two agencies.

Traditional Medicaid

Traditional Medicaid provides assistance for medical expenses such as doctor visits, prescription drugs, dental and vision care, family planning, mental health care, surgeries, and hospitalizations. It does not require that the member choose a specific doctor or provider of services.

Hoosier Care Connect:

Hoosier Care Connect is a risk-based managed care program designed to improve the quality of care and clinical outcomes for members eligible for the IHCP on the basis of age, blindness, wardship status or disability. Hoosier Care Connect Members pick a Managed Care Entity (MCE) and a primary doctor. The MCE assists members in coordinating their healthcare benefits and tailoring the benefits to individual needs, circumstances and preferences. Hoosier Care Connect members receive full Medicaid State Plan benefits, in addition to care coordination services and other FSSA-approved enhanced benefits developed by the MCEs.

Individuals in the following eligibility categories who do not reside in an institution, are not receiving services through a home and community-based services (HCBS) waiver, and are not enrolled in Medicare will be enrolled in Hoosier Care Connect:

- Aged individuals (age 65 and over)
- Blind individuals
- Disabled individuals
- Individuals receiving Supplemental Security Income (SSI)
- Individuals enrolled in Medicaid for Employees with Disabilities (M.E.D. Works)
- Foster children, unless placed with a parent

Children who fit the following descriptions may voluntarily enroll in Hoosier Care Connect:

- Former foster children who were in care on their 18th birthday
- Children receiving adoption assistance

Individuals will be removed from the Hoosier Care Connect program and transitioned to another IHCP program if they:

- Become eligible for Medicare
- Enter a nursing home for a length of stay greater than 30 days
- Enter a state psychiatric facility, a psychiatric residential treatment facility (PRTF), or an intermediate care facility for individuals with intellectual disabilities (ICF/IID)
- Begin receiving hospice benefits in an institutional setting
- Become eligible for and choose to enter an HCBS waiver program

Hoosier Healthwise

Enrollment in Hoosier Healthwise is mandatory for aid categories that include children and those children who are eligible for the Children's Health Insurance Program (CHIP), unless they are a member of an exempted group.

Medicaid Enrollment

DCS created a specialized, internal, Medicaid Enrollment Unit (MEU) which was piloted in select counties and then implemented statewide effective August 1, 2010. MEU workers partner with Indiana's DFR and OMPP to ensure coverage and appropriate category choice for each DCS child or youth in placement. MEU facilitates the Medicaid enrollment process as the authorized representative for the child.

The DCS Medicaid Enrollment Unit (MEU) assists with the initial enrollment of DCS wards and youth in Collaborative Care in the Managed Care program. Each child must have an initial health assessment completed upon entry into the Hoosier Care Connect program. The initial health assessment helps determine the level of care coordination that is needed for the child.

Once an MCE is selected, a care coordinator from the MCE contacts the FCM to obtain the names of the child's physicians and other health care providers so that a primary medical provider (PMP) can be identified. The PMP is the doctor that the child will see for most of his/her health care services. The care

coordinator may also contact the FCM to assist in coordinating the child's health care appointments and transportation.

Administrative Framework:

Medicaid Enrollment Unit (MEU)

DCS works collaboratively with Indiana FSSA, Division of Family Resources (DFR,) to facilitate enrollment of DCS wards and youth in foster care in Medicaid.

Legal Framework:

A legal framework for interagency collaboration to meet the health needs of wards of DCS and youth in foster care is supported and guided by Memorandums of Understanding (MOU).

The purpose of this MOU between DCS and OMPP is to define the programmatic and administrative responsibilities of DCS, DFR, and OMPP, in order to administer state aid to wards and foster children, and to work collaboratively in formulating a plan and sharing information to ensure that the health needs of children in foster care are being adequately met.

DCS is also engaged with FSSA Division of Mental Health and Addictions through an MOU.

The purpose of this MOU is to define DMHA and DCS' programmatic and administrative responsibilities for the provision and management of behavioral health services for wards of DCS and youth in foster care. The MOU provides for the implementation of uniform assessments through the use of the CANS assessment tool discussed earlier. It provides for the exchange of data to support the programs, staff training and certification, and ongoing interagency communication. Additionally, it provides for outcome quality management processes using data to support decisions at the child and family intervention, program and policy levels.

Technical Framework

DCS and OMPP worked together to develop a technical framework that allows for the sharing of relevant medical data and other information related to health. This allows for a mutual and regularly scheduled electronic exchange of medical information for wards of DCS and youth in foster care. This information is used to enhance detail already contained in the electronic health record or Medical Passport for each youth and assists in ensuring that all youth in foster care receive the most appropriate medical care possible.

Initial and Follow-Up Screenings

Efforts to improve health outcomes for DCS children and youth in foster care are supported through improved consistency and the frequency of initial and follow-up health screens. Improvement is being addressed by implementing statewide use of a standardized assessment tool by all DCS Family Case Managers, as well as increasing the frequency of youth receiving an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) screen.

The Child and Adolescent Needs and Strengths (CANS) Assessment

To improve consistency and provide for better mental health outcomes for children and youth in the care of DCS, DCS partnered with the FSSA Division of Mental Health and Addictions to implement the Child and Adolescent Needs and Strengths (CANS) Assessment Comprehensive tool. The CANS is one of a group of Transformation Collaborative Outcome Management (TCOM) tools that was developed by John Lyons, PhD, University of Kentucky College of Public Health, formerly at the University of Ottawa, in collaboration with stakeholders across multiple states.

In January 2008, DCS contractually required that DCS licensed residential providers administer the age-appropriate CANS assessment unless an assessment had been completed on the child within 30 days of admission by another qualified resource (most often a mental health provider). In August of 2009, DCS began the implementation of the CANS Pilot Protocol by DCS Family Case Managers (FCMs), with the statewide rollout completed in April 2010.

Statewide use of the CANS allows DCS to identify and document the level of impairment the child and their caregiver(s) are experiencing due to the specific needs. It is the basis for planning individualized interventions for the child and their caregiver(s). The implementation of the CANS provides a more uniform initial assessment of social, emotional, and behavioral needs of DCS wards. The CANS assessment plays a critical role in informing decision-making regarding the type and level of placement when the decision to place a child outside of their home. The CANS assessment is completed in collaboration with the Child and Family Team members, by FCMs who have been certified through the Praed Foundation.

In 2012, DCS developed three (3) CANS Consultants who provide Education and Support to field staff and all levels of management to ensure a consistent understanding in administering the CANS. These CANS Consultants received specialized training from Dr. Lyons in 2014 and are certified CANS Trainers.

There are two CANS tools, known at the time of this update as the CANS-EC Birth to 5 tool and the CANS 6+ tool with multiple life domains to explore a wide range of needs that should be assessed in a way that is age and culturally sensitive. DCS previously used both the Short CANS and Comprehensive CANS. In 2014, DCS eliminated use of the Short CANS, as it did not provide a comprehensive and trauma informed understanding of the child and caregivers' needs.

Below please find a summary of the DCS policy requirements for CANS completion.

Initial CANS Assessments

DCS will complete an initial CANS assessment:

- On every child 3 years of age and under when CA/N is substantiated without opening a case;
- Prior to the development of a program of Informal Adjustment/Prevention Plan;
- Within 5 days of a removal for Out-of-home CHINS cases; and
- Prior to the development of a Case Plan/Prevention Plan for In-Home CHINS cases.

CANS Reassessments

DCS will continue to complete a CANS reassessment at a minimum of every 180 days and at case junctures (i.e. any significant new information regarding the child or caregiver's strengths or needs that may require a change in intervention) throughout the life of the CHINS case. A CANS must be completed at case closure unless one has been completed in the past 30 days.

CANS Assessment information regarding an individual child is used by residential providers, children and families, DCS FCMs, and other members of the Child and Family Team to plan appropriate interventions, monitor progress, and adjust intervention plans based on the child and family's needs and strengths. The CANS guides the FCM and the Child and Family Team in deciding what type of behavioral health services the child needs and what level of placement best suits the child's needs. All needs interfering with functioning must be addressed in the Care Plan developed as a part of the four-step Care Management Model.

Early and Periodic Screening Diagnosis and Treatment

DCS strives to make certain that every DCS child or youth in foster care has an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) evaluation completed by an approved physician. This practice is supported by DCS Policy 8.29 -Routine Health Care – which addresses continuity of healthcare services to vulnerable children, as well as requires DCS to facilitate the provision of a general health exam, consistent with the HealthWatch/EPSDT screening protocols, to all children in out-of-home care within 10 business days of placement.

To maximize the developmental capacities of all children, regardless of circumstance and in compliance with Federal guidelines, Indiana provides EPSDT services for children and young adults enrolled in a Medicaid health insurance program. In Indiana, these services are provided through the HealthWatch/EPSDT Program.

The HealthWatch/EPSDT program screening includes:

- Comprehensive health and developmental history, including assessment of both physical and mental health development;
- Comprehensive unclothed physical exam;
- Appropriate immunizations according to age and health history;
- Laboratory tests including a lead toxicity screening;
- Nutritional Assessment;
- Health Education, including anticipatory guidance;
- Vision screens;
- Hearing screens; and
- Dental screens.

The HealthWatch/EPSDT program facilitates the provision of timely and responsive health care to Medicaid recipients' ages birth through 21 years old, capturing much of the child population with whom DCS is involved. Implemented through initial and subsequent periodic health screenings consistent with the recommendations of the American Academy of Pediatrics (AAP), the HealthWatch/EPSDT Program is designed to mitigate the risks of long-term impairment through the earliest possible detection and treatment of medical, developmental, and psychological conditions.

DCS FCMs often work with a Care Coordinator through *Care Select* to assist in finding an approved physician for conducting the EPSDT screens. The information from the EPSDT screen is then incorporated into the youth's Care Plan developed as a part of the four-step Care Management Model.

Monitoring and Treatment of Health Needs

Screening

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. The information gathered through the CANS and EPSDT screens will be incorporated into each youth's Case Plan. Driven by the Case Plan, the FCM, Child and Family Team, and Care Coordinator (for those in *Care Select*) take the necessary steps to meet the child's physical, mental, dental, visual, auditory, and development needs. In addition to, and in conjunction with, the child's Care Management Plan, DCS will ensure:

- A general health exam within 10 business days of placement.
- An initial dental exam and cleaning is scheduled no later than six months after the date of the child's last known exam and cleaning. If no records exist, the child will receive an initial exam and cleaning within 90 days of placement.
- A hearing exam is conducted every 12 months for children with corrected hearing or as recommended by the child's physician.
- FCMs complete at least annual health care surveys to ensure the youth's physical, hearing, and vision exams occur and provide updates from these screenings.
- DCS will ensure the implementation of protocols to prevent inappropriate diagnoses per SEC.50743 of the Family First Prevention Services Act.
- The Child and Family Team is empowered to assist in the on-going monitoring and treatment of the youth.

DCS has implemented an Integrated Care Team comprised of Licensed Clinicians throughout the state supervised by a Licensed Clinician. The Integrated Care team is available to consult with the FCMs on the medical and emotional needs of the youth.

DCS Clinical Services Specialists are available to provide consultation for those youth and families with complex trauma histories. The Clinical Services Specialist provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One of the key roles of the Clinical Services Specialist is to work with contractual providers to help ensure delivery of evidence based, trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Clinical Services Specialist may be utilized any time that DCS has a question about the mental health needs of a child or family. Another key role of the Clinical Services Specialist is to help assess for the need for residential treatment.

DCS screens all youth entering foster care using the CANS-Trauma Module to identify trauma-related needs associated with a child's maltreatment and removal from the home. Youth who score a "3" on the CANS "adjustment to trauma" item may be referred to a DCS mental health contractor for a trauma assessment or therapy, or the child's FCM may submit a referral for a clinical consultation to determine

the best course of treatment. Recommendations from the clinical assessment are incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services.

Trauma-Informed Services

DCS continues to offer a “Trauma-Informed System of Care” training curriculum in collaboration with the Indiana University School of Social Work (and based on The National Child Traumatic Stress Network (NCTSN) materials). This training is available to staff, as well as, utilized in RAPT for foster parent training.

At the programmatic level, DCS requires contractual providers to include trauma-informed care as a “core competency” in their programs and services. For additional information on the evidence-based, trauma-informed service array and associated provider trainings, please see Section V, A (2), Preservation and Reunification Services in the 2020-2024 Child and Family Services Plan.

DCS continues to collaborate with the Indiana Community Mental Health Centers (CMHC). Multidisciplinary group meetings continue to occur monthly or more frequently with a focus on improving access and effectiveness of services for DCS clients.

Maintaining the Medical Record

DCS maintains written and electronic (detailed in Technical Framework section) documentation of healthcare services received by wards of DCS and youth in foster care.

A written summary of the child’s medical history is included in each child’s Case Plan. All children who are placed in out-of-home care are issued a Medical Passport, as well as additional forms for authorization for medical services; consent to release mental health and addiction records, record of medical treatments, and a log of medical treatment. These forms are included with the Medical Passport. The Medical Passport is the place of record for a broad range of health care services, including medical, dental, mental health, developmental, vision, hearing and speech care. The Medical Passport remains with the child and in the possession of the resource family throughout all out-of-home placements.

DCS requires the child’s resource family, to work with the family case manager, to keep the child’s Medical Passport up-to-date with the child’s most recent healthcare information. Additionally, DCS keeps a separate record of the child’s healthcare information in the child’s medical section of our system of record, the Management Gateway for Indiana’s Kids (MaGIK). When the child achieves permanency (e.g., reunification, adoption), DCS requires that the permanent caregiver or the child, if released from substitute care after his or her 18th birthday, receives the Medical Passport. Indiana is in the process of developing a new Comprehensive Child Welfare Information System (CCWIS) called I-KIDS. This system plans to incorporate a Medical Passport portal to be used for health/medical documentation. A live date for this system is not yet available.

DCS completed an MOU with the Indiana Office of Medicaid Planning and Policy (OMPP) which, allows for the exchange of medical claim history from the Medicaid system to DCS’ MaGIK system. Working towards the ability to allow FCMs to view wards’ medical events such as doctor visits, ER visits, prescriptions, and immunizations by selecting the appropriate medical screen in MaGIK. The DCS

technical team is currently working with the technical team from OMPP to establish the framework to allow this information sharing to occur as DCS builds CCWIS.

Continuity of Health Care Services

To ensure the continuity of health care services for DCS foster children and youth with significant mental or medical needs, DCS has worked in collaboration with FSSA to implement the use of a Care Management Model. As discussed above MCE Care Coordinators work in a collaboration with the youth, the Primary Medical Provider, the Family Case Manager, the resource family or caregiver, the Child and Family Team, and other stakeholders to implement the individualized health care plan the youth. Additionally, Indiana's system of care provides that each child is linked to a Primary Medical Provider (PMP) who becomes the child's Medical Home enhancing continuity of care.

Oversight and Monitoring of Prescription Medication

Informed and Shared Decision Making

DCS Policy 8.30 – Psychotropic Medication – addresses current procedures for handling of psychotropic medication for DCS foster children and youth who are in out-of-home placement. By policy, DCS requires that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out of home care is placed on psychotropic medication. DCS provides an exception to the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. The child is admitted for acute psychiatric treatment; or
5. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent, a Child and Family Team Meeting (CFTM) is convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no other form of intervention will mitigate the danger. Notification for one-time doses or consent for ongoing administration must be made/obtained within 24 hours of administering the initial dose of medication.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication. Including a referral to PMAC for a review of requests for consent of psychotropic medications (see below for description).

Information about all medications is maintained in child's Medical Passport. In addition to the information maintained in the Medical Passport, oversight of prescription medications will be enhanced through DCS' collaboration with OMPP in developing the technical framework for sharing relevant medical data electronically. The monthly electronic exchange will include information regarding prescription medications. This will allow for oversight as well as the opportunity for enhanced case management to improve health outcomes for wards, foster and adoptive children.

Psychotropic Medication Advisory Committee (PMAC)

The Indiana Psychotropic Medication Advisory Committee (PMAC) was initiated in January 2013, to provide oversight and guidance for psychotropic medication utilization among DCS-involved youth. This committee includes representatives from Indiana University Department of Psychiatry, DCS, OMPP, DMHA, pediatricians, social workers, psychologists, pharmacists, child advocates and other identified stakeholders. The advisory committee monitors Federal legislation, reviews best-practice guidelines for psychotropic medication use, monitors Indiana prescription patterns, reviews formularies and makes policy recommendations to DCS. Specific responsibilities of the committee include the following:

- Review the literature on psychotropic medication best practice (e.g., AACAP) and provide guidance to DCS, OMPP, IUSM and prescribing providers;
- Provide assistance to DCS in establishing a consultation program for youth in state care who are prescribed psychotropic medications;
- Publish guidelines for the utilization of psychotropic medications among DCS-involved youth, with revisions made on a semi-annual basis, as needed;
- 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.

Psychotropic Medication Guidelines for Youth in Care

This document was developed in 2014 by the Psychotropic Medication Subcommittee of the PMAC (Leslie Hulvershorn, MD, DMHA – Chair), with input and guidance from a wide variety of medical and behavioral health professionals across the state. The Guidelines provide “best practice” recommendations for the use of psychotropic medications in child and adolescent populations, including research-based dosage parameters, “red flag” indicators, etc.

The Guidelines were recently updated and approved on 4/23/2023 to reflect the updated Texas Parameters (Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care 6th Version). A copy of the updated Guidelines will be posted on the DCS internet site, under the Psychotropic Medication link (<http://in.gov/dcs/3635.htm>) once it is finalized. DCS requires all contracted providers to adhere to the Guidelines when using psychotropic medications with our youth. In addition, the Guidelines have been approved by the Mental Health Quality Assurance Committee (FSSA) and are being considered for broader adoption with all Medicaid-eligible youth in Indiana.

Mental Health/Trauma Screening

All DCS youth are screened using the CANS upon entry into the system and at critical case junctures thereafter. The CANS identifies mental health needs, and a placement algorithm is used to generate a level of care recommendation. In addition, all youth entering the foster care system receive a comprehensive mental health evaluation within the first 30 days of placement. To identify trauma-related needs associated with a child’s maltreatment and removal from the home, DCS will screen all youth entering the system using the CANS-Trauma Module. This is one section of the CANS assessment that specifically addresses trauma. Youth who score a “3” on the CANS “adjustment to trauma” item may be referred for a trauma assessment with one of our contractual providers, or the case may be

staffed with a member of the Clinical Resource Team to determine the best course of treatment. Recommendations from these clinical assessments will be incorporated into the DCS case plan, including any recommendations for specific, trauma-informed services. Training materials have been developed regarding the reliable rating of trauma needs using the CANS, and all DCS Family Case Managers have been trained on these measures.

