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Mary Beth Bonaventura, Director
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INDIANA DEPARTMENT OF CHILD SERVICES

ANNUAL PROGRESS AND SERVICES REPORT

FINAL REPORT

July 1, 2009 – June 30, 2014

Submitted June 30, 2014



Protecting our children, families and future

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DEPARTMENT OF HEALTH & HUMAN SERVICES

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

OCT 23 2014

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

Dear Judge Bonaventura:

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

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

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

Approval

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

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

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

Training Plan

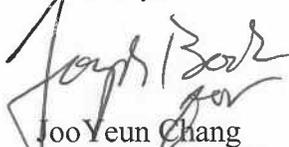
This approval for the FY 2015 funding for title IV-B, subpart 1; title IV-B, subpart 2; CAPTA; CFCIP; and ETV programs does not release the State from ensuring that training costs included in the training plan and charged to title IV-E comply with the requirements at 45 CFR 1356.60(b) and (c) and 45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

Additional Information Required

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

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

Sincerely,



Joo Yeun Chang
Associate Commissioner
Children's Bureau

Enclosure(s)

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

CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2012: October 1, 2011, through September 30, 2012.

1. State or Indian Tribal Organization (ITO): INDIANA		2. EIN: 35-6000158-17		3. Address: Department of Child Services, 402 W Washington Street, RM. E306 MS 08, Indianapolis IN 46204-2739			
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision							
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served	
			Individuals	Families			
5. Total title IV-B, subpart 1 funds	\$ 6,780,063	\$ 6,780,063					
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 678,006	\$ 678,006					
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 7,150,741	\$ 6,552,149	9,649	6,261	AB/VE Foster Children	Statewide/ 92 Counties	
a) Family Preservation Services	\$ 2,502,760	\$ 2,293,252					
b) Family Support Services	\$ 1,430,148	\$ 1,310,430					
c) Time-Limited Family Reunification Services	\$ 357,537	\$ 327,607					
d) Adoption Promotion and Support Services	\$ 1,430,148	\$ 1,310,430					
e) Other Service Related Activities (e.g. planning)	\$ 715,074	\$ 655,215					
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$ 715,074	\$ 655,215					
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ 428,370	\$ 413,933					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ 42,837	\$ 41,393					
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 4,013,399	\$ 4,081,313					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ 1,177,065						
9. Total Education and Training Voucher (ETV) funds	\$ 1,338,235	\$ 1,338,235	421			Children ages 18 - 20	
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.							
Signature and Title of State/Tribal Agency Official		Date	Signature and Title of Central Office Official		Date		
Mary Beth Bonaventura		July 11, 2014	Joseph Bodzfer-Joyce Chay		10/23/14		

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A. BACKGROUND

In 2005, the Indiana Department of Child Services (DCS) was created as a standalone agency charged with administering Indiana's child protection and IV-D child support systems. DCS protects children and strengthens families through services that focus on family support and preservation. DCS administers child support, child protection, and foster care throughout the State of Indiana and works with families to adopt or enter into guardianship agreements to provide permanency for foster children.

After the Department was formed, DCS engaged national and local organizations for guidance and support to improve the system that cares for its abused and neglected children. This collaboration marked the beginning of Indiana's practice reform efforts. The Department has evolved significantly since its creation 9 years ago, and during the 2010 – 2014 Child and Family Services Plan period (CFSP), DCS launched a number of initiatives to improve the manner in which child welfare is administered in Indiana.

In 2013 DCS experienced the first major change in leadership since its creation when Governor Mike Pence appointed Judge Mary Beth Bonaventura to lead the cabinet level agency. Director Bonaventura brings a wealth of knowledge and experience to DCS, having served as Senior Judge of the Lake Superior Court, Juvenile Division—one of the toughest juvenile divisions in the state. Judge Bonaventura was appointed Senior Judge in 1993, by then Governor Evan Bayh, after having served more than a decade as a Magistrate in the Juvenile Court.

During SFY 2014, DCS welcomed several new leaders to the agency. Doris Tolliver transitioned from DCS Human Resources Director to Chief of Staff in July 2013. Jane Bisbee transitioned from serving as Regional Manager in Region 1 (Lake County) to Deputy Director of Field Operations, overseeing all child welfare local office operations in August 2013. James Wide joined the agency as Deputy Director of Communication in August 2013. Don Travis was asked to join DCS to serve in a new capacity for the agency, Deputy Director of Juvenile Justice Initiatives and Support in September 2013. In March, 2014, Wade Hornbacher assumed the role of General Counsel. DCS also appointed two new Regional Managers – Richard Ban (Region 1) and Jamie Phippen (Region 3). The agency is presently recruiting for one additional regional manager vacancy in Region 16.

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

Since submitting its last Annual Progress and Services Report (APSR), DCS has made significant investment in hiring additional case management staff to ensure it is complying with Indiana's statutorily required 12/17 caseload standard. In SFY 2013, DCS saw a significant increase in caseload combined with high turnover rates during Fall 2012, which made it difficult for the agency to maintain

compliance with the caseload standard. In Spring 2013, the Indiana Legislature appropriated funding to allow DCS to hire an additional 136 FCMs. In December 2013, DCS was given approval to create an additional 110 new case manager positions. DCS now has a total of 1,963 FCM positions, compared to 1,600 in 2010.

The mainstay of Indiana’s Practice Reform continues to be the TEAPI practice model. DCS remains committed to “**Safely Home—Families First,**” with a focus on keeping children in their homes when they can do so safely, and with relatives, when placement is necessary. DCS also continues its work around transitioning to a more trauma-informed system of care, including increasing its use of evidence-based treatment services.

B. 2010-2014 FINAL REPORT REQUIREMENTS

During the CFSP Period, Indiana elected to change the percentages (see below on each category) allotted to each of the four programs named below. Funding in the time limited family reunification category was reduced and added to family preservation to strengthen families. Since the development and implementation of home-based services, local office staff became more comfortable leaving children in their own home while providing intensive home-based services. The use of Regional Services Councils also helps to ensure that specific services are available where they are needed. This coupled with progress made through the Program Improvement Plan and the IV-E Waiver Demonstration Project, has allowed children to remain in their homes and has prevented many children from coming into care. Indiana continues to allot 10% in planning and 10% in administration. A description of the types of services included in each category is below.

1. ASSESSMENT OF PROGRESS ON GOALS, OBJECTIVES AND SERVICE ARRAY

a. Progress Achieved Toward Meeting Goals and Objectives

DCS accomplished all of the goals outlined in the 2010-2014 Child and Family Services Plan (CFSP). In the 2013 Annual Progress and Services Report (APSR), DCS identified two objectives as not complete. Updates regarding DCS’ progress towards completing these objectives are detailed below. Additional information about major accomplishments during the CFSP period are included in section B-1-b below.

GOAL #1: STAFF DEVELOPMENT

DEVELOPMENT OF STAFF THAT HAVE ASSESSMENT SKILLS AND COMPETENCIES TO DETERMINE THE RISKS AND NEEDS OF CHILDREN AND THEIR FAMILIES.

All of the objectives for this goal were completed and reported in the June 30, 2013 APSR.

GOAL #2: PROGRAMS AND SERVICES

ENSURE THAT INDIVIDUALIZED PROGRAMS AND SERVICES ARE DELIVERED TO FAMILIES AND CHILDREN IN ORDER TO ACHIEVE SAFETY, PERMANENCY, AND WELL-BEING OUTCOMES.

All of the objectives for this goal were completed and reported in the June 30, 2013

APSR with the exception of Objective 2.9.

Objective 2.9 Statewide access to services for substance abuse, domestic violence and Spanish speaking families.

Response 2.9 This objective is part of an ongoing effort to expand statewide access to all services.

GOAL #3: COOPERATION AND COMMUNICATION

ENSURE THAT SERVICES ARE DEVELOPED AND PLANNED IN PARTNERSHIP WITH FAMILIES AND COMMUNITIES TO PROTECT CHILDREN IN THEIR COMMUNITY THROUGH COOPERATION AND COMMUNICATION.

All of the objectives for this goal were completed and reported in the June 30, 2013 APSR.

GOAL #4: INFRASTRUCTURE

CREATE AN INFRASTRUCTURE THAT WILL SUPPORT AND SUSTAIN ALL COMPONENTS OF DELIVERY WITHIN THE CHILD WELFARE SYSTEM.

All of the objectives for this goal were completed and reported in the June 30, 2013 APSR with the exception of Objective 4.9. There were no barriers or unexpected events that had an impact on the accomplishment of this objective.

Objective 4.9 A system will be developed to collect and report information on children who are adopted from other countries and who enter State custody as a result of the disruption of an adoptive placement, or the dissolution of an adoption. Such information will include the reasons for disruption or dissolution, the agencies who handled the placement or adoption, the plans for the child, and the number of children to whom this pertains. ICWIS to capture the number of children involved in the CHINS process that were adopted overseas.

Response 4.9 This objective is not complete. Due to the limited number of disrupted or dissolved international adoptions that come to the attention of DCS in Indiana, this information is collected manually. There were no disrupted or dissolved international adoptions from June 30, 2013 through June 30, 2014.

b. Baseline and Data Demonstrating Progress from 2010-2014

The Indiana Child and Family Services Review, Round 2, Final Report was issued in June of 2008. On January 1, 2009, the 2008 Property Tax Relief Bill (House Enrolled Act (HEA) 1001) was passed by the Indiana General Assembly and became law. As a result of this legislation, the State of Indiana assumed responsibility for funding all child welfare services, eliminating the county Family and Children's Funds and creating the State Family and Children's Fund. HEA 1001 also transferred responsibility of contracting for programs and services from individual counties to the Indiana Department of Child Services. HEA 1001 also statutorily created Regional Service Councils to develop regional services plans

for the delivery of child welfare services in the counties within each region.

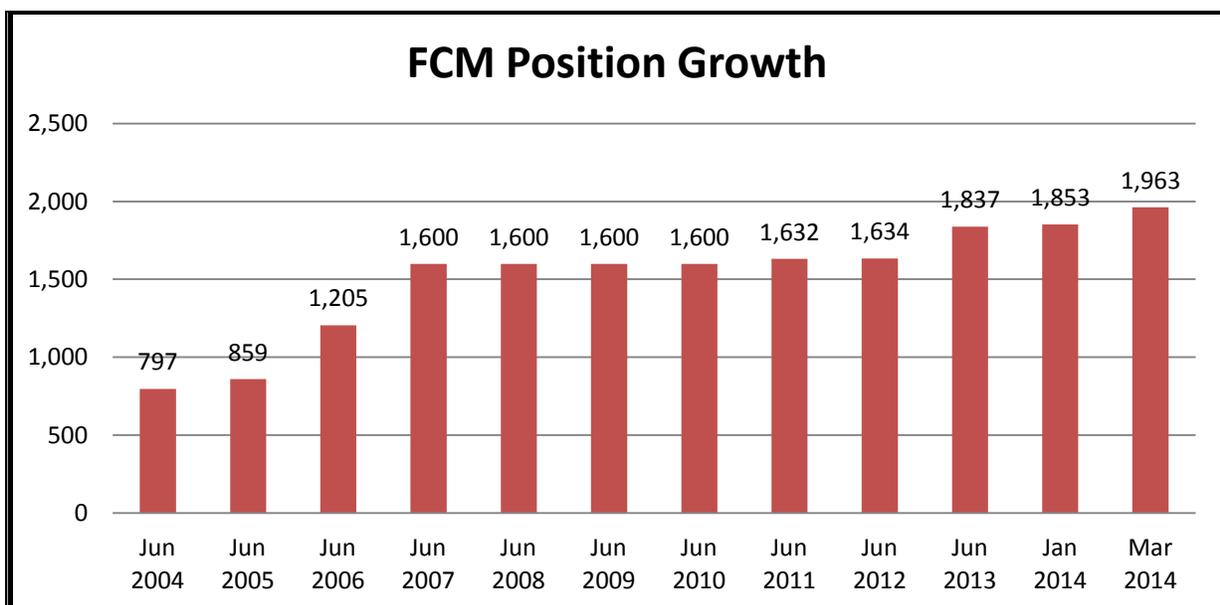
HEA 1001 and the CFSR Round 2 Final Report were both instrumental in the establishment of Indiana’s goals and objectives for the 2010-2014 CFSP. Success was measured by completion of these goals, the QAR, QSR results, and practice indicator results. DCS’ priorities over the CFSP period were centered around the four goals listed above which were established at the beginning of the CFSP period in July 2009.

GOAL 1: STAFF DEVELOPMENT

DEVELOPMENT OF STAFF THAT HAVE ASSESSMENT SKILLS AND COMPETENCIES TO DETERMINE THE RISKS AND NEEDS OF CHILDREN AND THEIR FAMILIES.

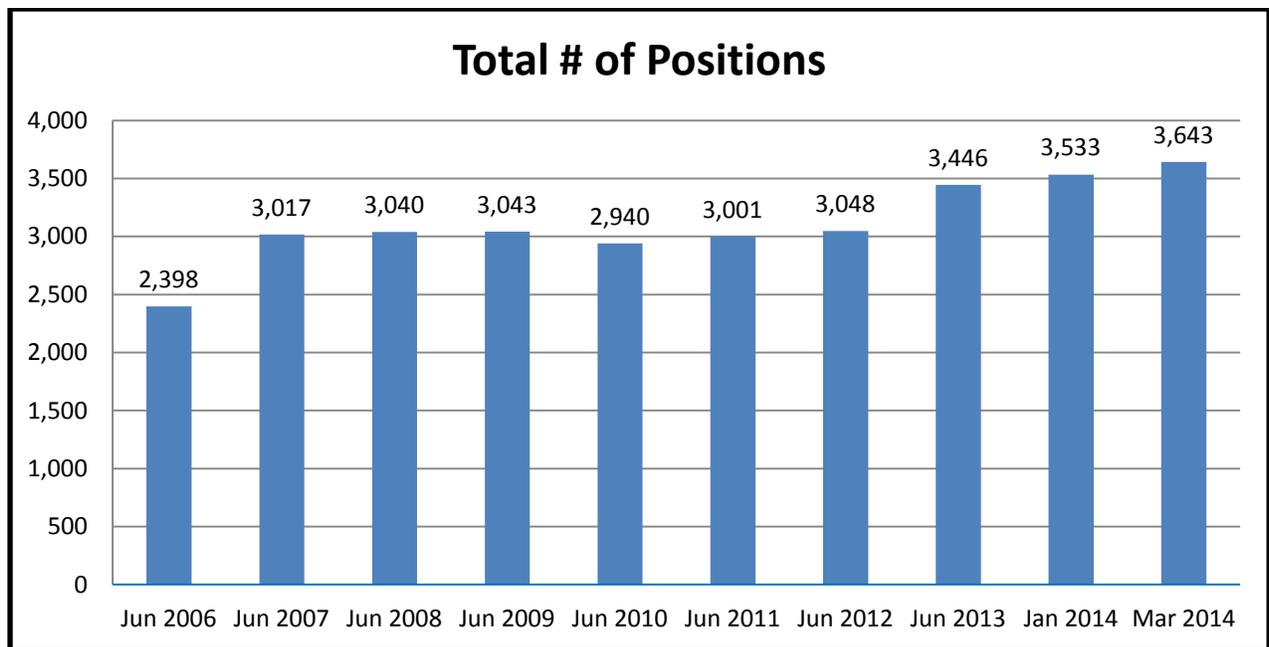
DCS made a significant investment in hiring and retaining a qualified, competent and sustainable workforce during the Plan period. One of the greatest barriers DCS faced in 2005, when it was established as a stand-alone, cabinet level state agency, was a lack of case managers to effectively manage caseloads. Fortunately, through the support of the Governor and Indiana legislature, DCS was given authority to hire an additional 800 FCMs between 2006 and 2008. During this same time period, DCS worked to establish a comprehensive new worker training curriculum to ensure the agency was appropriately preparing these new workers for their work with children and families. Beginning in 2009, DCS shifted its focus on developing a more robust continuous education training curriculum for experienced FCMs, FCM Supervisors and other agency staff.

In SFY 2013, DCS experienced a measurable increase in negative FCM turnover, which peaked at 20.6% in November 2012. This increase, combined with rapidly increasing caseloads, forced the agency to shift its focus back to recruitment of FCMs. In response to the staffing shortages created by this increase in caseloads and high turnover, the Indiana General Assembly appropriated funding to allow DCS to hire an additional 136 FCMs and 75 FCM Supervisors. The graph below reflects the drastic increase in FCM positions during the Plan period.



In addition to increasing the number of FCM positions, DCS also added additional FCM Supervisors, Attorneys, Child Abuse and Neglect Hotline FCMs, and a number of specialist positions to help support improved outcomes for children and families. Below please find data reflecting the increase in staff in recent years.

Date	Total # of Positions	FCM Positions	FCM Supervisor Positions	Hotline Positions	Hotline Supervisor Positions	Attorneys
June 2009	3,043	1,600	263	N/A	N/A	104
June 2010	2,940	1,600	249	52	9	107
June 2011	3,001	1,632	250	63	10	112
June 2012	3,048	1,634	251	73	10	114
June 2013	3,446	1,837	340	113	20	115
January 2014	3,533	1,837	340	123	20	115
March 2014	3,643	1,963	340	123	20	115



The specialist positions created during the CFSP period were established to provide specialized expertise and guidance to FCMs and to help ensure DCS had the appropriate in-house experts to help further child well-being. While DCS knows from individual case success stories that these specialist positions are having a positive impact on well-being and permanency outcomes for children in the child welfare system, DCS is still working to establish specific performance metrics to demonstrate how these positions are contributing to improved outcomes for the system as a whole. A brief summary of the specialized functions created during the Plan period are included below.

The specialist positions created during the CFSP period were established to provide specialized expertise

and guidance to FCMs and to help ensure DCS had the appropriate in-house experts to help further child well-being. While DCS knows from individual case success stories that these specialist positions are having a positive impact on well-being and permanency outcomes for children in the child welfare system, DCS is still working to establish specific performance metrics to demonstrate how these positions are contributing to improved outcomes for the system as a whole. A brief summary of the specialized functions created during the Plan period are included below.

CLINICAL RESOURCE TEAM:

The Clinical Resource Team (CRT) was formally launched in 2011 to provide case consultation and expertise in identifying appropriate treatment services for children with complex mental health issues. DCS initially created nine, regionally based Clinical Services Specialists (licensed mental health professionals) and a licensed psychologist (Clinical Services Manager) to manage the CRT. This team now includes (June 2014) sixteen clinical services specialist positions who work closely with DCS field staff on service planning and participate in residential placement reviews, regional provider meetings and permanency round tables.

EDUCATION CONSULTANTS:

Education Consultants were added in Fall 2011, to address the educational challenges faced by foster children, as part of the national Foster Youth Education Initiative (FosterEd). Education Consultants (fifteen full time positions as of June, 2014) work with FCM's, teachers, school administrators, foster parents, biological parents, relative caregivers and others to identify educational strengths of foster children and to ensure that their educational needs are met. They also provide professional development for family case managers, school systems, foster parents, and other agencies.

NURSE CONSULTANTS

As outlined in the DCS Health Care Oversight and Coordination Plan, DCS also hired registered nurses to provide expanded oversight into the medical and dental needs of foster children. The program is fully operational and staffed with 13 nurses and a State Program Director of Nursing Services in Central Office.

PARENT & RELATIVE LOCATORS:

To increase identification of absent parents and relatives able to serve as placement options and/or supports to children in care, DCS created the Parent and Relative Locate Unit beginning in 2011. The unit is comprised of 8 Relative Locate Investigators and a Program Director. The staff in this division are former detectives and/or retired law enforcement officers and have expertise in using a variety of resources to locate people.

Training

During the CFSP period, DCS expanded and refined the training curriculum available to DCS staff including making revisions to new worker training and developing ongoing training courses to meet the needs of experienced staff at all levels of the agency. DCS has also developed an extensive leadership training curriculum for supervisors, managers and those desiring to serve in executive management roles within the agency. Training initiatives during each of the 5 years in the CFSP period are outlined in DCS' Training Plans which are attached to each APSR.