Assessment

All children should receive a comprehensive health evaluation and identification of acute medical problems prior to the administration of psychotropic medications. The physical evaluation is performed by a physician or other healthcare professional qualified to provide this service. Except in the case of an emergency, consent for psychotropic medication will not be provided until the child has received a thorough health history, psychosocial assessment, mental status exam and physical exam. In some cases, medical problems mimic and/or occur co-morbidly with psychiatric disorders. In those instances, the identification of target symptoms will be critical. When pharmacologic intervention is identified as part of the treatment plan, considerations such as diagnostic medical evaluations, drug-drug interactions, polypharmacy, treatment compliance, informed consent, and the safe storage and administration of medications will need to be documented.

The assessment of a medication trial is facilitated by the initial identification of target symptoms and the regular evaluation of those target symptoms. Secondly, the consideration of ongoing life events, particularly in children and adolescents, is essential in assessing benefits of medication. Removal from the home, a change in living situation, physical illness, parental functioning, traumatic events, etc. can all impact functioning and can confound the evaluation of a medication trial. Thirdly, compliance may need to be investigated through pharmacy records or medication administration records in order to clearly assess efficacy of a medication trial. Once an informed decision is made about a particular medication, changes in the treatment plan may be necessary, including changes in medication regime, adjustment in non-pharmacologic treatment strategies, and re-evaluation of the diagnosis.

In children and adolescents, re-evaluation of the working diagnosis is critical not only when there is a lack of treatment response, but in other situations as well. By nature, children and adolescents are developing and changing during treatment. Longitudinal information may become available revealing temporal patterns of functioning that may alter the initial diagnosis. In addition, the successful treatment of one disorder may then expose an underlying co-morbid disorder that requires treatment. Ultimately, the resolution of a disorder or the ineffectiveness of a medication requires the medically supervised discontinuation of medications. Because withdrawal or discontinuation effects may arise and confound the clinical picture, ongoing assessment is vital to sort out the illness from the medication effects.

Psychotropic Medication Consultation

The IU Psychotropic Medication Consultation Program was initiated on June 1, 2015. The Indiana University School of Medicine Department of Psychiatry was contracted by DCS to monitor and optimize psychotropic medication use in the out-of-home CHINS population by reviewing outlier cases. Outlier cases are those deemed potentially problematic, utilizing criteria developed by the Indiana Psychotropic Medication Advisory Committee (PMAC) and outlined in the 2020 Guidelines. IU psychiatrists provide

tiered consultation to prescribing providers in those instances where an outlier has been identified. IU may choose to conduct a review of records, a review of records with follow-up questions for the prescribing provider, or a direct physician to physician consultation in instances where there are significant concerns regarding the medication use and regimen. In addition, the IU Consultation Program employs two part-time clinical psychologists to provide comprehensive assessments when there is diagnostic uncertainty, to consult with existing providers, and to provide behavioral support to caregivers. In 2021, a process was added for IU to consult on requests for new psychotropic medication. The prescribing physician is asked to provide additional information about the request, the Nurse Consultant sends the referral and request to IU who provides a recommendation within one business day of receiving it.

As part of the DCS contract with IU, a Program Evaluation Team (PET) has been established – under the direction of Dr. Brea Perry from Indiana University, Bloomington – to review monthly evaluation data. The PET aggregates and analyzes data to determine changes that have occurred as a result of program reviews and consultation with prescribing providers. Brea Perry, PhD, Indiana University Sociology Department, completed a two-year evaluation of the effectiveness of the DCS Psychotropic Consultation Program, utilizing program data from 6/1/15 through 7/1/17. For those cases selected for peer-to-peer review, the top three concerns cited by the IU reviewing clinicians included concurrent prescription of four or more psychotropic medications, inadequate monitoring of lab tests, and insufficient evidence for a particular agent. In terms of provider response to consultation, 87% agreed with the recommendations provided by IU, while only 6% disagreed. In addition, the consulting IU physicians had no remaining concerns in a majority of cases following the intervention (80%).

Outcomes from the two-year evaluation were overwhelmingly positive and included the following:

- Average number of psychotropic medications prescribed (for cases receiving consultation) declined from four to about one;
- Use of six or more prescriptions concurrently decreased from 0.50 to 0.004;
- Use of potentially unsafe, off-label medication fell from 0.50 to 0.07;
- Acute psychiatric hospitalization among youth with more severe psychiatric problems fell from 0.50 to 0.003;
- Average monthly healthcare expenditures declined from an estimated \$20K to \$5K; and
- The number of outlier cases meeting criteria for review declined consistently from a high of 99 in September 2015 to a low of 20 in June, 2017.

As of 12/31/2021, IU processed a total of 2263 outlier cases and had completed 737 peer-to-peer reviews with 68 follow up reviews (to address remaining concerns) and 38 quick referrals. The most prevalent concern cited by reviewing physicians was medication quantity, and specifically, four or more psychotropic medications being prescribed simultaneously. The second most common reason for concern was the medication not being appropriate for the child's diagnosis, followed by inadequate documentation and inadequate monitoring of lab results. With respect to provider response, in 94% of cases reviewed the prescribing physician agreed with the IU recommendations, indicating substantial agreement between IU consultants and prescribing physicians about next steps toward bringing the medication regimen in line with PMAC criteria. DCS receives a monthly report regarding concerns and discusses this during the quarterly PMAC meetings.

During 2023, IU processed a total of 290 outlier cases for the year. They conducted 42 peer-to-peer reviews. There were 23 direct referrals and 15 quick reviews. The most prevalent concerns noted were related to polypharmacy being prescribed outside the DCS psychotropic medication guidelines. The PMAC team had 14 different prescribers in 2023 who did not want to respond in the requested peer reviews. These prescribers have been followed up on and resolved by the PMAC team to continually encourage the review of these situations outside of the guidelines. The Integrated Care Manager works directly with the IU PMAC reviewers to ensure they have the information needed for their reviews and that we follow up with prescribers working with our DCS involved youth. PMAC continues to have physician to physician consultation, and if a provider continues with the concerning practice, then DCS finds a different provider. This is handled on a case-by-case basis. PMACs recommendations go to the FCM and DCS Clinical Services Specialist for additional follow up regarding services and lab work.

Guidelines for Safe Utilization of Psychotropic Medications

In order to safeguard the health and welfare of DCS youth who are prescribed psychotropic medications, the following guidelines have been adopted in the *Psychotropic Medication Guidelines for Youth in Care with Indiana's Department of Child Services*:

General Principles:

1. In the state of Indiana, a comprehensive evaluation prior to the use of medications should be performed by a licensed professional *or a qualified professional under the supervision of a licensed professional*.
2. To clarify, a physical examination is not typically completed by a child psychiatrist or necessarily required for the use/start of psychotropic medications (excluding evaluation for extrapyramidal or other movement side effects). If warranted, it is the responsibility of the evaluating mental health professional to refer the child for a physical examination.
3. A standardized trauma assessment (e.g., CANS, Trauma Symptom Checklist) is preferred for clinical assessment of exposure of trauma and maltreatment. For youth with more extensive trauma histories, a comprehensive trauma assessment may be recommended by DCS. The service standard for comprehensive trauma assessments can be found at <http://www.in.gov/dcs/3159.htm>.
4. In addition to the need to identify DSM-5 diagnoses to direct treatment, diagnoses outlined in the relevant version of the International Classification of Diagnoses (e.g., ICD-10) are also appropriate.
5. In addition to diagnoses, benefits/risk, lab findings, adverse events, alternatives, and risks of no treatment, informed consent should also include a discussion of possible medication interactions.
6. If a non-child psychiatrist is treating a child and they are not improving Texas Parameters recommend referral to be initiated. We would like to clarify that the window for expected improvement for most childhood psychiatric disorders is 3 months.
7. When treating youth with medication for aggression, Texas Parameters recommend a slow taper with discontinuation every 6 months. To clarify, youth with aggression resulting from any of the following disorders should be given an opportunity for a taper: oppositional defiant disorder, conduct disorder, disruptive mood dysregulation disorder, developmental disabilities

and autism spectrum disorder. We would like to further note that such tapers may not be routine in current clinical practice, but they are now highly recommended.

Medication-Specific Recommendations:

1. Although short acting alpha agonists for use in the treatment of ADHD and tics are not FDA approved, they remain the recommended first line agents.
2. Tapering antipsychotics in children may require longer than a four (4) week period.
3. See Tables for additions (See the full report from Indiana 2018 Guidelines here: [https://www.in.gov/dcs/files/Indiana%20Psychotropic%20Medication%20Guidelines%20\(2018%20Update\).pdf](https://www.in.gov/dcs/files/Indiana%20Psychotropic%20Medication%20Guidelines%20(2018%20Update).pdf), tables for additions are located on pages 9-14)
4. Routine lipid screening is recommended to be every year, rather than every 6 months, as outlined in the Texas Parameters. If abnormal values are detected, more regular monitoring (every 3-6 months) are recommended.
5. Fasting lipids and glucose are recommended to be checked on every pediatric patient prior to starting (or at first contact if medication has already been started) medications known to impact these labs (e.g., antipsychotics).
6. Evaluation of blood pressure, heart rate, weight and height is recommended for every medication monitoring visit and initial evaluation.
7. Clomipramine is only recommended for obsessive compulsive disorder if the child or adolescent has failed to complete trials of serotonin reuptake inhibitors.
8. Due to concerns about the potential for cardiac conduction abnormalities citalopram should not be prescribed at doses greater than 40 mg daily.
9. Orap should only be used for the treatment of tics if Haldol use was a failure or intolerable.
10. Aripiprazole dosage for the treatment of tics will follow package instructions.

Guidelines retained from the Texas Psychotropic Utilization Parameters for Youth in State Care (Texas Parameters):

- A DSM-5 psychiatric diagnosis should be made before the prescribing of psychotropic medications.
- Clearly defined target symptoms and treatment goals for the use of psychotropic medications should be identified and documented in the medical record at the time of or before beginning treatment with a psychotropic medication. These target symptoms and treatment goals should be assessed at each clinic visit with the child and caregiver.
- Whenever possible, standardized clinical rating scales (clinician, patient, primary caregiver, teachers, and other care providers) or other measures should be used to quantify the response of the child's target symptoms to treatment.
- In making a decision regarding whether to prescribe a psychotropic medication in a specific child, the clinician should carefully consider potential side effects, including those that are uncommon but potentially severe, and evaluate the overall benefit to risk ratio of pharmacotherapy.
- Except in the case of an emergency, informed consent should be obtained from the appropriate party(s) before beginning psychotropic medication. Informed consent to treatment with psychotropic medication entails diagnosis, expected benefits and risks of treatment, including common side effects, discussion of laboratory findings, and uncommon but potentially severe

adverse events. Alternative treatments, the risks associated with no treatment, and the overall potential benefit to risk ratio of treatment should be discussed.

- Whenever possible, trauma-informed, evidence-based psychotherapy, should begin before or concurrent with the prescription of psychotropic medication.
- Before starting psychopharmacological treatment in preschool-aged children even more emphasis should be placed on treatment with non-psychopharmacological interventions.
- Medication management should be collaborative. Youth, as well as caregivers, should be involved in decision making about treatment, in accordance with their developmental level.
- During the prescription of psychotropic medication, the presence or absence of medication side effects should be documented in the child's medical record at each visit.
- Appropriate monitoring of indices such as height, weight, blood pressure, or laboratory findings should be documented.
- Monotherapy regimens for a given disorder or specific target symptoms should usually be tried before polypharmacy regimens.
- Medications should be initiated at the lower end of the recommended dose range and titrated carefully as needed.
- Only one medication should be changed at a time, unless a clinically appropriate reason to do otherwise is documented in the medical record. (Note: starting a new medication and beginning the dose taper of a current medication is considered one medication change).
- The use of "prn" or as needed prescriptions is discouraged. If they are used, the situation indicating need for the administration of a prn medication should be clearly indicated as well as the maximum dosage in a 24 hour period and in a week. The frequency of administration should be monitored to assure that these do not become regularly scheduled medications unless clinically indicated.
- The frequency of clinician follow-up should be appropriate for the severity of the child's condition and adequate to monitor response to treatment, including: symptoms, behavior, function, and potential medication side effects. At a minimum, a child receiving psychotropic medication should be seen by the clinician at least once every ninety days.
- The potential for emergent suicidality should be carefully evaluated and monitored, particularly in depressed children and adolescents as well as those initiating antidepressants, those having a history of suicidal behavior or deliberate self-harm and those with a history of anxiety or substance abuse disorders.
- If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or a general psychiatrist with significant experience in treating children, should occur if the child's clinical status has not shown meaningful improvement within a timeframe that is appropriate for the child's diagnosis and the medication regimen being used.
- Before adding additional psychotropic medications to a regimen, the child should be assessed for adequate medication adherence, appropriateness of medication daily dosage, accuracy of the diagnosis, the occurrence of comorbid disorders (including substance abuse and general medical disorders), and the influence of psychosocial stressors.
- If a medication has not resulted in improvement in a child's target symptoms (or rating scale score), discontinue that medication rather than adding a second medication to it.
- If a medication is being used in a child for a primary target symptom of aggression associated with a DSM-5 non-psychotic diagnosis (e.g., conduct disorder, oppositional defiant disorder,

intermittent explosive disorder), and the behavior disturbance has been in remission for six months, then serious consideration should be given to slow tapering and discontinuation of the medication. If the medication is continued in this situation, the necessity for continued treatment should be evaluated and documented in the medical record at a minimum of every six months.

- The clinician should clearly document care provided in the child's medical record, including history, mental status assessment, physical findings (when relevant), impressions, rationale for medications prescribed, adequate laboratory monitoring specific to the drug(s) prescribed at intervals required specific to the prescribed drug and potential known risks, medication response, presence or absence of side effects, treatment plan, and intended use of prescribed medications.

A more detailed version of these parameters can be found here:

https://www.dfps.state.tx.us/Child_Protection/Medical_Services/documents/reports/2016-03_Psychotropic_Medication_Utilization_Parameters_for_Foster_Children.pdf

Additional Recommendations:

1. Rating scales used to identify response to treatment can be identified in numerous sources. A large number of evidence-based assessment tools are available free of charge for provider use in the DSM-5 (www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures).
2. Given problematic weight gain among youth on psychotropic agents, diet and exercise counseling with referrals to primary care physicians, dietitians and specialized pediatricians are recommended for any child with weight changes, ideally early in the treatment course.

Data Management

DCS has an MOU with FSSA to share Medicaid claims data, including psychotropic medication data. As part of the MOU, OMPP produces monthly utilization reports for the out-of-home CHINS population. These reports capture psychotropic medication prescriptions on a "real time" basis, allowing for identification of cases that fall outside of best practice parameters. The monthly utilization reports identify all "red flag" outliers listed in the Guidelines (including names of the prescribing providers), and this information is used by the IU Consultation Program to select cases for review. The utilization reports are also used to generate a monthly psychotropic medication report card, allowing for comparison of Indiana psychotropic medication rates vs. other states.

"Red Flag" Indicators

The Indiana PMAC has established "red flag" indicators based on the American Academy of Child and Adolescent Psychiatry practice parameters (AACAP, 2009) and the Texas Psychotropic Medication Utilization Parameters for Foster Children (2016). DCS "red flag" indicators are listed in Table 1. Any youth who meets one or more of these criteria may be referred to the IUSM Department of Psychiatry Consultation Team for case review and follow up.

DCS "Red Flag" Indicators

1. Absence of a complete DSM-5 (or comparable ICD-10) diagnosis in the youth's medical record
2. Four (4) or more psychotropic medications prescribed concomitantly

3. Any psychotropic medication prescribed to a child less than one (1) year of age
4. Prescribing of:
- Stimulants to a child less than three (3) years of age
 - Antipsychotics to a child less than four (4) years of age
 - Antidepressants to a child less than four (4) years of age
 - Mood stabilizers to a child less than four (4) years of age
5. The psychotropic medication dose exceeds usual recommended doses (FDA and/or literature based maximum dosages).
6. The prescribed psychotropic medication is not consistent with the appropriate care for the patient's diagnosed mental disorder or with documented target symptoms usually associated with a therapeutic response to the medication prescribed.
7. Psychotropic polypharmacy (2 or more medications) for a given mental disorder is prescribed before utilizing psychotropic monotherapy.
8. Prescribing of:
- Two (2) or more concomitant stimulants*
 - Two (2) or more alpha-2 agonists, including the combination of short- and long-acting agents (i.e. clonidine ER plus clonidine immediate release)
 - Two (2) or more concomitant antidepressants
 - Two (2) or more lithium-based agents
 - Three (3) or more concomitant lithium-based mood stabilizers or other mood stabilizers (e.g., anticonvulsants)
 - Two (2) or more antipsychotics
 - Three (3) or more sedative-hypnotics
 - Two (2) or more benzodiazepines
 - Any long acting injectable antipsychotic
 - Excessive (2 weeks of 4 or more days with PRN use) or inappropriate (3 or more at once; high dose) PRN medication use
- *The prescription of a long-acting stimulant and an immediate release stimulant of the same chemical entity (e.g., methylphenidate) does not constitute concomitant prescribing.
9. Use medications (in a particular age range, when specified) when no evidence exists to support their use for psychiatric indications:

Education and Training

The PMAC has developed a psychotropic medication training curriculum for DCS staff and other key stakeholders across the state. The training curriculum includes information about best practice guidelines, current psychotropic utilization trends and issues unique to youth in the child welfare system. On an annual basis, the PMAC develops a training plan to provide education on psychotropic medications for DCS staff, residential and community-based providers, foster parents, child advocates (e.g., CASA/GAL), and other child welfare stakeholders. In addition, the Psychotropic Medication curriculum was posted on the DCS internet site, under the Psychotropic Medication link. In 2023, PMAC completed live quarterly trainings for all DCS field staff regarding the PMAC program, what they need to know about psychotropic meds and how to refer for PMAC reviews to occur for complex DCS youth.

Information Portal

DCS has developed a psychotropic medication information portal through the DCS internet site. The site can be found by clicking the “Psychotropic Medication” link in the left-hand column of the DCS internet site. The information portal includes an overview of the DCS psychotropic medication initiative, contact information, copies of the Guidelines, and links to relevant research, resources and Federal legislation. The information portal also includes links to relevant state agencies and resources for providers (e.g., Medicaid, Managed Care, etc.).

Ongoing Monitoring for Individual Youth in Foster Care

DCS facilitates ongoing communication, through the Child and Family Team Meetings, case staffing, (Strategic) Permanency Roundtables and other venues, between the youth, parent/guardians and others who understand the youth’s behavioral/emotional needs best. This communication is intended to ensure a) that psychotropic medication effectiveness is monitored, b) that treatment is appropriate to the youth’s needs, c) that treatment includes the family and/or other essential connections, d) that treatment builds upon the youth’s strengths, and e) that permanency planning is incorporated into treatment.

Pediatric Evaluation and Diagnosis (PEDS)

DCS has continued to expand and update the Pediatric Evaluation and Diagnosis (PEDS) program which was extended for a new four-year contract. The program is administered by the IU Child Protection Program Staff within Riley Hospital for Children and has been a service to DCS since 2008. The physicians within this program are board certified physicians in Pediatrics with the accredited subspecialty in Child Abuse Pediatrics.

The goal of the PEDS Program is to provide expert knowledge and consultation regarding medical issues and /or questionable injuries to children when the current information available renders it difficult for us to determine if abuse or neglect was the cause of injury. Since the inception of the PEDS program, we have witnessed an increased volume of cases which has resulted in the overall success of the program. Its success is noted by actual lives saved as determined by the PEDS physicians. The actual data of this program is gathered and reported to DCS quarterly.

The PEDS program entails two types of referrals: Mandatory and Non-Mandatory. Mandatory referrals are any allegation of a suspected injury to the head or neck of a child less than 6 years old; and any allegation of a bone fracture or burn to child under the age of 3. This age group is susceptible to inflicted injury, and having additional injuries that aren’t easily recognizable without specific medical evaluation. In addition, many physicians report young children with fractures but are unable to provide an opinion about the likelihood of abuse. The child abuse pediatricians and IUCPP staff are ready to take on the evaluation of fractures and burns in these young children.

Non-Mandatory referrals are all the other referrals that do not fall within the guidelines of Mandatory referrals. The PEDS program is also utilized in this manner as a resource in medical diagnosis, assessment, and determination of possible accidental injuries and medical conditions.

The Pediatric Center of Hope is part of the IUCPP that handles sexual abuse. A PEDS referral is not the same as a referral for a sexual abuse exam / consultation to the Pediatric Center of Hope. Many Indiana Regions have plans in place with local Child Abuse Centers (CAC) for sexual abuse evaluations.

A new component of the PEDS contract allows the Indiana University Child Protection Program (IUCPP) to provide certain education and training for Indiana physicians on child abuse and neglect identification and reporting, as well as providing training and education to certain secondary level community physicians so that they are available to DCS for medical evaluations and related services. These sub-contracted physicians are called Doctors for Indiana Child Abuse Screening and Education (Docs INCASE).

DCS is currently collaborating with the Indiana State Department of Health (ISDH) who works with local fatality teams to create Community Action Teams. These teams are multidisciplinary coalitions made up of agencies involved in family care, which includes but is not limited to professionals from the following fields; medical, social services, government and faith-based organizations. There are also online training modules, specifically Safe Sleep Practices: Reducing Sudden Unexpected Infant Death Module 1, located at the following website, <https://secure.in.gov/apps/fssa/childcare/portal/home>. The plan for this program continues to develop thru our collaboration / partnership with ISDH providing the staffing, program development, oversight, education / training and the data collection, evaluation and reporting components in order to ensure that all families have access to service; and by DCS providing the funding, technical support and assistance with program implementation.

Inappropriate Diagnosis Protocols

In order to monitor and treat emotional trauma associated with a child's maltreatment and removal, in addition to other health needs identified through screenings, DCS will screen all youth entering the system using the CANS-Adjustment to Trauma measure. To better serve youth and families with complex trauma histories, DCS developed and implemented an Integrated Care Team. This team consists of licensed mental health clinicians, based regionally throughout the state. The Integrated Care Team provides consultation to FCMs and local DCS offices on cases involving complex mental health, substance abuse and/or domestic violence issues. One role of the Integrated Care Team is to work with contractual providers to deliver evidence based, trauma-informed services and to develop trauma-informed treatment plans on a case-by-case basis. The Integrated Care Team may be utilized any time that DCS has a question about the mental health needs of a child or family.

To ensure that children in foster care are not being inappropriately diagnosed with a mental disorder that could preclude placement with a foster family, all youth being considered for out-of-home placement maybe staffed with a DCS Clinical Services Specialist, per DCS Policy 8.04 (Emergency Shelter Care & Urgent Residential Treatment). The Clinical Services Specialist will review treatment summaries, diagnostic evaluations and other relevant mental health records to ensure the child's mental health needs/symptoms are consistent with the recorded diagnosis. Any questions or concerns about a child's diagnosis may be staffed with the DCS Integrated Care Manager, who is a Licensed Clinical Social Worker (LCSW) in the state of Indiana. If questions remain after this staffing, the Integrated Care Manager will request additional diagnostic evaluation and/or consultation with the Indiana University Department of Psychiatry to clarify the child's diagnostic presentation.

Medical Coverage for Older Youth

DCS began Collaborative Care in 2012, which provides services and Medicaid for eligible youth from age 18 to age 21 and is available for former DCS foster children. DCS foster children may also remain foster children through age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continue to meet the eligibility requirements.

To ensure the Medicaid enrollment of all eligible wards, when a child is not IV-E eligible or loses IV-E eligibility for any reason, the MEU submits a transmittal, a Referral to Medicaid Foster Care Independence Program, proof of income (if applicable), and eligibility conditions (if applicable) to the Division of Family Resources (DFR). MEU serves as a single point of contact for DFR regarding questions or issues related to the child's Medicaid eligibility. The MEU intervenes if a child's eligibility has not been determined timely, there are questions, or there is negative result.

DCS has an extended foster care program, Collaborative Care (CC), which provides services and ensures youth between the ages 18 – 21 maintain Medicaid while in foster care. Collaborative Care is available to former DCS foster youth who aged out of foster care and meet the CC eligibility requirements. DCS foster children may also remain foster children through age 21. Adoption assistance and guardianship assistance are also available to age 20 if the youth continue to meet the eligibility requirements.

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 take action, 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 enroll 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 and;
- DCS to provide information concerning the individual's Medicaid enrollment 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 Medicaid on his/her 18th birthday and must be 18 - 26 years old. There are no income standards or resource requirements for this eligibility group.

In order to ensure that children aging out of the foster care system have the opportunity to discuss their future health care options, 90 days before the youth reaches age 18, the Family Case Manager (FCM)

will convene a Child and Family Team Meeting to complete the Transitional Services Plan portion of the Independent Living/Transition Plan.

DCS Policy 11.06 – Transition Plan for Successful Adulthood

The Transition Plan for Successful Adulthood (TPSA) is a comprehensive, written, plan, personalized for each youth and is used at each meeting with the youth and at each Child and Family Team meeting to guide the transition planning process with the youth. The TPSA is developed with the youth's participation. The TPSA must include information and specific options relating to the following:

1. Education and training;
2. Employment services and work force supports;
3. Housing, which may include a Transitional Living Placement when appropriate;
4. Health care, including prevention and treatment services and referral information;
5. Health insurance availability and options;
6. Local opportunities for mentors and continuing support services, including development of lifelong adult relationships and informal continuing supports;
7. Identification and development of daily living and problem-solving skills;
8. Procedures available under Indiana law for, and the importance of, stating in advance an individual's desires concerning:
 - a. health care treatment decisions if the individual is unable to participate in those decisions when required, and
 - b. designation of another person to make health care treatment decisions for an individual who is unable to make those decisions when required.
9. Availability of local, state, and federal resources, including financial assistance, relating to any parts of the plan described above.
10. Independent living services may include any of the following kinds of services that are intended to prepare the youth for self-support and living arrangements that are self-sufficient and not subject to supervision by another individual or institution:
 - a. Arrangements for and management of a transitional living placement for a youth who is seventeen (17) and six (6) months of age or older, if appropriate.
 - b. Activities of daily living and social skills training.
 - c. Opportunities for social, cultural, recreational, or spiritual activities that are designed to expand life experiences in a manner appropriate to the youth's cultural heritage and needs and any other special needs.
 - d. Matching of a youth on a voluntary basis with caring adults trained to act as mentors and assist the youth to establish lifelong connections with caring adults.

Pursuant to sections 4, 5, and 8, listed above, DCS will ensure the youth is provided information and education regarding the importance of designating a health representative to make health decisions and the importance of executing a health care power of attorney, health care proxy, or other similar document recognized under State law. The FCM will distribute an Advance Directives packet along with

the information letter at the Transition Planning meeting. The FCM will also ensure that the youth has the opportunity to view the Advance Directives information video.

The Advance Directives packet advises youth that DCS is providing health care decision forms for the youth to use, but that DCS cannot provide legal advice. It advises them to seek legal advice if they have any questions and that many local communities have bar associations that provide legal services for free or at a reduced cost and that they can access these services at the following link:

<http://www.indianalegalservices.org/providers>. Youth are also advised of services offered through Indiana Legal Services (ILS), which provides legal services to low-income individuals, and they are given their toll-free number, (800) 869-0212. They are also advised that they may ask their Family Case Manager to request that the Judge appoint a public defender to discuss these forms and answer any questions at the next court hearing.

**Indiana Department of
Child Services**

Emergency Operations Plan (EOP)



FFY 2024

– for official use only –

Introduction

The Indiana Department of Child Services (DCS) conducts essential operations in the event of an emergency or disaster. While the impact of any emergency or disaster cannot be predicted, planning for pertinent agency operations and functions under such conditions could mitigate negative impacts to DCS and the children and families served. Therefore, any emergency or disaster (directly or indirectly) affecting our staff, facilities, mission, and constituents' demands requires deliberate planning. The emergency operations plan (EOP) is a vital resource in providing essential services, maintaining vital records and systems, and continuing essential functions.

An EOP for DCS ensures essential operations and functions can be performed during an incident, emergency, or disaster. An incident is an occurrence by chance or due to a combination of unforeseen circumstances, which, if not handled in an appropriate manner, can escalate into an emergency or disaster. An emergency is a sudden, unexpected event requiring immediate action due to its potential threat to health and safety, the environment or property. A disaster is a sudden, unplanned event that causes great damage or serious loss to an organization. It results in an organization failing to provide critical business functions for a pre-determined minimum time period. Therefore, having an EOP prior to an event may likely mitigate or lessen the severity and increase the agency's capabilities to resume usual agency functions with minimal negative impact to our internal and external customers.

EOP distribution will be provided to those who are part of the orders of succession and will be delegated to respective agency authorities. A complete distribution list can be found in [Annex A](#) and [Annex B](#).

Recommended changes to this plan may be sent to Jessica Dugan and/or Lori Ahmed at Jessica.Dugan@dcs.in.gov and/or Lori.Ahmed@dcs.in.gov or call 317-234-5437 (KIDS).

Indiana Access to Public Records Act (APRA):

In response to a public records request under the APRA, Indiana Code 5-14-3, *et seq.*, DCS may exercise its discretion to withhold this document from public disclosure pursuant to Indiana Code 5-14-3-4(b)(19). If anyone requests a copy of this document, please refer them to the DCS communications director at DCS.Connection@dcs.in.gov and the DCS public records department at dcspublic.Recordsrequest@dcs.IN.gov.

Table of Contents

General Overview	4
Purpose and Activation of Emergency Operations.....	5
Scope.....	8
Responsibilities, Delegations of Authority and Succession Planning	9
Authorities and References	9
Emergency Management Cycle	10
Mitigation	10
Preparedness	11
Preparation for Incidents.....	11
Action Plans	13
Internal and External Incidents.....	13
Evacuation Procedures for Individuals With Disabilities	15
Response.....	17
Continuity of Operations	17
The DCS Incident Command Center Team	18
DCS Incident Command Center	21
Incident Command Center Location.....	21
Core Areas of Emergency Operations Plan.....	22
Emergency Response Role.....	22
Notification Process.....	28
Chain of Communications.....	29
Media Relations	30
Key Partners.....	30
Response Activation	30
Local Office Operations.....	30
Protocols for Supporting Children in a Temporary Disaster Shelter	30
Protocols for Supporting Employees.....	31
Operations During a Temporary Shutdown of Government	31
Recovery	32
Resuming Normal Office Operations.....	32
Accounting for Incident-Related Expenses.....	32
Internal Testing and Exercises	32
After-Action Report (AAR)	33
Annex A: Order of Succession.....	35
Annex B: Essential Personnel (Central Office)	36
Annex C: Essential Functions	37
Annex D: Essential Operations and Key Positions	39
Annex E: Regional Manager Map and Contact Information.....	40
Annex F: Sample DCS Local Office Emergency Operations Plan.....	41

Annex G: Child Placement Information for LCPAs & Resource Parents	42
Annex H: First Aid or Evacuation Kit	43
Annex I: Specific Incident Plan Protocols.....	44
Annex J: Surge Housing Process Map	52
Annex K: The DCS Incident Command System	53
Annex L: Indiana Department of Homeland Security Districts	54
Annex M: Sample Meeting Agenda for Incident Command Meetings	55
Annex N: Hotline Disaster Plan for Communication and Emergency Operations.....	56
Annex O: CSB Disaster Plan for Communication and Operations.....	59
Annex P: Key Contacts	61

General Overview

Government must provide public and private resources to alleviate suffering and aid citizens whose personal resources have been impacted by the effects of an incident. A consistent, well-defined approach with practiced procedures and organized structures is required to employ those resources in an organized and effective manner. This plan outlines procedures and organizational structures and assigns responsibilities to accomplish the mission of reorganizing and maintaining continuity of operations at the Indiana Department of Child Services (DCS) in the event of a single-incident emergency or a long-term emergency such as a pandemic. It is an operational guide, not an administrative plan, and does not describe how operations occur under normal circumstances and conditions. The responsibilities and coordination structures outlined herein align as closely as possible with day-to-day responsibilities, but their accomplishment during an incident must be coordinated.

At the federal level, the National Response Framework (NRF) is a guide to how the nation responds to all types of disasters and emergencies. It is built on scalable, flexible and adaptable concepts identified in the National Incident Management System (NIMS) to align key roles and responsibilities. The NIMS creates an environment of coordinated structures, capabilities and resources. The DCS EOP incorporates the principles of NIMS.

Planning is a continual process that draws upon what is learned over time by all who are involved in incident response. Improved understanding, broader knowledge and technological breakthroughs continue to improve the cooperation and coordination of effort. The NIMS incorporates policies and procedures that have been shaped by mutual experiences nationwide. The continual refinement of plans and procedures and the mandated use of NIMS will accommodate situational changes and promote preparedness for all kinds of emergency situations.

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 protect children while keeping families together whenever possible.

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

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:

- Child Safety
- Permanency
- Collaborative partnerships with foster and adoptive families
- Diversity, equity and inclusion
- A culture of safety and transparency
- Continuous improvement

DCS shall be responsible for providing child protection services under IC Article 31-25:

1. Providing and administering child abuse and neglect prevention services,
2. Providing and administering child services,
3. Providing and administering family services,

4. Providing family preservation services,
5. Regulating and licensing of childcare institutions, foster family homes, group homes and child placing agencies,
6. Administering the state's plan for the administration of the Title IV-D child support services of the Federal Social Security Act,
7. Administering foster care services,
8. Administering successful adulthood services,
9. Administering adoption and guardianship services,
10. Certifying and providing grants to youth service bureaus,
11. Administering the project safe program,
12. Paying for services and programs under IC 31-40, [and]
13. Obtaining on an annual basis a consumer report for each child at least 14 years of age who is in state foster care, pursuant to IC: 31-25-2-7.

DCS protects children from abuse or neglect and facilitates child support payments. Each state is federally required to have a single and separate organizational unit to administer Title IV-D child support services. In Indiana, the DCS Child Support Bureau (CSB) fills that role. CSB is responsible for paternity establishment, support order establishment (both child and medical support), modification, enforcement, and child support payment processing. While CSB is the single state agency responsible for administering the IV-D child support services program, it contracts through a cooperative agreement with the local county prosecutors who implement the program at the county level. CSB also has cooperative agreements with clerks of circuit courts and some county courts who have special hearing officers specifically to adjudicate Title IV-D child support cases. The primary constituents for the child support program are custodial parties and non-custodial parents who have requested services, custodial parties who currently or formerly received TANF, and intergovernmental cases.

DCS protects children who are victims of abuse or neglect and strengthens families through services focusing on family support and preservation. DCS also administers child support, child protection, adoption and foster care for all of Indiana's 92 counties. The DCS executive office is in the Indiana Government Center South at 302 West Washington Street, Room E306, Indianapolis, IN 46204, (317) 234-5437 (KIDS).

Purpose and Activation of Emergency Operations

The purpose of the EOP is for DCS to adequately mitigate, prepare for, respond to and recover from a disaster or emergency. This will be done to protect the health and safety of the staff and children we serve and is coordinated with other responding federal, state and local authorities and agencies.

The reason for the approach is to:

- Provide maximum safety and protection from injury and illness for clients and staff.
- Provide care promptly and efficiently to all individuals who we serve.
- Provide a logical and flexible chain of command to enable maximum use of resources.
- Maintain and restore essential services as quickly as possible following an emergency incident or disaster.
- Protect DCS property, facilities and equipment.

Executive management recognizes that the children in our care, the staff who serve these children, and the families of our staff are of primary concern during an incident. We support and encourage each

employee to develop a personal preparedness plan for their families in times that the staff member may have incident response duties with DCS. It is expected that all employees will be prepared and ready to fulfill their duties and responsibilities as part of the team to provide the best possible case management and fulfillment of normal operations of local offices.

DCS will work in close coordination with local health departments and other local emergency officials, agencies, and service providers to ensure our children are safe and cared for during emergency situations.

The primary goal of the DCS EOP is the continuation of organization-essential operations and functions. To accomplish the DCS mission, the agency must ensure its operations are performed efficiently with minimal disruption. This plan provides planning guidance for implementing the DCS EOP to ensure the organization can conduct its mission and functions under all potential threats and conditions. This EOP is to ensure the following 10 elements are addressed:

- Essential functions
- Orders of succession
- Delegations of authority
- Continuity facilities
- Continuity communications
- Records management
- Human capital
- Test, training and exercises
- Devolution of control and direction
- Reconstitution operations

To maintain accurate and up-to-date information, the DCS EOP should be reviewed annually. The EOP will be maintained by the DCS administrative services section. The continuity planning team will determine if the DCS emergency capabilities are sufficient and if the EOP meets all applicable state and federal guidelines. A review cycle is established to update internal directives, external rules and regulations for information that may impact the EOP.