To assess whether the DCS new worker training curriculum is successful in providing workers with the knowledge and skills FCMs needed to do their job well, DCS developed an Individual Training Needs

Assessment (ITNA) survey. The initial ITNA was completed by 1,400 FCMs in Fall 2009. Based on the results of this survey, DCS developed a training strategic plan in early 2010 to prioritize development or modification of training curriculum.

Some examples of specific trainings provided are included below.

TEAPI:

DCS has consistently, throughout the 2010-2014 CFSP, been dedicated to the TEAPI model, founded on five core competency areas: Teaming, Engaging, Assessing, Planning and Intervening (TEAPI). The practice model incorporates an approach which includes engaging families, teaming and planning with families, and supporting families when possible, while still holding parents accountable for their children. Training of all DCS staff on the TEAPI model began in May 2009 and TEAPI was added to the new worker training curriculum in October 2009.

CONCURRENT PLANNING

DCS collaborated with the Indiana University School of Social Work and the Child Welfare Education Training Partnership to develop a trainer's manual on Concurrent Planning. A Concurrent Planning Policy was developed and became effective April 1, 2010.

PERMANENCY PLANNING

DCS collaborated with the Indiana Judicial Center to add permanency planning to the training curriculum for court personnel.

LICENSING

Comprehensive three-day trainings of Regional Foster Care Specialists (RFCS) and supervisors were held in January and February, 2010, which included information on the Casey Foster Family Assessment, the licensure process, as well as effective strategies for recruitment and retention of foster parents. In February 2011, the training was refined, with follow-up trainings occurring in March and May 2011. Going forward, three (3) day trainings for new workers are offered at least once a year in the spring and training for all workers is offered at least once a year in late Summer/Fall. Additionally, monthly conference calls are held with RFCS Supervisors to reinforce or enhance learning.

SPECIALIZED MEDICAL TRAINING FOR INDIANA PHYSICIANS AND OTHER RELEVANT PARTIES

In 2012, DCS amended an existing contract with Indiana University to provide program development, implementation and training on child abuse and neglect identification and/or reporting and related topics to ER physicians, family physicians, pediatricians and others who see infants and children in a medical setting. The first training occurred in April 2013 and 400 individuals attended, including 60 physicians. Additional trainings have been scheduled across the state to provide Doctors and other individuals the opportunity to learn more about this important topic.

ORGANIZATION CHANGES

CENTRALIZED HOTLINE

In 2010, DCS added a centralized hotline, located in Indianapolis, and in 2013, added three regional hotline sites located in Blackford, Lawrence and St. Joseph counties. A fourth regional hotline site opened in Vanderburgh County in June 2014.

INSTITUTIONAL CHILD PROTECTIVE SERVICES UNIT (ICPS)

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

MEDICAID ELIGIBILITY UNIT (MEU)

DCS created a specialized, internal, Medicaid Enrollment Unit (MEU) which was piloted in select counties and then implemented statewide effective August 1, 2010. MEU staff collaborate with the Indiana Family and Social Services Administration (FSSA) Office of Medicaid Policy and Planning (OMPP), Division of Mental Health and Addictions (DMHA), and 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. MEU staff collaborate with FSSA and OMPP to ensure coverage and appropriate category choice for each DCS children or youth in placement. MEU also enrolls IV-E eligible children in Medicaid and facilitates the Medicaid application process for non eligible children in care as authorized representative for the child.

FOSTER PARENT RECRUITMENT AND RETENTION:

DCS reorganized its foster care program in 2009. As a part of this reorganization, DCS created 98 field-based Regional Foster Care Specialists (RFCS), 21 supervisors, and Central Office Staff including a State Foster Care Program Director and five (5) foster care program staff. At the same time, DCS undertook the massive task of rewriting the foster care licensing rules which had not been updated since the 1940's. Once the new rules were promulgated, DCS updated licensing policies and licensing forms and trained DCS and private agency licensing staff on the changes.

In 2012, DCS expanded the financial supports available to foster parents by offering, in addition to the daily per diem, an initial clothing allowance, a personal allowance and special occasion allowances (birthday and December holiday). DCS also reviewed, improved, and expedited invoicing and payment processes to get financial resources to foster parents faster. Electronic invoicing (e-invoicing) for foster parents was piloted in 2013 and is now available to all foster parents.

During the CFSP period, DCS also focused efforts on the support of relative caretakers of children involved with the child welfare system due to the large growth in placement with relatives between 2002 and 2014. Relative placements increased from just over 6% in 2002 to 43.4% of children in out of home placement in March of 2014.

In 2013, Regional Relative Support Specialists (RSS) were added to the Foster Care Program to decrease relative placement disruptions, increase utilization of relative placements, and educate relatives on DCS policies, procedures and practices, including financial options available. As of June, 2014, DCS has 31 RSSs providing targeted support and timely services to relatives.

GOAL #2: PROGRAMS AND SERVICES

ENSURE THAT INDIVIDUALIZED PROGRAMS AND SERVICES ARE DELIVERED TO FAMILIES AND CHILDREN IN ORDER TO ACHIEVE SAFETY, PERMANENCY, AND WELL-BEING OUTCOMES.

DCS achievements under this goal involve new services and quality improvement. These areas are specifically addressed in other sections of this document. New services are outlined in this section under subsection (d.) Services Provided 2010-2014 and Additions or Changes. Quality Assurance is addressed under Section 3 Program Support, Subsection (b.) under Quality Improvement and Information Systems Staff.

Some additional areas within this goal where DCS made major improvements include Medicaid care coordination, mental health services, and more appropriate matching of foster parents and foster children as are discussed below:

- *Medicaid Care Coordinators* - DCS continues to collaborate with Indiana Office of Medicaid Planning and Policy (OMPP) to ensure that all DCS foster children and youth are covered by Medicaid. At the time that this goal was written, Care Select was available to all eligible DCS foster children and youth. Indiana Medicaid administered by OMPP continues to evaluate and modify Medicaid health plans. Since the last APSR response, the Indiana Medicaid plans have been revised and Care Select is only available to individuals with certain medical conditions requiring medical care coordination. Therefore, some children are enrolled in the Indiana Medicaid Traditional plan. For more information regarding these plans please refer to the Health Care Oversight and Coordination Plan. An MOU between DCS and OMPP was signed in early 2012 to begin work on integration between DCS and Medicaid to extract medical data and claims information. Preliminary planning sessions for this work are planned to begin soon.
- *Mental Health Assessments for Children* - DCS and Community Mental Health Centers (CMHC) entered into an agreement whereby children with CANS behavioral health levels of 3 or higher are referred to CMHC's for an assessment of the child's specific needs for behavioral health services. The Indiana Division of Mental Health and Addictions (DMHA) certifies CMHCs and participates in a work group with CMHCs and DCS to help maximize availability of Medicaid-funded mental health services on behalf of DCS foster children and youth. A Memorandum of Agreement was entered with Behavioral Health Management, Inc. (BHMI), on behalf of the CMHCs, to facilitate development of a provider network of CMHCs, which are the only entities authorized to provide the Medicaid Rehab Option (MRO) for mental health services. DCS' contracts with CMHCs include assessments for MRO as well as a full array of MRO services and companion services which may be necessary to complement the medically necessary mental health services.
- *Foster Parent Matching* - The CANS tool and the Casey Foster Family Assessment collectively address pre-placement issues. The CANS tool is currently utilized to determine the level of care or needs of a child prior to placement, and the Casey Foster Family Assessment tool is used by Regional Foster Care Specialists (RFCS) to identify the strengths and needs of foster parents before placements occur. RFCS currently utilize the Casey Foster Family Assessment tool in their evaluation of foster parents. RFCS also have access to a placement matching feature in MaGIK to assist in finding foster homes.

GOAL #3: COOPERATION AND COMMUNICATION

ENSURE THAT SERVICES ARE DEVELOPED AND PLANNED IN PARTNERSHIP WITH FAMILIES AND

COMMUNITIES TO PROTECT CHILDREN IN THEIR COMMUNITY THROUGH COOPERATION AND COMMUNICATION.

DCS continued collaboration with community partners, other Indiana agencies, courts, and contractors during the CFSP period. Some examples of this include collaboration with:

- Community domestic violence experts to develop domestic violence guidelines and train DCS staff.
- Family and Social Services Administration (FSSA) Division of Family Resources (DFR) and Office of Medicaid Policy and Planning (OMPP) to maximize the use of Medicaid funding and increase the accessibility of services to eligible youth and their families.
- The Court Improvement Project (CIP) to address barriers to termination of parent rights (TPR) filings and to actively pursue adoption as a permanency goal.
- The Juvenile Justice Improvement Committee and the Child Welfare Improvement Committee to discuss mediation, permanency, the use of emergency shelter care, statutory timelines in child in need of services (CHINS) and TPR cases, and DCS programs and services.
- The Indiana legislature on the enactment of sweeping school choice options that can be used by Indiana foster children to continue to attend the private schools they attended prior to placement under the school voucher program.
- FSSA Bureau of Developmental Disability Services (BDDS) and DFR to develop the Children's Mental Health Initiative (CMHI) to provide access to intensive wraparound and residential services for children who do not qualify for Medicaid.
- The Indiana legislature on legislation now codified as IC 20-26-11-8, which authorizes school attendance by foster children at a school determined to best meet the child's needs, regardless of the child's legal settlement district without any requirement for transfer tuition between school corporations.
- The Court Improvement Program of the Indiana Judicial Center to sponsor a statewide summit on "Child Welfare and Juvenile Justice-Working Together to Improve Outcomes for Children." The Summit was held at the Indiana Convention Center and was attended by over 550 juvenile probation officers, chief probation officers, and Department of Child Services FCMs, supervisors, local office directors, regional managers, and probation service consultants from across the state.

GOAL #4: INFRASTRUCTURE

CREATE AN INFRASTRUCTURE THAT WILL SUPPORT AND SUSTAIN ALL COMPONENTS OF DELIVERY WITHIN THE CHILD WELFARE SYSTEM.

During the CFSP period, DCS expanded and refined the training curriculum available to DCS staff including making revisions to new worker training and developing ongoing training courses to meet the needs of experienced staff at all levels of the agency. DCS has also developed an extensive leadership training curriculum for supervisors, managers and those desiring to serve in executive management roles within the agency. Training initiatives during each of the 5 years in the CFSP period are outlined in DCS' Training Plans which are attached to each APSR.

To assess whether the DCS new worker training curriculum is successful in providing workers with the knowledge and skills FCMs needed to do their job well, DCS developed an Individual Training Needs Assessment (ITNA) survey in partnership with the Indiana University School of Social Work. The initial ITNA was completed by 1,400 FCMs in Fall 2009. Based on the results of this survey, DCS developed a training strategic plan in early 2010 to prioritize development or modification of training curriculum. Training for FCM's was reviewed again in the summer of 2011, when all FCMs were asked to complete an updated ITNA. FCM supervisors were asked to complete the ITNA Supervisors. The results of the ITNA's were used to identify training needs throughout the remainder of the CFSP period. Reports were also generated to track employee adherence to training requirements.

Training for foster parents, adoptive parents, and kinship caregivers was also reviewed and updated during this CFSP period. In 2011 DCS began transitioning Foster, Adoption, and Kinship Training (FAKT) from contracted service providers whose contracts were managed by the DCS Programs and Services Division to internal DCS staff in the Staff Development Division. Fourteen staff positions, including two supervisory positions, 7 full-time trainer positions and 5 full-time coordinator positions were established and filled. Staff Development was expanded in 2013 to include an additional curriculum writer, a supervisor, and two additional trainers. DCS Staff Development assumed responsibility for all foster parent training on July 1, 2011, after the curriculum was updated, translated into Spanish, and renamed Resource & Adoptive Parent Training (RAPT). A full-time curriculum writer rewrote foster parent pre-service training to more closely align the training with the DCS vision, mission and values. On-going training modules were developed for licensed foster parents and offered at more convenient times and locations. Rules and policies relating to foster parent training requirements were reviewed and updated. DCS contracted with Foster Parent College to provide on-line training and contracted with the Central Indiana American Red Cross to provide classes for certification in CPR, First Aid and Blood borne Pathogens.

Additional child welfare system and infrastructure improvements occurring during the plan period include:

- Revision of the Special Education Services Policy, effective February 1, 2010 to include information about the newly created Education Specialist positions and how they can assist FCM's to establish and implement educational goals of children in the child welfare system. Training regarding educational liaisons was also incorporated into RAPT training for foster parents and Computer Assisted Training was developed for students which has also been made available to the educational community.
- A more detailed Absence of Maltreatment Report was developed in 2012 to help local offices and regions identify specific cases in which children are revictimized. These reports are used to identify trends and develop strategies to increase compliances with federal safety indicators.
- DCS hired eight practice development supervising attorneys (DG's) in 2012, to work with assigned local office attorneys to improve their courtroom skills, improve consistency in seeking expeditious permanency for children and to decrease delays in court processes that delay permanency for children. Required training hours for DCS attorneys were increase to 32 hours annually to increase their knowledge and understanding of child welfare practices and the importance of permanency for children.

b. Baseline and Data Demonstrating Progress from 2010-2014

Below please find a summary of progress made in achieving CFSR outcomes targets during the 2010-2014 CFSP period. Indiana DCS now meets or exceeds the national standard in 1 of the 2 safety indicators and 3 of the 4 Permanency Composites.

CFSR Safety Outcomes 1 and 2
(1) Children are first and foremost, protected from abuse and neglect.
(2) Children are safely maintained in their own homes whenever possible and appropriate.

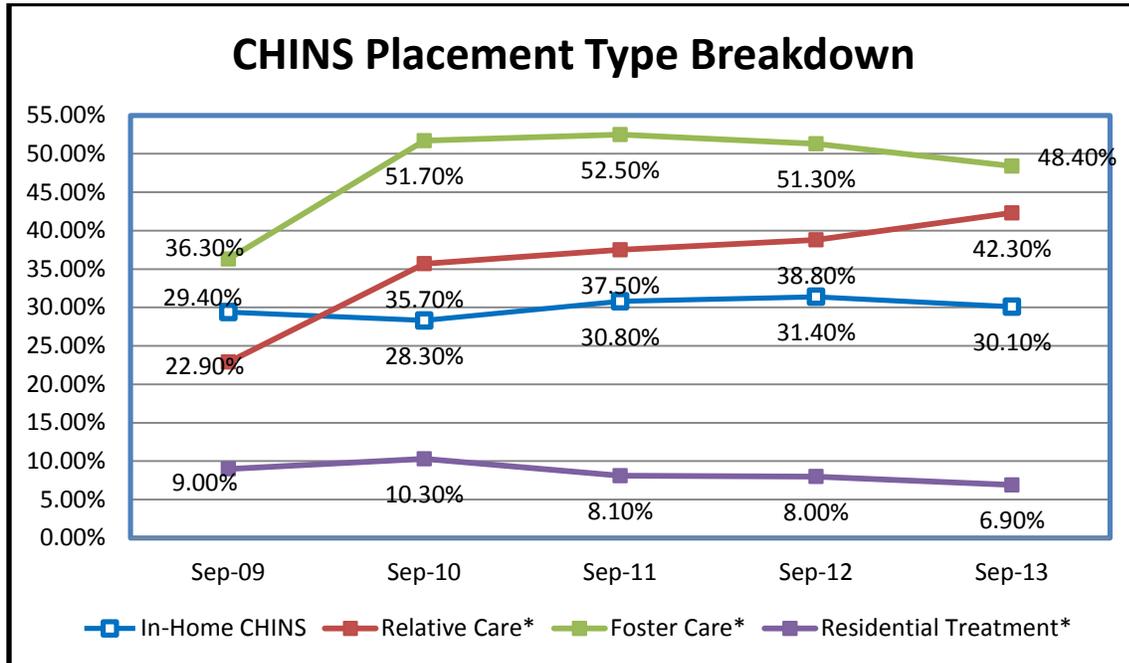
CFSR Safety Data Indicators	DCS Data (based on NCANDS)					
	CFSR Round 2 Final Report (FFY 05/06)	PIP Baseline (FFY 2007)	FFY 2010	FFY 2013	National Standard	PIP Negotiated Goal
Absence of Recurrence of Maltreatment	92.70%	93.80%	93.20%	92.90%	94.60%	92.90%
Absence of Child Abuse and /or Neglect in Foster Care (12 months)	99.30%	99.69%	99.63%	99.87%	99.68%	N/A

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

CFSR Permanency Composites	DCS Data (based on NCANDS)					
	CFSR Round 2 Final Report (FFY 05/06)	PIP Baseline (FFY 07 / 08)	FFY 2010 / Nat'l Rank	FFY 2013 / Nat'l Rank	National Standard	PIP Negotiated Goal
Timeliness and Permanency of Reunification	120.9	124.6	125.6 10th	119.4 18th	≥ 122.6	N/A
Timeliness of Adoptions	114.7	117.2	132.3 2nd	114.1 10th	≥ 106.4	N/A
Permanency for Children and Youth in Foster Care for Long Periods of Time	119.7	133.4	136.6 3rd	142.7 2nd	≥ 121.7	N/A
Placement Stability	95.6	100.7	101.4 11th	105.6 9th	≥101.5	95.6

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

Type Breakdown data is pulled from a DCS practice indicator report generated from the MaGIK, the DCS child welfare information system.



c. Impact of CFSR, AFCARS or PIP Affected Goals

DCS' Round 2 Child and Family Services Review results and the resulting Program Improvement Plan served as the foundation for the 2010-2014 Child and Family Services Plan. In developing its CFSP goals, DCS placed particular emphasis on some of the areas identified as needing improvement in the assessment of systemic factor performance.

As an example, ongoing training of staff was identified as an area needing improvement. Throughout the course of the plan period, DCS invested significant resources to develop a robust training plan for all levels of staff. DCS recognizes that staff expertise is a critical component of achieving positive outcomes for children and families and to that end, has established an expectation that staff professional development remain a priority. DCS memorialized this expectation in Policies GA 10 and GA 11 (available at <http://www.in.gov/dcs/2516.htm>), which requires all levels of staff to satisfy certain annual training requirements. These hours can be a combination of classroom and computer assisted trainings. The training curriculum now available to staff includes more than 109 different types of training courses and provides staff ample opportunity to satisfy the annual training requirements. It also supports continued professional development for all staff. Additional detail about some of the courses developed during the plan period, including the extensive array of leadership trainings offered, is included in Section 3a, Program Support.

Training for current and prospective foster and adoptive parents was also identified in CFSR Round 2 as an area requiring improvement. To address this issue during SFY 2011, DCS assumed responsibility for foster parent training for DCS direct managed homes; a service previously contracted to a private provider. By directly providing foster parent training, DCS was able to expand the number and types of course offerings, and ensure improved consistency in the course curriculum/content. This change allows the agency to further its goal of reducing barriers to becoming a licensed foster parent. Now prospective

foster parents can take classes at night or on the weekends when the training fits into their schedules.

Certain aspects of Indiana's Quality Service Review and Quality Assurance processes were also identified as areas needing improvement. DCS has made significant progress in this area. DCS collaborated with national experts from the Annie E. Casey Foundation, Human Systems and Outcomes, Inc., Child Welfare Policy and Practice Group (CWPPG), and a representative from Indiana University to develop the initial QSR Protocol, new reviewer training curriculum, and review processes. The Performance and Quality Improvement (PQI) team has continued to enhance and evolve these areas based on experience and continued stakeholder feedback. As a result, CWPPG has referred a number of states to Indiana to observe and participate in QSR processes and reviews. Indiana continues to serve as a resource to other states as development for Reflective Practice Supervisory (RPS) tools, protocols for Assessments, as well as QSR Protocol designed specifically for Older Youth Services Youth have been developed to qualitatively measure practice in these respective areas.