The decision to activate the DCS EOP and any related actions will be tailored to the ongoing situation and based on projected or actual impacts. To support the decision-making process regarding plan activation, the DCS director, Chief deputy director/senior advisor, deputy director of field operations or designated successor may use the incident decision matrix to support the process.

Incident Decision Matrix		
	Work Hours	Non-Work Hours
Incident with Warning	- Is the threat aimed at the facility or surrounding area? - Is the threat aimed at organization personnel? - Are employees unsafe remaining in the facility and/or area?	- Is the threat aimed at the facility or surrounding area? - Is the threat aimed at organization personnel? - Who should be notified of the threat? - Is it safe for employees to return to work? When?
Incident without Warning	- Is the facility affected? - Are personnel affected? Have personnel evacuated or are they sheltering in place? - What are instructions from first responders? - How soon must the organization be operational?	- Is the facility affected? - What are the instructions from first responders? - How soon must the organization be operational?

Immediate Actions Upon Plan Implementation

Emergencies, with or without a warning, during work hours will be assigned a level of emergency, one through five. Emergencies, with or without a warning, during non-working hours will utilize the same classification system. The DCS executive leadership team (DCS director, Chief deputy director/senior advisor and deputy director of field operations) will also consider information from the Indiana State Police, Indiana Department of Homeland Security, Indiana State Department of Health and Indiana Department of Transportation when utilizing the incident decision matrix to activate the DCS EOP.

Level of Emergency	Impact on Agency and EOP Decision
1	Impact: Disruption of up to 12 hours, with little effect on services or impact to essential functions or critical systems. Example: Major accident on highway or transit system. Decision: No EOP activation required.
2	Impact: Disruption of 12 to 72 hours, with minor impact on essential functions. Example: Computer virus, small fire or moderate flooding. Decision: Limited EOP activation, depending on transportation agency requirements.
3	Impact: Disruption to one or two essential functions or to a vital system for no more than three days. Example: Power outage or heightened Homeland Security Advisory System Threat Level. Decision: May require partial EOP activation to move certain personnel to an alternate facility or location in the primary facility for less than a week.
4	Impact: Disruption to one or two essential functions or to the entire agency with potential of lasting for more than three days but less than two weeks. Example: Snow/ice storm, hurricane, workplace violence, rioting, major telecommunications failure or major power outage. Decision: May require partial EOP activation. For example, orders of succession for some key personnel may be required; in addition, movement of some personnel to an alternate work site or location in the primary facility for more than a week may be necessary. Personnel not supporting essential functions may be instructed not to report to work or be re-assigned to other activities.
5	Impact: Disruption to the entire agency with a potential for lasting at least two weeks. Example: Explosion in/contamination of primary facility; major fire or flooding; pandemic or epidemic; rioting lasting longer than 24 hours; earthquake; major air or water contamination. Decision: EOP activation. May require activation of orders of succession for some key personnel. May require movement of many, if not all, essential personnel to an alternate work site for more than two weeks. Personnel not supporting essential functions may be instructed not to report to work or be re-assigned to other activities.

Scope

Within the context of this EOP, an incident is an occurrence by chance or due to a combination of unforeseen circumstances, which, if not handled in an appropriate manner, can escalate into an emergency or disaster. An emergency is a sudden, unexpected event requiring immediate action due to its potential threat to health and safety, the environment, or property. A disaster is a sudden, unplanned event that causes great damage or serious loss to an organization. The EOP describes the processes that the agency will follow to prepare for, respond to and recover from the effects of incidents. This plan applies to all DCS office locations.

Responsibilities, Delegations of Authority and Succession Planning

1. *Order of succession*

If there is ever an incident, the designated successors will be given the authority to act on behalf of the person whom they succeed. Successor listings can be found in [Annex A](#).

2. *Delegation of authority*

To ensure rapid response to any emergency requiring EOP implementation, DCS has established a pre-delegation of authority to essential personnel who will make policy determinations and decisions for headquarters, regional levels, field offices and other organizational locations as appropriate. These personnel are listed in [Annex B](#); these delegations are based upon position.

3. *Identification of essential functions, operations, and personnel*

DCS has prioritized its essential functions. The list of essential functions and priority of essential functions can be found in [Annex C](#). The list of essential operations and key personnel can be found in [Annex D](#).

Authorities and References

DCS is required to maintain continuous operations and essential functions in accordance with state and federal legal authorities and guidance. The relevant legal authorities and guidance are listed below:

State Authorities

- State of Indiana Executive Order 17-02, or any subsequent executive order that modifies or supersedes it.
 - Executive orders: <https://www.in.gov/gov/2384.htm>
- State of Indiana Emergency Management and Disaster Law, IC 10-14-3, *et. seq.*, as amended.
- Emergency Management and Assistance Compact, IC 10-14-5, *et. seq.*
- Indiana Department of Homeland Security Established, IC 10-19-2, *et. seq.*
- State of Indiana Comprehensive Emergency Management Plan (CEMP), Jan. 9, 2017

Federal Guidance

- Section II of the State of Indiana CEMP lists federal legal authorities and references in support of COOP planning by state and local governments. Also see:
 - Continuity Guidance Circular 1 (CGC1), Continuity Guidance for Non-Federal Governments (States, Territories, Tribes, and Local Government Jurisdictions), July 2013, USDHS, FEMA.
 - Continuity Guidance Circular 2 (CGC2), Continuity Guidance for Non-Federal Governments: Mission Essential Functions Identification Process (States, Territories, Tribes, and Local Government Jurisdictions), FEMA P-789 / October 2013, USDHS, FEMA
 - Emergency Preparedness, Response, and Recovery – Resources from Federal Partners, Nov. 22, 2017, Administration for Children & Families, <https://www.acf.hhs.gov/archive/ohsepr/preparedness-resiliency/emergency-preparedness-response-and-recovery-resources-from-federal-partners>
 - Disaster Planning for Child Welfare Agencies Factsheet, May 2016, Child Welfare Information Gateway, Children's Bureau. <https://www.childwelfare.gov/pubPDFs/disasterplanning.pdf>

Emergency Management Cycle

The emergency management cycle is illustrated below:



This diagram illustrates the cyclical relationship of the steps of the emergency management cycle. Readiness and preparedness for a disaster or emergency shall be a responsibility of every agency department. A comprehensive continuity operations plan should contain certain elements. Those are as follows:

1. Activation of the DCS EOP and relocation to an alternate location, if warranted, shall be within 12 hours after an incident.
 - Staff will be notified via chain of command – by their immediate supervisors via telephone (landline and/or cell), text and/or email. Further, the activation of relocation information shall be posted on the DCS public social media accounts (e.g., Twitter and Facebook) as well as on the DCS intranet web page.
 - Activation of the alternate location information shall be updated at least twice during every 12-hour operational period – or at least every six hours.
2. Continuity of operations shall be maintained within 12 hours after an incident and until resumption of full agency operations. If a particular agency department cannot be fully operational within 30 days, devolution may likely need to be implemented. This means delegation of duties and responsibilities to others within the agency but from a different department and/or location. It is preferable to utilize agency staff for devolution.
3. Reconstitution (recovery, mitigation and termination) shall be implemented if devolution of duties is not a viable option. This would be a rebuilding period of the DCS agency. This rebuilding module may need to be implemented for a local or regional office, or within the central office. For practical purposes, the CSB and sub-departments within shall be considered part of the agency's central office; they will have their own EOP.

Mitigation

Mitigation is defined as continuous and pre-event planning and action steps that aim to lessen the effect of a potential disaster or emergency. Mitigation activities may occur both before and following an incident. DCS will undertake ongoing risk assessments, continuous quality improvement and hazard mitigation activities to lessen the severity and impact of a potential incident by identifying potential emergencies (or hazards) or disasters that may affect the organization's operation.

Preparedness

Preparedness activities build organizational capacities to manage the effect of incidents. DCS will develop plans and operational procedures to improve the effectiveness of the local office and state office response to incidents. There will be an annual review of the procedures in this EOP by DCS staff.

DCS will:

- Review and update the EOP and other related documents,
- Review the organization's emergency response role,
- Train personnel on incident response procedures,
- Conduct drills and exercises and revise the Emergency Operations Plan and related documents as needed, and
- Present any changes that need approval to the director and designees.

Preparation for Incidents

To ensure the safety of all children under the care and supervision of DCS and to continue to provide needed services, it is essential that each DCS local office, contracted provider and licensed foster parent have plans in place for what to do in the event of an incident. The regional manager is responsible for developing incident response plans that are appropriate for the needs of the region. These plans include but are not limited to evacuation plans, alternative shelter, supplies, etc. Plans will be developed for:

1. DCS local offices – Each DCS local office is responsible for preparing a local office emergency operations plan including:
 - Emergency phone numbers – a list of phone numbers for local law enforcement, fire departments, emergency medical services and hospitals,
 - Employee emergency phone List – a list of all employees assigned to a particular local office, phone numbers and their supervisors,
 - Accountability list – a list of employee names for accounting of each employee when they arrive at their “safe” location during an emergency,
 - Evacuation plan – instructions on how to evacuate the building and get to the safest place outside of the building via the quickest route, and
 - Reconstruction plan – Instructions and expectations on how to reassemble after an emergency or disaster.
 - The DCS Local Office Emergency Operations Plan can be located at:
<https://ingov.sharepoint.com/sites/DCSPortal/Pages/Safety-and-Emergency-Ops.aspx>.
See [Annex F](#).
2. Resource parents (DCS and LCPA) and licensed providers (group homes, child caring institutions, and private secure facilities) – All resource parents and licensed providers need to prepare a plan for sheltering in place or evacuation during an emergency or disaster. Requirements include but are not limited to the following items:
 - All providers are required to prepare a plan for evacuating and sheltering during an emergency or disaster,
 - All providers, other than resource parents, must have a posted plan for evacuation in case of fire and other emergencies,

- Resource parents must have a plan for evacuation that is easy to implement in case of fire and other incidents,
- All providers are to train staff regarding sheltering or evacuation plans for the agency as a part of their orientation,
- All providers must conduct emergency drills,
- Documentation of a plan, inspections of emergency materials, and drills are addressed in annual review by the state fire marshal under the Indiana Department of Homeland Security (DHS) for those providers that are inspected by the state fire marshal,
- All providers must have readily accessible child placement information (see [Annex G](#)),
- All providers should include the following as a part of their incident plan:
 - First aid/evacuation kit (see [Annex H](#)), and
 - Three locations where they might seek refuge, including one in the area (i.e., same city or county) and one outside the area (i.e., a different city or county).
- All providers should have emergency contacts for the appropriate DCS personnel needing to be contacted for accounting of children in care. All resource parents and licensed providers need to prepare a plan for sheltering or evacuation during an emergency or disaster. Information about emergency and disaster preparedness planning and training can be found on the following websites:

Agency	Website
Indiana Department of Homeland Security (IDHS)	http://www.in.gov/dhs/
Indiana Department of Homeland Security Continuity of Operations / Government page	https://www.in.gov/dhs/4270.htm
Indiana Department of Health	https://www.in.gov/health/
American Red Cross	http://www.redcross.org/
Federal Emergency Management Agency (FEMA)	http://www.fema.gov
Federal Emergency Management Agency (FEMA) Site for Children and Disasters	https://www.fema.gov/children-and-disasters
Centers for Disease Control and Prevention	http://www.cdc.gov/
Child Welfare Information Gateway	https://www.childwelfare.gov/

The following information applies to all DCS staff and DCS contracted providers, DCS licensed resource parents, unlicensed relatives, and licensed child placing agency (LCPA) resource parents. In an emergency:

- Listen to the National Oceanic and Atmospheric Administration (NOAA) Weather Radio, which broadcasts watches and warnings from the National Weather Service, or access information via the National Weather Service webpage at <https://www.weather.gov/>;
- Monitor local television news stations and/or their websites for emergency information and updates regarding closings from fire, police and emergency-management agencies;
- Check the DCS website at www.in.gov/dcs for updated information regarding declared emergencies or disasters. DCS staff should continue to regularly check DCS email accounts for updates regarding operations; and
- Keep DCS-issued cellphones turned on and/or be prepared to receive phone calls at the number listed as the main contact number in the PeopleSoft system.

Action Plans

Action plans establish the priorities and objectives of the response. Action plans are developed for specified time periods which may range from a few hours to several days. The action plans should be sufficiently detailed to guide the response.

The action plans should specify the incident objectives, state activities to be completed, and should be written and organized. Each action plan must include four elements:

1. What do we want to do?
2. Who is responsible for doing it?
3. How do we communicate with each other? and
4. What is the procedure if someone is injured?

Action plans should be reviewed at least annually to include any updates to contact information, policies, or changes in legislations that affect DCS' response to an emergency incident.

Safe Shelter in Place

Prepare for the need to safe shelter in place by designating an area where employees and visitors should go in the event of an emergency. Safe-shelter places should be designated in both interior and exterior locations.

Interior Safe-Shelter Place – Inside

An interior safe-shelter place is a designated room(s) in the interior of the building (preferably with no windows) where employees and visitors can safely remain during an emergency. The room should be clearly labeled with a sign and should be identified on the office floor plan.

Exterior Safe-Shelter Place – Outside

When an emergency requires employees and visitors to evacuate or leave the building, the exterior safe-shelter place is the location outside the building where everyone will assemble. The safety officer will take this plan and any necessary safety or first aid materials. Supervisory personnel should complete the building-occupancy form for their employees and visitors. Everyone should remain at the exterior safe-shelter place until further instructions are provided.

Internal and External Incidents

Please refer to specific incident action plan guidelines attached as [Annex I](#) for additional guidance. Specific incident action plans should be created for internal and external incidents. Examples of internal incidents include, but are not limited to, the following: fire, bomb threat, active shooter, explosion, and utility emergencies. Examples of external incidents include, but are not limited to, the following: weapons of mass destruction and natural disasters (e.g., tornado, blizzard, earthquake, forest fire, epidemic, pandemic, etc.).

In the event of an incident, some offices (including central office) may be unreachable. Each local office

should take direction from local emergency-management authorities, such as police, fire, and town/city/county leadership, while continuing to ensure safety until the incident command center is operational.

If an incident requires planning for surge housing for affected children, a surge plan operation process is attached as [Annex J](#). This was developed because of the COVID-19 pandemic and can be used anytime there may be an increased number of children who do not have adult supervision and safe housing. A list of potential surge housing options is included here:

Provider Name	Region	Contact Phone	Address
Carmelite	1	(219) 397-1085	4840 Grasselli St, East Chicago, IN 46312
Bashor	3	(574) 875-5117	62226 Co. Rd 15, Goshen, IN 46527
Crossroads	4	(260) 484-4153	1825 Beacon St, Fort Wayne, IN 46805
Children's Bureau	10	(317) 292-3414	2115 Central Ave., Indianapolis, IN 46202
Southwest Regional Indiana Youth Villages	16	(812) 886-3000	2290 Theobald Ln, Vincennes, IN 47591
Childplace	18	(502) 741-9762	2420 East 10th Street, Jeffersonville, IN 47130

Access Control Policies for Inclement Weather and Emergency Lockdowns

Inclement Weather

The following guidelines have been established to clarify how DCS IT supports access control during inclement weather (snowstorm, tornado, flood, etc.):

In the event of inclement weather, local county staff members will need to contact DCS IT support to ensure their offices are secure. As it currently stands, the system automatically unlocks county offices for public access at 8 a.m. With early notification, DCS IT will be able to remotely lock county offices when staff members are restricted from traveling to work.

For these types of situations or any other type of access control emergency, please contact the below personnel to ensure a timely response:

- Kenlie Capps 463-261-7326 Kenlie.Capps@dcs.IN.gov
- Todd O'Brien 317-619-5803 Todd.O'Brien@dcs.IN.gov
- Jessica Dugan 317-619-0152 Jessica.Dugan@dcs.IN.gov
- Lori Ahmed 317-650-3381 Lori.Ahmed@dcs.IN.gov
- DCSITSupport-Services@dcs.IN.gov
- DCSBadgeAccess@dcs.IN.gov

Emergency Lockdown

The following guidelines have been established to clarify how DCS IT supports access control during an emergency lockdown:

In the event of an emergency that requires immediate lockdown, local county staff members will need to press the button on their lockdown remote located at the reception desk. If offices need

assistance with this or any other type of access control emergency, please entire “DCS - Emergency Lockdown” ticket in [ASM](#) or contact the below personnel to ensure a timely response:

- Kenlie Capps 463-261-7326 Kenlie.Capps@dcs.IN.gov
- Todd O’Brien 317-619-5803 Todd.OBrien@dcs.IN.gov
- Jessica Dugan 317-619-0152 Jessica.Dugan@dcs.IN.gov
- Lori Ahmed 317-650-3381 Lori.Ahmed@dcs.IN.gov
- DCSITSupport-Services@dcs.IN.gov
- DCSBadgeAccess@dcs.IN.gov

Evacuation Procedures for Individuals With Disabilities

The following emergency evacuation procedures are written primarily to inform staff with disabilities of the procedure for evacuation in the event of an emergency. However, as is the case for those without disabilities, a person with a disability must take personal responsibility for their own safety. Everyone should read and review this information and know what is expected in each building in case of an emergency.

Ground Floor / Below Ground Floor

Persons with physical disabilities should evacuate via accessible exits along with the other occupants of the building.

Second Floor and Higher

Individuals with mobility impairments

1. Ambulatory

- If danger is imminent and the person can walk downstairs with some assistance, it is advisable that they wait until the heavy traffic has cleared before they attempt to evacuate. The local office director or a designee should walk beside them to provide assistance, if needed.
- If it is apparent that there is no immediate danger (obvious smoke or fire), the person may choose to stay in a designated area of the building until emergency personnel arrive and determine the necessity to evacuate. The designated area should be marked on the evacuation plan.
- **NOTE:** Persons on respirators should be given priority assistance in emergencies involving smoke or fumes, because their ability to breathe is seriously jeopardized.

2. Non-Ambulatory

- In keeping with current philosophy and preference to "stay in place," the most recent advice from fire and building safety experts is that unless danger is imminent, a wheelchair user should remain in the designated area of the building until emergency rescue personnel arrive and determine the necessity for their evacuation. Whenever possible, someone should remain in the facility with the person with the disability.
- It is best to let professional emergency personnel handle the evacuation of those with disabilities. The firefighters will determine the best way to evacuate the person with the mobility limitation.