A new QAR process was implemented to review calls to the Hotline for adherence to policy, statute and procedure and to review consistency in decision making and use of the Standardized Decision Making (SDM) tool. Furthermore, customer satisfaction surveys were added to Hotline reviews to obtain feedback from stakeholders on Hotline staff's intake processes, professionalism, thoroughness in taking reports, as well as the ease in locating the Hotline contact number. Currently, Indiana is evolving QAR to an automated process whereby developed reports are used by management and staff at all levels. QAR reports are utilized in conjunction with information from other compliance reports in order to inform the agency as to adherence to state and federal policy and statutes for Continuous Quality Improvement (CQI) purposes.

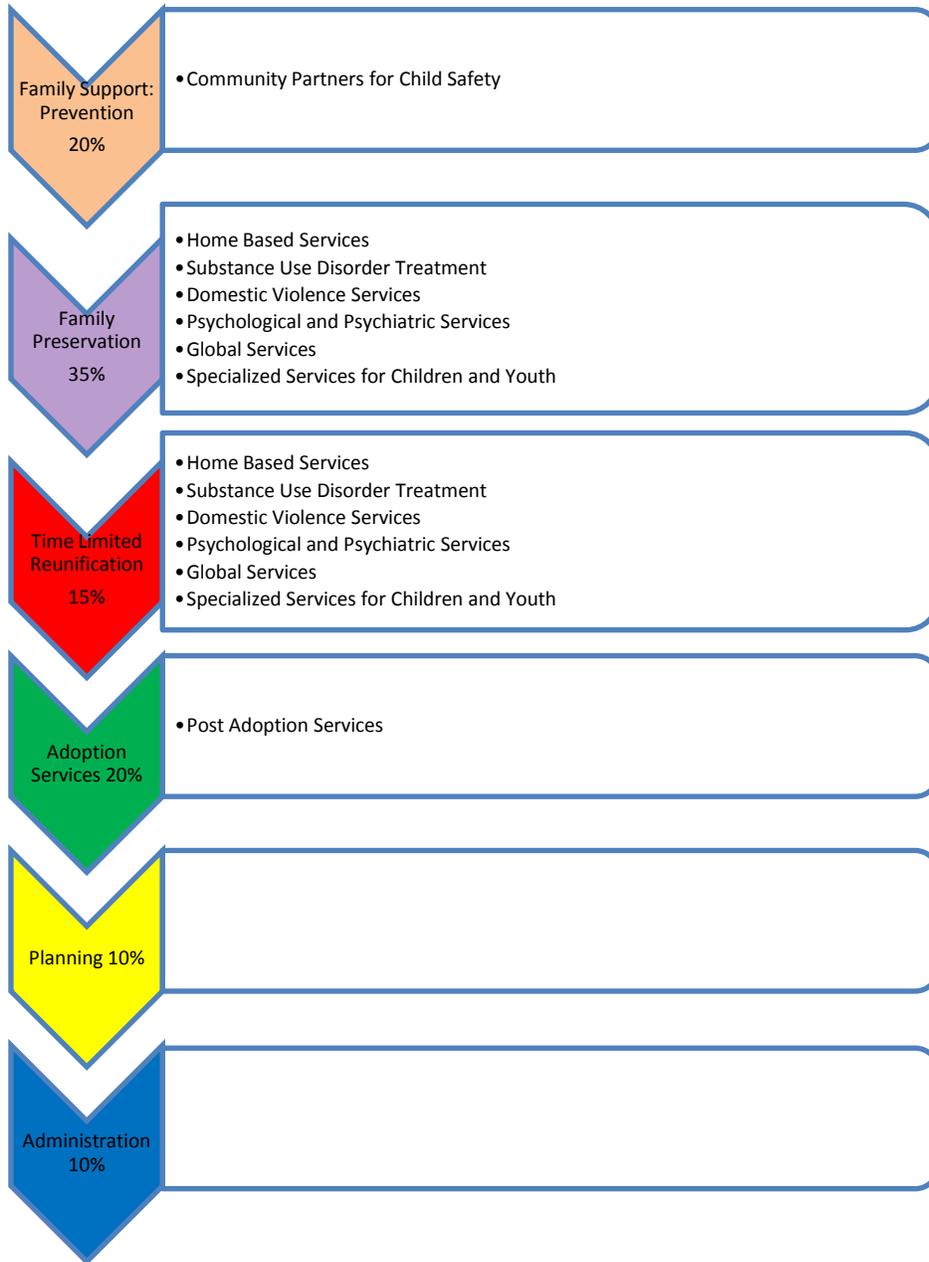
These are just a few of the ways in which DCS utilized results of the CFSR and PIP to guide development of the 2010-2014 CFSP. Additional information regarding system improvements that will impact future performance is included in the sections below.

d. Services Provided 2010-2014 and Additions or Changes

DCS provides a continuum of services to families and children in Indiana. The range of services includes statewide child abuse and neglect prevention, intervention and treatment services including efforts to preserve or reunify the family. Placement services and services to prepare children and families for adoption are also provided.

A complete description of the DCS service array is included in the 2013 APSR. The statewide service array continues to include services such as Therapy, Diagnostic and Evaluation Services, Addiction Treatment, Home-Based Casework and Therapy, Homemaker Services, Parent Education, Support Groups, Domestic Violence and Older Youth Services. These services are provided according to service standards found at: http://www.in.gov/dcs/files/ATTACHMENT_A_Community-Based_Services_Service_StandardsR_December_16_2013.pdf

DCS services are provided in the following areas under the Promoting Safe and Stable Families Program:



Some of service enhancements during the past 5 years include:

COMPREHENSIVE HOME-BASED SERVICES

As a part of its efforts to strengthen the use of evidence-based treatment practices in Indiana, DCS began contracting for Comprehensive Home-based Services in 2013. Comprehensive Home-Based Services is a family-centered approach that offers short and long term behavioral health care to the entire family. These services focus on the reduction of child maltreatment through services that improve caretaking skills, family resilience, healthy relationship building, and the child’s physical, mental, emotional and educational well-being. This holistic approach uses current, evidence-based models to

help families overcome complex challenges surrounding child maltreatment. Providers offering Comprehensive Home-Based Services are required to utilize an Evidence Based Practice model in service implementation. Examples of the evidence-based models used by Comprehensive Home-Based service providers include, but are not limited to:

- Family Centered Treatment,
- Motivational Interviewing,
- Trauma Focused Cognitive Behavioral Therapy, and
- Child Parent Psychotherapy.

Comprehensive Home-Based Services are delivered using a trauma-informed, strengths-based, and inclusive service model. Providers engage clients and families in a way that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Services are delivered in a way that reflects the strengths of the family, ensuring the family feels respected, informed, connected and hopeful regarding their own future.

FATHER ENGAGEMENT SERVICES

DCS contracts with providers throughout Indiana for fatherhood programming that provides assistance and support to fathers of children involved in the child welfare system. Service providers work with fathers to strengthen their relationships with their children, and to successfully engage them in services that will improve safety, stability, well-being and permanency for their children.

SOBRIETY TREATMENT AND RECOVERY TEAMS (START)

With assistance from Casey Family Programs, Indiana is currently piloting the Sobriety Treatment and Recovery Team (START) program as a service option for families that become involved with the DCS system and have substance use issues. The target population for this program includes families where there are children under the age of 5 and the parent(s) struggles with a substance use disorder.

A family participating in the program will work with a START family case manager, a Family Mentor and a Treatment Coordinator. The Family Mentor is someone who has had history with the child welfare system and is currently in recovery. The family mentor may be a former client accused of abuse or neglect or a child who was the victim of abuse or neglect. The FCM and the mentor work with the family in collaboration with the substance abuse treatment provider to coordinate assessment and treatment options that are best for the family. Treatment options range anywhere from individual counseling to residential treatment. The focus of the program is to keep children safely in their homes with adults who are recovering from substance abuse or to reunify children with their families as quickly as possible.

DCS launched the START pilot in 2013 and is considering opportunities for expansion in neighboring counties. There are currently three active Family Case Managers, one Family Mentor and one Treatment Coordinator with the ability to add 2 additional mentors. It is estimated that the full team will be serving approximately 30 families at any given time.

HOMEBUILDERS

During the 2010-14 CFSP period, Indiana transitioned from utilizing Intensive Family Preservation and Intensive Family Reunification Services to Homebuilders, an evidence-based program. The Homebuilders program is designed to strengthen families in order to prevent unnecessary out of home placement or to allow children to safely return home from foster, group or residential care. Families served by this

intensive, in-home, family therapy model, have children at imminent risk of removal or have children in placement that cannot be reunified without intensive services.

TRAUMA, BONDING AND ATTACHMENT ASSESSMENTS

Two (2) new Diagnostic and Evaluation tools were recently added to the service array. These include a Trauma Assessment, using at least one standardized clinical measure to identify types and severity of trauma symptoms and a Bonding and Attachment Assessment, which uses the Boris Direct Observation Protocol.

CHILDREN'S MENTAL HEALTH INITIATIVE AND FAMILY EVALUATIONS

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

The Children's Mental Health Initiative (CMHI) provides access to intensive wraparound and residential services for children who do not qualify for Medicaid. Wraparound Facilitators serve as Case Managers for these families, providing access to services, as well as assistance with service navigation, therefore eliminating their need to enter the system. This is a major change in Indiana, as historically these families were unable to access services without court involvement.

This service is nearly statewide with the few remaining counties to be rolled out within the next 2 months. Early analysis indicates these services are keeping children safely at home and out of the system. DCS is committed to provide service access to families when a child is determined to be a danger to themselves or others and the family does not have the ability or resources to access the services needed. While the CMHI is expanding statewide, the Family Evaluation process is used to allow access to services in those areas where the CMHI is not yet available.

DCS serves these families by providing a Family Evaluation by specially trained Family Case Managers. Family Case Managers complete family evaluations in instances where abuse or neglect is not alleged, but where the severe mental health, behavioral health or developmental disability needs of the child are putting the family in crisis or at risk. Family Evaluations can result in 6 possible outcomes:

- Families can be connected to Medicaid Services.
- Families can be referred to Community Partners for Child Safety Programs (Indiana has a home based service program available to any family statewide to prevent child abuse and neglect).
- Families can be referred to post-adoption services.
- Families can receive up to 2 months of stabilization services through the DCS service array.
- Families can gain emergency access to services for children who are eligible to receive services through the Bureau of Developmental Disability Services. (A Multidisciplinary Team determines which families should be able to gain emergency access to services).
- If none of these 4 options meet the needs of the family, DCS can open a case and provide the full array of service and placement options.

When the CMHI becomes available in a community, Family Evaluations are no longer necessary for most families. The local DCS office connects the family to the community mental health center for service access through the CMHI.

Older Youth Services

Over the last five years, Indiana has transformed the service array and service delivery method of services to older youth in, and those who are transitioning out of, foster care. Indiana's new older youth program and service array is known as Collaborative Care.

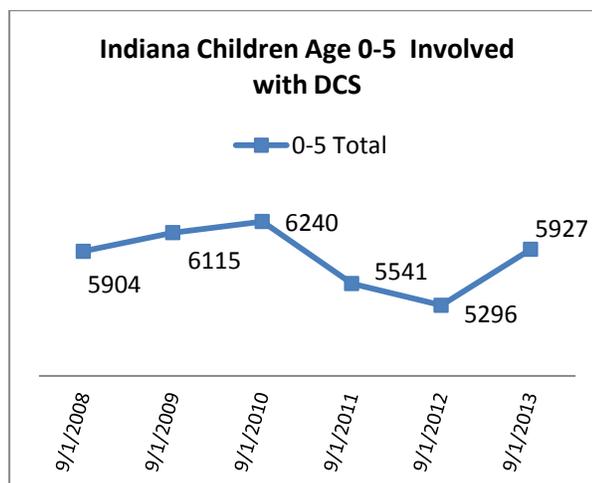
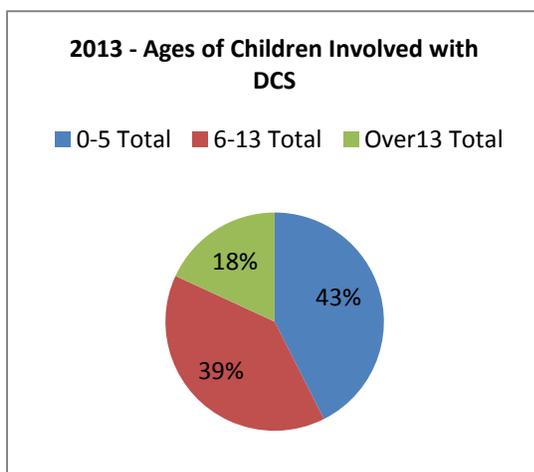
Indiana overhauled Independent Living Services by creating a Broker of Resources model. This model focuses the contracted provider's role on teaching youth how to identify and access resources in their chosen communities. In addition, the independent living service standards were restructured to include core competencies that youth should master before they leave care. All services are developmentally appropriate and Learning Plans are developed with the input of the youth, as outlined in DCS Transition Policy 11.6.

In addition, Indiana opted into extending foster care to age 20 for all youth who meet the eligibility criteria. This change allowed Indiana to further improve services to older youth. All youth that will not obtain permanency by 18 are transitioned to specialized case managers trained in best practices for working with older youth in foster care.

The Collaborative Care model is a practice model/philosophy that looks at case management, services, placements and youth involvement differently from traditional child welfare practice models. This model acknowledges older youth as young adults, and was built upon the following program foundations: youth voice, relational permanency, building social capital, engaging in authentic youth-adult partnerships, and acting upon the opportunities that allow youth to learn from teachable moments (adolescent brain research). Additional information on the Collaborative Care program / practice model is available in the 2013 Annual Progress and Services Report.

e. Identification of Populations at Greatest Risk/ Targeted Services

DCS considers children under age 5 as the population at greatest risk of maltreatment. This population comprised 43% of the total number of child abuse and neglect cases in September 2013. Although the number of children age 0-5 fluctuates, it is on the rise again.



In SFY 2012, 34 child fatalities were substantiated for abuse or neglect. Of the total fatalities, 15 were due to abuse and 19 were due to neglect. Of the fatalities occurring due to abuse, 60% were children one year of age or younger. Of the neglect fatalities, 63% of these children were age one or younger.

In order to target services to this population, DCS utilizes the comprehensive Birth to Age 5 Child and Adolescent Needs and Strengths (CANS) screening tool to identify the unique needs and strengths of children in this age group and to make appropriate service referrals based on the specific needs of each child. The CANS adjustment to trauma module is used to better identify children entering the system who have experienced adverse trauma due to abuse or neglect. It is our intent to identify those children who can best benefit from evidenced-based services which focus on trauma (e.g., Child Parent Psychotherapy).

In addition, all children who have a substantiated assessment for abuse or neglect and are under the age of 3 are referred to First Steps. First Steps is an early intervention program designed specifically to assess and meet the developmental needs of children in this age group. The program focuses on infant/toddler development and ways to promote healthy development. Services provided by First Steps includes occupational therapy, physical therapy, speech therapy, psychological services involving a child's social or emotional development, developmental therapy (DT)/early childhood education, audio logical services including signed and cued language services, nutrition services and service coordination.

Please see below for additional information on additions to the DCS service array designed to address the needs of this population.

f. Reduction in Length of Stay for Children Under Age 5

DCS initiated several initiatives during the 2010-14 CFSP period that work toward a reduction in the length of stay for children under the age of 5 including:

- The Fatherhood Initiative has focused on engaging fathers, including them in the case plan, and increasing their parenting capacity. This increases the likelihood that father or the child's paternal family will become a possible permanency option for the child.
- The START program focuses on keeping children in the home, while increasing accessibility and support for parents recovering from substance use.
- Homebuilders is used as a comprehensive service for children at imminent risk of removal and focuses on alleviating the immediate crisis and increasing the families motivation to change and continue with ongoing services.
- Family Centered Treatment provides intensive therapeutic services to families with children at risk of placement. This service works to implement sustainable value changes that will improve life functioning and prevent future system involvement.
- Comprehensive Home Based Services

g. Developmentally Appropriate Services for Children Under the Age of 5

Below please find a summary of activities DCS has undertaken to provide developmentally appropriate services to children under age 5.

- DCS continues its practice of referring all children under the age of three for a service assessment through the First Steps program. In addition, DCS trained a cohort of 28 therapists to provide Child Parent Psychotherapy. This first cohort of trained therapists includes 9 teams of 3 therapists from within the Community Mental Health Center (CMHC) network and one additional DCS clinician. These therapists completed training in May 2014, but will receive another year of consultation through the Child Trauma Training Institute as they begin to fully implement the model.
- DCS developed Service Mapping, which will analyze CANS and additional assessment tools. Using a developed algorithm, Service Mapping will create recommendations for evidenced-

based models most appropriate for a child and family based on their unique needs. These evidenced-based models will include Child Parent Psychotherapy and Parent Child Interactive Therapy. Recognizing the unique needs of this age group, DCS identified specific evidenced-based models, and contracted with agencies for both Child Parent Psychotherapy and Parent Child Interactive Therapy to serve children from birth to age 5.

- One of those initiatives, START, specifically works to increase permanency for children from birth to age 5, while improving access and availability to substance use services for the caregiver. This is a multi team approach, including a close collaboration between DCS and the CMHC. The CMHC employee treatment coordinator, who provides immediate substance use assessments, provides oversight of client treatment plans, and ensures communication with DCS and the mentor about client progress. Another member of the team, the START Mentor, can support the substance using parent through the recovery process. The program supports the Safely Home, Families First philosophy by providing the services and support needed for the parents while in the treatment and in the recovery process, so they may safely parent their child.

2. COLLABORATION

Indiana continues to work with its partner agencies to evaluate progress and identify areas for continued improvement.

COMMUNITY MENTAL HEALTH CENTER COLLABORATION

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

- Medicaid Rehabilitation Option services,
- Children’s Mental Health Initiative, and
- Substance Use Disorder treatment.

RESIDENTIAL PROVIDERS AND LICENSED CHILD PLACING AGENCIES

DCS worked very hard in 2013 to rebuild relationships with Residential Providers, Licensed Child Placement Agencies (LCPAs), and IARCCA, the association that represents these agencies. DCS has bi-monthly meetings with the IARCCA Executive Director and representatives of the provider community. Various subcommittees have been formed as needed that meet between committee meetings. The main topics of collaboration at these meetings are rate setting and capacity building, but other items are added to the agenda as needed. DCS also has a monthly conference call with the Residential Providers, as well as a monthly call with the LCPAs to discuss any topics that DCS or a provider wishes. Common topics are licensing and contract standards/expectations, evidence-based practices, statute/policy updates or questions, and MaGIK updates/questions.

DCS also holds annual trainings for these providers. The last residential training dealt with the new contract expectations, in particular the clinical expectations and reporting of critical incidents. The last LCPA training was a back-to-basics training that focused on licensing foster homes. DCS also frequently

collaborates with IARCCA and a representative group of providers when DCS plans to change a service standard, contract expectation or licensing rule or regulation. DCS also joins IARCCA's various workgroups to discuss provider issues as needed. For example, DCS recently joined the IARCCA foster care work group to discuss issues the group had presented.

HOME BASED WORKGROUP

DCS established a workgroup of home-based providers to assist in adjusting service standard expectations. During the 2010-14 CFSP period, the workgroup worked collaboratively to:

- Adjust contracted rates,
- Make service standard updates,
- Update staff minimum qualifications,
- Develop staff training requirements,
- Improve billing procedures, and
- Implement electronic billing processes.

SERVICE SPECIFIC WORKGROUPS

DCS will continue facilitating the ongoing support groups for specific services such as:

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

This facilitation includes monthly calls, yearly conferences, and break out workgroups. The success of these groups has led to the planned expansion into additional support groups including services such as Cross System Care Coordination, Child Parent Psychotherapy, and Diagnostic and Evaluation Services.

DCS will continue collaborating with existing statewide associations such as the Indiana Council Community Mental Health Centers Child and Adolescent Committee, the Coalition of Family Based Services, and the Indiana Chapter of National Children's Alliance.

b. Ongoing and Meaningful Collaboration with the Courts

The DCS Deputy Director for Services and Outcomes is a member of the Child Welfare Improvement Committee (CWIC). ICWIC meets regularly to formulate Court Improvement Program (CIP) strategies, to plan CIP events, and to provide input regarding child welfare issues relating to court functions and responsibilities. Other members of CWIC include two judges with juvenile court jurisdiction, the Director of the Division of State Court Administration Office of GAL/CASA, the Executive Director of the Indiana Association of Residential Child Caring Agencies (IARCCA), the Executive Director of the Indiana Foster Care and Adoption Association (IFCAA), and the CIP Grants Administrator of the Indiana Judicial Center. The CWIC most recently met in January and March 2014.

Current CIP grantees for support of mediation and/or facilitation programs involving CHINS cases include five counties (Clark, Johnson, LaPorte, Marion, and Tippecanoe). Child Advocates, which operates the Marion County CASA program, became a new grant recipient in FFY 2014 for TPR case mediations. Johnson County also provides case facilitations through its CIP grant. DCS and the CIP Grants Administrator have been working to expand this program to additional counties. In 2013, they solicited applications from three counties identified as having high caseloads that could benefit from early

settlement procedures, although those counties have not yet submitted grant applications.

DCS provides statewide data concerning various CHINS and TPR case timeliness measurements to the Division of State Court Administration, which collects and reviews the data and provides reports to local juvenile courts, the State Supreme Court and the CIP Administrator.

DCS representatives meet regularly with the Juvenile Justice Improvement Committee (JJIC), which consists of designated juvenile court judges. In October and December of 2013, the DCS Director, Legislative Director, and three DCS Deputy Directors spoke to the JJIC about proposed legislation affecting DCS and the juvenile courts that was submitted and passed in the 2014 General Assembly Session. They also provided information to the JJIC concerning the DCS Mental Health Initiative, a new program for special needs dependent children under DCS wardship and delinquent children under county probation office supervision identified as needing mental health services.

DCS management staff attend annual meetings of juvenile court judicial officers, which includes a program agenda providing current information about subjects of mutual interest to the courts and DCS.

In October of 2013, DCS established a new position, the Deputy Director for Juvenile Justice Initiatives and Support, who works with the courts and local probation departments to improve and enhance, in coordination with DCS service providers, programs and services available to adjudicated delinquent youth. The Deputy Director has met with the JJIC to discuss a permanency roundtable (PRT) protocol and procedure for probation youth. DCS Permanency and Practice Support staff provide training to probation officers for implementation of the PRT protocols and procedures applicable to delinquency cases by serving as facilitators, master practitioners, or scribes at the PRT meetings.

The new Deputy Director also focuses on initiatives involving the intersection of the child welfare and juvenile justice systems by providing information and support to local courts and probation departments and overseeing the DCS probation services unit. He also met with the JJIC concerning the procedures and criteria for filing TPR cases on behalf of probation youth, proposed revisions to the PRT protocol for delinquency cases, a 60 day study of the step down policy, and implementation of probation officer visits every 30 days to probation youth in out of home placements.

In December of 2013, the new Indiana Commission on Improving the Status of Children (IC 2-5-36) established a cross-system task force to study and recommend best practices and procedures for coordination of services to dually adjudicated youth (CHINS and delinquency cases) who are served by multiple agencies. The task force is co-chaired by the new DCS Deputy Director described above and an Allen County Family Court Judge who is responsible for juvenile cases.

DCS established five service consultant staff positions to review probation department recommendations concerning placements and services for adjudicated delinquents under probation supervision. The service consultants may suggest alternatives to probation officer recommendations. DCS records show that, in 2012, probation officers and DCS service consultants agreed on recommended case plan placements and services in 88% of cases reviewed. This indicates a high degree of successful coordination and cooperation between these two agencies serving these youth. In addition, courts agreed with 93% of DCS case plan recommendations during the same time period.

3. PROGRAM SUPPORT

a. Training/Technical Assistance and Its Impact on Goals/Objectives

TRAINING OVERVIEW

The DCS Staff Development Division has developed and provides a significant amount of curriculum and training for DCS staff. Some of the training curriculum developed for DCS staff during the 2010-14 CFSP period includes Trauma-Informed Care, 3 modules of Pediatric Evaluations and Diagnostics Service, Educational Advocacy, Supervisor Mentor Training, Practice Model for Non-Field Staff and the DCS Abuse and Neglect Hotline, Advanced Fatherhood, Forensic Interviewing Techniques, Substance Abuse, Caregiver Mental Illness, Advanced Worker Safety, and Leadership training. A comprehensive training record information system tracks staff training attendance and maintains staff training records.

In 2013, DCS began developing additional Computer Assisted Trainings (CATS) including CATS on Personal and Clothing Allowances and LGBTQ which will be offered in 2014. DCS also developed a public online training and information course intended for providers, educators, community stakeholders and members of the general public titled "Don't Wait, Make the Call - Report Child Abuse and Neglect in Indiana." This public online training course was developed to educate providers, stake holders and members of the general public on the hotline including their individual roles in reporting child abuse and neglect. This training informs everyone of the process of reporting and what is done with the report once it has been filed. This training course was developed with the assistance of Brilljent Corporation. This training is now online and available.

NEW WORKER TRAINING

Staff Development continues to offer four (4) modules of New FCM training which include Orientation and Introduction to Child Welfare, Assessing for Safety, Planning for Stability and Permanency, and Tracking and Monitoring Well-Being. As of May 2014, 176 cohorts have graduated from this new worker training program.

DCS, in partnership with Indiana University (IU), continues to offer the IV-E BSW and MSW programs. In 2013, DCS increased the number of BSW scholarships available from 36 to 50. In 2013, 48 BSW students were selected and started as FCMs in May of 2014. In 2013, 13 MSW students were selected.

SUPERVISOR AND MANAGEMENT TRAINING

DCS continues to provide 5 Modules of Supervisor Core training, which includes Orientation, Clinical and Servant Leadership, Administrative, Educational, Supportive, MaGIK and Human Resources. The Leadership Academy for Supervisors (LAS) is also offered to selected supervisors. This academy provides supervisors with classroom and computer assisted learning. There are 6 Modules of LAS. In 2013, DCS offered 3 Quarterly Workshops and an Annual Supervisor Workshop, which included topics such as Change Management, Human Resources and the Appraisal Process, and Reflective Practice Surveys. In 2013, Staff Development conducted an Individual Training Needs Assessment for Supervisors to gather feedback on additional identified training needs for this population.

All new Local Office Directors and Middle Managers attend Leadership from Within training which is a 3 Module training program. DCS, in partnership with Indiana University (IU), began a new Executive Leadership Training (Child Welfare Management Innovations Institute) for all managers and directors within the agency seeking executive level opportunities. There were 20 graduates in 2013 and 12 graduates in 2014. DCS held the 1st Annual Executive Leadership Conference in June 2013, which allowed service providers and DCS staff an opportunity to attend workshops on leadership within child welfare. Each year, DCS also offers a Local Office Director Workshop.

LEGAL TRAINING

The DCS Office of General Counsel has been providing full day, CLE certified training, in June and September for the last 5 years for all DCS attorneys. A DCS attorney also provides legal training for family case managers in their Core Training. In 2013, DCS took legal training out to the community, training existing family case managers and service providers in Jeffersonville, Seymour, Merrillville, Huntington, and Kokomo Indiana. The DCS Office of General Counsel now also provides monthly Lunch and Learn training sessions for local office attorneys through video portals. Some of the Lunch and Learn topics in 2014 have been Dealing with Difficult Witnesses; Making and Responding to Objections; Pleadings, CHINS and TPR Petitions; Adoption Assistance; and Collaborate Care Briefing.

b. Research, Evaluation, Management Information Systems and Quality Assurance

QUALITY IMPROVEMENT AND INFORMATION SYSTEMS STAFF

Research and Evaluation Unit

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

Staff in the Research and Evaluation Unit provide timely information on service utilization and service gaps within Indiana, create templates for community providers to report services received by DCS children and families, and conduct monthly and yearly reports on specific outcomes related to youth in institutional placements. Projects assigned to the Research and Evaluation staff by the Deputy Director of Services and Outcomes support service delivery throughout the state. As the Continuous Quality Improvement process at DCS expands, Research and Evaluation staff will continue to focus on measuring the impact of services that are delivered by community providers as they work in collaboration with DCS partners to achieve positive results for children and families in Indiana.

Performance and Quality Improvement (PQI) Team

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

Office of Data Management

The DCS Office of Data Management (ODM) reports to the DCS Chief of Staff. ODM develops all reports from the DCS child welfare information system, MaGIK, for a variety of audiences including various levels of DCS staff, legislative partners, the Governor's office, Federal partners, and for the general public. ODM works closely with DCS executive staff to develop reports to help them monitor practice

and to help answer operational questions from the various business areas. ODM works to ensure quality and consistency with the data DCS staff use to make business decisions. ODM also completes data analysis for the DCS executive staff. ODM uses live data from our various source systems as well as an analytical data warehouse to produce reports and data. As of May of 2014, 9 people comprise the ODM including the ODM manager, a business analyst, a federal report analyst, 5 report developers /programmers, and a data architect.

Child Welfare Information Systems Division

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

QUALITY SERVICE REVIEW (QSR) UPDATES

Quality Service Data Systems Improvements

In order to conduct a more thorough and extensive analysis of existing and future QSR data, Indiana University and the PQI team partnered together to reconstruct the QSR roll-up sheets (data intake sheet for reviewers) and the QSR database. The new roll-up sheets and database were implemented in September of 2013, at the start of the fourth round of reviews. The PQI team and Indiana University are still in the process of converting existing QSR data starting with the baseline reviews (April 2007 – June 2009), QSR Round 2 (August 2009- July 2011) and QSR Round 3 (September 2011- August 2013) data into the new existing data base format. Once the data is converted (approximately fall 2014), PQI will begin working with the Office of Data Management and Research and Evaluation staff to conduct further analysis of QSR data, as well as QSR data combined with MaGIK data to provide more in-depth information and recommendations for CQI based on qualitative and quantitative data findings.

The PQI team also made major revisions to the QSR Reviewer data base in the beginning of 2014. The Reviewer Data Base provides a means for the PQI team to ensure there are adequate qualified reviewers to conduct each regional QSR. The Reviewer Data Base also supports the logistics of conducting the QSR in each region, such as scheduling reviewers for each review and tracking whether they fulfill the appropriate roles (shadow experience, lead experience, mentor experience) while becoming qualified reviewers.

The Reviewer Data Base is the tool used by PQI to maintain a database of reviewers. The Reviewer Data Base tracks reviewer skill level, reviewer progress in becoming a qualified reviewer, and training completion. Upon completion of new reviewer training, reviewers are added to the reviewer pool. The reviewer pool is part of the database that houses information such as name, title, contact information, training dates, reviewer skill level, and review schedules for each reviewer.

Newly trained reviewers are required to sign-up for four QSR experiences outside of the region in which they work. Reviewers cannot review cases within their own region to eliminate bias and conflict of interest in order to maintain consistency with Inter-rater Reliability processes. The first experience is the Shadow experience, then two Lead experiences, and finally a Mentor experience. The pool is updated to reflect the reviewers' completed experiences.

At the beginning of each round of the QSR, the PQI team schedules all of the reviews on a regional basis

for the entire round. The Reviewer Data Base houses the schedule for all reviews with a list of reviewers who will be attending each review and what role they will fulfill. The Reviewer Data Base contains both in-house reviewers and third party (stakeholder) reviewers. Third party reviewers remain in their Shadow Experience during review since they are shadowing in the regions in which they provide services, but do not review cases they have knowledge of or supervise. The PQI team ensures there are adequate reviewers to fill each role for every review. When additional reviewers are needed for a review, the PQI team will contact other reviewers from the pool to fill the needed roles.

QUALITY SERVICE REVIEW TRAINING

Advanced Reviewer Training

This training is intended for qualified reviewers who want to continue to increase their skill sets and knowledge during their future Quality Service Review (QSR) experiences. The training is designed to enhance reviewers' abilities to execute their roles and responsibilities as Mentors. It is a three hour webinar training with the following objectives:

- To gain an understanding of the Mentor role in working with those in the Shadow experience or Lead experience in guiding and supporting them,
- To learn how to address challenging interviews, Shadows/Leads or Mentors in their training experiences, and debriefs that may arise during the review process,
- To learn how to write an informative case summary and indicator justifications for those in their Shadow, Lead, or Mentor experiences,
- To use strength-based language with outcome-focused results to create clear recommendations to enhance the safety, permanency, stability, and well-being of children and families,
- To review the expectations of the Mentor in preparing and participating in Debrief and Mini-Round conferences, and
- To learn different strategies to provide an open forum to discuss strengths and opportunities with those in their Shadow, Lead, or Mentor experiences during the QSR process.

Refresher Training

PQI staff are currently in the process of developing a Refresher Training course for qualified reviewers who did not review a case during the last round of reviews. PQI staff will target qualified reviewers who fit the stated criteria for this training. The training will focus on the following:

- To refresh the reviewer's understanding and an ability to use the QSR scoring criteria,
- To refresh the reviewer's interviewing skills and techniques to enhance information gathering,
- To use strength-based language with outcome-focused results to create clear recommendations to enhance the safety, permanency, stability, and well-being of children and families,
- How to write an informative case summary and indicator justifications,
- To learn how to plan and lead an effective Family Case Manager (FCM) debrief,
- To refresh the reviewer's understanding of expectations for Mini-Round conference presentations, and
- To refresh the reviewers understanding of expectations for completing the QSR Reviewer Workbook.

System Partner Training

As part of the CQI process, system partners, who at this time include contracted service providers, are

required to participate in the New Reviewer Training and in Quality Service Reviews (QSR) reviews as shadows only. In accordance with newly developed comprehensive service contracts between community service providers and DCS, providers are required to select at least one employee to attend the two-day QSR New Reviewer training. After completing the two-day training, the provider designee(s) is required to participate in all QSR reviews that cover the regions that the community provider services in the capacity of a QSR shadow role. The contracted provider's role then is to remain as a shadow to observe and learn the QSR process. The goal is for them to take the information learned through shadowing and educate their peers about the DCS Practice Model (Teaming, Engaging, Assessing, Planning, and Intervening) and system collaboration. To further their involvement in agency practice and CQI processes, system partners, who shadow a case, also attend the Mini-Round conference which allows them to participate in and observe an inter-rater reliability process.

The contracted provider QSR designee(s) cannot be directly associated with the case that they are reviewing either as the worker or the supervisor of that specific case. During initial contact with the Family Case Manager (FCM) or Collaborative Care Case Manager (3CM), a member of the PQI team will inquire whether the contracted provider QSR designee(s) is a party to or directly supervises the case being discussed as an initial step to prevent a conflict of interest when reviewing cases. In addition, before the review, a member of the PQI team informs the contracted provider QSR designee(s) of the case that they are to shadow in order to eliminate the chance of being assigned a case in which there is direct involvement.

QUALITY SERVICE REVIEW CONTINUOUS QUALITY IMPROVEMENT (CQI) INITIATIVES

Quality Service Indicator Improvement

Upon the completion of a region's QSR, the designated Central Office CQI representative (a member of the PQI staff) meets with Regional Manager to identify one or two QSR indicators that the region will work to improve over the next 18 months. This 18 month timeline is the time between the respective region's quality service reviews.

At the agency's discretion, quality service indicators may be mandatory selections for all regions. Executive management is provided a mid-round data report that includes trending qualitative and quantitative data. Upon review of the mid-round report in conjunction with other quantitative data reports, the agency may select indicators for all regions to strategically plan for improvement.

Regional Managers present their data at their Regional Service Council meeting where stakeholders are engaged in conversations about the data and can offer suggestions for improvement. Regional teams consisting of PQI staff, Service Coordinators, Regional Finance Managers, Clinical Consultants, and Educational Advocates are being developed to assist RMs in conducting meaningful CQI planning meetings.

Inter-rater Reliability Survey

The PQI team evaluates reviewer performance during QSR Reviewer classroom training, Mini-Round conferences, and the QSR Workbook Review. They also conduct an Inter-rater Reliability Study (IRS) to determine which QSR indicators are most challenging to score accurately.

To create the IRS, the PQI team identified QSR indicators with favorable and unfavorable justifications based on the QSR Protocol. The selected pool of QSR indicators is then used to survey qualified reviewers four (4) times per year. The QSR Indicators are chosen from the Child or Parent Status Indicators and from the System Performance Indicators. The selection of indicators is based on the

performance of reviewers scoring in the QSR process and previous IR Survey responses, which are collected and stored in a database.

QSR Protocol Indicators identified by reviewers as challenging are incorporated into the IR Survey. The reviewers are asked to score each of the two indicators based on the justifications provided. Qualified reviewers have one (1) week to complete the survey, and the Regional Managers (RMs) are sent a list of those who have not completed the survey two days prior to the closure date to help ensure a high response rate.

Data of all survey responses, according to their assigned regions, is provided to Regional Management to assist in inter-rater reliability processes, which includes partnering with PQI to improve qualified reviewer scoring skill sets. The PQI team collects responses to the survey and reports on the reliability of the scores. The PQI team will offer email feedback to those whose scores were significantly off target from the intended score. Additionally, when the PQI team identifies reviewers who are consistently scoring incorrectly, additional support and/or training is provided to the reviewer to improve their consistency in scoring.

The IRS currently covers only the regular QSR; however, the PQI team is developing an IR Survey for OYS Protocol Indicators and a database to house the OYS IR Survey results.

OLDER YOUTH SERVICES CONTINUOUS QUALITY IMPROVEMENT INITIATIVES

Older Youth Services (OYS) Quality Service Review (QSR)

DCS will conduct an Older Youth Services (OYS) QSR in each region approximately every 24 months (this constitutes a round). The PQI team developed an OYS QSR Protocol with distribution to national experts for final draft feedback prior to final Agency approval and implementation in March 2014. The PQI team conducted trainings on the OYS QSR Protocol for OYS case managers and qualified QSR reviewers in order to begin the OYS QSR of cases. The PQI team developed and implemented an OYS QSR 16-week preparation process to ensure randomly selected cases and qualified OYS QSR reviewers are prepared for the review. At present, the 16-week preparation process is documented in the PQI manual.

The Quality Assurance (QA) Lead will orient the Regions to the process and materials needed to prepare the selected cases for the review. Follow-up calls with the Collaborative Care Case Managers (3CMs) will be conducted by the PQI team to review case preparation progress, address questions, and ensure reviewers' schedules are within allowable time frames.

Identified reviewers will be paired and assigned to a case. Reviewers participating in the OYS QSR will receive specialized training on the OYS QSR Protocol. The review team will consist of at least two reviewers. The case will be reviewed during a 2-day period. Each review team will provide feedback (i.e., debrief) to the assigned 3CM and/or Supervisor on the case reviewed. This debrief will occur in the afternoon of the second day of the OYS QSR. After the debriefing, review teams will participate in a Mini-Round conference.

At the end of the two-day OYS QSR process, all review teams attend Mini-Round conferences. Each Mini-Round conference room is led by a member of the PQI team. During Mini-Round conferences, each team presents their case findings and scores to other OYS QSR reviewers. The Mini-Round conferences allow review teams to ask questions and gain clarification of scores presented based on the case information provided. If any scoring seems unclear, all reviewers participating in the Mini-Round conference discuss to gain consensus on an appropriate score based on the OYS QSR Protocol criteria, which allows for inter-rater reliability in the scoring process.

Additionally, the PQI team reviews all workbooks from the OYS QSR review as a collective group to identify and statewide trends, as well as to evaluate scoring reliability amongst qualified reviewers. Older Youth Services is a statewide program; therefore, all data from the OYS QSR will be applied to statewide improvement planning. As a secondary measure to ensure inter-rater reliability, processes are incorporated within the OYS QSR. As an example, OYS staff qualified reviewers cannot review cases within the region where they work. By ensuring that selected reviewers are from outside the region being reviewed, individual bias of cases and participants of those cases is eliminated, as well as any conflict of interest.