- **NOTE:** The person with the disability is the best authority on how to be moved. The person should discuss evacuation procedures with their supervisor and develop a plan for emergencies and evacuation assistance, including any other requirements (e.g., Braille).

Individuals with Vision Impairments

In the event of an emergency, do not force any person with vision impairment to evacuate the building. The person is responsible for their own safety. It is appropriate to aid a vision-impaired person as you leave the building.

Individuals with Hearing Impairments

Emergency instructions can be given by verbalizing or simple gestures, or by a short, explicit note. It is appropriate to aid a hearing-impaired person as you leave the building.

Contact Lists

Internal Contacts

The local office director, program manager, division or unit manager or designee will update the staff call list in their local office at least quarterly, or when information changes. This staff list will be maintained centrally.

The state level executive call list will be maintained by the executive administrative assistant and updated at least quarterly, or as information changes. Executive contact information is available in [Annex B](#).

Every manager should keep a list of the staff that reports to them at their office and home.

External Contacts

The DCS local office will maintain a list of external contacts, including addresses, phone numbers and email addresses. The DCS local office will verify the accuracy of this information at least twice a year. At a minimum, this list should include the following contacts:

- Sheriff's department and all other law enforcement agencies within the county
- Indiana State Police district
- All fire departments within the county
- All hospitals within the county
- Emergency management agency
- Emergency operations center / 911 dispatch
- County commissioners
- County health department
- County highway department
- County planning department
- County building department
- County auditor

- Waste management company
- Electric utility company
- Gas utility company

Response

Continuity of Operations

There are five phases of continuity of operations that should be addressed.

Phase I: Readiness and Preparedness

All DCS offices should prepare for an incident and determine mitigation plans for their respective departments and/or locations. Employees and contractors are encouraged to develop individual and/or family support plans to increase personal and family preparedness for at least 72 hours and preferably for seven days. For example, if one is assigned a laptop and/or agency cellphone, these items shall always remain with the person. Exceptions would be if someone is on family medical leave or has received orders to complete military duties for the state and/or country.

Furthermore, DCS essential personnel are encouraged to create and regularly maintain drive-away kits and three-day bug-out bags. These essential personnel shall be responsible for transporting their personal three-day bug-out-bag kits and facility kits to the continuity facility or pre-positioning the kits at the continuity facility.

Phase II: Activation & Relocation

To ensure DCS can attain operational capability at the identified continuity facilities with minimal disruption to its essential operations, DCS will execute the activation and relocation plans as described in [Annex C](#). With this annex, the agency administrators will coordinate with the agency communications department to prepare and effectively disseminate the information.

Alert and Notification Procedures: For additional information about the DCS notification information, please see [Annex B](#) and [Annex D](#).

Phase III: Continuity Operations

Upon activation of the DCS EOP, DCS will continue to operate at its primary operating facility until notified to cease operations via the notification process as described beginning on page 28. At that time, essential functions will transfer to the continuity facility. DCS must ensure that the continuity plan can be operational within 12 hours of activation or the next business day. Some tasks will need to resume immediately, and others may be able to wait 24 to 48 hours. Staff members shall always maintain the capability to telework.

Human Resources: DCS human resources staff will perform the process of receiving and processing employee claims or requests during the continuity event, including workers' compensation, family medical leave, overtime pay, etc.

Phase IV: Reconstitution Operations

Reconstitution will commence when the DCS agency director, Chief deputy director/senior advisor or designated agency authority ascertains that the emergency has ended and is unlikely to reoccur. The reconstitution plan is viable regardless of the level of disruption that originally prompted implementation of the continuity plan. Within 72 hours of an emergency relocation, the individuals identified in [Annex A](#) will initiate and coordinate operations to salvage, restore and recover the DCS primary operating facility after receiving approval from the appropriate state and local law enforcement and emergency services.

Phase V: Devolution of Control and Direction

The primary DCS devolution of operations site will be located at one or more of the agency local office locations. DCS is prepared to transfer all essential functions and responsibilities to personnel at a different location should emergency events render leadership or staff unavailable to support the execution of DCS essential functions. If deployment of essential personnel is not feasible due to the unavailability of personnel, the DCS agency director will work with the Chief deputy director/senior advisor, the deputy director of field operations and the deputy director of human resources to identify and triage availability of staff.

During an activation of the DCS EOP, the DCS agency director and/or Chief deputy director/senior advisor shall maintain responsibility for control and direction of DCS. Should the DCS agency director and the Chief deputy director/senior advisor become unavailable or incapacitated, the organization will follow the order of succession in [Annex A](#).

The DCS Incident Command Center Team

DCS will organize its incident response structure to mobilize appropriate resources and take actions required to manage its disaster response by utilizing the incident command system. This is a standardized management system used by other government agencies and emergency responders at local, state, and federal levels. The incident command system is flexible and can be increased or decreased based on the size and nature of the incident.

The incident command system employs four main sections: operations, planning, logistics and finance/administration (See [Annex K](#) for the organizational chart). Each section reports to the incident commander in the organizational structure. Each activated section will have a person in charge of it, and a supervisor may oversee more than one functional element.

The incident command team is responsible for the strategic thinking of the disaster response. The incident command team collects, gathers and analyzes data; makes decisions that protect life and property; and maintains continuity of DCS. The incident command team disseminates decisions to all impacted agencies and individuals. The **DCS incident command team** includes:

1. DCS agency director,
2. Chief deputy director/senior advisor,
3. Deputy director of field operations,
4. Deputy director of human resources,

5. Communications director, and
6. Any DCS executive leaders as required by the incident commander.

Incident Commander:

- Is the first person on the scene, until the duties are transferred typically to the local office director, regional manager or state executive team member,
- Oversees the command/management function,
- Provides overall emergency response policy direction,
- Oversees emergency response planning and operations, and
- Coordinates the responding DCS staff and organizational units.

The staff supporting the incident commander consists of the following roles:

- Public information officer (e.g., communications department or designee)
- Safety/security officer (e.g., deputy director of field operations or designee)
- Liaison officer (e.g., Chief deputy director/senior advisor or designee)

The incident commander is typically the DCS agency director, Chief deputy director/senior advisor or designee as needed based on location of incident. This person is the leader at the site of the incident command system.

Operations Section Chief:

The operations section chief typically has firsthand knowledge of operations of the section affected by the emergency incident. This is typically the assistant deputy director of field operations or CSB IV-D director.

The operations section chief will:

- Coordinate all operations in support of the response to the emergency or disaster and implement the incident action plan for a defined operational period,
- Manage field and client operations, and
- Designate and assign roles to operations section participants; these participants could be local- or state-level staff.

Planning Section/ Logistics Section Chief:

The planning and logistics section chief is typically the deputy director of strategic solutions and agency transformation, staff development or DCS state personnel director. This person has access to alternate resources (people, equipment, supplies) that would need to be deployed to the area impacted by the emergency incident. This position:

- Collects, evaluates, and disseminates information.
- Develops the incident action plan in coordination with other functions.
- Performs advanced planning and documents the status of the DCS offices/areas impacted.

- Secures and provides alternate workspace, personnel, equipment, and materials to support the response operations.
- Manages volunteers when needed.

Finance and Administrative Section Chief:

The finance and section chief is typically the chief financial officer or that person's designee. This position:

- Tracks personnel and other resource costs associated with the response and recovery.
- Provides administrative support to response operations.

The chain of command shall remain the same during a declared emergency as during routine operations. In the event communication with the DCS incident command team is not possible, local DCS leadership and the highest-ranking person within each DCS service area will assume management of field operations for the area until such time as communication is possible with the DCS incident command team.

If the incident lasts longer than 48 hours, the following incident command team meetings will be implemented to provide timely, clear, and direct communication. The meeting schedule will be determined by the chair of the respective meeting as noted below. A sample agenda is in [Annex M](#).

1. Command and staff meeting
 - a. Who chairs the meeting? Incident commander
 - b. Time: Early morning to triage issues from the previous day and set a rhythm for the day
 - c. Frequency: Daily or twice per day, depending on the need
 - d. Participants: Chosen by the incident commander and should include the chairs for the other meetings as noted below
2. Operations meeting
 - a. Who chairs the meeting? Operations officer
 - b. Time: After the command and staff meeting, to share information with the operations staff and share action steps as needed to address the incident
 - c. Frequency: Daily or twice per day, depending on the need
 - d. Participants: Chosen by the incident commander and should include the chairs for the other meetings as noted below
3. Planning/Logistics/Finance meeting
 - a. Who chairs the meeting? Planning officer
 - b. Time: After the command and staff meeting, to share information with the planning and logistics staff and share action steps as needed to address the incident
 - c. Frequency: Daily or twice per day, depending on the need
 - d. Participants: Chosen by the planning officer
4. Communications meeting:
 - a. Who chairs the meeting? Communications officer
 - b. Time: After the command and staff meeting, to share information with the communications staff and share action steps as needed to address the incident
 - c. Frequency: Daily or twice per day, depending on the need
 - d. Participants: Chosen by the communications officer

5. Recovery

- a. Who chairs the meeting? Planning officer and incident commander
- b. Time: After the command and staff meeting, to share information with the recovery staff and share recovery steps as needed
- c. Frequency: When the incident is over, recovery efforts should begin immediately and continue until the AAR is completed.
- d. Participants: Members of the incident command team

DCS Incident Command Center

The DCS incident command center is a central command and control area where the incident command center team meets to carry out the functions at a strategic level in an emergency and ensures the continuity of operations of DCS.

Dependent upon the nature and scope of the disaster or emergency, the incident command center location may vary depending on the location of the emergency. The state-level incident command center will be located at the Indiana Government Center South building or within the closest non-affected DCS location (e.g. 500 N. Meridian or a local county office).

Both the state and local incident command centers should communicate as needed with police, fire and emergency personnel, as well as other state agencies such as IDHS, IDOA, FSSA, IDOH and the governor's office.

Incident Command Center Location

In the event an emergency or disaster is declared, the following locations will function as the command center for DCS operations:

DCS Central Office – Indiana Government Center South
302 West Washington Street, Room E306
Indianapolis, Indiana 46204
(317) 234-5437

In the event Central Office is not functional, the CSB and DCS Mainscape offices will function respectively as the command center. These offices are located at:

Second Choice Location:
DCS Training Center
500 North Meridian Avenue, Suite 110
Indianapolis, Indiana 46204
(317) 234-5437

Third Choice Location:
DCS Marion County North Office
4160 North Keystone Avenue
Indianapolis, Indiana 46205
(317) 968-4300

Core Areas of Emergency Operations Plan

Emergency Response Role

The ultimate authority in any incident situation will be the local incident command structure (ICS) in place, as applicable. This ICS may include the local fire department, local law enforcement or emergency response personnel. DCS will work alongside the local ICS to ensure business continuity. To support the DCS mission, the DCS emergency operations plan addresses five core areas to focus on during the disaster management cycle regarding the following:

1. Locating children in care,
2. Identification and handling of new child support and child welfare cases,
3. Provision of ongoing services,
4. Coordination of services and information sharing with other states,
5. Preservation of vital records and records in the current DCS information management system.

During a local emergency, the local office director or most senior available staff member will determine if normal operations are possible. If normal office operations are not possible, the incident command protocol will be enacted.

I. Locating Children in Care

During an emergency or disaster, the priority of DCS will be to locate all children in out-of-home care. DCS will presume children in DCS care that reside with parents (in-home CHINS or informal adjustment) will be safeguarded by those individuals. As soon as possible after the incident, a full account of the location of each child in care should be determined and communications will occur through assigned staff within the operations section.

DCS staff will account for all children in care by following the communication chain as outlined below, using the disaster plan for children in care, and checking off children as they are accounted for. Regional managers and the deputy director of juvenile justice initiatives and support will access the “Disaster Plan Children in Care Daily Report” located in MaGIK under the executive summary tab. The report will provide information regarding the location of all children in DCS care.

1. Resource parents (DCS):
 - a. The DCS licensing specialists will obtain the “Disaster Plan Children in Care Daily Report” from the regional managers. DCS licensing specialists will contact all DCS licensed foster homes within 48 hours. After accounting for all children in their care and securing appropriate shelter, the licensing specialist will gather the following information:
 - (i) Names of children in care with date of birth (DOB),
 - (ii) Location of all children, and
 - (iii) Phone contacts for where children are located.
 - b. Resource parents must contact DCS each time they have to relocate by following the communications chain; and
 - c. The DCS licensing specialist will communicate with the regional manager regarding the status of the homes and identifying homes with urgent needs.

2. Resource parents (LCPA):
 - a. The DCS licensing consultants will contact their assigned LCPAs within 48 hours. After accounting for all children in their care and securing appropriate shelter, the LCPA will provide the following information to the DCS licensing consultant:
 - (i) Names of children in care with date of birth (DOB),
 - (ii) Location of all children, and
 - (iii) Phone contacts for where children are located.
 - b. Resource parents must contact DCS each time they have to relocate by following the communications chain; and
 - c. The DCS licensing consultant will communicate with the regional manager regarding the status of the LCPAs and their homes and identify any homes with urgent needs that the LCPA is unable to address.
3. Group homes, child care institutions and private secure facilities:
 - a. The DCS services division licensing specialists (SDLS) will contact their assigned facilities within 48 hours. After accounting for all children in care and securing appropriate shelter, the SDLS will gather from providers the following information:
 - (i) Names of children in care with DOB,
 - (ii) Location of all children, and
 - (iii) Phone contacts for where children are located.
 - b. Group homes, child care institutions and private secure facilities must contact DCS each time they have to relocate by following the communications chain; and
 - c. The DCS licensing unit manager will gather all the information and will communicate with all regional managers regarding the status of the DCS licensed facilities and identify any facilities with urgent needs that the facility is unable to address.
4. Juvenile Justice Initiatives and Support:
 - a. The deputy director of JJIS will pull the “Probation Placements” report, located in MaGIK under the probation tab, monthly for those youth who have been placed in care and DCS is responsible for payment.
 - b. The probation service consultants will review reports from the probation file server of youth placed from each county (“Probation Consultants” drive, “Residential Placement List” folder).
 - c. Each probation services consultant shall be responsible for maintaining a list of chief probation officers for the regions and counties served. (completed list, “Probation Consultants” drive, “CPO Mailing List” folder).
 - d. The probation services consultant will contact the chief probation officers in all 92 counties for a status and location of each probation youth in DCS placement on the master list of children in care for that county. A query will also be made regarding children in care who may not be recorded on this list.
 - (i) Results of these contacts will be given to the deputy director of juvenile justice initiatives and support and the assistant deputy director of juvenile justice initiatives and support outlining the status, concerns and urgent issues.
 - e. The deputy director of juvenile justice initiatives and support will initiate a conference call within 48 to 72 hours with the chief probation officers to discuss updated information and planning regarding the state of emergency.

5. Birth parents, including alleged fathers:
 - a. If birth parents contact DCS, staff will provide the status of the child if the information is known. If the status of the child is not known, then birth parents will be told the status of the child as soon as reasonably possible.
6. In-home CHINS:
 - a. DCS will presume children in DCS care that reside with parents (in-home CHINS or informal adjustment) will be safeguarded by those individuals. The assigned FCM will contact those families to discuss impact of state on emergency related to housing, safety, environment, and food within 48 hours. The FCM will inform their FCMS of any identified concerns.

Emergency Operations Plan for Children in Care

An electronic report titled “The Disaster Plan for Children in Care” is in MaGIK under the DCS Reports Executive Summary. The report is run daily and can be accessed by:

1. DCS agency director.
2. Chief deputy director/senior advisor.
3. General counsel.
4. Agency state personnel director.
5. Director of communications.
6. Any DCS executive leaders as required by state of emergency incident,
7. Hotline director and deputy directors.
8. Assistant deputy directors of field operations.
9. Assistant deputy director of juvenile justice initiatives and support.
10. Regional managers. The regional managers will transfer the list to a portable electronic storage device at a minimum of every 30 days, which may be accessed in the event of a disaster or emergency.

The disaster plan for children in care shall include the following information, listed by county:

1. Names of children (including older youth in foster care & JD/JS).
2. Names of primary caregivers.
3. Names of biological parents, as available.
4. Names of any siblings in care.
5. Addresses of children and primary caregivers.
6. Phone numbers of children and primary caregivers (including cell phones, if applicable).
7. Locations of children’s schools.
8. FCM assigned for each child.
9. Identification of placements from other states or in other states through the Interstate Compact for the Placement of Children (ICPC).

Master List of Licensed Facilities and Resource Parents

The following reports are electronically available for all licensed facilities and resource parents. The reports mentioned below will be placed on the DCS field operations reports SharePoint monthly to be accessed by the:

1. DCS agency director,
2. DCS Chief deputy director/senior advisor,
3. Deputy director of field operations,

4. Hotline director,
5. Assistant deputy directors of field operations, and
6. Regional managers. These individuals will transfer the list to a secure electronic storage device, which may be accessed in the event of a disaster or emergency.

These reports shall include:

1. Names of licensed facilities,
2. Addresses of facilities,
3. Names of facility administrators,
4. Phone information for administrators,
5. Email information for administrators,
6. Names of licensed resource parents,
7. Addresses of licensed resource parents, and
8. Phone numbers for licensed resource parents.

The DCS licensing unit manager will download monthly the following reports and upload them to the shared folder for all files that the regional manager needs to store on their portable electronic storage device:

1. Active foster home addresses – report is titled “Active Foster Home Addresses.”
2. CHINS and collaborative care licensed and unlicensed placements; and (MaGIK -> DCS Reports -> CHINS and Collaborative Care Licensed and Unlicensed Placements Report)
3. Licensed residential resource verification. (MaGIK -> DCS Reports -> Active Residential Licenses (all facilities and LCPAs). Run the report for “Fire Inspection” – choose Yes – it shows facility/agency address and contact number.

Master List of Contract Service Providers

An electronic copy of all contracted service providers will be maintained and updated every six months through the DCS deputy director of child welfare services. The list will be updated as contracts with service providers are updated. The list will be placed on the DCS executive SharePoint and the DCS field operations reports SharePoint to be accessed by the:

1. DCS agency director,
2. DCS Chief deputy director/senior advisor,
3. Deputy director of field operations,
4. Deputy director of juvenile justice initiatives and support,
5. Hotline director,
6. Executive managers,
7. Assistant deputy directors of field operations,
8. Hotline deputy directors, and
9. Regional managers: these individuals will transfer the list to a portable electronic storage device, which may be accessed in the event of a disaster or emergency.

The master list of contract service providers will include:

1. Name of service providers or transitional housing providers,
2. Name of two (2) emergency liaisons for each contracted agency,
3. Emergency phone information for liaisons,
4. Emergency email information for liaisons, and
5. Address of facilities.

II. Identification and Handling of New Child Welfare Cases and Child Support Cases

DCS Hotline

The DCS hotline is utilizing a centralized intake process for receiving all incoming reports of child abuse and neglect (CA/N). See [Annex N](#) for the EOP for the DCS hotline for specific details. In an emergency, DCS must continue to respond to any new cases of abuse and neglect. Reports of CA/N will still be routed through the DCS hotline (1-800-800-5556). FCMs and all DCS staff will respond to each new allegation per [DCS child welfare policies](#) and Indiana statute.

Staff will follow the chain of communications for DCS staff to identify their location. Through the hotline, DCS will be able to respond accordingly to reports of CA/N. Some staff may be required to be temporarily reassigned by the executive management team to address any staffing shortages that may have resulted from the emergency.

If case management databases are not accessible, then the appropriate paper forms should be used. Each DCS local office will maintain a supply of template 310s, contact logs and a detention packet to use until computers and the case management system are available. These forms will be checked and replenished annually so the correct forms are available for use during an incident. See [Annex N](#) for the EOP for the DCS hotline for specific details.

DCS Child Support Collection and Cases

The DCS CSB will protect all data and facilitate child support fund collections continuously and disburse with limited interruption during an emergency. See [Annex O](#) for the EOP for the DCS Child Support Bureau for specific details.

III. Provision of Ongoing Services

Facilitation of ongoing services to children in care and families is paramount during an emergency. To ensure the continuity of services, it is essential that DCS staff and providers remain in contact with each other during an emergency. DCS will initiate an all-provider call within 48 to 72 hours to discuss updated information and planning regarding the state of emergency. Throughout the incident, the planning section of the DCS incident command team will maintain records of critical information from the incident command system activities to describe the severity and scope of the emergency. As soon as possible after the incident, the assigned staff within the operations section will ensure needed services for children and parents involved with child welfare services, including child support functions, resume.

DCS Child Welfare Staff

DCS staff should continue to perform all regular duties during an emergency. In cases where DCS staff are not able to perform all duties, staff should follow the communication chain to notify appropriate members of the management team for instructions on how to proceed.

The DCS incident command team may temporarily reassign DCS staff to areas in need. As soon as possible after the incident, the assigned planning section officer will report on staff whereabouts to the DCS state-level incident commander.

Contracted Services

DCS' services coordinator team will communicate with all providers that they are expected to report the status of their operations and capability to deliver services per contract requirements within four hours of a declared state of emergency. DCS' service coordination team determines their capacity to provide services during an emergency. Daily updates are to be provided to DCS during the state of emergency. Communication between emergency points of contact will continue until the declared state of emergency is terminated. Contracted service providers are to report the following information to the DCS logistics officer and/or DCS deputy director of child welfare services:

1. Status of facility or community-based service delivery capacity,
2. Status of employees, including work capacity assessment,
3. Status of support services needed to maintain service delivery as specified per contract, and
4. Changes in service delivery caused by the emergency and a plan to return to original services.

IV. Coordination of Services and Sharing Information with other States

The Request

When the governor of Indiana and the DCS agency director agree to accept dependent children from another state or jurisdiction for placement in Indiana during an emergency in another state, the DCS agency director will request that the sending state first obtain custody of the children who are not already in the state's custody.

After the sending state initiates custody, it will then initiate an expedited ICPC process. The expedited process will consist of the sending state submitting the appropriate ICPC paperwork to the ICPC coordinator in Indiana. DCS will place out-of-state children in approved and trained foster homes.

If the sending state is unable to obtain custody of children due to the nature and magnitude of the emergency, the state of Indiana and DCS agency director may still approve accepting the children for placement when the request is made by a high-level official from the sending state. Any legal issues will be resolved at a later date.

The Placement

The DCS ICPC team will coordinate with the DCS assistant deputy director of field operations for placement support to expedite the ICPC process to utilize DCS licensed foster parents who would be willing to accept children from other states during an emergency. In an emergency, DCS may approve temporary placement of children exceeding the allowable number of children for the home. Placements exceeding an allowable number will only occur if the safety and well-being of the children already in the placement are not jeopardized. Children may be placed by DCS using contracted foster care or group care.

V. Preservation of Vital Records

Providing payments to foster parents, adoptive parents and service providers, and enforcing child support payments are paramount to ongoing care of children in DCS' care. Additionally, the records for all children in care are vital to the DCS' ability to continue to provide services.

DCS Databases

DCS has taken steps, through the Indiana Department of Administration, and in compliance with state protocols, to protect the agency's vital records. Case management systems are backed up to a secure off-site location.

Notification Process

Communication Systems

Communications systems are essential elements of continuity of operations in support of critical processes and services. Communications respective to continuity of operations include all forms:

- Desk phone and cellphone systems
- Email via Microsoft Outlook and Marketing Cloud
- Website(s) including, but not limited to, the intranet site DCS Community
- Internal data sharing portals, e.g. DCS System of Record, KidTraks, INvest, SharePoint, Confluence
- Microsoft Teams, instant messenger applications such as Jabber
- Media: print, TV, radio and all other digital platforms, including social media, e.g., Facebook, Twitter, Instagram, YouTube, etc.

Accurate and timely information must be communicated according to specific policies which support the continuation of essential activities as the event or situation evolves. To strengthen the essential communications systems, alternate modes of communications are instituted.

In the event of a state or local incident, all DCS staff should be notified. A tiered communication approach will be implemented, or an all-staff message sent through email, which will be determined by the agency director or an appointed executive, such as the communications director. In the event no phone, text or email opportunity is available, a media alert and/or a public service announcement will be made via the DCS public information officer.

Notification of incident command staff for activation will be via phone, email and/or text. Each incident command staff member, including all executive level staff, regional managers, local office directors and supervisors should keep a hard copy of this EOP in their office space and home for reference of command structure and potential assigned duties.

Alert, Warning, Notifications

Incidents can occur both with and without warning. The local office director, the unit manager/director or staff receiving the alert will:

- Notify key next level managers to inform law enforcement and/or emergency management systems,
- Implement incident command system at the appropriate level,
- Activate the incident command center, and
- Review plans and consider possible actions.

Depending upon the nature of the warning and potential impact of the emergency on DCS locally or statewide, the incident commander may decide to:

- Evacuate threatened buildings,
- Suspend and move all critical office operations,
- Ensure essential equipment is secured and essential computer files are backed up, and
- Communicate status to next level supervisor if local event.

Chain of Communications

In a declared emergency incident, it is essential all DCS staff members assist in the accounting of all children in care, address new child welfare cases and continue to provide ongoing services. To maintain continuity of services to children and families, the DCS agency director or designee may temporarily reassign staff to meet a need created by an emergency or disaster.

To meet the needs of DCS during a declared emergency or disaster, DCS staff must follow the communications chain by contacting the appropriate individuals to determine staff availability and identify employees who may be displaced due to the emergency or disaster. Regional managers and upper management will be responsible for distributing the emergency contact information, which includes contact phone numbers and emails for all staff.

1. DCS staff: To account for all DCS staff during an emergency or disaster, staff members will follow the chain of communication outlined below. (For example, staff will contact their immediate supervisor. After the supervisor has accounted for all staff, they will then contact the next person in the communications chain until the executive-level leader is notified.)
2. LCPA staff, group homes (GH), child care institutions (CCI) and private secure facilities (PSF): Account for all children in care, then utilize the following chain of command:
 - a. The DCS deputy director of child welfare services, or
 - b. DCS hotline (1-800-800-5556).
3. Direct service providers: To account for the location of all contracted direct service providers during a declared emergency or disaster, utilize the following chain of communications:
 - a. Contracted frontline workers,
 - b. Contracted supervisors,
 - c. Contracted agency's emergency liaison, and
 - d. The DCS deputy director of child welfare services.
4. Dissemination regarding availability of services and provider updates will be done via the following communications chain:
 - a. DCS deputy director of child welfare services,
 - b. DCS deputy director of field operations,
 - c. DCS deputy director of juvenile justice initiatives and support,
 - d. DCS assistant deputy directors for field operations,
 - e. DCS regional managers,
 - f. DCS LODs, and
 - g. Field staff.

Media Relations

All media calls should be directed through the DCS incident command center public information officer or director of communications or designee by contacting DCS at communication@dcs.in.gov. The DCS communications handbook is located at https://ingov.sharepoint.com/sites/DCSCommunity/Communications%20Toolbox/DCS_Communications_Handbook.pdf?csf=1&e=VCC3G6&cid=4513613b-5372-49b0-9d09-0cf64ab8e463

Key Partners

The DCS incident command team will serve as liaisons to the specified key contacts during an emergency (see [Annex P](#)).

Response Activation

This plan may be activated in response to events happening internally or externally to DCS. Any employee who observed an incident or condition that could result in an emergency condition should report it immediately to their supervisor.

Staff will report fires, serious injuries, threats of violence and other serious emergencies to the fire or police department by calling 9-1-1.

All staff should initiate emergency response actions consistent with the emergency response procedures.

Local Office Operations

In a declared emergency or disaster as defined in [IC 10-14-3-12](#), DCS local offices will continue to operate during regular business hours unless the offices are impacted by the emergency or if the LOD is instructed by the DCS agency director or designated member of the incident command team to relocate to another office or structure. In the event conditions in the DCS local office would adversely impact the safety of employees or clients or the ability of employees to perform required duties, and there is no reasonable alternative site for staff to perform the work, the LOD should contact the deputy director of human resources to determine whether [emergency conditions leave](#) may apply as soon as is practical after the commencement of normal business hours.

In the event a DCS local office is not functional and an alternate location for conducting business is designated, the LOD must notify the regional manager, who will notify the deputy director of field operations, director of communications and deputy director of human resources as soon as is practical. The LOD must ensure that notice and contact information for the alternate location are posted on the door to the DCS local office and that phones are forwarded appropriately.

Protocols for Supporting Children in a Temporary Disaster Shelter

In the event of an incident, it is likely that the Red Cross and/or other local community partners (i.e., local shelter, emergency personnel, etc.) will establish temporary disaster shelters for individuals who are displaced. If children are abandoned at the shelter or their parents are unable to be located by shelter staff, a report

should be made to the hotline and DCS will respond accordingly. The LOD is responsible for working with the county's incident command team to develop plans specific to meeting the needs of their community.

Protocols for Supporting Employees

DCS employees who may need additional support during a disaster or routine drill may complete the [Disaster Preparedness Employee Self-Identification Form](#). This document is a **voluntary self-identification form** through which employees may identify their need for assistance during an emergency. Information requested on the form is for the sole purpose of deploying assistance to the employee during an emergency. Any information provided will be kept confidential and shared only with medical professionals, emergency coordinators, emergency-evacuation personnel (wardens), buddies and security officials who need to confirm that everyone has been evacuated, and other non-medical personnel who are responsible for ensuring emergency-preparedness.

Operations During a Temporary Shutdown of Government

DCS Field Operations

In the event of an announced temporary shutdown of state government or should a declared incident require it, DCS field operations will establish a skeleton crew of 22 workers on call statewide to perform only the most basic child protection service (CPS) functions. The CPS worker distribution is one worker per region except Lake (2), Allen (2) and Marion (3) counties, for a total of 22.

DCS will use the following protocols:

1. Regional managers will identify a reasonable number of field staff to cover the region.
2. The employee's name, cellphone number and PeopleSoft employee number are to be sent to the DCS agency director, deputy director of field operations, and the assistant deputy directors of field operations prior to the shutdown.
3. The chief counsel will cover his or her region.
4. The deputy director of field operations will disseminate contact information for all CPS workers and chief counsels to employees on the skeleton crew for communication purposes. The list will also be sent to all members of the DCS incident command team, assistant deputy directors of field operations and regional managers.
5. CPS workers are to stock paper 310s and contact logs and save templates of 310s and contact logs on flash drives, if the case management system is unavailable.
6. Each LOD or designee is to call local law enforcement and advise them of a possible government shutdown. The LOD will provide law enforcement with contact information for any DCS staff on call.
7. In the event of a temporary government shutdown or disaster, the hotline will continue to respond to CPS reports if conditions allow as determined by the incident command team.
8. Most ongoing functions will be suspended. Placement disruptions in out-of-home care will be routed to the on-call worker.
9. The assigned worker must either seek help from an FCM supervisor or LOD in the impacted county, or ask law enforcement to detain the child until placement into foster care or shelter care can be facilitated if DCS is unable to respond timely because of the small number of CPS workers available.
10. A bordering region may provide support as necessary depending on the circumstances of the incident.

Recovery

Recovery planning should begin as soon as possible during the incident response. The recovery process begins as soon as practical, based on the circumstances of the incident. This may occur quickly after the incident or within days based on the type of incident. Depending on the incident's impact on a local office or at state level, this phase may require a large amount of resources and time to complete.

The recovery phase includes activities taken to assess, manage and coordinate the return to normal business operations. These activities include:

- Deactivation of emergency response: The incident commander of either the local or state incident management team will call for the deactivation of the emergency response when the local or state office can return to normal or near-normal services, procedures and staffing,
- After action report: Post-event assessment of the emergency response will be conducted to determine the need for improvements, and
- Establishment of an employee support system: The state personnel department (SPD) will coordinate referrals to employee-assistance program as needed.

Resuming Normal Office Operations

As soon as possible after the incident, the operations, planning and logistics section will ensure normal or near-normal office functioning resumes. To ensure seamless transition back to normal operations, the planning section will provide all necessary information.

Accounting for Incident-Related Expenses

The chief financial officer will account for disaster-related expense. Documentation will include:

- Direct operating cost,
- All damaged or destroyed equipment,
- Replacement of capital equipment, and
- Return to normal office operations.

The finance and administration section chief will develop and implement a plan to identify items that are purchased, damaged or destroyed because of the incident and outside the course of normal operations. DCS will document damage and losses of equipment during the emergency incident and inform the finance and administration section chief and any other appropriate parties for necessary replacements.

Internal Testing and Exercises

The DCS EOP team will develop a multi-year training and exercise program that outlines the long-term development and maintenance of the Plan. DCS uses the FEMA Continuity Practitioner Program¹ as a framework for a better understanding of how the DCS EOP planning should be incorporated, see

¹ DCS has a continuity practitioner who can assist with documentation compilation and possible training, testing and exercise. This DCS agency liaison shall coordinate with the Indiana Department of Homeland Security continuity program director.

generally <https://www.fema.gov/emergency-managers/national-preparedness/continuity/excellence-series/level-1>.

The DCS EOP development program shall include discussion-based conversations, DCS EOP-focused games, planning seminars and workshops with the goal leading up to a full-day tabletop exercise. These various trainings, discussions, tests, and exercises will vary; the primary scope focused on improving the overall DCS response capabilities to better serve their constituents. These exercises have a focus to start small and then one goal at a time determine the correct options for the operation of equipment and systems that support the organizational infrastructure. The testing process will ensure that equipment, personnel, and systems:

- Familiarize staff with current plans, policies, agreements and procedures.
- Develop new (strategic) plans, policies, agreements and procedures.
- Explore decision making processes and examine consequences of those decisions.
- Conform to specifications and practice the delegation of authority to others in the agency.
- Closely approximate the operations of the primary equipment and systems.
- Work in the required environments – especially if the primary location is not available.

The DCS director of real estate will ensure that discussion-based workshops will be scheduled throughout the year. These trainings, and eventually (tabletop) exercises, will be designed to validate the effectiveness of the continuity plans and delegation of authority to familiarize associates with the plan implementation process. This will include identifying and correcting gaps of service. These discussions and trainings may encompass a deliberate blend of hands-on activities, seminars, orientation, workshops, online or interactive programs, briefings and lectures.

Local office directors and the DCS safety officer should develop a drill and complete the emergency drills, alternating different types of emergencies during the year (e.g., tornado, fire, active shooter)

Dates of Emergency Drills	
Name and Contact Information for Safety Officers	

After-Action Report (AAR)

The DCS incident command team will conduct an after-action debriefing with staff and participate in inter-agency debriefings as necessary and requested.

DCS will produce an after-action review (AAR) report describing the activities and corrective action plans, including recommendations for modifying needed procedures to ensure future mitigation from damages in similar scenarios.

The DCS incident command team and the staff development team will use information gathered from the AAR to determine any adjustments necessary to the educational plan for DCS team members.

After-Action Report Program

After an exercise is completed, or real-world continuity situation has ended, appropriate stakeholders should conduct an AAR. The AAR process should begin upon return to the primary operating facility or the new permanent primary operating facility. DCS administrative services shall be responsible for initiating and completing the AAR. The AAR will:

- Address the effectiveness of the continuity plans and procedures,
- Identify areas for improvement,
- Document these in the DCS corrective action program (CAP),
- Develop a remedial action plan as soon as possible after the reconstitution, and
- Digitally archive and upload documents into the respective electronic folders.

DCS administrative services shall be responsible for documenting areas for improvement in the CAP (corrective action plan) and developing a remedial action plan. Both the AAR and CAP documentation are maintained by DCS administrative services and will be archived by this department.

Annex A: Order of Succession

In the event of an emergency, designated successors will be given the authority to act on behalf of the person who they succeed. The designator listings are below:

Indiana Department of Child Services				
<u>Key Position</u>	<u>Successor 1</u>	<u>Successor 2</u>	<u>Successor 3</u>	<u>Successor 4</u>
Agency Director	Chief Deputy Director/Senior Advisor	Chief of Staff	Deputy Director of Field Operations	
Deputy Director of Field Operations	Asst. Dep. Dir of Field Operations (1)	Asst. Dep. Dir of Field Operations (2)	Asst. Dep. Dir of Field Operations (3)	Region 10 Manager
Agency Hotline Director	Agency Hotline Deputy (1)	Agency Hotline Deputy (2)	Agency Hotline Deputy (3)	
Deputy Director of Child Support/ISETS	Asst. Deputy Director of Child Support/ISETS	Program Director of Child Support/ISETS (1)	Program Director of Child Support/ISETS (2)	Program Director of Child Support/ISETS (3)
Communications Director	Deputy Director of Communications	External Communications Specialist		
Deputy Director of Child Welfare Services	Asst. Dep. Director of Child Welfare Services (1)	Asst. Dep. Director of Child Welfare Services (2)	Program Manager of Child Welfare Services (1)	Program Manager of Child Welfare Services (2)
Dep. Dir of Juvenile Justice Initiatives and Support	Asst. Dep. Dir of Juvenile Justice Initiatives and Support	Program Director of Background Check Unit (1)	Program Director of Background Check Unit (2)	ICPC Administrator
Deputy Director of Staff Development	Asst. Dep. Director of Staff Development (1)	Asst. Dep. Director of Staff Development (2)	Asst. Dep. Director of Staff Development (3)	
DCS IT Chief Information Officer	DCS IT Director of IT Product Delivery	DCS IT Assistant IT Director	DCS IT ISETS IT Support	DCS IT Business Systems Consultant Manager IT
Chief Financial Officer	Deputy Chief Financial Officer	Administrative Services Controller		
Deputy Director of SSAT	Asst. Dep. Director of SSAT	Asst. Dep. Director of SSAT (2)	Safe Systems Director	
DCS MEU / CEU Asst. Dep. Director of Client Eligibility and Enrollment	DCS MEU/CEU Central Eligibility Unit Manager			
Facility and Safety Director of Real Estate	Safety & Security Director	Facility and Safety Safety & Emergency Operations	Facility and Safety Project Manager	

Annex B: Essential Personnel (Central Office)

The positions listed below have been deemed essential personnel. Essential personnel are defined as those positions, stated or implied, that are required to be filled by statute or executive order, or other positions deemed essential by the heads of principal organizational elements.