PQI team members will present an analysis of the data collected during the review to the OYS Executive Management staff biennially. The PQI team provides data that is understandable and useful so that the collected data can help drive decision-making processes. OYS QSR data, along with other qualitative and quantitative data (i.e., Practice Indicator Reports and other data reports) is combined to present a framework in which OYS Management and their team (Program Managers, Regional Managers, 3CM Supervisors, OYS service providers, and the Youth Advisory Board) can formulate change initiatives. Those in attendance are encouraged to provide input into how to improve overall system performance and to identify areas of focus to implement into their Continuous Quality Improvement (CQI) plan.

Currently, the OYS QSR is completing the pilot review year to establish a standardized process. The number of random cases selected for the pilot year is not a statistically significant sample size for each region. The number of cases selected during the pilot year review is ten percent of the assigned cases in each region. Reviews are held quarterly and combine case reviews from multiple regions or within a single larger region where the pull equals 10 cases.

Older Youth Services (OYS) Reviewer Training

This training, intended for all OYS staff and QSR qualified reviewers, describes the different components of the OYS QSR Protocol and the established scoring criterion to accurately score OYS cases. This training is required prior to completing an OYS QSR. Training consists of a two-hour webinar and includes the following objectives:

- To gain an understanding of the components and strategies when reviewing an OYS case versus a regular QSR case,
- To learn how to use the OYS Protocol and scoring guides when scoring OYS cases,
- To learn questioning strategies that solicits necessary information vital to accurately score an OYS case,
- To gain an understanding of expectations for completing the OYS QSR Reviewer Workbook,
- To review the expectations of the Mentor in preparing and participating in Debrief and Mini-Round conferences,
- To learn different strategies to provide an open forum to discuss strengths and opportunities with those in their Shadow, Lead, or Mentor experiences during the OYS QSR process,
- To learn how to utilize self-assessment in identifying further skill development needs.

This curriculum was reviewed by the DCS Staff Development Division for content and conformity to DCS training standards and was approved for training hours. To increase the capacity for OYS baseline reviews, PQI staff will be launching four OYS Protocol trainings for qualified QSR reviewers each quarter until the end of 2014.

Older Youth Services (OYS) Reflective Practice Survey (RPS)

The Older Youth Services (OYS) Reflective Practice Survey (RPS) was implemented into MaGIK in the first quarter of 2014. The OYS RPS is designed to measure specific program standards set forth in the OYS Protocol to achieve better outcomes for older youth, as well as strengthen Collaborative Care Case Manager (3CM) skill sets in working with older youth.

Cases are selected by the Office of Data Management each quarter. Ongoing workers are assessed through an open case in the RPS process. Ongoing cases are randomly selected from those cases with an open case status in the last six months on the first day of each quarter. Cases can only be pulled one time during a six-month period unless there is a change in case type.

The supervisor completes a minimum of one field observation with the 3CM either through a home visit or by observing a Child and Family Team Meeting (CFTM). Once the observation is completed, the supervisor engages in thoughtful conversations with each 3CM about case strengths and opportunities, as well as improvement strategies of worker's skill sets. By using solution-focused interview questions to guide conversations, the supervisor and 3CM identify any barriers that are thwarting outcomes while highlighting strengths in practice. The results of observations and conversations are then scored using indicators and a rating scale similar to the OYS Quality Service Review (QSR).

Following observations and interviews, the supervisor scores the case in MaGIK. Finally, the Supervisor provides feedback to the 3CM and uses the OYS RPS to compile case trends for use in local and statewide Continuous Quality Improvement plans. Currently, PQI staff are working in conjunction with the MaGIK Development team to create additional field reports which will drill down to the worker level in order to assist Regional Managers in assessing data quality issues, as well as CQI planning progress.

OTHER QUALITY IMPROVEMENT PROCESS UPDATES

Reflective Practice Survey (RPS)

The Reflective Practice Survey (RPS) is an instrument that uses quality measures to assess cases and evaluate Family Case Managers' (FCMs') Teaming, Engaging, Assessing, Planning, and Intervening (TEAPI) skills sets to achieve better outcomes for children and families. The RPS review includes a comprehensive review of one case per worker each quarter completed as a qualitative complement to other compliance reports such as the Quality Assurance Review (QAR) data, Practice Indicator (PI) reports, and Administrative data reports.

In October of 2013, the PQI team, along with Staff Development, conducted half-day RPS trainings for all supervisors on the new, improved RPS with tailored scoring guides for each skills set indicator. Training included special emphasis on how to use the new scoring guides, as well as understanding the new indicator designed to assess Quality of Worker Contacts. The RPS training was incorporated into the New Supervisor Core training for supervisors starting in Fall of 2013. In January of 2014, the improved RPS tool was launched in MaGIK. Due to extensive changes in the tool and scoring guides, data from previous rounds will not be comparable.

Ongoing cases are selected by the Office of Data Management each quarter. Ongoing cases are randomly selected the first day of each quarter. All active cases are eligible for selection aside from any case that has been pulled in the last twelve months. The only time a case is eligible to be pulled again within twelve months is if there is a change in case type. Supervisors assess ongoing workers' cases and skills sets based on the sample case pulled.

Assessments are pulled for review at the time the assessment is assigned in MaGIK. The supervisor will only receive one assessment per week, and this continues throughout the quarter, until eight of the

assessment workers assigned to the supervisor have an open assessment pulled for review. Only one (1) assessment is selected for each FCM per quarter. FCMs not selected for review during a quarter, are selected first the following quarter.

Once the Supervisor completes a field observation, they conduct an interview with the FCM regarding the case or assessment using the RPS tool indicator questions. Following observations and interviews, the supervisor will score the case or assessment in MaGIK. The Supervisor provides feedback to the FCM and uses the RPS to compile case trends for use in local and regional Continuous Quality Improvement Biennial Regional Strategic Plans (See BRSSP Section) as well as statewide Continuous Quality Improvement (CQI) Plans. In addition, these trends are used with other data such as QAR data, PI Reports, QSR data, and other Administrative Data reports to develop strategies to improve the quality of RPS data.

PQI staff are working, in conjunction with the MaGIK Production Team, to create additional field reports which will drill down to the worker level in order to assist Regional Managers in assessing data quality issues as well as CQI planning progress.

In April 2014, the PQI State Director conducted focus group interviews of assessment and ongoing supervisors to gain further insight to identified RPS data quality issues. PQI is currently working to create a statewide survey based on information gained from the focus group interviews to poll supervisors statewide on RPS data quality issues as a first step to identify the root causes to data inconsistencies. Once the survey is created and distributed statewide, PQI staff will compile the data. In addition, PQI staff is working to compile data from the RPS trainings, PQI Reviewer Data Base, and Inter-Rater Reliability Surveys. Once data is combined in a user-friendly format, the PQI Director will present it to Executive Management for strategic planning purposes.

INSTITUTIONAL CHILD PROTECTIVE SERVICES (ICPS) REFLECTIVE PRACTICE SURVEY (RPS)

The Institutional Child Protection Services (ICPS) Reflective Practice Survey (RPS) is an instrument that uses quality measures to assess cases and evaluate Family Case Managers' (FCMs') on the indicators specifically designed to meet quality expectations for all institutional child abuse and neglect investigations and workers skills sets to achieve better outcomes for children and families. The tool includes the following indicators: Engaging, Assessing, Planning, and Intervention (TEAPI), Child Safety/Behavioral Risks, Child Well-being, and Collaboration. The RPS review includes a comprehensive review of one assessment per worker each quarter completed as a qualitative complement to other compliance reports such as the Quality Assurance Review (QAR) data, Practice Indicator (PI) reports, and Administrative data reports.

In fall 2013, the PQI team and ICPS Executive Management collaborated to develop quality measures for the ICPS RPS Protocol. Both managers were trained on the Protocol through its development stages as they were both a part of the development team. The ICPS RPS tool was developed explicitly for Institutional Child Protection (ICPS) investigations based on policy, compliance to state and federal statutes as well as standards for best social work practice and investigation techniques. The ICPS RPS is designed with tailored scoring guides for each skills set indicator. In January 2014 the new ICPS RPS tool was incorporated into MaGIK.

Assessments are pulled for review at the time the assessment is assigned in MaGIK. The supervisor only receives one assessment per week throughout the quarter, until eight assessment workers assigned to the supervisor have an open assessment pulled for review. Only one assessment is selected for each FCM per quarter. FCMs not selected in the quarter are drawn first for the next quarterly pull.

The supervisor completes a minimum of one field observation with each FCM either through a home visit or by observing a CFTM. Once the observation is completed, the supervisor engages in thoughtful conversations with each FCM about case strengths and opportunities, as well as improvement strategies of worker's skill sets. By using solution-focused interview questions to guide conversations, the supervisor and FCM identify any barriers that are thwarting outcomes while highlighting strengths in practice. The results of observations and conversations are then scored using indicators and a rating scale similar to the Quality Service Review (QSR).

Once the Supervisor completes a field observation, (s)he conducts an interview with the FCM regarding the assessment using the ICPS RPS tool indicator questions. Following observations and interviews, the supervisor scores the case or assessment in MaGIK. The Supervisor provides feedback to the FCM and uses the ICPS RPS to compile case trends for use in statewide ICPS Continuous Quality Improvement Plans. In addition, these trends are used with other data such as QAR data, PI Reports, and other Administrative Data reports to develop strategies to improve the quality of RPS data.

Currently, PQI staff are working in conjunction with the MaGIK Production Team to create additional reports which will drill down to the worker level in order to assist ICPS Executive Management staff in assessing data quality issues as well as CQI planning progress.

QUALITY ASSURANCE REVIEW (QAR)

The Quality Assurance Review (QAR) provides an objective analysis of the Indiana Child Welfare System. The QAR evaluates systemic factors in each DCS local office by identifying strengths and needs to ensure compliance with:

- Federal and state laws (i.e., statutes),
- Regulations,
- Policies, and
- Social Work best practice.

The DCS local office conducts the QAR on a quarterly basis. Cases pulled for QAR are randomly selected by the Office of Data Management and include Assessments, IAs, CHINS and Adoption cases. The QAR pull consists of any assessment or case with an open case status within the previous six months from the pull date. The period under review begins with the pull date and reflects back one year.

In March 2014, DCS started using an automated QAR process for assessments. The automated QAR has the ability to capture all of the 2013 data and is currently being revised to capture the 2012 data. The quarterly report is available to all staff and staff are able to review daily data to ensure standards are being met. Management staff has the ability to look at a case level or at a Family Case Manager (FCM) level data, in order to validate and use the data for CQI planning purposes, to work with FCMs to improve skill set, and to ensure compliance with state and federal statutes. The 2012 data and 2013 data may be altered slightly due to the time lapse for updating cases and ensuring appropriate information has been entered.

The automation of ongoing cases and Older Youth Services cases for QAR reports is currently under construction in MaGIK. Once available, the real time and quarterly reports will enable supervisors to monitor cases and make changes to them on an ongoing basis. This availability will support supervisors during ongoing conversations with staff regarding areas of strength, as well as areas to improve practice. The statewide data will be used to track progress and make adjustments to current strategies

in place.

Both automated assessment and ongoing data reports are in the initial phases of development with the most critical QAR questions measured in developed reports. As MaGIK further develops, additional questions will be added to the reports.

HOTLINE REPORTER SURVEY

The DCS Performance and Quality Improvement (PQI) team conducts an annual Hotline Reporter Survey to measure reporter satisfaction when using the Hotline to make a report of Child Abuse and/or Neglect (CA/N). The PQI team developed a customer satisfaction survey to assist in interviewing the report source. The surveys are completed immediately after the report is taken by the Hotline and are conducted on a voluntary basis.

Specifically, the survey is designed to determine if reporters were satisfied with the ease in contacting the Hotline and their satisfaction with their reporting experience. In addition, the survey helps to identify report source concerns (i.e., access to Hotline phone number, call hold time, Hotline staffs' professionalism) that can affect the reporting of child abuse and neglect. Student volunteers from the School of Social Work at Indiana University Purdue University of Indianapolis (IUPUI) administer the surveys on behalf of DCS. Student volunteers are screened by and receive training from PQI staff prior to administering surveys.

After identifying an accepted margin of error of +/- 5%, a statistically valid, sample size was calculated based on the number of intake reports over the previous 12 month period. The data from this survey is analyzed and included in the annual Indiana Department of Child Services Hotline Report. The Hotline management staff utilizes qualitative and quantitative data from this report and other quantitative data sources to develop their Continuous Quality Improvement (CQI) planning process.

MANAGEMENT GATEWAY FOR INDIANA KIDS (MAGIK)

In December 2008, the maintenance vendor for the Indiana Child Welfare Information System (ICWIS), Unisys Corporation, was released from its contractual obligations due to the failure to produce deliverables in a timely manner. In March of 2009, in an effort to move forward and better understand the technical and functional elements that were required to improve ICWIS, DCS senior management tasked the ICWIS Steering Committee to complete a system requirements analysis. The analyses resulted in identifying outdated system elements as well as needed elements that ICWIS was lacking or were defective.

It was obvious that a new direction was essential and that it was critical to find a viable resolution. Casework management was increasingly bogged down and having a direct negative effect on field staff. In response, the DCS technology team developed options that would provide DCS staff with the tools and system needed to remedy the shortcomings and put DCS on a path to a modern, user-friendly system. DCS conducted a feasibility study and alternative analysis taking into account program goals, cost, schedule, functionality and maintainability. After evaluating the four alternatives for modernizing the information technology and processing procedures used to support the DCS child welfare programs, DCS determined it needed to build a new system, compliant with Federal SACWIS requirements, to better meet the needs of DCS. The "Management Gateway for Indiana's Kids" project, known as MaGIK, fully commenced on July 1, 2009, utilizing a team of developers directly contracted with DCS through Indiana's Managed Service Provider (MSP) contract.

Shortly after beginning development of the MaGIK system, DCS was approached by the Annie E. Casey

Foundation regarding a potential collaborative effort with Case Commons, a non-profit organization launched by Annie E. Casey Foundation and dedicated to improving life outcomes for vulnerable children and families by bringing modern and innovative technology to child welfare. Case Commons introduced Casebook; a web-based application capable of being incorporated into MaGIK and tailored to include specific DCS requested functionality. Based on the premise that it would be easier to maintain, structured to benefit DCS' program goals, and cost effective, DCS determined Casebook was the most beneficial option for developing the replacement system for Indiana.

On July 1, 2010, DCS contracted with Case Commons to incorporate its Casebook application as part of the MaGIK system development. MaGIK was successfully implemented on July 5, 2012. Before and after the implementation, DCS, in partnership with Case Commons, worked to create and facilitate system related training materials and sessions.

4. CONSULTATION AND COORDINATION WITH TRIBES

As noted in the 2010 CFSP/APSR, the Pokagon Band of Potawatomi Indians (hereinafter Pokagon Tribe) officially moved its tribal organization and its tribal court to Dowagiac, Michigan. However, members of this Pokagon Tribe have lived in the lower Great Lakes area for hundreds of years and the Pokagon Tribe's homeland covers six northern Indiana counties including LaPorte, St. Joseph, Elkhart, Starke, Marshall, and Kosciusko. The tribe also extends through four southwest Michigan counties – Berrien, Cass, Van Buren and Allegan. Despite the Pokagon Tribe's move to Dowagiac, Michigan, Indiana DCS has maintained an interagency relationship with the Pokagon Tribe and their Director of Social Services, Mark Pompey, MSW.

DCS has also worked with other tribes across the United States to ensure that the tribal heritage of children with tribal connections are maintained. DCS remains committed to continually working to expand the knowledge of staff regarding tribes and their native culture and ensuring collaboration and coordination with tribes, tribal courts, and families of children with tribal connections.

a. Process Used to Consult with Tribes and Outcomes

DCS has a long standing relationship with Mark Pompey, the Social Services Director of the Pokagon Tribe, and has met with him annually over the last five years. Over the course of the last year and a half, DCS, through some of the organizational changes referenced above, has started to interact with a broader group of stakeholders within the tribal organization in addition to Director Pompey, including Annette Nickel (Prosecutor/Presenting Officer), Anne Morsaw-Banghart (Social Services), Kristie Bussler (Education Services) and Angela Oliva (Pokagon Health Services staff).

Below please find a summary of interactions with and consultations between DCS and representatives from the Pokagon Tribe occurring in 2013 and early 2014.

- January 2013-The DCS International and Cultural Affairs (ICA) Liaison, Director of Social Services, Mark Pompey, and Annette Nickel, Prosecutor/Presenting Officer, met to discuss ideas for improvement in Indiana's intervention with Indian children and their families. As a result of the brainstorming session, ideas developed for better identification and status verification of Indian children. In addition, DCS developed and implemented some improved identification resources and made some policy revisions as further described in subsection e below.
- March 2013-DCS added another position to the International and Cultural Affairs Program. This staff member took over the responsibility for the ICWA program and notifications.
- May 2013-DCS Deputy General Counsel, Robert Henke, met with Mark Pompey and Pokagon legal staff to discuss ways in which DCS can assist the tribe. Some of the items discussed

included collaborative efforts regarding training, ICWA notifications, court hearings and the opportunity for the tribe to participate in hearings telephonically. They also discussed their form of government and he was able to view their facilities and their court.

- June 2013 – Pokagon Director of Social Services, Mark Pompey, and Pokagon Prosecutor/Presenting Officer, Annette Nickol, presented information about the Pokagon Band of Potawatomi Indians and their child welfare services, to DCS staff in LaPorte county. The DCS ICWA Coordinator also attended.
- June 19-20, 2013-the International and Cultural Affairs Liaison, the ICWA Coordinator, and the ICWA Legal Liaison attended the MCWIC Regional Tribal Child Welfare Gathering, and were able to network with both state and tribal staff from Michigan, Wisconsin, Minnesota, etc. This provided DCS with additional information about how other states and tribes collaborate and work together for the best interest of the Indian children.
- July 2013 – The DCS ICWA Coordinator spoke with Prosecutor for the Pokagon Tribe, Annette Nickel, to gather additional information regarding DCS’s compliance and collaboration efforts.
- February 2014 – Anne Morsaw-Banghart and Kristie Bussler presented at the Starke County Child Protection Team meeting regarding Pokagon’s services.
- June 2014 – the ICWA coordinator sent an email invitation to Mark Pompey and Steven Rambeaux to meet with the DCS General Counsel, Deputy Director of Services and Outcomes, and Deputy Director of Practice Support to share information about available services and the CFSP.

US Census Bureau data indicates only 0.2% of children in Indiana are American Indian/Alaska native. DCS tracks ethnicity, which is then reported in the National Child Abuse and Neglect Data System (NCANDS). NCANDS data indicates that 0.1% of victims with substantiated allegations of abuse or neglect are of American Indian / Alaska Native ethnicity. DCS does not currently have a method of tracking ICWA compliance and notifications.

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

DCS is working on an ICWA referral and tracking process through MaGIK, which will provide a more accurate method of tracking children identified as having Indian heritage. DCS also intends to develop a way in which to track the number of ICWA Notifications sent to tribes, ICWA cases transferred to tribes and the timeliness of identification of potential ICWA eligible children that enter the DCS system. This will provide more information on which compliance can be assessed. DCS is also planning to review and update DCS staff training materials on ICWA. Once training is updated, field and legal staff will be retrained.

DCS will continue to collaborate with the Pokagon Band of Potawatomi Indians. A team of DCS staff traveled to Dowagiac, Michigan to meet with representatives from the Pokagon Band in late September 2014. DCS staff were given a tour of the Pokagon grounds, properties and establishments. They also toured the courts and learned about the tribe’s court system. The group discussed the difference between state and tribal child welfare cultures, as well as the cultural competence of Indiana service providers, and how the Pokagon tribe wants to be involved / interact with DCS on Indiana cases.

b. Improvements in ICWA Compliance Over Last 5 Years

Over the last five years, DCS continued to make progress working with tribes to ensure continued

compliance with ICWA and to broaden our relationship with representatives from the Pokagon tribe.