#	Position Title	Current Employee	Email	Phone Number	Alternate Work Location
	Agency Head	Eric Miller	dc.director@dc.in.gov	317-232-4439	500 N. Meridian
	Chief Deputy Director/Senior Advisor	Sarah Sailors	sarah.sailors@dc.in.gov	317-234-3999	500 N. Meridian
	Chief of Staff	Aaron Atwell	aaron.atwell@dc.in.gov	317-234-6910	500 N. Meridian
	General Counsel	Joel McGormley	joel.mcgormley@dc.in.gov	317-234-3871	500 N. Meridian
	Deputy General Counsel	Rachel Russell Kimberly Nightingale Kaylee Crites Angelica Carter	rachel.russell@dc.in.gov kimberly.nightingale@dc.in.gov kaylee.crites@dc.in.gov angelica.carter@dc.in.gov	317-233-6547 317-233-7419 574-398-1159 317-234-7899	500 N. Meridian
	Deputy Director of Child Support	Adam Norman	adam.norman@dc.in.gov	317-864-8288	500 N. Meridian
	Deputy Director of Field Operations	Rhonda Allen	rhonda.allen@dc.in.gov	317-517-2399	500 N. Meridian
	Communications Director	Jeni O'Malley	jennifer.omalley@dc.in.gov	317-489-9164	500 N. Meridian
	Chief Financial Officer	Jasmine Williams	jasmine.williams@dc.in.gov	317-232-6214	500 N. Meridian
	Deputy Chief of Staff	Nicole Randol	nicole.randol@dc.in.gov	317-518-4384	500 N. Meridian
	Deputy Director of Child Welfare Services	David Reed	david.reed@dc.in.gov	317-232-4497	500 N. Meridian
	Deputy Director Juvenile Justice Initiatives and Support	Don Travis	donald.travis@dc.in.gov	317-234-4129	500 N. Meridian
	ICPC Compact Administrator	Antoinette Bouyles	antoinette.boyles@dc.in.gov	765-607-5780	500 N. Meridian
	Chief Information Officer	(Vacant)			
	Assistant Deputy Director, COBCU	Waylon James	waylon.james@dc.in.gov	317-232-5613	500 N. Meridian
	Deputy Director of Staff Development	Kerri Dabbs	kerri.dabbs@dc.in.gov	463-261-7396	500 N. Meridian
	Legislative Director	Kate Collins	kate.collins@dc.in.gov	317-439-4011	500 N. Meridian
	Deputy Director of Strategic Solutions and Agency Transformation	Harmony Gist	harmony.gist@dc.in.gov	317-260-3352	500 N. Meridian
	Deputy Director of Human Resources	Kimberly Pierson	kpierson@spd.in.gov	317-234-1388	500 N. Meridian

Annex C: Essential Functions

Essential functions are a subset of overall organization activities that are determined to be critical. These functions enable the organization to provide vital services, exercise civil authority, maintain the safety of the community and sustain the industrial/economic base during an incident. The functions must be continued under all circumstances.

Essential Function	Responsible Department
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Field operations, hotline, communications, prevention and executive (1).
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Field operations, permanency and preservation (1).
3. Interstate Compact Placement of Children (ICPC), central office background unit services and probation.	Juvenile justice initiatives and support (1)
4. Agency payroll and travel per diem for staff.	Fiscal and finance (1).
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	MaGIK, KidTraks and DCS IT (1).
6. Licensed child placing agency (LCPA) foster home licensing.	Field operations (2)
7. Residential and central office foster care licensing.	Child welfare services (2)
8. Administering the Indiana child support program and the Parenting Time Hotline.	Child Support Bureau (2).
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Legal (2).
10. Administering adoption and/or guardianship services and similar family-preservation services.	Adoption and Foster Care Unit (2).
11. Administration of Medicaid and the Title IV-D of the Social Security Act.	Medicaid eligibility unit, central eligibility unit (2).
12. Administering foster care services and older youth services.	Adoption and Foster Care Unit (3).
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Fiscal and finance (3).
14. Quality assurance and CQI (continuous quality improvement).	Strategic solutions and agency transformation (3).
15. Annually obtaining a consumer report for each child at least 14 years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Field operations (3).
16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Staff training and development and legal (3).
17. Legislative services, governor letters and ombudsman.	Legislative affairs (3).

PRIORITY OF ESSENTIAL FUNCTIONS

Essential Function	RTO / RPO	Priority
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Within 12 hours but before 24 hours	1 (within 24 hours of event or incident)
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Within 12 hours but before 24 hours	1 (within 24 hours of event or incident)
3. Interstate Compact on the Placement of Children (ICPC), central office background unit services and probation.	Within 12 hours but before 24 hours	1 (within 24 hours of event or incident)
4. Agency payroll and travel per diem for staff.	Within 12 hours but before 24 hours	1 (within 24 hours of event or incident)
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	Within 12 hours but before 24 hours	1 (within 24 hours of event or incident)
6. Licensed child placing agency (LCPA) foster home licensing.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
7. Residential and central office foster care licensing.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
8. Administering the Indiana child support program and the Parenting Time Hotline.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
10. Administering adoption and/or guardianship services and similar family-preservation services.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
11. Administration of Medicaid and Title IV-D of the Social Security Act.	Within 48 hours but before 72 hours	2 (up to two days but no more than three days)
12. Administering foster care services and older youth services.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)
14. Quality assurance and CQI (continuous quality improvement).	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)
15. Annually obtaining a consumer report for each child at least fourteen (14) years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)
16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)
17. Legislative services, governor letters and ombudsman.	Within 96 hours but before 120 hours	3 (up to four days but no more than five days)

Annex D: Essential Operations and Key Positions

Indiana Department of Child Services (DCS)	
Essential Function (listed by priority)	Key Positions
1. Providing and administering child abuse and neglect prevention services. Answering and processing telephone calls from 800-800-5556 and 317-234-KIDS (5437).	Field operations, hotline, communications, prevention and executive (1).
2. Providing and administering child and family permanency services. This includes family preservation, immigration/legal status and respective ethnic and/or Native American issues.	Field operations, permanency and preservation (1).
3. Interstate Compact Placement of Children (ICPC), central office background unit services and probation.	Juvenile justice initiatives and support (1)
4. Agency payroll and travel per diem for staff.	Fiscal and finance (1).
5. Information technology needs of the agency. This includes, but is not limited to, cellular and landline telephones.	MaGIK, KidTraks and DCS IT (1).
6. Licensed child placing agency (LCPA) foster home licensing.	Field operations (2)
7. Residential and central office foster care licensing.	Child welfare services (2)
8. Administering the Indiana child support program and the Parenting Time Hotline.	Child Support Bureau (2).
9. Providing administrative remedy to constituents and legal representation to agency staff in coordination with state AGO.	Legal (2).
10. Administering adoption and/or guardianship services and similar family-preservation services.	Adoption and Foster Care Unit (2).
11. Administration of Medicaid and the Title IV-D of the Social Security Act.	Medicaid eligibility unit, central eligibility unit (2).
12. Administering foster care services and older youth services.	Adoption and Foster Care Unit (3).
13. Certifying and providing grants to youth service bureaus as well as paying vendors for services and programs, IC 31-40.	Administrative services (3).
14. Quality assurance and CQI (continuous quality improvement).	Strategic solutions and agency transformation (3).
15. Annually obtaining a consumer report for each child at least fourteen (14) years of age who is in state foster care, pursuant to IC: 31-25-2-7.	Field operations (3).
16. Continuing education, primarily for field operations staff, but can include the supervisory and legal staff members.	Staff development and legal (3).
17. Legislative services, governor letters and ombudsman.	Legislative affairs (3).

Annex E: Regional Manager Map and Contact Information

A map of DCS' regions and regional managers is available online at https://www.in.gov/dcs/files/Regional_Managers_Directory_Map.pdf. You can find contact information at <https://www.in.gov/dcs/2369.htm>.

Annex F: Sample DCS Local Office Emergency Operations Plan

A sample Local Office Emergency Operations Plan can be found on the DCS Community SharePoint under “Security and Safety Operations”.

<https://ingov.sharepoint.com/sites/DCSCommunity/SitePages/Safety-and-Emergency-Operations.aspx>.

Click here for a [direct link](#) to the sample document.

	
EMERGENCY OPERATION PLAN	
DCS LOCAL OFFICE	
COUNTY	
In the event of an Emergency,	
(Safety Officer)	
shall take this book to the Safe Shelter Place	
Local Office Director:	
Local Office Address:	
Date Plan Established:	
Last Update:	
(This plan should be updated by the Local Office Director on July 1st of each year.)	

Annex G: Child Placement Information for LCPAs & Resource Parents

The child placement information should remain in a secure location that is easily accessible. The placement information must be taken when evacuating and should include:

1. Names and phone numbers of the three emergency locations provided to DCS,
2. Emergency contact information for DCS,
3. Names of all children in care,
4. Birth certificate or copy of the birth certificate (if in possession of the LCPA or resource parent),
5. Insurance or Medicaid card,
6. Supply of medications, authorization to treat and medical information, and
7. List of current medications.

Annex H: First Aid or Evacuation Kit

The following are recommended items for a first aid/evacuation kit. Sufficient quantities should be maintained to be able to address the needs of the number of employees, staff, visitors, children, and resource parents that may need supplies at any given time.

1. Sterile adhesive bandages in assorted sizes,
2. Sterile gauze pads (46),
3. Hypoallergenic adhesive tape,
4. Sterile roller bandages (3 rolls),
5. Scissors,
6. Personal protective equipment (enough for each person in the home),
7. Masks,
8. Tweezers,
9. Needle,
10. Moistened towelettes,
11. Antiseptic,
12. Thermometer,
13. Tube of petroleum jelly or other lubricant,
14. Assorted sizes of safety pins,
15. Cleansing agent or soap,
16. Nitrile gloves,
17. Sunscreen,
18. Non-prescription drugs, such as:
 - i. Aspirin or non-aspirin pain reliever,
 - ii. Antidiarrheal medication, and
 - iii. Antacids (for stomach upset).
19. Current maps of the area surrounding the provider's home or facility,
20. Non-electric can opener,
21. Extra batteries,
22. 72-hour supply of drinking water and non-perishable food, and
23. Duct tape.

Essential Evacuation Items

Additional recommended items to take when evacuating include:

1. A portable, battery-powered radio and extra batteries,
2. Flashlight and extra batteries,
3. First aid kit and placement information for each child in care,
4. Supply of prescription medication for each child,
5. Credit cards and cash,
6. Personal ID,
7. An extra set of car keys,
8. Phone numbers of your DCS and emergency contact persons, and
9. Special needs items (e.g., baby items, spare eyeglasses).

Annex I: Specific Incident Plan Protocols

Building Evacuation

1. **EXIT** the Building calmly through the nearest exit.
2. **PROCEED to SAFE PLACE or shelter in place**
3. **CALL 911.**
4. **ACCOUNT** for all employees using the building occupancy form.
5. **DO NOT RE-ENTER** the building for any reason until reentry is authorized by highest person in command.

Threatening or Disruptive Behavior

1. Remain **CALM** and **LISTEN** attentively.
2. Maintain **EYE CONTACT**.
3. Be courteous, patient, and respectful.
4. If threat continues, **SIGNAL** a coworker using the **CODE WORD**
 - a. Optional - Different codes for different types of threat
 - b. Code words should be unique and not descriptive of the situation.
5. Activate alarm (if available).
6. If behavior continues:
 - a. **GET OUT** of the situation and lock door behind you.
 - b. If you can't lock the door behind you, hide – block entrance, turn off lights, and **TURN OFF CELL PHONE ringer and vibration.**
7. **CALL 911** when safe to do so.
8. **LOCK** all exterior doors, if safe to do so.
9. Notify other employees.

Information to Relay to 911 Operator

1. **LOCATION** of the violent person.
2. **NUMBER of violent persons**, if more than one.
3. **NUMBER of personnel.**
4. Physical description of attacker(s).
5. Number and type of **WEAPONS** held.
6. Number of potential **VICTIMS** at the location.

When Law Enforcement Arrives

1. Remain **CALM** and follow officers' instructions.
2. **RAISE HANDS** and spread fingers.
3. Always keep hands visible.
4. Avoid making quick movements toward officers such as attempting to hold on to them for safety.
5. Don't point, scream or yell.
6. When evacuating, **DON'T STOP** to ask officers for help or directions, just proceed to the safe place. Their only objective is to find the threat.

Medical Emergency

1. **CALL 911 - DO NOT DELAY. TIME IS CRITICAL.**
2. Do not move the injured person unless necessary to protect them from further harm.
3. Help the injured person remain calm until help arrives.
4. Have someone meet medical personnel and escort them to the injured person.

Inclement Weather

1. **REMAIN CALM & QUIET.**
2. Go to the closest **INTERIOR SAFE PLACE.**
3. **STAY AWAY** from **WINDOWS** and exterior doors.
4. **SIT** on the floor against an **INTERIOR Wall.**
5. Cover your eyes and face with your arms.
6. Remain in the interior safe place until released by safety officer.

Fire

If you smell smoke:

1. Call 9-1-1
2. Implement **RACE**:
 - a. **Rescue**: Rescue those you can as you are exiting the area.
 - b. **Activate** alarm: Pull the fire alarm.
 - c. **Contain**: Close any doors, if possible.
 - d. **Extinguish/evacuate**: Use fire extinguisher for small fires.
 - i. Use **PASS** to operate the fire extinguisher:
 1. **Pull** the pin in the handle.
 2. **Aim** at the base of the fire.
 3. **Squeeze** the extinguisher trigger.
 4. **Sweep** side-to-side while squeezing the trigger and aiming at the base of the fire.
3. The highest-level local leadership is responsible for providing head count information to emergency response services.
4. Basic care for injured should be provided until emergency management services are available. The highest level of local leadership will report to incident command system the known extent of injuries and contact staff's emergency contacts.

Flood

If advance notice is provided:

1. Contact central office for assistance in removing vital records.
2. Establish alternative working locations.
3. FCM's should contact all children on their caseloads to determine and document their planned temporary relocation.
4. Safety coordinator should contact all staff to determine and document their planned temporary relocation.

Earthquake

1. **TAKE COVER** under a desk or in a supported doorway.
2. If outside, **MOVE AWAY** from buildings and utility wires.
3. If inside, stay inside. If outside, stay outside.
4. **REMAIN CALM.**
5. Stay prepared for **AFTERSHOCKS**.
6. **DON'T USE ELEVATORS.**

Bomb Threat

1. **BE CALM & COURTEOUS** to the caller or person making the threat.
2. Enlist aid of coworker using the **CODE WORD** _____ so the coworker can **CALL 911** and notify their supervisor.
3. **KEEP CALLER ON THE LINE for as long as possible.**
4. **Use the bomb checklist or ask the following questions:**
 - a. Where is the bomb?
 - b. When will it explode?
 - c. What does it look like?
 - d. What kind of bomb is it?
 - e. What will cause it to explode?
 - f. Did you place the bomb?
 - g. Why?
 - h. What is your address?
 - i. What is your name?
 - j. From where are you calling?
5. **DOCUMENT EVERYTHING THE CALLER SAYS IF YOU CAN** during or after the call.

Suspicious Mail

1. **DO NOT OPEN.**
2. Leave mail piece where it was found.
3. Do not try to clean up any suspicious substance.
4. **CALL 911.**
5. Close off or **SECURE THE AREA.**
6. Everyone in or around the area should wash their hands.
7. **SHUT DOWN** all equipment in the immediate area and the HVAC systems (heating, air conditioners and ventilation).

Without disturbing the mail piece or substance, DOCUMENT:

- Location of mail piece or substance
- Description of substance
- Description of mail piece (markings, label, declarations, postage)
- Addressee's Name
- Address
- Mailer's Name
- Address

Active Shooter

The primary goal is to get out of the situation. The following page details the steps for how to respond to an active shooter or agitated person with a weapon. (Keep in mind it may not be a sole individual.)

1. The most important step is to discuss and plan the escape route in advance and have at least one planned destination.
2. Leave your belongings behind; you can get them later.
3. Prevent others from entering the building during the incident.
4. If you cannot leave, HIDE, LOCK THE DOOR, & SILENCE CELL PHONES.

For further information and instructions, refer to the details and instructions on the next page, which can also be found at:

[https://www.in.gov/isp/files/How to Respond to an Active Shooter Event.pdf](https://www.in.gov/isp/files/How%20to%20Respond%20to%20an%20Active%20Shooter%20Event.pdf)

Scheduling an ISP Active Shooter Presentation:

<https://www.in.gov/isp/3255.htm>

ISP Active Shooter Information:

<https://www.in.gov/isp/3496.htm>



Integrity ~ Loyalty ~ Community



How to Respond to an Active Shooter Event

HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

Evacuate: If there is an accessible escape path, attempt to evacuate the premises.

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Prevent individuals from entering an area where the active shooter may be
- Keep your hands visible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe

Hide: If evacuation is not possible, find a place to hide where the active shooter is less likely to find you. Your hiding place should:

- Be out of the active shooter's view
- Provide protection if shots are fired in your direction (i.e., an office with a closed and locked door)
- Not trap you or restrict your options for movement. To prevent an active shooter from entering your hiding place
- Lock the door
- Blockade the door with heavy furniture

If the Active Shooter is Nearby:

- Lock the door
- Silence your cell phone and/or pager
- Turn off any source of noise (i.e., radios, televisions)
- Hide behind large items (i.e., cabinets, desks)
- Remain quiet if evacuation and hiding out are not possible:
- Remain calm
- Dial 911, if possible, to alert police to the active shooter's location
- If you cannot speak, leave the line open and allow the dispatcher to listen

Fight: Take action against the active shooter. As a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter by:

- Acting as aggressively as possible against him/her
- Throwing items and improvising weapons
- Yelling
- Committing to your actions

HOW TO RESPOND WHEN LAW ENFORCEMENT ARRIVES

Law enforcement's purpose is to stop the active shooter as soon as possible. Officers will proceed directly to the area in which the last shots were heard.

- Officers may wear regular patrol uniforms or external bulletproof vests, Kevlar helmets, and other tactical equipment
- Officers may be armed with rifles, shotguns, handguns
- Officers may use pepper spray or tear gas to control the situation
- Officers may shout commands, and may push individuals to the ground for their safety
- Remain calm, and follow officers' instructions
- Put down any items in your hands (i.e., bags, jackets) • immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding on to them for safety
- Avoid pointing, screaming and/or yelling

A. Loss of telephone/computer services: In the event of telephone and/or computer service disruption, the aware employee will contact the next-level supervisor immediately. The next-level supervisor will inform the next level of leadership until the executive leadership is aware. IOT will be notified to determine the plan for response and recovery.

B. Explosion: In the event of an explosion, persons witnessing the explosion should alert other persons in danger immediately. The response may be like the fire response.

C. Weapons of mass destruction

Preparations for an event involving weapons of mass destruction (chemical, biological, radiological, nuclear, or explosives [CBRNE]) should be based on existing programs for handling hazardous materials.

- If staff suspects an event involving CBRNE weapons has occurred, they should:
 - Remain calm,
 - Contact appropriate authorities in the area, and
 - Report information to the next-level supervisor for enactment of the incident command system.

Where there is a chance that radiation, hazardous materials or biological agents have been released in proximity to a DCS Office, the safest response might be to shelter in place.

D. Natural disaster

- a. Tornado/earthquake: follow tornado/earthquake protocol by proceeding to the designated tornado/earthquake shelter within the office.

E. Epidemic and pandemic

- a. When a state of emergency has been declared because of an epidemic or pandemic, the DCS executive administration will determine when and to what extent DCS is affected.

- b. The DCS Back on Track guide for employees (created for the COVID-19 pandemic) is available at the following DCS SharePoint link:

<https://ingov.sharepoint.com/sites/DCSCCommunity/SiteAssets/Forms/AllItems.aspx?id=%2Fsites%2FDCSCCommunity%2FSiteAssets%2FSitePages%2FDCSCCommunity%2FEmployee%20Guide%20to%20DCS%20Back%20on%20Track%208%2E6%2Epdf&parent=%2Fsites%2FDCSCCommunity%2FSiteAssets%2FSitePages%2FDCSCCommunity>

F. Utility emergencies: If a utility in any office fails, the central office administrative services team or local office director (or their designee) will submit a [building engines work order](#) and let staff know what action needs to be taken. the local office director or safety officer will also notify central office at DCS.Connection@dcs.IN.gov. Central office will ensure all staff are notified how to contact the local office during the outage and coordinate with DCS IT/IOT should the issue have a potential impact on IT equipment.

NOTE: If the water or gas valve is ever shut off, call or email the landlord/property manager and regional manager and contact Donna Roberts (DCS property manager) at 317-447-7647 or Donna.Roberts@dcs.IN.gov. Do not turn water or gas back on.

a. Data Communication Outage:

- | |
|--|
| 1. Local office director will contact DCS IT support to find out if there is a GENUINE emergency. |
| 2. DO NOT use telephones until you are advised that it is safe. |
| 3. If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation. |

b. Water Outage:

- | |
|--|
| 1. DO NOT use telephones until you are advised that it is safe. |
| 2. DO NOT drink from water fountains or use restrooms until notified that the problem is corrected. |
| 3. You may be directed to go home. |
| 4. If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation. |

c. Electrical Outage:

- | |
|--|
| 1. DO NOT use telephones until you are advised that it is safe. |
| 2. DO NOT use elevators. Elevators should remain clear for use by emergency personnel. |
| 3. Your building has emergency backup power for critical IT equipment. |
| 4. You may be directed to go home. |
| 5. If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation. |

d. Steam Outage:

- | |
|--|
| 1. DO NOT use telephones until you are advised that it is safe. |
| 2. If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation. |

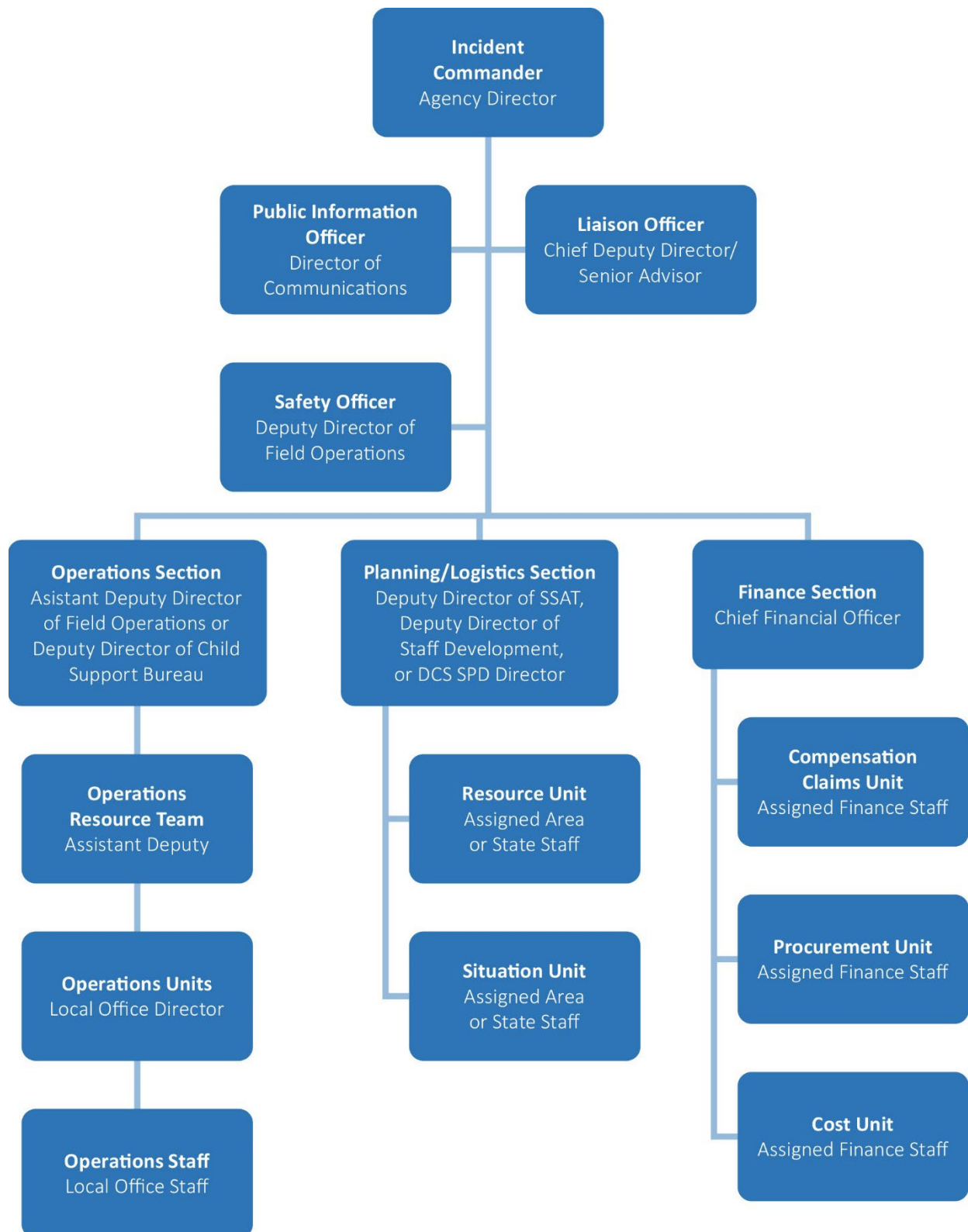
e. Telephone Communication Outage:

- | |
|--|
| 1. DO NOT use telephones until you are advised that it is safe. |
| 2. DO NOT use elevators. If you became stuck the emergency telephone may not be operational. |
| 3. If evacuation becomes necessary, there will be an announcement and the safety officer will direct and assist in the evacuation. |

Annex J: Surge Housing Process Map



Annex K: The DCS Incident Command System



Annex L: Indiana Department of Homeland Security Districts



Annex M: Sample Meeting Agenda for Incident Command Meetings

☐ Agency Director	☐ Chief Deputy Director/Senior Advisor	☐ General Counsel	☐ Legislative Director
☐ Chief of Staff	☐ Deputy Chief of Staff	☐ Deputy Director, Field Operations	☐ Deputy Director, Child Support Bureau
☐ Chief Financial Officer	☐ Communications Director	☐ Deputy Director, Staff Development	☐ Chief Information Officer
☐ Deputy Director, Human Resources	☐ Deputy Director, Child Welfare Services	☐ Deputy Director, Strategic Solutions & Agency Transformation	☐ Deputy Director, Juvenile Justice Initiatives & Support
☐ Hotline Director	☐ Asst. Dep. Director, Field Operations (1)	☐ Asst. Dep. Director, Field Operations (2)	☐ Asst. Dep. Director, Field Operations (3)
☐ Asst. Deputy Director, Field Operations (4)	☐ Deputy General Counsel (1)	☐ Deputy General Counsel (2)	☐ Deputy General Counsel (3)
☐ Asst. Deputy Director, Child Welfare Services	☐ Dep. General Counsel (1)	☐ Dep. General Counsel (2)	☐ Dep. General Counsel (3)
☐ Deputy Chief Financial Officer	☐ Administrative Services Controller		

Attendees:

Agency Overview:

IT:

Admin Services:

Legal:

Field Ops:

SPD:

Child Welfare Services:

Communications:

CSB:

JJIS:

Staff Development:

SSAT:

Legislative Affairs:

Chief Deputy Director/Senior Advisor:

Date	Follow up required/Question	Team or person responsible	Completed?
			YES
			NO

Annex N: Hotline Disaster Plan for Communication and Emergency Operations

In the event of an emergency or disaster where the hotline location is unavailable, the following hotline chain of communication will be followed:

1. The hotline director will contact the deputy director of field operations.
2. The deputy director of field operations will notify the chief information officer, the deputy director of communications, and the deputy director of human resources as part of the incident command structure.
3. The public information officer or director of communications will:
 - a. Contact the Indiana Department of Administration (IDOA) for a 24-hour back-up site, security badges and parking for Hotline operations,
 - b. Contact Capital Police and the Indiana State Police Data Center to alert them of the situation and, if staff are relocated to the Indiana Government Center, to notify them of staff presence during overnight hours,
 - c. Collaborate with the deputy director of field operations to communicate the same message to the field, and
 - d. Ensure notice and contact information for how to make CA/N reports during the emergency is posted on the DCS website and pre-drafted communications prompts are in place.
4. The operations section chief or chief information officer will contact:
 - a. The Indiana Office of Technology (IOT) helpdesk, and
 - b. All remaining members of the DCS incident command team (agency director, Chief deputy director/senior advisor, general counsel, chief financial officer, and all deputy directors) to advise of the emergency situation and report back once a final plan is put into place.
5. The IOT helpdesk will:
 - a. Open a trouble ticket and assign it to IOT contact center support. IOT contact center support will do initial troubleshooting to determine if the problem is a contact center-related issue and re-route the trouble ticket to the appropriate support group if the issue is not a contact center-related,
 - b. IOT contact center support will evaluate the issue to determine if the problem can be resolved internally by an IOT contact center support engineer,
 - c. IOT contact center support will escalate trouble ticket and open a trouble ticket with Avtex for level 3 Contact center support for any major contact center outage. IOT contact center support will then notify DCS hotline management/supervision,
 - d. For network-related outages IOT contact center support will work with the IOT network management group.
 - e. In cases where there are complete outages, IOT contact center support will update DCS hotline management/supervisor and/or contacts of trouble ticket status every 30 minutes until the issue is resolved.

- f. IOT contact center support will work with the DCS hotline staff to test and verify contact center functionality has been fully restored. If problems persist, IOT contact center support will re-engage on the issue.

Note: If the Hotline director or deputy director is unavailable, their designee will initiate this chain of communication.

In the event there is an emergency or disaster declared by the governor or SPD director regarding DCS operations, the incident command and hotline team will be responsible for evaluating the severity of the emergency situation and making decisions with regard to the appropriate course of action including:

1. Whether hotline operations should be managed remotely and/or reassigned to DCS local offices.
2. Receive, document and track reports of abuse and neglect, including paper 310s and screen outs.
3. Appropriate staffing levels.
4. Resuming normal operations and implementing a communication plan to notify impacted individuals.
5. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.
6. Managing operations from an alternative location.
7. Reassignment of staff to surrounding local offices.
8. Activating remote access sites.
9. Making determinations whether to initiate an assessment or screen out a report as well as determining the appropriate timeframe for initiation and completion of the assessment; and
10. Transmitting all reports to the hotline (via email attachment or fax) for data entry into case management system.

In the event the case management system is unavailable:

The intake specialist (IS) will:

1. Take all reports on the report template that is used during system migrations (also located in the share folder); and
2. Submit the report electronically via email to the DCS hotline written reports box for review. The subject line should include the report name, decision and response time if an assessment.

The hotline supervisor will:

1. Review incoming reports in the DCS hotline written reports box for approval. Once approved, move to the disaster subfolder titled "assign".
2. If a two- or 24-hour assessment report, or an I&R where involvement is suspected, the hotline supervisor will forward the report to the appropriate county distribution list.

3. Inform IS that the report has been approved; and
4. Flag the email signifying it has been approved.

When hotline is back up, hotline supervisor(s)/management will:

1. Assign reports from the “assign” folder to available intake specialists via email to maintain a chain of custody. Ask that the IS respond back with the completed report number via email.
2. When the completed report number is received, file it in the disaster subfolder titled “completed.”
3. Go through the “assign” folder and verify all backlog has been entered into the case management system and as backlog is confirmed, change flag status to checked, signifying the report has been confirmed to have been entered.

In the event the hotline is unable to function in any manner, the DCS local offices will be expected to take intake calls and act upon them should the report call for immediate action. DCS local offices should email the report to dcshotlinereports@dcs.in.gov. All faxes are automatically routed to this email address via RightFax.

Annex O: CSB Disaster Plan for Communication and Operations

In the event of an emergency or disaster which results in the CSB location being unavailable, the deputy director of CSB will contact the:

1. Director of communications,
2. DCS operations manager,
3. DCS chief information officer, and
4. Deputy Director of HR.

Note: If the deputy director of CSB is unavailable, his or her designee will initiate CSB disaster plan communication and operations.

Announced Temporary Shutdown

In the event of an announced temporary shutdown of state government, DCS CSB will establish a skeleton crew of 10 to 12 workers, including both state employees and vendors, to perform only the most basic child support functions. The CSB disaster plan skeleton crew and duties contained in this disaster plan are effective ONLY if the disaster is for a period of one, three or 30 days (in the event it will take longer than 30 days, other directions will be provided by the executive management team).

1. DCS CSB will use the following protocols:
 - a. CSB deputy director, assistant deputy directors and managers will identify CSB staff to cover during the shutdown, and
 - b. The CSB worker's name, cellphone number and PeopleSoft number are to be sent to the incident command team prior to the shutdown.
2. The director of communications will:
 - a. Ensure that notice and contact information about how to make child support payments and inquiries during the emergency is posted on the DCS website and pre-drafted communications prompts are in place,
 - b. Contact IDOA for a 24-hour backup site, security badges and parking for CSB senior management operations, and
 - c. Collaborate with the deputy director of field operations to communicate one message to the field.
3. The chief information officer will contact:
 - a. The IOT helpdesk; and
 - b. All remaining members of the DCS incident command team (e.g., DCS agency director, Chief deputy director/senior advisor, deputy Chief deputy director/senior advisor, general counsel, chief financial officer and all deputy directors) to advise of the emergency situation and report back once a final plan is put into place.

Declaration of an Emergency

In the event there is an emergency or disaster declared by the governor or State Personnel Department (SPD) director regarding DCS operations, the incident command and CSB team will evaluate the severity of the emergency situation and make decisions with regard to the appropriate course of action including:

1. Deciding whether CSB operations should be managed remotely,
2. Managing appropriate staffing levels (skeleton crew),
3. Resuming normal operations and implementing a communication plan to notify impacted individuals, and
4. Scheduling appropriate debriefing meetings and making necessary revisions to practices and procedures as appropriate.

When Plan is Effective

The CSB disaster plan skeleton crew and duties contained in this disaster plan are effective ONLY if the disaster is for a period of one, three or 30 days (in the event it will take longer than 30 days, other directions will be provided by the executive management team):

1. The system administrator will ensure the following:
 - a. Information and case management systems are up and running in the counties and stay running throughout the emergency incident,
 - b. Mini-check sum completions,
 - c. Banking files are transmitted, and
 - d. Tape backup.

Annex P: Key Contacts

Key Contact	Phone/Email
Governor's Office	317-232-4567
Indiana Department of Homeland Security Emergency Operations Center	317-232-2222 watchdesk@dhs.in.gov
Pokagon Band of Potawatomi	269-462-4216
Bureau of Indian Affairs Midwest Regional Office	612-713-4400 612-725-4500
IARCA	317-849-8497
Association of Indiana Counties (AIC)	317-684-3710
Indiana Prosecuting Attorney's Council (IPAC)	317-233-1836
DCS Central Office	317-234-5437
DCS Communications	DCS.Connection@dcs.in.gov
DCS Operations (Facilities/Safety)	Jessica Dugan 317-619-0152 jessica.dugan@dcs.in.gov
DCS Operations (Facilities/Safety)	Lori Ahmed 317-650-3381 lori.ahmed@dcs.in.gov
DCS Operations (Facilities/Safety)	Donna Roberts 317-447-7647 donna.roberts@dcs.in.gov
DCS IT Support	Kenlie Capps 463-261-7326 kenlie.capps@dcs.in.gov
DCS IT Support	Todd O'Brien 317-619-5803 todd.obrien@dcs.in.gov
DCS Safety & Security	Jason Carroll 317-450-2193 jason.carroll@dcs.in.gov