When a child has membership or is eligible for membership in a tribe and becomes involved with the Indiana Child Welfare system, DCS contacts the tribe immediately upon identification. To ensure DCS is identifying children of tribal heritage and potential ICWA eligibility. Family Case Managers (FCMs), attorneys, and juvenile court judges are vigilant in their inquiries of parents, families and children to learn of any tribe membership, heritage or involvement. In September of 2013, the redeveloped 'Indian Status Identification Form' was approved as a state form. The FCM utilizes this tool to gather information from the family that can then be passed on to the LOA for completion of the ICWA Notification. The ICWA Liaison, the ICWA Coordinator, local office attorneys (LOA) and FCMs have had the opportunities to work with various tribes throughout the United States to verify membership or eligibility for membership, and to locate family members of children with tribal connections. If a child is a member or eligible for membership in a Federally Recognized Tribe, FCMs and LOAs collaborate with tribal representatives to determine how the tribe would like to proceed, to include the tribe in all aspects of the case, and to transfer jurisdiction to the Tribal Court and/or place the child with the tribe, if requested.

DCS also fulfilled their commitment to have the LOAs be the responsible point persons for providing the ICWA Notifications to tribes. This transfer of responsibility from the ICWA Coordinator to the LOAs was created for the purposes of helping to expedite and provide a more timely notification process, in turn achieving more efficient ICWA compliance and service to our children and families.

In 2012, a group of approximately twelve DCS staff members was established for the purpose of developing and enhancing our collaboration strategies with the Pokagon Band of Potawatomi Indians. The group meets quarterly and includes both management and field staff, and two are also members of the Potawatomi Indians, one of those being with the Pokagon Band. The group has also addressed ICWA compliance and provided direction.

In March 2013, DCS's International and Cultural Affairs Program within Permanency and Practice Support added a new staff member. This staff person was given the title of ICWA Coordinator around May of that year and given the responsibility to oversee the ICWA Notifications and cases. This same responsibility was later transferred to the LOAs.

Indiana DCS continues to recognize that accurate data collection and statistics are essential. The International and Cultural Affairs (ICA) program is currently in the final development stages of a referral form and procedure through KidTraks for both Immigration programs and ICWA. Discussion has ensued to help determine if the referral procedure will provide the necessary measurable statistics. In addition, MaGIK continues to be utilized as a potential data collection portal. Whether or not the referral provides us with the statistical information, it will be helpful to DCS staff communicating with ICA staff for assistance with ICWA related issues.

(1) NOTIFICATION OF INDIAN PARENTS AND TRIBES OF STATE PROCEEDINGS INVOLVING INDIAN CHILDREN AND THEIR RIGHT TO INTERVENE;

Over the last five years, DCS continued to make progress working with tribes to ensure continued compliance with ICWA and to broaden our relationship with representatives from the Pokagon tribe.

When a child has membership or is eligible for membership in a tribe and becomes involved with the Indiana Child Welfare system, DCS contacts the tribe immediately upon identification. To ensure DCS is identifying children of tribal heritage and potential ICWA eligibility. Family Case Managers (FCMs), attorneys, and juvenile court judges are vigilant in their inquiries of parents, families and children to learn of any tribe membership, heritage or involvement. In September of 2013, the redeveloped 'Indian

Status Identification Form' was approved as a state form. The FCM utilizes this tool to gather information from the family that can then be passed on to the LOA for completion of the ICWA Notification. The ICWA Liaison, the ICWA Coordinator, the LOAs and FCMs have had the opportunities to work with various tribes throughout the United States to verify membership or eligibility for membership, and to locate family members of children with tribal connections. If a child is a member or eligible for membership in a Federally Recognized Tribe, FCMs and LOAs collaborate with tribal representatives to determine how the tribe would like to proceed, to include the tribe in all aspects of the case, and to transfer jurisdiction to the Tribal Court and/or place the child with the tribe, if requested.

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c. Law, Policy, or Procedural Changes and Training to Increase ICWA Compliance

Staff: The ICWA Coordinator position was added to the International and Cultural Affairs program within the DCS Permanency and Practice Support Division in 2013.

Staff Training

ICWA is included in two separate modules of New Worker training. The legal aspects of ICWA are covered in the "Legal Overview." Native American practices and beliefs are discussed in Culture and Diversity training which also includes a discussion regarding the Pokagon Tribe and an overview of ICWA policy, procedures, and regulations.

The Family Case Manager Supervisor (FCMS) training on June 28, 2013, included an ICWA workshop. The Indian Child Welfare Act: A Family's Guide, and card regarding Indian culture were also provided at the workshop and were later provided to Regional Managers (RMs) to distribute to local offices.

A webinar series, American Indian & Alaska Native Behavioral Health, is available to DCS staff.

Members of the Pokagon Tribe provided presentations to the Starke County DCS Child Protection Team (February 19, 2014) and the DCS local office in LaPorte, Indiana (June 7, 2013). DCS training to Pokagon

Tribal staff on mandatory reporting of child abuse and neglect was scheduled in August of 2013, but was canceled by the Pokagon Tribe due to staffing changes.

d. Exchange of CFSP/APSR with Tribes

The Pokagon Tribe was given copies of the 2010-14 CFSP and the subsequent APSRs in 2010, 2011, 2012, and 2013. DCS staff hope to meet with Mark Pompey and other members of the Pokagon Tribe in late 2014 to discuss the final 2010-2014 APSR, the 2015-2019 CFSP, DCS' heightened focus on CQI, and services for tribal members in Indiana's northern region.

e. Consultation with Tribes Regarding Eligibility For Benefits and Services

Although DCS has discussed IV-E funding with Mark Pompey and other staff of the Pokagon Tribe, the tribe does not wish to pursue any involvement with IV-E funding at this time.

f. State/Tribal Agreement Negotiations

DCS has not received a request from any tribes to enter into an agreement to receive a portion of Indiana's allotment for CFCIP and/or ETV. The DCS Legal Department is working on a Sample State/Tribe IV-E Agreement in the event that a request is received in the future. Information was added to the DCS internet which instructs tribes to contact the ICWA Coordinator if they wish to enter into an agreement with DCS.

5. FOSTER AND ADOPTIVE PARENT RECRUITMENT

a. Foster Care Reorganization, Recruitment, and Retention

DCS made significant change to its foster care program during the 2010-2014 CFSP period. In 2009, DCS launched a comprehensive reorganization of the Indiana foster care system, including reevaluating the way the agency licenses and supports its foster parents, training, per diems, etc. Some of these changes were prompted in part due to poor performance during the second round of the Child and Family Services Review. Other changes were prompted by a Six Sigma project focused on revamping the Indiana Foster Care System.

Changes during the plan period include:

- Creation of 98 Regional Foster Care Specialist positions
- Drafting of new licensing rules to replace those originally promulgated in the 1940s
- Development of regional targeted foster care recruitment plans
- Redesign of the foster and adoptive parent training curriculum and the manner in which such trainings were delivered,
- Review of and revisions to invoicing processes and financial supports available to foster parents, and
- Providing increased support for relatives caring for DCS wards.

Additional detail regarding changes made in these areas is included below. For information related to foster and adoptive parent training, please see section X.

FOSTER CARE PROGRAM DEVELOPMENT

As a part of the agency's foster care reorganization effort, DCS created the DCS Foster Care Program, which started as a pilot program in 2009 and has now been fully staffed statewide for 3 years. The foster

care program ensures relative and foster families provide safe, nurturing, and stable homes to meet children's needs for safety, permanency and well-being. The foster care program includes the support of relatives and the recruitment, licensing, support and retention of foster families. The DCS Foster Care Program is comprised of 98 field-based Regional Foster Care Specialists (RFCS) and 21 supervisors. The program is also supported centrally by the State Foster Care Program Director and 5 foster care program staff.

When DCS created the RFCS role in 2009, the first priority was to hire and train staff. Once staff were hired and trained, the priority shifted to licensing new DCS foster homes. While RFCSs were busy licensing new homes, they also focused on reviewing existing foster parent licenses, cleaning up licensing files and closing licenses that were not meeting requirements. At the same time, DCS undertook the massive task of rewriting the foster care licensing rules, which had not been updated since the 1940's. Once the new rules were promulgated, DCS updated the licensing policies and the forms used for licensing. DCS then trained the RFCS and private agency licensing staff on the changes.

TARGETED RECRUITMENT

In 2012, procedures for licensing and support were well-defined and the program was fairly stable. Thus, in late 2012, DCS began to work more strategically on recruitment. In November of 2012, DCS held training for all RFCSs and Supervisors, which provided information related to targeted recruitment. Each region reviewed their own data regarding children entering care and their current foster parent population and developed initial recruitment plans. Each region then had planning meetings with the Central Office Foster Care Division and the Communications Division in calendar year 2013, to incorporate the use of available recruitment resources into their plan. Further development, refinement and implementation of these plans continue to be an area of focus for the DCS Foster Care Program.

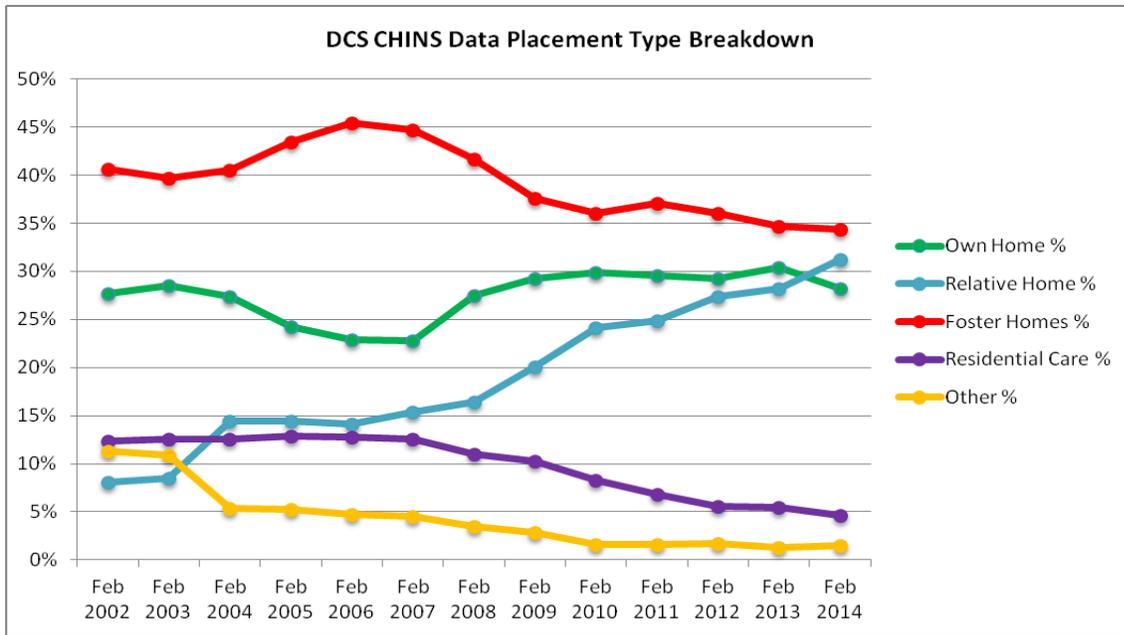
FINANCIAL SUPPORTS

In 2012 DCS enhanced the package of additional financial reimbursements available to foster parents and the children in their care. DCS now offers the following allowances to foster parents, in addition to the daily per diem available: initial clothing, personal allowance and a special occasion allowances (birthday and December holiday). DCS also reimburses for certain travel and covers the costs of foster parent liability insurance. DCS is currently working on a Computerized Training for DCS staff to ensure that they are aware of these reimbursements.

During the CFSP period, DCS also reviewed and implemented changes to improve the invoicing and payment processes in order to get financial resources to foster parents more timely. DCS piloted electronic invoicing (e-invoicing) for foster parents in 2013. The goal was to allow easier online submission, communication and monitoring of foster parent invoices and payments. E-invoicing is now available to all foster parents. In April of 2014, 34% of foster parents that submitted an invoice to DCS did so utilizing e-invoicing.

RELATIVE SUPPORT

During the CFSP period, DCS has focused efforts on the utilization and support of relatives for children entering the child welfare system. The chart below shows the large growth in placement with relatives from 2002 to 2014. In March of 2014, 4,396 children were placed in relative placements out of the 10,145 children in out of home care (43.4%).



DCS utilizes RFCS to license relatives. It became clear in 2012 that DCS needed to offer additional supports to relatives (in addition to walking them through the process of becoming licensed foster parents). As a result, in 2013, DCS added Regional Relative Support Specialists (RSS). DCS has 31 RSSs that provide targeted support and timely services to relatives who have placement of these children. The purpose of the RSS position is to decrease relative placement disruptions, increase utilization of relative placements, and educate relatives on DCS policies, procedures and practices, in particular the financial options available to them when caring for the child(ren).

b. Adoptive Parent Recruitment

DCS contracted with the Children’s Bureau (CB), on July 1, 2011, for recruitment and retention of adoptive families. CB collaborates with local diverse neighborhoods, faith-based organizations, and minority leaders to recruit appropriate families that reflect the diversity of children in the state for whom adoptive homes are needed. CB handles local recruitment through Adoption Champions (people who have a personal tie to adoption and can answer the public’s questions at various events), prepares the monthly “Opening Hearts, Changing Lives” adoption picture book, and assists in the coordination & hosting of matching events.

DCS contracted with Transform Consulting Group for The Heart Gallery on December 1, 2012. The Heart Gallery is a program that has been implemented in almost every state. The program expands the exposure of children eligible for adoptive homes to a wide range of individuals beyond the DCS website and the "Opening Heart, Changing Lives" adoption book publication. The gallery pictures are professionally done and capture the child’s unique personality. The Indiana Heart Gallery exhibits travel to different events, including two major heart galleries, and many minor galleries. These galleries are placed across the state in churches, libraries, and businesses. The recent addition of video vignettes allows the audience to hear from a child about their individual interests and dreams, as well as, their wants in an adoptive family. The traveling Indiana Heart Gallery is also used in conjunction with educational and public relation events about adoption.

In addition to efforts of CB & Transform Consulting Group, Special Needs Adoption Program (SNAP) Specialists continue to walk potential adoptive parents through the adoption process and to serve as a

liaison for post-adoption service referrals. SNAP Specialists work on behalf of potential adoptive families and children waiting to be adopted by assisting local offices with the matching process.

c.. Adoption Incentive Payments

Adoption incentive payments continue to be used to provide a wide spectrum of services and supports to adoptive families and children. A majority of payments are used to pay for adoption and recruitment programs including adoption education events, adoption program development, media events, and projects to inform the public of children waiting to be adopted.

Indiana DCS continues to train and educate community partners and mental health providers on the effects of trauma and how it impacts the healthy attachment of children to their families. DCS's contractual relationship with the Children's Bureau (CB), to train and educate community partners and mental health providers on the effects of trauma and its impact on healthy attachment for children and their families, began in 2009. The evidence-based curriculum focuses on a trauma-informed method of addressing attachment issues in children and the training provides information on the biological effects of trauma on the brain, therapeutic interventions that can be effective, and a suggested curriculum that can be implemented for support groups.

DCS also purchased adoption recruitment billboards aimed at recruiting adoptive/foster parents. Billboards were purchased statewide in August of 2012 with rural, urban, and suburban exposure, and a concentration in the south where we are in need of new adoptive/foster parents.

The Indiana Heart Gallery, referenced above in the Adoptive Parent Recruitment section, is also implemented through adoption incentive payments. DCS also continues to use adoption incentive payments to contract with AdoptUSKids for online recruiting and national exposure.

d. Child Welfare Waiver Demonstration Activities

In 1997, the United States Department of Health and Human Services, Administration for Children and Families (ACF) approved the first Title IV-E Waiver Demonstration Project for Indiana. The purpose of the Title IV-E Waiver program is to improve the effectiveness and efficiency of child welfare services by permitting a more flexible use of funding, thus tailoring services to children and families' individual needs. In addition, the program is expected to be cost neutral, with an increase in expenditures related to expanding community-based service options offset by a decrease in the costs associated with the reduction of out-of-home care placements.

Implementation in selected counties began in January of 1998 for a five-year demonstration period, followed by an interim extension through the middle of 2005. DCS received authorization to expand the waiver statewide for a second five-year demonstration period through the middle of 2010, followed by interim extensions through June 2012. In both of these demonstrations, there were caps on the number of cases that could receive waiver services and DCS used eligibility criteria to designate specific cases for such services.

The Title IV-E Waiver demonstrations in Indiana have produced promising results. Since the second five-year demonstration period provided waiver services to a limited number of children and families statewide, an evaluation conducted by Loman, Filonow, and Siegel (2011) was able to employ a case-control design, comparing waiver services recipients with similar cases not receiving waiver services. They found several positive outcomes for waiver cases, including lower proportions of children removed

from their homes, higher rates of family reunification, shorter time in out-of-home placement, and fewer substantiated investigations, and these outcomes were related to increases in preventive and remedial services.^[1] However, the evaluation also noted that implementation was geographically inconsistent and early enthusiasm for the waiver program declined towards the end of the demonstration period as trainings and technical assistance decreased and DCS local staff became less clear about the program's policies and goals.^[2]

Indiana's 2012 waiver extension allows DCS to address issues uncovered in the prior waiver period. It enables a broadened service array and increases the target population to all children served by DCS. It provides statewide coverage, but does not impose caps, and increases the range of services eligible for funding under the waiver. The demonstration supports and enhances service and program offerings that are consistent with Indiana's Safely Home, Families First philosophy. Safely Home, Families First is a major program initiative focused on a goal of keeping families intact which was created in anticipation of expanding and maximizing Indiana's Title IV-E Waiver. New program and service offerings provide intensive services so children can remain safely at home. When removal is necessary, the goal of Safely Home, Families First is to place children with willing and able relatives and provide wraparound services as needed. The 2012 waiver supports DCS' expansion of services through Safely Home, Families First.

8. CAPTA UPDATE

a. 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.

b. 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.

c. Use of CAPTA Funds

CAPTA funds were utilized in conjunction with Title IVE Foster Care, Title IV-E Adoption, and Title IV-B, Subpart 2 to support Case Management (case workers and data management) and material assistance payments for concrete services.

d. CRP Annual Reports

Indiana Law requires 3 Citizen's Review Panels, 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. All of Indiana's terms expired in June of 2014. Indiana had decided to alter the reporting period for Citizens Review Panels to an annual basis to assist new panels in their report preparation. This will also assist DCS in having completed reports and associated responses for APSR reporting periods.

^[1] Loman, L.A., Filonow, C.S., & Siegel, G.L. (2011). *Indiana IV-E child welfare waiver demonstration extension final evaluation report*. St. Louis, MO: Institute of Applied Research.

^[2] Loman, L.A., Filonow, C.S., & Siegel, G.L. (2011). *Indiana IV-E child welfare waiver demonstration extension final evaluation report*. St. Louis, MO: Institute of Applied Research.

FOSTER CARE ADVISORY BOARD

The Lake County Citizen Review Panel Annual Report from June, 2013, is attached as ATTACHMENT 1. The DCS response in December of 2013 is attached as ATTACHMENT 4. The Lake County Citizen Review Panel is no longer participating as a CRP.

A new foster care advisory panel, Heritage Foster and Adoption Support, Inc., in Hendricks County, Indiana, has been chosen as Indiana's new Citizen Review Panel. They plan to research the assessment process and its impact on services provided to children. DCS is excited to have them participate in this capacity and looks forward to their report.

CHILD FATALITY TEAM

The Marion County Citizen Review Panel Annual Report from June, 2013, is attached as ATTACHMENT 2. The DCS response in December of 2013 is attached as ATTACHMENT 5. The Marion County Citizen Review Panel Annual Report due June 30, 2014, has not yet been received, but will be included in the 2015 APSR. Their three year term ends June 30, 2014.

A new child fatality review team, the Monroe County Child Fatality Team in Bloomington, Indiana, has been chosen as Indiana's new Citizen's Review Panel. Their first meeting was June 17, 2014. They are still organizing their team and will be utilizing the new calendar year reporting period. DCS is excited they will be serving in this capacity and looks forward to their report.

CHILD PROTECTION TEAM

The Wayne County Citizen Review Panel Annual Report from June, 2013, is attached as ATTACHMENT 3.. The DCS response in December of 2013 is attached as ATTACHMENT 6. The Wayne County Citizen Review Panel is no longer participating as a CRP.

A new child protection team, the Switzerland County Child Protection Team, in Switzerland County, Indiana, has been chosen as Indiana's new Citizen's Review Panel. They are researching problems associated with babies born with substances in their system. DCS is excited they will be serving in this capacity and looks forward to their report.

e. State Liaison Officer Information

The State Liaison Officer is Kimberley S. Miller, Indiana Department of Child Services, 302 W. Washington St. Room E306, Indianapolis, IN 46204: Kimberley.Miller@dcs.in.gov.

9. STATISTICAL AND SUPPORTING INFORMATION

a. Information on Child Protective Service Workforce:

FCM PREFERRED EXPERIENCE:

- Bachelor's degree from an accredited college/university required.
- At least 15 semester hours or 21 quarter hours in child development; criminology; criminal justice; education; healthcare; home economics; psychology; guidance and counseling; social work; or sociology required (copy of transcript must accompany the application or must be submitted at the time of interview if granted).

FCM SUPERVISOR PREFERRED EXPERIENCE:

- Bachelor's degree from an accredited college/university in Child Development, Criminology, Criminal Justice, Education, Healthcare, Home Economics, Psychology, Guidance and Counseling, Social Work, or Sociology or a related field.
- Two (2) years experience in the provision of education or social services to children and/or families. One (1) year of the experience in an administrative, managerial, or supervisory capacity is preferred or accredited graduate training in Social Work.

COUNTY WELFARE DIRECTOR E4-E7 (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

E4 – Considered as Regional Managers (Marion & Lake):

- 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, sam pat 4 or higher may sub for the required experience and specialized education on a year for year basis.

DATA ON THE EDUCATION, QUALIFICATIONS, AND TRAINING OF SUCH PERSONNEL

DCS does not track the number of child welfare workers with a Bachelor (BSW) and/or Masters (MSW) of Social Work degree; however, DCS does keep track of the number of staff with Title IV-E Supported Bachelor and Masters of Social work degrees. DCS in partnership with IU continues to offer the IV-E BSW and MSW programs. In 2013, there was an increase from 36 to 50 BSW students. In 2013, 48 BSW students were selected and will begin as FCM's in May 2014. In 2013, 13 MSW students were selected. DCS does not have information available related to the number of years of child welfare experience or other related experience working with children and families.

CHILD PROTECTIVE SERVICES DEMOGRAPHICS – AGE - AS OF 5/30/14

Family Case Managers and Family Case Manager Trainees

22-25	26-30	31-40	41-50	51+	Total
231	500	580	315	186	1812
12.7%	27.6%	32%	17.4%	10.3%	100%

FCM Supervisors

22-25	26-30	31-40	41-50	51+	Total
2	57	112	87	63	321
0.6%	17.8%	34.9%	27.1%	19.6%	100%

County Welfare Directors

26-30	31-40	41-50	50+	Total
1	22	25	40	88
1.1%	25%	28.4%	45.5%	100%

Executives

26-30	31-40	41-50	51+	Total
3	9	15	28	55
5.4%	16.4%	27.3%	50.9%	100%

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, enacted in the spring of 2007, 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) seventeen children monitored and supervised in active cases relating to ongoing services. The 12/17 caseload standard is consistent with the Child Welfare League of America’s standards of excellence for services for abused and neglected children and their families.

The issue of caseload data must include the current national discussion regarding caseload definitions. As currently set out in statute, DCS must comply with standards that include 12 new investigations or 17 ongoing children being supervised by a case manager. These definitions are clear in large to medium counties, where the large scale of operations allows FCMs to specialize in either

investigations or on-going cases. In smaller counties, however, the issue of mixed caseloads is more difficult to determine, in large part because ongoing caseloads of 17 are fairly static while new investigation caseloads are fluid, changing day to day and week to week. DCS continues to work with national leaders and organizations as these discussions bring more mathematical certainty to those designations.

Using existing monthly data reports, Regional Managers monitor caseloads regionally and locally to allocate staff as needed in individual counties.

Reports are generated monthly to monitor the timely completion of new assessments within 30 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 more consistently provide permanency for those children and thereby close the case. All Regions have formed Permanency Review Teams (PRTs) to review and provide recommendations to local offices for those cases where traditional measures have failed to achieve permanency. Each region reports monthly on the status of all PRT cases to the Permanency and Practice Support Division.

In addition, Regional Managers also monitor the number of overdue assessments or assessments that are not completed within the required thirty day timeframe. Two overdue assessment reports are run on a weekly basis. The first identifies all cases that have been open for 20 to 30 days. This report enables managers to identify assessments that are at risk of becoming overdue (i.e., open for more than 30 days). A second report captures all assessments that have been open for more than 30 days. There is also a supervisory report that tracks assessments that have been sent to a supervisor for approval. This report shows the total number of days an investigation has been open for quick reference.

b. 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 <http://www.in.gov/judiciary/admin/files/rpts-ijj-2012-probation-v2-statistics.pdf>. Below is the data for 2012 juvenile justice transfers. The 2013 juvenile justice transfer data is not yet available.

2012 Indiana Probation Report

Referrals Pending January 1, 2012	176
Referrals Received	183
Referrals Disposed	190
Referrals – Methods of Disposition	197
Referrals Pending December 31, 2012	204
Supervisions Pending January 1, 2012	211
Supervisions Received	218
Supervisions Reopened	225
Supervisions Disposed	232
Supervisions - Methods of Disposition	239
Supervisions Pending December 31, 2012	246
Status on Pending Supervision	253
Probationer Supervision Level – Juvenile Cases Pending as of December 31, 2012	260

Juvenile Convicted of Substance or Sex Offense in 2012	267
Juvenile Completed Reports	274

c. Sources of Data on Child Maltreatment Deaths:

DCS assesses all deaths of children under the age of 18 that are reported as suspicious for abuse or neglect, and are perpetrated by a parent, guardian or custodian. Indiana state law has two main provisions that help to ensure all child fatalities are reported to DCS. The first is IC 36-2-14-6.3, which requires the county coroner to file an immediate report with DCS on all suspicious, unexpected, or unexplained child deaths. State law also considers all Indiana citizens “mandatory reporters,” by requiring any citizen who suspects child abuse or neglect to make a report to DCS.

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

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.

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

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

d. Education and Training Vouchers:

State: Indiana: Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
2013-2014 School Year (July 1, 2013 to June 30, 2014)	371	140
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	432	164
2011-2012 School Year (July 1, 2011 to June 30, 2012)	421	160
2010-2011 School Year (July 1, 2010 to June 30, 2011)	331	186
2009-2010 School Year (July 1, 2009 to June 30, 2010)	305	190

e. Inter-Country Adoptions:

No children adopted from other countries entered into DCS custody as a result of a disruption in placement or dissolution of adoption in FY2013.

10. ATTACHMENTS

1. Citizens Review Panel Report – Lake County
2. Citizens Review Panel Report – Marion County
3. Citizens Review Panel Report – Wayne County
4. Citizens Review Panel Response – Lake County
5. Citizens Review Panel Response – Marion County
6. Citizens Review Panel Response – Wayne County
7. ETV's Awarded

LAKE COUNTY CITIZEN REVIEW PANEL

ANNUAL REPORT

JUNE 2013

The Citizens Review Panel in Region 1 is comprised of the following members: Cynthia Cyprian, Clinical Director of The Villages; Jonelle Carns, Independent Contractor (foster /adoptive parent); Julie Villarreal, Program Director, Indiana MENTOR; *Cynthia Cyprian and Julie Villarreal served as co-chairs for the CRP meetings. Ann Arvidson, Foster Care Consultant for Department of Child Services and Kimberly Miller, Attorney/Federal Compliance Manager, served as liaison to the Citizens Review Panel (CRP). The Lake County Citizen Review Panel met bi-monthly from 7/1/12 through 6/30/13.

The team followed up on last year's agenda and report which looked at the role of the Child and Adolescent Needs and Strengths Assessment (CANS) in determining the level of care for children in placement. It was hypothesized that children who were under-rated by the CANS were at risk of disruption in their foster home due to a lack of supportive services. CANS levels are directly linked to the amount of supervision needed by the assigned agency, and the intensity and frequency of needs that are provided to the foster family and the identified child. For example, a level 1 child will be seen in the foster home one time per month. A level 2 child is seen twice per month. A level 3 child is seen 1 time per week. However, a level 4 child is seen twice per week.

This year, the members of the panel were all experienced management for Licensed Child Placing Agency's (LCPA). As a team, there was awareness that the children who were coming into therapeutic care were in need of much greater services than were required in the past. This is assumed to be due in part to the decision by the DCS to systematically reduce the number of children in residential treatment in an effort to control costs and allow children to remain in a least restrictive environment. The children who are no longer placed in residential facilities are now being placed in therapeutic foster homes.

It is believed that these high-acuity children, coupled with a miscalculated needs assessment, resulted in multiple disruptions for the child. In addition, because of the increased number of moves, the child experiences a negative impact on their emotional health and well-being, leading to an increase in runaways, reactive attachment disorders, anxiety, depression, low self-esteem, poor school performance and other issues of this nature.

In order to explore the notion that multiple disruptions were a result of a lack of supportive services for the child, we took a random sample of 19 children from random counties across the state. The sample was pulled from six randomly selected counties (Delaware, Lake, Owen, Posey, Pulaski, and Clark). The CRP chose specific demographics in which each Foster Care Supervisor from the six random counties was given the task of choosing one child from each age group with the ability to select a sibling group to be a sample for the review. The demographics included ages in the following categories: 0-4 years of age, 5-13 years of age and 14+ years of age. Each child selected was also required to have been in care for at least one year. Once the child was selected, the CRP requested a copy of the Case Plan along with

the current CANS Assessment(s). The Foster Care Supervisor from each county chose the participants and provided the necessary information. Overall, there were 19 participants selected and reviewed.

Initially, the team was going to look at Lake County specifically but felt that a larger, more diverse, sample would be more indicative of the overall possible impact across the state. Once we received the data, members compared the CANS data with the Case Plan. We were looking for consistency between the two tools which were used to provide the level of treatment services to the child. The team made the following discoveries:

- 14 out of 19 CANS improperly scored the foster family instead of the biological family. The only time that a foster family should be rated as the identified caregiver is when the permanency plan includes Adoption by that foster family.
- 10 out of 19 improperly used the short form CANS instead of the Comprehensive CANS. (Per *DCS Policy Chapter 4, Section 32: Assessment* – it states that the Short Form will be used for “each child in the home when abuse and/or neglect have been substantiated or for each child placed out-of-home during the abuse and neglect assessment”). The policy also indicates that if any item is rated a 2 or 3 on the Short Form then a Comprehensive should be completed within 30 days. This was also not consistently completed as stated in the policy.
- 10 out of 19 did not indicate a child was removed and therefore did not properly calculate the level.
- The average number of moves in the sample was 4 moves per child. The child with the most moves was 16 moves (This child was also rated on the CANS a Level 1 with no services identified). The child with the least amount of moves was 2 moves.
- 15 out of 19 indicated a “0” on the cans when the Case Plan indicated otherwise. Meaning, an item was rated a “0” on the CANS, but clearly identified as a need on the Case Plan.

For example;

- 0-Child is performing well in school, yet the child has an IEP.
- 0- Child is doing well in relationships with family members, yet the child was removed due to physical abuse.

In an effort to encourage more objectivity the CRP decided to gather information on the “experience” of the child placed in care. As a result, a survey was conducted and sent to all foster parents identified in the random sample. A series of questions regarding the foster parents experience with DCS and the CANS were developed. The surveys were mailed to each of the foster parents. Interestingly, there were no responses to our survey. The CRP then contacted the state consultant for permission to call the foster parents directly. We were given the phone numbers and attempted to make contact with all identified foster parents. We were only able to obtain responses from about 50% of our sample.

Incorrect telephone numbers and no response from left message were reasons that 100% were not included. Members contacted the identified foster parents and compiled the results to the following questions:

1) They believed that their child was properly leveled

Yes: 30% NO: 70%

2) If they knew about the appeal process

YES: 50% NO: 50%

3) Had they asked for an appeal?

YES: 0 NO: 100%

4) Did they feel that the child received the support that they needed?

YES: 0 NO: 100%

5) Were they informed of the child's known behaviors prior to placement?

YES: 10% NO: 90%

6) Did they ask for the child's removal?

YES: 0 NO: 100%

*Some clients remain in the current placement, others were reunified.

As a result of the information gathered, the CRP would like to make the following recommendations to help improve the use and objectivity of the CANS tool:

- The CANS should be completed in collaboration with the foster parent, therapist and licensing agency (if applicable). The best setting for this would be a Child and Family Team Meeting (CFTM). The CFTM should be a means to gather all updated information on the child in order to score with an accurate picture of the client's current level of functioning and supportive service needs.
- Based on the improper use of the Short CANS and the lack of consistency with regards to the CANS and the Case Plan, DCS staff would benefit from additional training regarding the scoring and implementation of the CANS tool and the policies put in place.
- An additional identified issue and concern would be the rating of medically fragile children using the CANS. This tool does not allow for proper rating in the needs of these types of children. The CANS is developed and geared toward behavioral challenges, not medical needs. Yet, they both

require supervision and intervention. The team would like for the Department to consider exploring other tools that have been shown to be successful in rating the needs of medically fragile children.

Citizens Review Panel

Annual Report

Prepared by:

Marion County Child Fatality Review Team

Submitted to:

Indiana Department of Child Services

June 28, 2013

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Introduction

Indiana Code (IC 31-25-2-20.4) provides for the establishment by the Department of Child Services (DCS) of at least three citizen review panels in accordance with the requirements of the federal Child Abuse Prevention and Treatment Act under 42 U.S.C. 5106a. Each citizen review panel (CRP) is appointed for a three year term. One of the CRPs must be either the statewide child fatality review committee or a local child fatality review team.

The main purpose of CRPs is to evaluate how effectively a child welfare agency is discharging the agency's child protection responsibilities. This evaluation can be done by examining the agency's practices, policies and procedures; reviewing specific child protective services cases; and any other criteria the CRPs consider important to ensure the protection of children.

CRPs are to meet at least once every three months. They are also directed to prepare and submit an annual report describing a summary of its activities, conclusions and recommendations. In turn, the child welfare agency is to provide within six months a written response indicating whether and how it will incorporate the recommendations of the citizen review panel.

This is the second year the Marion County Child Fatality Review Team (MCCFRT) has served as a CRP. The 2012 Marion County CRP report documents the Panel's evaluation of two specific areas: (a) assessing outcomes for surviving siblings of children who died in Marion County, and (b) review of available data concerning child fatalities statewide which had been reported to DCS. The results and recommendations are detailed in the CRP report dated June 2012.

This report describes the work, results and conclusions of the Marion County CRP during FY 2012-2013, as well as our plans for our third year.

2012-2013 Marion County Citizens Review Panel Activity

As noted in the 2012 report, the CRP planned to continue to study statewide child fatalities this year and next, in order to track deaths due to sudden infant death syndrome (SIDS) and determine whether they are actually decreasing over time. Data for the 2012 report was acquired from a review of DCS final reports (Form CW 311, Assessment of Alleged Abuse or Neglect Report) for each case from the most recent year available, which was FY 2009. Therefore the CRP requested the CW 311 forms from the subsequent FY (2010) for all cases reported to DCS statewide involving a fatality. Only 59 of those reports were received. This compares to 306 total reports received the previous year; of those, there were 231 cases which were not screened out and had adequate information to review. The 59 reports received represented only 26% of the total reports reviewed for the prior year. Upon inquiring about the significantly lower number of CW 311 reports made available, the CRP was told this was because records for unsubstantiated cases had been purged and that this would also be the case in future years. Because such an incomplete sample would likely be biased and invalid, the CRP decided that further review of this topic would not be a worthwhile exercise.

Another area the Marion County CRP explored was the possibility of assessing outcomes for newborns found to be drug-exposed (positive for illicit drugs at birth), and whether this may be a risk factor for infant/child death. There is a sense among some team members that drug-exposed newborns are at risk but there also seems to be little data available about them. Trying to track cases, e.g. between our county review and statewide CW 311 forms, was considered but not felt to be very feasible as it would likely necessitate institutional review board approval. The CRP then considered attempting to track this data prospectively as the MCCFRT reviews cases. We have not been successful, though, in collecting adequate data as the information is not routinely available from individual case reviews.

Some of the most interesting data reviewed by the Marion County CRP relates to the work of the MCCFRT and has prompted a change in our process for selecting which child deaths to review in detail. Traditionally the MCCFRT has selected for detailed review child deaths which were (1) coroner cases, (2) known to have had DCS involvement, and/or (3) team members knew of concerns relating to the child's death. What was brought to the team's attention this year is that there are higher numbers of child deaths in certain zip codes of residence in Marion County (Figure 1).

What we also came to realize is that the largest numbers of child deaths occurred in zip codes that, perhaps not coincidentally, have the highest:

- Numbers of registered convicted violent offenders and sexual offenders (according to publically accessible data),
- Numbers of infants and children referred for sexual assault examinations;
- Numbers of infants and children hospitalized and diagnosed with definite or likely physical abuse;
- Percentages of Medicaid births (Medicaid being acknowledged as a proxy for poverty); and
- Infant mortality rates.

Five zip codes in Marion County appeared particularly concerning with respect to the number of child fatalities as well as the other factors noted above: 46201, 46218, 46222, 46226, and 46227. Of particular concern is that for cases reviewed by the MCCFRT during meetings between August 2011 and July 2012, 39 child deaths were identified in these five zip codes. Based on the team's review criteria described above, only 14 (36%) of those 39 deaths were reviewed by the team (Figure 2).

This compelling data clearly suggests many psychosocial difficulties faced by the families living in the identified areas. It also raised the following questions for the Marion County CRP:

1. Might there be opportunities for prevention of child deaths among cases not reviewed especially considering their locations? (For example, extreme prematurity listed as the cause of death on the death certificate, and detailed review by MCCFRT might identify factors such as domestic violence, fetal drug exposure or other health risks related to the premature labor and infant death.)
2. Is our process for selecting deaths to review allowing us to truly identify cases with DCS involvement and cases with opportunities for prevention?

Therefore, at the June 2013 CRP meeting it was proposed that the MCCFRT review all cases from these 5 zip codes on a trial basis for the next 12 months. Review of all cases in these specific zip codes would be done regardless of whether a coroner's case or whether there had been DCS involvement. If after one year the team identifies no additional useful information with prevention implications, the team has the option to return to their previous method of selecting cases for review. On the other hand, if additional useful information with implications for prevention of child fatalities is identified, then the team should consider continuing or even expanding the child death reviews to additional zip codes with higher numbers of deaths. We anticipate that our findings during the upcoming year may have implications for other child death review teams around the state.

In summary, the Marion County CRP was unable to continue a follow-up study of child fatalities statewide due to lack of access to data which had been available for the previous year. This is unfortunate because this statewide data could have allowed us to confirm anecdotal information suggesting that SIDS deaths were decreasing. Consideration should be given to de-identifying case data so that it could be available in a general format for reviews by Federal or state mandated bodies such as Citizens Review Panels. Finally, based on our observation that there are higher numbers of child deaths in certain zip codes of residence in Marion County, which also have higher numbers of other psychosocial problems, the MCCFRT has changed its process for reviewing child deaths on a trial basis for the upcoming year. This may help identify additional opportunities for prevention of child deaths, and have implications for child death review statewide.

Figure 1

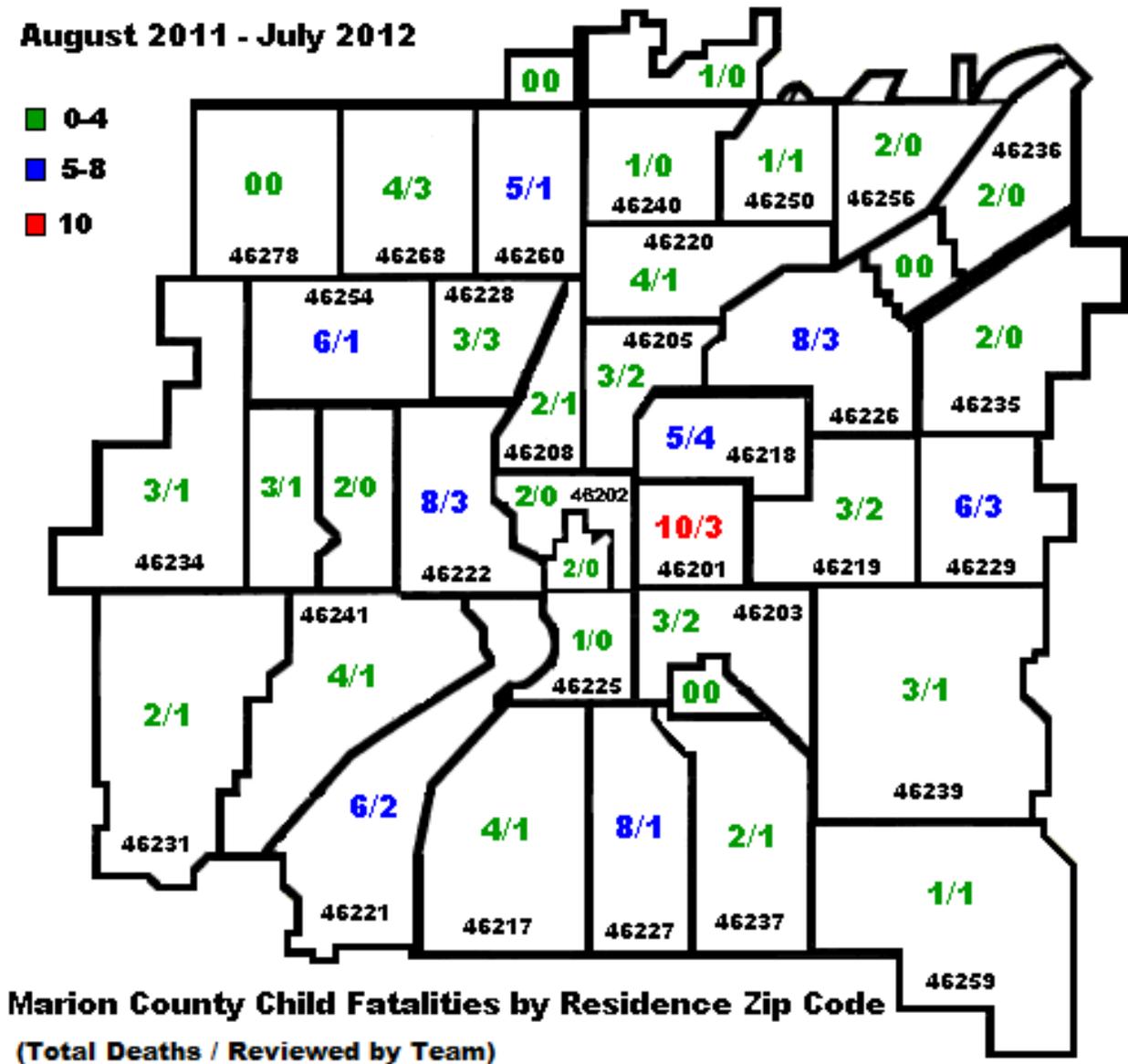
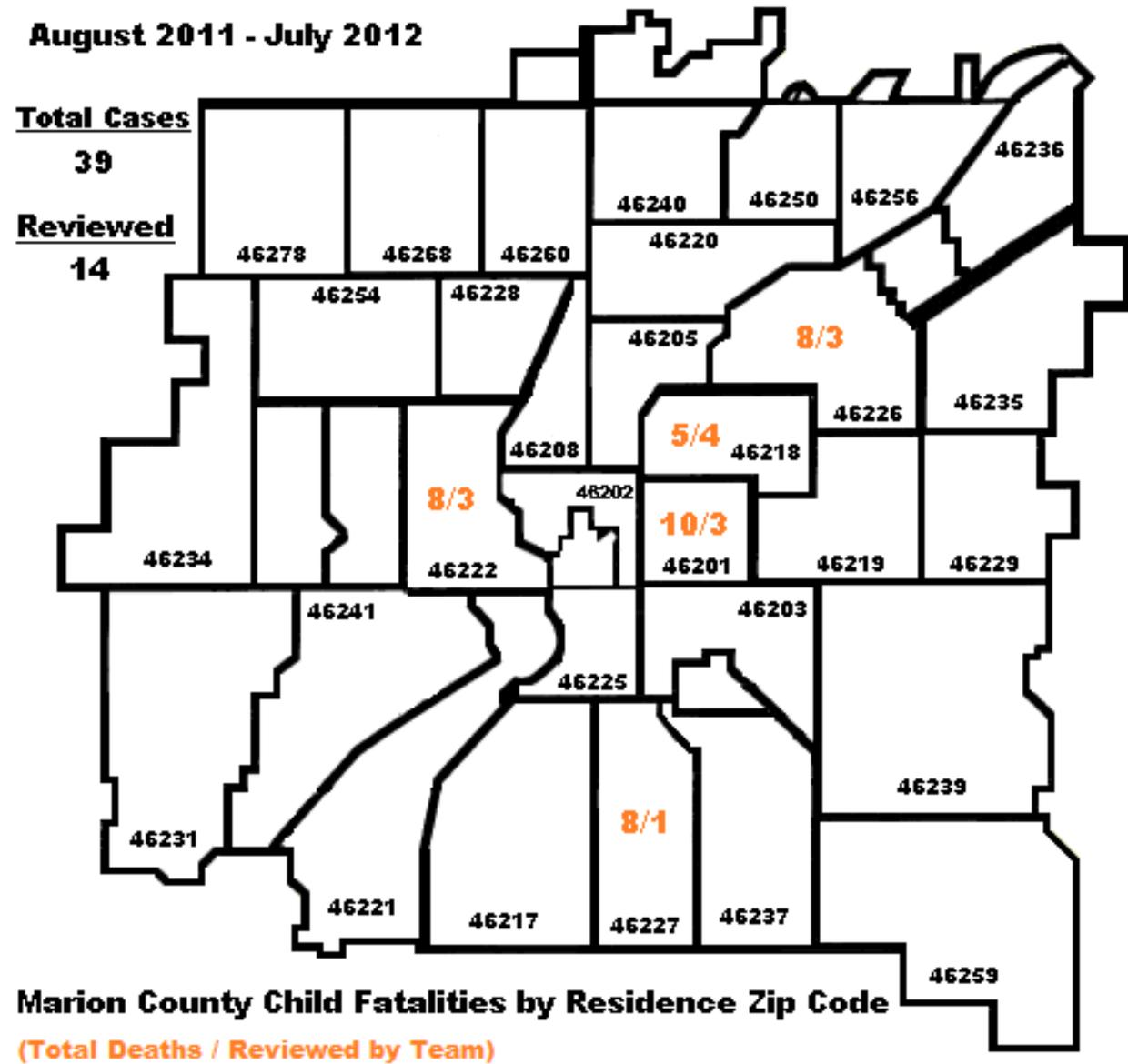


Figure 2



Acknowledgements

The Marion County Citizens Review Panel thanks Andrew Campbell for bringing to the CRP's attention his review of infant/child deaths and other data by zip code, and in preparing the Figures.

Members of the Marion County Citizens Review Panel and Child Fatality Review Team

Melissa Anderson-Traylor, Fatality Specialist, Marion County Department of Child Services
Tom Arkins, Chief of IT and Informatics, Indianapolis Emergency Medical Services
Alfarena Ballew, Marion County Coroner's Office
Milon Berry, CQI Officer, Indianapolis Emergency Medical Services
Marly Bradley, MD, Wishard Urgent Visit Center
Amanda Brewer, MD, Forensic Fellow, Marion County Coroner's Office
Andrew Campbell, Research Specialist, IU Child Protection Program
Joye Carter, MD, Marion County Coroner's Office
John E. Cavanaugh, MD, Marion County Coroner's Office
Robert Collins, MD, Riley Hospital for Children Emergency Department
Teri Conard, RN, Fetal Infant Mortality Review Coordinator, Marion County Public Health Department
Erin Connelly, MD, IU Child Protection Program
Captain Craig Converse, Indianapolis Metropolitan Police Department
Sheila Day, Social Worker, Peyton Manning Children's Hospital at St. Vincent / Child Protection Team
Cortney Demetris, MD, Peyton Manning Children's Hospital at St. Vincent / Child Protection Team
Lisa Emberton, Social Worker, IU Child Protection Program
Stephanie Fahner, Nurse Program Manager, Indiana Emergency Medical Services for Children
Cara Fast, Coordinator, Community Education & Child Advocacy, Riley Hospital for Children
Kevin Gill, Marion County Coroner's Office
Kama Grund, Fatality Specialist, Marion County Department of Child Services
Tara Harris, MD, IU Child Protection Program
Sergeant Doug Heustis, Indianapolis Metropolitan Police Department
Roberta Hibbard, MD, Director, IU Child Protection Program
Ralph Hicks, MD, IU Child Protection Program (*Coordinator, Citizens Review Panel and primary author*)
Barb Himes, State SIDS Coordinator / Safe Sleep Educator, Indiana Perinatal Network, IU Child Protection Program
Lynette Hiser, Safe Sleep Educator, IU Child Protection Program
Linda Hogan, Indianapolis Public Schools
Debra Johnson, Nosologist, Marion County Public Health Department
Kellie Kilrain, RN, CPNP, IU Child Protection Program
Jeff Knoop, Assistant Executive Director, Marion County Child Advocacy Center
Kristina Korobov, Marion County Prosecutor's Office
Mary Beth Larkins, Clinical Program Coordinator, Midtown Community Mental Health Services
Frank Lloyd, MD, Marion County Coroner
Lieutenant Jim Madison, Indianapolis Metropolitan Police Department
Gretchen Martin, Indiana Department of Child Services
Corey Miller, Division Manager, Marion County Department of Child Services
Jessica Miller, Deputy Coroner, Marion County Coroner's Office
Monique Miller, Supervisor, Marion County Department of Child Services

Lieutenant Michael Perkins, Indianapolis Metropolitan Police Department
Kim Rasheed, Executive Director, Marion County Child Advocacy Center
Melinda Schwer, Chief Legal Counsel, Marion County Department of Child Services
Dae Smiley, Fatality Specialist, Marion County Department of Child Services
Chanin Smith, Social Worker, IU Child Protection Program
Jamie Smith, Safe Kids Indiana
Lloyd Sprowl, II, Marion County Coroner's Office
Thomas J. Sozio, DO, Marion County Coroner's Office
Peggy Surbey, Director, Marion County Department of Child Services
Shannon Thompson, MD, Peyton Manning Children's Hospital at St. Vincent / Child Protection Team
Michelle Willis, Marion County Coroner's Office

Wayne County Citizens Review Panel
Annual Report 2013

Wayne County Citizen Review Panel

Annual Report

June 2013

The Wayne County Citizen Review Panel met quarterly from August 2012 to May 2013.

The team is comprised of the following members: Pam Hilligoss, Assistant Director of Special Education, Richmond Community Schools, Dr. Paul Ryder, Pediatrician, Mike Moore, School Psychologist Centerville School District, Norm Smith, Wernle Children's Home, De Adrda Baldwin Wayne County Probation Department, Kelly Broyles Local Department of Children's Services.

Ann Arvidson, Foster Care Consultant for Department of Child Services, served as liaison to the Citizens Review Panel.

Discussions and concerns at our first meeting involved the concern from members of the panel as well as concerns from members of the local Child Protection Committee about the large number of suspected abuse and/or neglect calls to the state level that were being screened out. The local and surrounding school districts as well as members on the panel and information from Child Protection team members gathered specific instances of reports that were screened as well as the number of total reports that were being screened out. This information was given to our local Department of Children's Services director to be shared at the state level.

As a panel we also wanted to continue with the water safety program that we implemented last year for those children who were in Department of Children Foster care placement in Wayne County. We were not able to secure a funding source.

Other topics shared and discussed at our meetings included the growing number of babies born in our local hospital, Reid Hospital that were drug addicted to maintenance drugs or illegal drugs during 2011-12. There were a total of 39 babies born during 2011-12 who were addicted. The health effects early in life as well as the on-going risk factors as these children enter school were also discussed. This discussion lead to discussions about the number of persons lodged in our local jail for drug offenses. There was also a discussion about several deaths related to heroin.

In May the Citizens Review Panel agreed to not continue as a voluntary site for a team. There was consensus from the team that the Wayne County Child Protection Team was a very active

team and that they pursued issues of concern at those meetings as well. Everyone agreed that they were a problem solving team that often worked outside of its' typical boundaries due to the vast makeup of the team.



Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

Indiana Department of Child Services
Room E306 – MS47
302 W. Washington Street
Indianapolis, Indiana 46204-2738

317-234-KIDS
FAX: 317-232-4497

www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

December 31, 2013

Dear Lake County Citizen's Review Panel Members:

I wish to first thank you for your participation in the Lake County Citizen Review Panel (CRP) for the last 2 ½ years and for your hard work and dedication to improving the lives of Indiana children affected by child abuse and neglect. Your dedication to Indiana children is exemplary. Thank you also for preparing and submitting the Lake County Citizen Review Panel Annual Report (CRP Report) on June 30, 2013.

The Lake County CRP Report summarizes findings of the panel's continued analysis of CANS assessments and case plans for a specific sample of DCS child welfare cases. The sample is the same group of cases used in the panel's June, 2012 annual report. Continuation of the previous study afforded the panel the opportunity to review cases over a longer period of time. The CRP report also addresses their findings regarding a foster parent survey they completed in 2013 about foster parent's knowledge and understanding of the CANS. The panel's final recommendations provided DCS with a better understanding of the CANS assessment from the provider and foster parent perspective.

The Indiana Department of Child Services (DCS) uses the results of CANS assessment and other information regarding a child to form an individualized service plan for the child addressing the child's specific strengths and needs. The CANS assessment results are also used as a tool to assist in determining the appropriate level of placement and category of supervision for the child.

DCS chose the Child and Adolescent Needs and Strengths (CANS) Assessment to assist in assessing the strengths and needs of children that become involved in the Indiana child welfare system. Prior to choosing the CANS, DCS completed an extensive study of available assessment tools. The CANS was chosen due to its ability to integrate with other DCS tools to assess the strengths and needs of these children. DCS provided extensive training to field staff, foster parents, and providers when the CANS was initially introduced.

After reviewing the 2013 CRP Report, DCS formed a committee of local office supervisors and directors to review and analyze the findings in the CRP Report. After reviewing the CRP Report, members of the committee analyzed each of CANS assessments and case plans that were reviewed by the panel. In identifying areas of focus for CANS initiatives in 2014, DCS took into account the CRP observations and recommendations of the work group.



Protecting our children, families and future

DCS continues efforts to train and strengthen the knowledge of staff and providers about the CANS tool. DCS is using the findings and recommendations of the CRP in these efforts. DCS has added clinical supervision staff and CANS subject matter experts to assist family case managers in using CANS. DCS has developed specific reports to evaluate and manage the use of CANS, including a report that shows whether CANS are completed at required intervals and at critical case junctures. This was one of the concerns addressed in the CRP Report.

The panel identified use of the Short Form CANS throughout the case as a concern. Family Case Managers are no longer able to generate a Short Form CANS in MaGIK during the ongoing phase of the case. DCS also plans to have additional training sessions on scoring issues including scoring the biological parent(s) versus the foster parents and how to score children in supervised settings.

There were two recommendations of the panel which DCS has chosen not to implement. First, the panel recommended that the CANS be completed in collaboration with the foster parent, therapist and licensing agency (if applicable) during the Child and Family Team Meeting (CFTM) to obtain an accurate picture of the child's current level of functioning and supportive service needs. The CFTM has its own focus and set of objectives that must be accomplished to ensure the best outcomes for the child and family. While DCS does not utilize the CFTM to complete the CANS, family case managers are expected to engage the child and family team (CFT) to assist in identifying the child's strengths and needs in order to determine the appropriate level of services for the child and family, using the CANS ratings and recommendations as guidance.

DCS will not implement the recommendation to explore the use of other tools to rate medically fragile children. DCS understands the panel's concerns regarding medically fragile children, but DCS has already reviewed other tools. There are factors other than the CANS that are considered when determining the placement and category of supervision for medically fragile children.

We appreciate the findings and recommendations of the panel members in their 2013 CRP Report and we appreciate the opportunity to respond. We will make ourselves available to address any issues related to this response or to answer any questions..

Sincerely,



Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Service





Michael R. Pence, Governor
Mary Beth Bonaventura, Director

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317-234-KIDS
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www.in.gov/dcs

Child Support Hotline: 800-840-8757
Child Abuse and Neglect Hotline: 800-800-5556

Indiana Department of Child Services (DCS)
Response to the Marion County Child Fatality Review Team
June 2013 Citizen Review Panel Annual Report
December 20, 2013

DCS is grateful for the research and work completed by the Marion County Child Fatality Review Team/Citizen Review Panel (panel) and for the findings in their 2013 Annual Report.

DCS was implementing a new child welfare computer system when the panel requested child fatality reports in 2013. Implementation of the new system created some delays in obtaining information on unsubstantiated reports. On July 25, 2013, DCS sent a report listing all fatalities for State Fiscal Years (SFY) 2009, 2010, and 2011, including unsubstantiated cases. These reports will continue to be available to the panel in years to come. DCS also provided the panel with the additional information they requested to continue their study in the five zip codes which they identified in Marion County.

DCS looks forward to receiving the Marion County Child Fatality Review Team's 2014 Report with the results of the panel's analysis of fatalities in the five identified zip codes in Marion County and their recommendations. DCS wishes to thank the members of the panel for the important work that they do.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberley S. Miller".

Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Services



Mitchell E. Daniels, Jr., Governor
John P. Ryan, Director

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Indiana Department of Child Services (DCS)
Response to the Wayne County Child Protection Team
June 2013 Citizen Review Panel Annual Report
December 20, 2013

The Wayne County Child Protection Team/Citizen Review Panel's (CRP) 2013 Annual Report was received by the Indiana Department of Child Services (DCS) in June of 2013.

DCS shares the panels concerns about the increasing number of children born with an addiction to drugs and will continue to focus attention on prevention efforts and identifying appropriate services.

DCS appreciates the work completed by the Wayne County Child Protection Team and understands their decision to no longer serve as a Citizen Review Panel so that they can focus efforts on serving as a Child Protection Team. Their work on the Citizen's Review Panel for the last two years, including the water safety program, is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read "Kimberley S. Miller".

Kimberley S. Miller
Attorney/Federal Compliance Manager
Indiana Department of Child Services

Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Indiana

	Total ETVs Awarded	Number of New ETVs
2013-2014 School Year (July 1, 2013 to June 30, 2014)	371	140
2012-2013 School Year* (July 1, 2012 to June 30, 2013)	432	164
2011-2012 School Year (July 1, 2011 to June 30, 2012)	421	160
2010-2011 School Year (July 1, 2010 to June 30, 2011)	331	186
2009-2010 School Year (July 1, 2009 to June 30, 2010)	305	190

Comments: None